CITY OF FISHERS AGENDA

BOARD/COMMISSION: Board of Public Works and Safety
DATE: 2/25/2025 at 9:00 AM
DIRECTIONS: Theater,
1 Municipal Drive, Fishers, IN 46038

1. **Meeting Called to Order**
2. **Announcements**
3. **Presentations**
4. **Consent Agenda**
   a. Request to review the previous meeting memoranda: Meeting Minutes 1-28-25.
   b. Request to approve the accounts payable register: Accounts Payable 2-25-25.
5. **Resolution**
   a. **R022525** – Request to Approve the 2025 Fishers Arts & Culture Commission Grants.
   b. **R022525A –** Request to Approve 2025 Workers Compensation Insurance Renewal.
   c. **R022525B** – Request to Approve a Special Purchase of a 2026 Freightliner 108SD Chassis.
   d. **R022525C** – Resolution Approving Pedestrian Trail Operation, Use and Maintenance Easement Agreement.
   e. **R022525D** – Request to Approve Access Easement (Indianapolis Airport Authority).

f. **R022525E** – Request to Approve a Sanitary Sewer Service Agreement for IU Health Fishers PEM Expansion.

g. **R022525F** – Request to Approve a Sanitary Sewer Service Agreement for Howe Campus Corner.

h. **R022525G** – Request to Approve on-call Contract with A&F Engineering.

i. **R022525H** – Request to Approve Duke Utility Reimbursable Agreement.

j. **R022525I –** Request to Approve a Curb Cut on 136th Street for Target.

k. **R022525J** – Request to Approve Utility Reimbursement Agreement (Marathon Pipeline).

l. **R022525K** – Request to Approve Connection Road from Laurel Falls to Knightsbridge Lane (Spyglass Falls/Spyglass Hills). **PUBLIC COMMENT**.

6. Regular Items

7. Unfinished/New Business

8. Meeting Adjournment

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

- The meeting was called to order at 9:00 am by Scott Fadness. Board members Jeff Lantz and Scott Fadness were present.
- Staff present/Legal: Rich Bassett, Jake Reardon McSoley, Jeremy Schmitt, Tracy Gaynor, Lindsey Bennett, Elliott Hultgren, Ashley Elrod and Kari Adriano.
- Members of the Public: Larry Lannan and Spyglass Hills residents.
- Members of the public were able to submit comments to the Board via form submission. Comments attached in consent agenda.

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.

- 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.

4. Resolution

a. **R012825 –** Request to Approve Sponsorship Agreement with IU Health.

- Jake Reardon McSoley, Director of Recreation and Wellness, presented **R012825** to the board.
- Jeff Lantz made a motion to approve **R012825**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

b. **R012825A** – Request to Approve 2025 Insurance Renewal.

- Lindsey Bennett, City Attorney, presented **R012825A** to the board.
- Jeff Lantz made a motion to approve **R012825A**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

c. **R012825C –** Request to Approve Special Purchase of Street Lights for 136th St. and 116th St./ Allisonville Rd Projects.

- Rich Basset, Asset Manager, presented **R012825C** to the board.
- Scott Fadness made a motion to approve **R012825C**. Jeff Lantz seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

d. **R012825D –** Request to Approve Federal Funds Exchange Agreement with IMPO for 116th and Allisonville Roundabout.

- Hatem Mekky, Engineering Director, presented **R012825D** to the board.
- Jeff Lantz made a motion to approve **R012825D**. Scott Fadness seconded the motion. There was no remonstrance and the motion passed 2 in favor, 0 opposed.

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.

- Hatem Mekky, Engineering Director, presented to the board.

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 9:42 a.m.

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.

February 25 , 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 148 pages and except for accounts payables not allowed as shown on the Register such accounts payables are hereby allowed in the total amount of $7,398,698.25.

Dated this 25th day of February 2025.

_____ _____ _____

_____ _____ _____

_____ _____ _____

Signatures of Governing Board

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75975	02/03/2025	EFT	4106	Banc of America Publ	101014	R19697	01/20/2025		2325EP	140,289.62
					140,289.62	40201011 44905 Capital Lease Payment				
								CHECK	75975 TOTAL:	140,289.62
75976	02/03/2025	EFT	3229	Howard Asphalt LLC	101119	Pay#06-24-1	01/23/2025		2325EP	115,796.12
					115,796.12	E 10324001 .SIDEW . . 10101013 44920 Capital Expenses				
								CHECK	75976 TOTAL:	115,796.12
75977	02/03/2025	EFT	4987	Norcon Incorporated	101129	2024117-001	01/03/2025		2325EP	96,159.94
					96,159.94	E 10324001 .LANDSC.LANDSC. 10101013 44920 Capital Expenses				
								CHECK	75977 TOTAL:	96,159.94
75978	02/03/2025	PRTD	1417	Hamilton County Reco	101051	LIENS12825P	01/28/2025		2325EP	75.00
					75.00	60601013 43100 Professional Services				
								CHECK	75978 TOTAL:	75.00
						NUMBER OF CHECKS 4		*** CASH ACCOUNT TOTAL ***		352,320.68

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	1	75.00
TOTAL EFT'S	3	352,245.68

*** GRAND TOTAL *** 352,320.68

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
285	02/04/2025	EFT	3097	Southeastern Indiana	101280	HOD012825	01/28/2025		2425H	755.37
					755.37	70400000 43100	Professional Services			
							CHECK	285 TOTAL:		755.37
						NUMBER OF CHECKS 1	*** CASH ACCOUNT TOTAL ***			755.37
							COUNT	AMOUNT		
						TOTAL EFT'S	1	755.37		
							*** GRAND TOTAL ***			755.37

Report generated: 02/04/2025 10:49
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
75979	02/04/2025	EFT	1574	Citizens Energy Grou	101242	4753108926	01/30/2025	22401409	2425EP	2,531.55
					2,531.55	60609014 43500	Utility Services			
							CHECK	75979 TOTAL:		2,531.55
75980	02/04/2025	EFT	2664	Exelon Corporation	101232	4231893	01/29/2025	22400008	2425EP	1.32
					1.32	60609014 43500	Utility Services			
					101234	4232748	01/31/2025	22500082	2425EP	11,565.49
					3,039.30	60609014 43500	Utility Services			
					8,526.19	10109012 43100	Professional Services			
							CHECK	75980 TOTAL:		11,566.81
75981	02/04/2025	EFT	2055	MJ Insurance Inc	101308	398294	01/15/2025	22500032	2425EP	20,539.07
					20,539.07	10101011 43100	Professional Services			
					.00	60601011 43100	Professional Services			
					.00	62601011 43100	Professional Services			
							CHECK	75981 TOTAL:		20,539.07
75982	02/04/2025	EFT	272	Morphey Construction	101287	5689	11/30/2024		2425EP	80,000.00
					80,000.00	44391011 43100	Professional Services			
							CHECK	75982 TOTAL:		80,000.00
						NUMBER OF CHECKS 4	*** CASH ACCOUNT TOTAL ***			114,637.43

	COUNT	AMOUNT
TOTAL EFT'S	4	114,637.43

*** GRAND TOTAL *** 114,637.43

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75983	02/05/2025	EFT	4082	Metronet Systems Hol	101447	2-4-2025	02/04/2025	22400047	2525EP	900.00
					204.50	10106050 43100	Professional Services			
					695.50	10106050 43100	Professional Services			
							CHECK	75983 TOTAL:		900.00
75984	02/05/2025	EFT	2055	MJ Insurance Inc	101414	398266	01/15/2025	22500032	2525EP	1,318,068.00
					886,342.41	10101011 43100	Professional Services			
					305,106.42	60601011 43100	Professional Services			
					126,619.17	62601011 43100	Professional Services			
					101520	398133	01/10/2025	22500032	2525EP	6,830.28
					4,593.06	10101011 43100	Professional Services			
					1,581.07	60601011 43100	Professional Services			
					656.15	62601011 43100	Professional Services			
							CHECK	75984 TOTAL:		1,324,898.28
75985	02/05/2025	EFT	645	WEX Bank	101404	102587038	01/31/2025		2525EP	1,238.96
					1,238.96	10106010 42221	Fuel			
							CHECK	75985 TOTAL:		1,238.96
						NUMBER OF CHECKS 3	*** CASH ACCOUNT TOTAL ***			1,327,037.24

	COUNT	AMOUNT
TOTAL EFT'S	3	1,327,037.24

*** GRAND TOTAL *** 1,327,037.24

Report generated: 02/05/2025 14:37
User: clarkc
Program ID: apcshdsb

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
286	02/10/2025	EFT	3097	Southeastern Indiana	101536	1769957CTYFIS	01/31/2025		21025H	50,440.00
					50,440.00	70400000 43100	Professional Services			
							CHECK	286 TOTAL:		50,440.00
287	02/10/2025	EFT	1315	Tx: Team Rehab Inc	101537	1907	01/31/2025		21025H	9,400.00
					9,400.00	70400000 43100	Professional Services			
							CHECK	287 TOTAL:		9,400.00
						NUMBER OF CHECKS 2		*** CASH ACCOUNT TOTAL ***		59,840.00

	COUNT	AMOUNT
TOTAL EFT'S	2	59,840.00

*** GRAND TOTAL *** 59,840.00

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME		VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75986	02/10/2025	EFT	700	AT&T Mobility	II, L	101489	287303132695x011925	01/11/2025		21025EP	156.20
						156.20	21206050 43100 Professional Services				
									CHECK	75986 TOTAL:	156.20
75987	02/10/2025	EFT	700	AT&T Mobility	II, L	101490	287299683950x011925	01/11/2025	22400896	21025EP	2,637.45
						300.15	10106050 43100 Professional Services				
						2,337.30	E 16525001 .P&I .Gen .				
							10106050 42200 Operating Supplies				
									CHECK	75987 TOTAL:	2,637.45
75988	02/10/2025	EFT	700	AT&T Mobility	II, L	101493	287288211554x011925	01/11/2025		21025EP	6,763.07
						77.22	E 16525001 .Police.Gen .				
							10106050 42200 Operating Supplies				
						6,685.85	10106050 43100 Professional Services				
									CHECK	75988 TOTAL:	6,763.07
75989	02/10/2025	EFT	700	AT&T Mobility	II, L	101494	287301827393x011925	01/11/2025		21025EP	9,870.49
						9,870.49	10106050 43100 Professional Services				
									CHECK	75989 TOTAL:	9,870.49
75990	02/10/2025	EFT	700	AT&T Mobility	II, L	101495	287282926527x012025	01/12/2025	22400896	21025EP	79.73
						79.73	10106050 43100 Professional Services				
									CHECK	75990 TOTAL:	79.73
75991	02/10/2025	EFT	700	AT&T Mobility	II, L	101496	287282927199x012025	01/12/2025	22400896	21025EP	172.72
						172.72	10106050 43100 Professional Services				
									CHECK	75991 TOTAL:	172.72
75992	02/10/2025	EFT	700	AT&T Mobility	II, L	101497	287282745434x012025	01/12/2025	22400896	21025EP	231.20
						231.20	10106050 43100 Professional Services				
									CHECK	75992 TOTAL:	231.20
75993	02/10/2025	EFT	700	AT&T Mobility	II, L	101498	287282942898x012025	01/12/2025	22400896	21025EP	219.95
						219.95	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	75993 TOTAL:	219.95
75994	02/10/2025	EFT	700	AT&T Mobility II, L	101526	287286291889x011925	01/11/2025	22400887	21025EP	3,998.90
					1,063.72	62606050 43100 Professional Services				
					2,935.18	62606050 43100 Professional Services				
								CHECK	75994 TOTAL:	3,998.90
75995	02/10/2025	EFT	700	AT&T Mobility II, L	101535	287283895228x011525	01/07/2025	22400896	21025EP	4,462.60
					2,603.51	10106050 43100 Professional Services				
					541.31	10106050 43100 Professional Services				
					1,317.78					
						E 16525001 .Fire .Gen .				
						10106050 42200 Operating Supplies				
								CHECK	75995 TOTAL:	4,462.60
75996	02/10/2025	EFT	621	Best Way of Indiana	101451	024769	02/01/2025	22400078	21025EP	57,172.30
					57,172.30	60609014 43151 Sludge Removal				
								CHECK	75996 TOTAL:	57,172.30
75997	02/10/2025	EFT	1238	Hittle Landscaping I	101117	215771	12/30/2024		21025EP	94,926.07
					94,926.07					
						E 10324001 .NEIVIB.URBFOR.				
						10101013 44920 Capital Expenses				
								CHECK	75997 TOTAL:	94,926.07
75998	02/10/2025	EFT	274	Meyer Najem Construc	101316	0223723-17	01/31/2025		21025EP	235,534.54
					235,534.54					
						E 70023003 .GRANT .GRCIRD.				
						27057010 44920 Capital Expenses				
								CHECK	75998 TOTAL:	235,534.54
75999	02/10/2025	EFT	5061	Noble Built Adventur	101597	agripark2025	02/06/2025	22500126	21025EP	49,500.00
					49,500.00	10107010 43100 Professional Services				
								CHECK	75999 TOTAL:	49,500.00
76000	02/10/2025	EFT	1863	Alfredo Rojas-Islas	101230	2985	11/21/2024	22400881	21025EP	35,590.00
					35,590.00	10109012 44400 Improve't Other than Buildings				

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	76000 TOTAL:	35,590.00
76001	02/10/2025	EFT	4436	SmartSights Technolo	101618	2410408032	10/14/2024	22500007	21025EP	2,250.00
					2,250.00	60601012 43100	Professional Services			
								CHECK	76001 TOTAL:	2,250.00
76002	02/10/2025	EFT	3080	The Superlative Grou	101341	15055	06/01/2024		21025EP	12,000.00
					7,500.00	10107010 43100	Professional Services			
					4,500.00	27907054 43100	Professional Services			
								CHECK	76002 TOTAL:	12,000.00
76003	02/10/2025	EFT	2789	Verizon Communicatio	101499	6104376956	01/23/2025	22400976	21025EP	920.83
					920.83	10106050 43100	Professional Services			
					101500	6104408655	01/23/2025	22400976	21025EP	616.12
					616.12	10106050 43100	Professional Services			
					101501	6104397146	01/23/2025	22400976	21025EP	1,340.68
					1,340.68	10106050 43100	Professional Services			
					101502	6104362587	01/23/2025	22400976	21025EP	210.86
					210.86	10106050 43100	Professional Services			
					101504	6104316502	01/23/2025	22400976	21025EP	1,007.39
					1,007.39	10106050 43100	Professional Services			
					101505	6104304838	01/23/2025	22400976	21025EP	4,970.58
					3,058.15	10106050 43100	Professional Services			
					1,912.43	10106050 43100	Professional Services			
					101507	6104347608	01/23/2025	22400976	21025EP	768.87
					768.87	10106050 43100	Professional Services			
					101538	6101923056	12/23/2024	22400965	21025EP	2,276.75
					1,922.23	62606050 43100	Professional Services			
					354.52	62606050 43100	Professional Services			
								CHECK	76003 TOTAL:	12,112.08
76004	02/10/2025	EFT	654	Waste Mgmt of Indian	101547	0235099-4672-1	01/29/2025		21025EP	1,767.71
					1,767.71	60609014 43100	Professional Services			
								CHECK	76004 TOTAL:	1,767.71

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76005	02/10/2025	PRTD	1809	State of Indiana	101291	000086650	01/24/2025	22401388	21025EP	1,202,986.21
					215,336.21	25904010 44200 Infrastructure				
					40,000.00	60604010 43100 Professional Services				
					408,422.00					
						E 40020007 .CONST . .				
						81304010 44920 Capital Expenses				
					530,000.00	27084010 44200 Infrastructure				
					9,208.00					
						E 40020007 .CONST . .				
						60604010 43100 Professional Services				
					20.00					
						E 40020007 .CONST . .				
						81304010 44920 Capital Expenses				
								CHECK 76005 TOTAL:		1,202,986.21
						NUMBER OF CHECKS 20		*** CASH ACCOUNT TOTAL ***		1,732,431.22

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	1	1,202,986.21
TOTAL EFT'S	19	529,445.01

*** GRAND TOTAL *** 1,732,431.22

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76006	02/11/2025	PRTD	1442	Hamilton County Trea	101738	1514010114002001_012	01/17/2025		21125EP	5.50
					5.50	47140000 43100	Professional Services			
								CHECK	76006 TOTAL:	5.50
76007	02/11/2025	PRTD	1442	Hamilton County Trea	101739	1514010114003000_012	01/17/2025		21125EP	5.50
					5.50	47140000 43100	Professional Services			
								CHECK	76007 TOTAL:	5.50
76008	02/11/2025	PRTD	1442	Hamilton County Trea	101740	1414010103005000_012	01/17/2025		21125EP	23.28
					23.28	47140000 43100	Professional Services			
								CHECK	76008 TOTAL:	23.28
76009	02/11/2025	PRTD	1442	Hamilton County Trea	101741	1414010103011000.012	01/17/2025		21125EP	1,080.91
					1,080.91	47140000 43100	Professional Services			
								CHECK	76009 TOTAL:	1,080.91
						NUMBER OF CHECKS 4			*** CASH ACCOUNT TOTAL ***	1,115.19

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	4	1,115.19

*** GRAND TOTAL *** 1,115.19

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76010	02/14/2025	MANL	1521	Indiana Gas Company	101254	WQ_020325	01/07/2025	22401395	21425DD	1,154.61
					1,154.61	60609014 43500	Utility Services			
							CHECK	76010 TOTAL:		1,154.61
76011	02/14/2025	MANL	1521	Indiana Gas Company	101553	13130221-8	01/17/2025		21425DD	122.75
					122.75	21105058 43100	Professional Services			
							CHECK	76011 TOTAL:		122.75
76012	02/14/2025	MANL	1521	Indiana Gas Company	101639	Jan_DPW_021025	01/17/2025	22500123	21425DD	3,330.00
					3,330.00	10109012 43100	Professional Services			
							CHECK	76012 TOTAL:		3,330.00
76013	02/14/2025	MANL	364	Cinergy Corp	101802	JAN25STREETS	02/13/2025	22500109	21425DD	14,249.77
					14,249.77	10109012 43100	Professional Services			
							CHECK	76013 TOTAL:		14,249.77
76014	02/14/2025	MANL	364	Cinergy Corp	101382	020425Buildings	12/31/2024	22500109	21425DD	57,617.18
					57,617.18	10109012 43100	Professional Services			
							CHECK	76014 TOTAL:		57,617.18
76015	02/14/2025	MANL	364	Cinergy Corp	101428	910122895109	02/05/2025	22500109	21425DD	7,718.91
					7,718.91	10109012 43100	Professional Services			
							CHECK	76015 TOTAL:		7,718.91
76016	02/14/2025	MANL	364	Cinergy Corp	101641	910123034528	02/07/2025	22500109	21425DD	2,267.65
					2,267.65	10109012 43100	Professional Services			
							CHECK	76016 TOTAL:		2,267.65
76017	02/14/2025	MANL	364	Cinergy Corp	101782	910174015540	02/13/2025	22500109	21425DD	180.76
					180.76	10109012 43100	Professional Services			
							CHECK	76017 TOTAL:		180.76
76018	02/14/2025	MANL	364	Cinergy Corp	101783	910174018569	02/13/2025	22500109	21425DD	149.53
					149.53	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	76018 TOTAL:	149.53
76019	02/14/2025	MANL	364	Cinergy Corp	101795	Jan25WQ	02/03/2025	22400010	21425DD	64,937.90
					64,937.90	60609014 43500	Utility Services			
								CHECK	76019 TOTAL:	64,937.90
76020	02/14/2025	MANL	364	Cinergy Corp	101554	910148743158	02/05/2025		21425DD	250.87
					250.87	21205058 43100	Professional Services			
								CHECK	76020 TOTAL:	250.87
76021	02/14/2025	MANL	364	Cinergy Corp	101555	910159310007	02/03/2025		21425DD	141.68
					141.68	21205058 43100	Professional Services			
								CHECK	76021 TOTAL:	141.68
						NUMBER OF CHECKS 12		*** CASH ACCOUNT TOTAL ***		152,121.61

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	12	152,121.61

*** GRAND TOTAL *** 152,121.61

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76022	02/17/2025	EFT	3720	DOXIM UTILITEC LLC	101732	INV028793	01/31/2025		21725EP	4,491.57
					680.83	60601016 43300	Printing And Advertising			
					3,810.74	60601013 43100	Professional Services			
					101733	0125P	01/31/2025		21725EP	9,667.09
					9,667.09	60601013 43100	Professional Services			
							CHECK	76022 TOTAL:		14,158.66
76023	02/17/2025	EFT	5048	National Fitness Cam	101643	INV-1785	12/03/2024	22301405	21725EP	165,000.00
					165,000.00	10100000 43100	Professional Services			
							CHECK	76023 TOTAL:		165,000.00
76024	02/17/2025	EFT	2789	Verizon Communicatio	101503	6104354766	01/23/2025		21725EP	2,573.85
					534.58	21106050 43100	Professional Services			
					1,399.99	21106050 42200	Operating Supplies			
					406.02	21206050 43100	Professional Services			
					87.92	E 21224003 .PROFSE. .				
						27155058 43100	Professional Services			
					106.27	E 51222001 .OPER . .				
						27055058 43100	Professional Services			
					39.07	E 21221005 .PROFSE. .				
						27055058 43100	Professional Services			
					101506	6104362550	01/23/2025		21725EP	2,338.67
					2,338.67	60606050 43100	Professional Services			
					101509	6104361241	01/23/2025		21725EP	2,202.36
					2,202.36	62606050 43100	Professional Services			
							CHECK	76024 TOTAL:		7,114.88
76025	02/17/2025	PRTD	406	Indiana State Treasu	101779	95385	02/12/2025		21725EP	27,096.85
					27,096.85	15029900 39223	Other Reimbursements			
							CHECK	76025 TOTAL:		27,096.85

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NUMBER OF CHECKS	4	*** CASH ACCOUNT TOTAL ***	213,370.39

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	1	27,096.85
TOTAL EFT'S	3	186,273.54

*** GRAND TOTAL *** 213,370.39

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76026	02/19/2025	MANL	2452	Regions Bank	101967	125CC-Police	01/31/2025		125CC	56,279.05

1,240.00	10108015 43100	Professional Services	
130.00	10108015 43100	Professional Services	
285.00	10108013 43200	Comms And Transportation	
285.00	10108013 43200	Comms And Transportation	
35.00	10108013 43200	Comms And Transportation	
240.00	10108013 43200	Comms And Transportation	
35.00	10108013 43200	Comms And Transportation	
63.00	10108013 43200	Comms And Transportation	
240.00	10108013 43200	Comms And Transportation	
55.90	10108013 43200	Comms And Transportation	
45.00	10108013 43200	Comms And Transportation	
45.00	10108013 43200	Comms And Transportation	
78.40	10108013 43200	Comms And Transportation	
95.00	10108013 43100	Professional Services	
25.00	10108013 43100	Professional Services	
25.00	10108013 43100	Professional Services	
25.00	10108013 43100	Professional Services	
95.00	10108013 43100	Professional Services	
160.49	10108013 43100	Professional Services	
864.92	10108013 42200	Operating Supplies	
388.00	10108013 42200	Operating Supplies	
50.00	10108013 43100	Professional Services	
3,734.00	10108015 42200	Operating Supplies	
86.36	10108015 42200	Operating Supplies	
60.52	10108015 42200	Operating Supplies	
205.44	10108015 42200	Operating Supplies	
1,478.63	10108015 42200	Operating Supplies	
669.50	10108013 43200	Comms And Transportation	
395.07	10108015 42200	Operating Supplies	
334.75	10108015 43200	Comms And Transportation	
669.50	10108012 43200	Comms And Transportation	
650.00	10108012 43200	Comms And Transportation	
795.00	10108012 43200	Comms And Transportation	
1,883.84	10108015 43200	Comms And Transportation	
-1,004.25	10108015 43200	Comms And Transportation	
55.00	10108015 43200	Comms And Transportation	
8.27	10108015 42200	Operating Supplies	
51.50	10108015 43100	Professional Services	
339.00	10108012 43200	Comms And Transportation	
2,060.00	10108013 43200	Comms And Transportation	
366.58	10108013 43200	Comms And Transportation	
750.00	10108012 43200	Comms And Transportation	
1,097.00	10108015 43200	Comms And Transportation	
375.00	10108012 43200	Comms And Transportation	
897.00	10108012 43200	Comms And Transportation	
147.36	10108015 42200	Operating Supplies	
2.70	10108015 42200	Operating Supplies	
146.00	10108015 42200	Operating Supplies	
299.00	10108012 43200	Comms And Transportation	
598.00	10108012 43200	Comms And Transportation	
249.00	10108012 43200	Comms And Transportation	

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				375.00	10108012 43200			Comms And Transportation	
				2,160.79	10108015 43200			Comms And Transportation	
				-21.53	10108011 43200			Comms And Transportation	
				258.73	10108011 43200			Comms And Transportation	
				125.00	10108011 43100			Professional Services	
				786.00	10108011 43200			Comms And Transportation	
				13.00	10108011 43200			Comms And Transportation	
				100.10	10108011 42200			Operating Supplies	
				55.78	10108011 42200			Operating Supplies	
				237.20	10108011 43200			Comms And Transportation	
				37.23	10108011 42200			Operating Supplies	
				3,960.00	10108015 42200			Operating Supplies	
				75.00	10108011 43100			Professional Services	
				297.43	10108015 43100			Professional Services	
				297.43	10108015 43100			Professional Services	
				150.00	10108011 43100			Professional Services	
				324.00	10108011 43100			Professional Services	
				402.40	10108011 43100			Professional Services	
				142.16	10108013 43100			Professional Services	
				1,500.00	10108011 43100			Professional Services	
				1.00	10108015 43200			Comms And Transportation	
				1.00	10108015 43200			Comms And Transportation	
				40.00	10108015 43200			Comms And Transportation	
				40.00	10108015 43200			Comms And Transportation	
				46.00	10108015 42200			Operating Supplies	
				74.75	10108015 42200			Operating Supplies	
				48.25	10108015 42200			Operating Supplies	
				28.75	10108015 42200			Operating Supplies	
				130.00	10108015 42200			Operating Supplies	
				250.00	10108011 43100			Professional Services	
				260.47	10108013 43100			Professional Services	
				50.00	10108015 43200			Comms And Transportation	
				444.47	10108015 42200			Operating Supplies	
				396.55	10108015 42200			Operating Supplies	
				59.68	10108015 42200			Operating Supplies	
				187.20	10108011 43200			Comms And Transportation	
				50.00	10108011 43200			Comms And Transportation	
				116.09	10108015 42200			Operating Supplies	
				187.20	10108011 43200			Comms And Transportation	
				187.20	10108011 43200			Comms And Transportation	
				125.00	10108011 43100			Professional Services	
				115.87	10108012 43100			Professional Services	
				1,564.74	10108012 42200			Operating Supplies	
				2,550.00	10108011 43100			Professional Services	
				726.00	10108013 43100			Professional Services	
				100.00	10108013 43100			Professional Services	
				-25.00	10108011 43100			Professional Services	
				334.75	10108013 43200			Comms And Transportation	
				334.75	10108013 43200			Comms And Transportation	
				10,637.00	10108013 43100			Professional Services	
				60.49	10108013 43200			Comms And Transportation	
				60.49	10108013 43200			Comms And Transportation	

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					54.31	10108013 43200	Comms And Transportation			
					54.31	10108013 43200	Comms And Transportation			
					9.05	10108013 43200	Comms And Transportation			
					54.31	10108013 43200	Comms And Transportation			
					60.49	10108013 43200	Comms And Transportation			
					400.00	10108013 43100	Professional Services			
					-194.78	10108012 43200	Comms And Transportation			
					-182.50	10108013 43200	Comms And Transportation			
					40.00	10108015 42200	Operating Supplies			
					350.00	10108011 43200	Comms And Transportation			
					187.20	10108011 43200	Comms And Transportation			
					125.00	10108011 43100	Professional Services			
					106.30	10108012 42200	Operating Supplies			
					116.16	10108012 42200	Operating Supplies			
					88.16	10108013 42200	Operating Supplies			
					5.40	10108015 43100	Professional Services			
					146.00	10108015 42200	Operating Supplies			
					181.87	10108015 42200	Operating Supplies			
					1,082.78	10108012 42200	Operating Supplies			
					15.00	10108011 42200	Operating Supplies			
					150.49	10108012 42200	Operating Supplies			
					225.20	10108012 42200	Operating Supplies			
					127.50	10108012 42200	Operating Supplies			
					208.00	10108015 42200	Operating Supplies			
					504.90	10108012 42200	Operating Supplies			
							CHECK	76026 TOTAL:		56,279.05
76027	02/19/2025	MANL	2452	Regions Bank	101957	125CC-DPW	01/31/2025	22401191	125CC	40.00
					40.00	62609014 43200	Comms And Transportation			
							CHECK	76027 TOTAL:		40.00
76028	02/19/2025	MANL	2452	Regions Bank	101958	125CC-DPW	01/31/2025	22401410	125CC	3,510.59
					3,510.59	60609014 43500	Utility Services			
							CHECK	76028 TOTAL:		3,510.59
76029	02/19/2025	MANL	2452	Regions Bank	101959	125CC-DPW	01/31/2025		125CC	32,726.29
					176.55	10106192 42200	Operating Supplies			
					1,508.64	10106192 42200	Operating Supplies			
					2,399.98	10106192 42200	Operating Supplies			
					1,199.99	10106192 42200	Operating Supplies			
					380.00	10106192 42200	Operating Supplies			
					212.26	10109012 43100	Professional Services			
					6,905.28	10109012 43100	Professional Services			
					135.93	10109012 43100	Professional Services			
					135.93	10109012 43100	Professional Services			
					170.95	10109012 43100	Professional Services			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					170.95	10109012 43100	Professional Services			
					4,594.09	10109012 43100	Professional Services			
					2,688.83	10109012 43100	Professional Services			
					322.31	10109012 43100	Professional Services			
					245.96	10109012 43100	Professional Services			
					155.06	10109012 43100	Professional Services			
					1,087.50	10109013 43100	Professional Services			
					339.11	10106192 42200	Operating Supplies			
					549.00	10109012 43200	Comms And Transportation			
					200.00	10109013 43100	Professional Services			
					1,177.12	10109012 43100	Professional Services			
					245.12	10109012 43100	Professional Services			
					6,905.28	10109012 43100	Professional Services			
					31.40	10106192 42200	Operating Supplies			
					54.96	10109012 43100	Professional Services			
					131.32	10109012 43100	Professional Services			
					12.31	10106192 42200	Operating Supplies			
					45.20	10106192 42200	Operating Supplies			
					-31.40	10106192 42200	Operating Supplies			
					42.96	10106192 42200	Operating Supplies			
					533.70	60609014 42200	Operating Supplies			
							CHECK	76029 TOTAL:		32,726.29
76030	02/19/2025	MANL	2452	Regions Bank	101953	125CC-Admin	01/31/2025	125CC		28,662.43
					110.00	10101015 43100	Professional Services			
					16.34	10101011 42200	Operating Supplies			
					65.35	10101011 42200	Operating Supplies			
					43.42	10101011 42200	Operating Supplies			
					125.00	10101017 43100	Professional Services			
					25.82	10101017 42200	Operating Supplies			
					32.61	10101017 43100	Professional Services			
					50.00	10101017 43100	Professional Services			
					49.95	10101017 42200	Operating Supplies			
					-32.61	10101017 42200	Operating Supplies			
					32.61	10101017 42200	Operating Supplies			
					-9,000.00	10101017 42200	Operating Supplies			
					106.99	10101017 42200	Operating Supplies			
					110.00	10101017 43100	Professional Services			
					-110.00	10101017 43100	Professional Services			
					175.27	10101017 42200	Operating Supplies			
					50.00	10101017 43100	Professional Services			
					75.02	10101017 42200	Operating Supplies			
					97.91	10101011 42200	Operating Supplies			
					19.54	10107010 42200	Operating Supplies			
					29.49	10101011 42200	Operating Supplies			
					80.22	10107010 42200	Operating Supplies			
					1,378.56	10101011 43100	Professional Services			
					1,049.12	10101011 43100	Professional Services			
					3.10	10101011 43100	Professional Services			
					30.00	10101011 43100	Professional Services			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				39.75	10101011	43100	Professional Services		
				30.00	10101011	43100	Professional Services		
				45.95	10101011	43100	Professional Services		
				348.96	10101011	43100	Professional Services		
				28.00	10101011	43100	Professional Services		
				38.99	10101011	43100	Professional Services		
				44.95	10101011	42200	Operating Supplies		
				75.56	10101011	42200	Operating Supplies		
				50.92	10101011	42200	Operating Supplies		
				10,921.68	10101016	43202	Postage		
				20.00	10101011	42200	Operating Supplies		
				52.45	10101011	42200	Operating Supplies		
				67.61	10101011	42200	Operating Supplies		
				60.92	10101011	42200	Operating Supplies		
				65.86	10101011	42200	Operating Supplies		
				69.50	10101011	42200	Operating Supplies		
				1,882.20	10101011	43100	Professional Services		
				677.40	10101011	43200	Comms And Transportation		
				485.69	10101011	43200	Comms And Transportation		
				65.58	10101011	42200	Operating Supplies		
				28.00	10101011	43100	Professional Services		
				38.99	10101011	43100	Professional Services		
				484.44	10101011	43100	Professional Services		
				171.98	10101011	43100	Professional Services		
				32.40	10101011	43100	Professional Services		
				951.60	10101011	43100	Professional Services		
				1,573.80	10101011	43100	Professional Services		
				694.18	10101011	43100	Professional Services		
				886.94	10101011	43100	Professional Services		
				800.01	10101011	43100	Professional Services		
				101.22	10101011	43100	Professional Services		
				39.99	10101011	42200	Operating Supplies		
				100.00	10101011	43200	Comms And Transportation		
				36.44	10101011	42200	Operating Supplies		
				1,143.68	10101011	43100	Professional Services		
				589.89	10101011	43100	Professional Services		
				234.70	21205058	43100	Professional Services		
				308.74	10101011	43100	Professional Services		
				59.10	10101011	42200	Operating Supplies		
				87.11	10101011	42200	Operating Supplies		
				734.40	10101011	43100	Professional Services		
				87.68	10101011	42200	Operating Supplies		
				897.88	10101011	43100	Professional Services		
				92.44	10101011	42200	Operating Supplies		
				50.89	10101011	42200	Operating Supplies		
				1,320.00	10101011	43100	Professional Services		
				4.00	10101011	43100	Professional Services		
				19.91	10101011	42200	Operating Supplies		
				9.99	10101016	42200	Operating Supplies		
				45.89	10101016	42200	Operating Supplies		
				66.84	10101016	42200	Operating Supplies		
				277.39	10101016	42200	Operating Supplies		

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					383.69	10101016 42200	Operating Supplies			
					25.00	10101016 42200	Operating Supplies			
					9.32	10101016 42200	Operating Supplies			
					113.50	10101016 42200	Operating Supplies			
					34.33	10101016 42200	Operating Supplies			
					12.26	10101016 42200	Operating Supplies			
					705.45	10101016 42200	Operating Supplies			
					179.88	10101016 43100	Professional Services			
					107.22	10101016 42200	Operating Supplies			
					35.00	10101016 43100	Professional Services			
					73.84	10101016 42200	Operating Supplies			
					-84.10	10101016 42200	Operating Supplies			
					93.30	10101016 42200	Operating Supplies			
					97.58	10101016 42200	Operating Supplies			
					-97.58	10101016 42200	Operating Supplies			
					50.00	10101016 43100	Professional Services			
					80.17	10101016 42200	Operating Supplies			
					1,920.00	10101016 43100	Professional Services			
					20.00	10101016 43100	Professional Services			
					20.86	10101016 42200	Operating Supplies			
					152.85	10101016 42200	Operating Supplies			
					9.99	10101016 43100	Professional Services			
					74.88	10101016 42200	Operating Supplies			
					22.00	10101016 43100	Professional Services			
					7.00	10101016 43100	Professional Services			
					2.00	10101016 43100	Professional Services			
					99.00	10101016 43100	Professional Services			
					68.00	10101016 43100	Professional Services			
					84.00	10101016 43100	Professional Services			
					20.00	10101016 43100	Professional Services			
					878.33	10101016 43100	Professional Services			
					24.63	10101016 42200	Operating Supplies			
					919.00	10101016 43100	Professional Services			
					119.00	10101016 42200	Operating Supplies			
					246.20	10101016 42200	Operating Supplies			
					487.47					
						E 11624002 .PR .	.			
						27051016 42200	Operating Supplies			
					12.16					
						E 11624002 .PR .	.			
						27051016 42200	Operating Supplies			
								CHECK	76030 TOTAL:	28,662.43
76031	02/19/2025	MANL	2452	Regions Bank	101962	125CC-Fire	01/31/2025	22401173	125CC	942.72
					60.00	10105011 42200	Operating Supplies			
					21.00	10105011 42200	Operating Supplies			
					53.22	10105011 42200	Operating Supplies			
					60.00	10105011 42200	Operating Supplies			
					104.82	10105011 42200	Operating Supplies			
					105.00	10105011 42200	Operating Supplies			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					90.00	10105011 42200	Operating Supplies			
					62.77	10105011 42200	Operating Supplies			
					27.00	10105011 42200	Operating Supplies			
					135.00	10105011 42200	Operating Supplies			
					44.46	10105011 42200	Operating Supplies			
					90.00	10105011 42200	Operating Supplies			
					8.00	10105011 42200	Operating Supplies			
					81.45	10105011 42200	Operating Supplies			
								CHECK	76031 TOTAL:	942.72
76032	02/19/2025	MANL	2452	Regions Bank	101963	125CC-Fire	01/31/2025	125CC		14,127.12
					74.85	10105013 43100	Professional Services			
					374.67	10105013 42200	Operating Supplies			
					448.10	10105013 42200	Operating Supplies			
					635.22	10105013 43200	Comms And Transportation			
					3,000.00	10105013 43200	Comms And Transportation			
					250.00	10105011 43100	Professional Services			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					15.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					15.00	10105011 42200	Operating Supplies			
					13.74	10105011 42200	Operating Supplies			
					15.00	10105011 42200	Operating Supplies			
					28.32	10105011 42200	Operating Supplies			
					73.03	10105011 42200	Operating Supplies			
					70.70	10105011 42200	Operating Supplies			
					61.29	10105011 42200	Operating Supplies			
					73.52	10105011 42200	Operating Supplies			
					72.57	10105011 42200	Operating Supplies			
					74.71	10105011 42200	Operating Supplies			
					68.07	10105011 42200	Operating Supplies			
					74.12	10105011 42200	Operating Supplies			
					75.00	10105011 42200	Operating Supplies			
					73.41	10105011 42200	Operating Supplies			

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CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				32.57	10105011 42200	Operating Supplies			
				21.25	10105011 42200	Operating Supplies			
				61.81	10105011 42200	Operating Supplies			
				72.92	10105011 42200	Operating Supplies			
				44.65	10105011 42200	Operating Supplies			
				75.00	10105011 42200	Operating Supplies			
				74.60	10105011 42200	Operating Supplies			
				68.91	10105011 42200	Operating Supplies			
				8.45	10105011 42200	Operating Supplies			
				6.63	10105011 42200	Operating Supplies			
				30.00	10105011 42200	Operating Supplies			
				9.04	10105011 42200	Operating Supplies			
				74.61	10105011 42200	Operating Supplies			
				24.01	10105011 42200	Operating Supplies			
				24.45	10105011 42200	Operating Supplies			
				25.08	10105011 42200	Operating Supplies			
				75.00	10105011 42200	Operating Supplies			
				72.59	10105011 42200	Operating Supplies			
				73.36	10105011 42200	Operating Supplies			
				69.26	10105011 42200	Operating Supplies			
				35.56	10105011 42200	Operating Supplies			
				-10.00	10105011 43100	Professional Services			
				-1.00	10105011 43100	Professional Services			
				-2,000.00	10105011 43100	Professional Services			
				-2,100.00	10105011 43100	Professional Services			
				-1.00	10105011 43100	Professional Services			
				1.00	10105011 43100	Professional Services			
				2,100.00	10105011 43100	Professional Services			
				753.13	10105016 42200	Operating Supplies			
				90.00	10105016 43200	Comms And Transportation			
				16.97	10105016 42200	Operating Supplies			
				32.00	10105016 43100	Professional Services			
				305.13	10105016 43200	Comms And Transportation			
				16.50	10105016 43200	Comms And Transportation			
				71.97	10105016 42200	Operating Supplies			
				300.00	10105011 42200	Operating Supplies			
				29.99	10105011 43200	Comms And Transportation			
				225.00	10105011 42200	Operating Supplies			
				358.00	10105011 42200	Operating Supplies			
				530.51	10105011 42200	Operating Supplies			
				95.00	10105011 42200	Operating Supplies			
				12.00	10105011 43200	Comms And Transportation			
				19.99	10105011 43200	Comms And Transportation			
				12.94	10105011 42200	Operating Supplies			
				73.16	10105011 42200	Operating Supplies			
				11.17	10105011 42200	Operating Supplies			
				35.99	10105011 43100	Professional Services			
				12.00	10105011 43200	Comms And Transportation			
				91.21	10105011 42200	Operating Supplies			
				297.53	10105011 42200	Operating Supplies			
				74.58	10105011 42200	Operating Supplies			
				72.00	10105014 42200	Operating Supplies			

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					750.00	10105014 43200	Comms And Transportation			
					750.00	10105014 43200	Comms And Transportation			
					900.00	10105014 43200	Comms And Transportation			
					750.00	10105014 43200	Comms And Transportation			
					750.00	10105014 43200	Comms And Transportation			
					-83.18	10105013 42200	Operating Supplies			
					65.94	10105013 42200	Operating Supplies			
					171.72	10105013 42200	Operating Supplies			
					84.40	10105013 42200	Operating Supplies			
					74.94	10105013 42200	Operating Supplies			
					150.58	10105013 42200	Operating Supplies			
					56.96	10105013 42200	Operating Supplies			
					56.92	10105013 42200	Operating Supplies			
							CHECK	76032 TOTAL:		14,127.12
76033	02/19/2025	MANL	2452	Regions Bank	101968	125CC-Recreation	01/31/2025	125CC		14,591.06
					350.00	10107010 43100	Professional Services			
					800.00	10107010 43100	Professional Services			
					-19.99	10107010 42200	Operating Supplies			
					37.29	10107010 42200	Operating Supplies			
					35.00	10107010 43100	Professional Services			
					396.62	10107010 43100	Professional Services			
					49.87	10107010 42200	Operating Supplies			
					120.59	10107010 42200	Operating Supplies			
					303.23	10107010 43100	Professional Services			
					40.22	10107010 42200	Operating Supplies			
					19.99	10107010 42200	Operating Supplies			
					114.55	10107010 42200	Operating Supplies			
					105.93	10107010 43100	Professional Services			
					141.90	10107010 42200	Operating Supplies			
					44.99	10107010 42200	Operating Supplies			
					10.22	10107010 42200	Operating Supplies			
					280.25	10107010 42200	Operating Supplies			
					91.72	10107010 42200	Operating Supplies			
					127.07	10107010 42200	Operating Supplies			
					120.27	10107010 42200	Operating Supplies			
					15.92	10107010 42200	Operating Supplies			
					66.18	10107010 42200	Operating Supplies			
					70.00	10107010 43100	Professional Services			
					209.68	10107010 43100	Professional Services			
					244.79	10107010 42200	Operating Supplies			
					374.36	10107010 42200	Operating Supplies			
					-325.00	10107010 43100	Professional Services			
					351.00	10107010 43100	Professional Services			
					50.00	10107010 43100	Professional Services			
					25.00	10107010 43100	Professional Services			
					57.77	10107010 43100	Professional Services			
					70.53	10107010 42200	Operating Supplies			
					150.00	10107010 43100	Professional Services			
					96.78	10107010 42200	Operating Supplies			

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					36.85	10107010 42200	Operating Supplies			
					19.99	10107010 43100	Professional Services			
					28.11	10107010 42200	Operating Supplies			
					1,116.05	10107010 42200	Operating Supplies			
					65.24	10107010 42200	Operating Supplies			
					431.55	10107010 42200	Operating Supplies			
					428.00	10107010 42200	Operating Supplies			
					5,000.00	10107010 42200	Operating Supplies			
					1,841.15	10107010 42200	Operating Supplies			
					58.84	10107010 42200	Operating Supplies			
					26.91	10107010 42200	Operating Supplies			
					39.64	10107010 42200	Operating Supplies			
					537.00	10107010 42200	Operating Supplies			
					335.00	10107010 43100	Professional Services			
							CHECK	76033 TOTAL:		14,591.06
76034	02/19/2025	MANL	2452	Regions Bank	101966	125CC-IT	01/31/2025	125CC		6,494.89
					144.00	10106050 43100	Professional Services			
					285.00	10106050 43100	Professional Services			
					941.92	10106050 43100	Professional Services			
					564.32	10106050 43100	Professional Services			
					9.95	10106050 43100	Professional Services			
					.10	10106050 43100	Professional Services			
					640.46	10106050 43100	Professional Services			
					19.99	10106050 43100	Professional Services			
					139.90	10106050 43100	Professional Services			
					284.85	10106050 43100	Professional Services			
					134.90	10106050 43100	Professional Services			
					399.43	10106050 43100	Professional Services			
					156.85	60606050 43100	Professional Services			
					134.90	10106050 43100	Professional Services			
					279.85	10106050 43100	Professional Services			
					154.90	10106050 43100	Professional Services			
					134.90	10106050 43100	Professional Services			
					252.00	10106050 43100	Professional Services			
					296.77	10106050 43100	Professional Services			
					134.90	10106050 43100	Professional Services			
					139.90	10106050 43100	Professional Services			
					209.85	10106050 43100	Professional Services			
					229.80	10106050 43100	Professional Services			
					148.85	10106050 43100	Professional Services			
					89.90	10106050 43100	Professional Services			
					279.85	10106050 43100	Professional Services			
					286.85	10106050 43100	Professional Services			
							CHECK	76034 TOTAL:		6,494.89

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76035	02/19/2025	MANL	2452	Regions Bank	101954	125CC-BSG	01/31/2025	22401082	125CC	4,546.16
					282.32	10101012 43200	Comms And Transportation			
					456.36	10101012 43200	Comms And Transportation			
					899.00	10101012 43200	Comms And Transportation			
					17.99	10101012 43200	Comms And Transportation			
					1,194.72	10101012 43200	Comms And Transportation			
					282.32	10101012 43200	Comms And Transportation			
					899.00	10101012 43200	Comms And Transportation			
					514.45	10101012 43200	Comms And Transportation			
							CHECK	76035 TOTAL:		4,546.16
76036	02/19/2025	MANL	2452	Regions Bank	101955	125CC-BSG	01/31/2025		125CC	1,745.40
					11.90	10101012 42200	Operating Supplies			
					14.41	10101012 42200	Operating Supplies			
					37.94	10101012 42200	Operating Supplies			
					31.15	10101012 42200	Operating Supplies			
					1,650.00	10101012 43100	Professional Services			
							CHECK	76036 TOTAL:		1,745.40
76037	02/19/2025	MANL	2452	Regions Bank	101965	125CC-HealthDept	01/31/2025		125CC	5,952.03
					95.00	E 51222001 .Train .	.			
						27055058 43200	Comms And Transportation			
					306.00	21105058 43100	Professional Services			
					115.00	21105058 43200	Comms And Transportation			
					18.31	21205058 42200	Operating Supplies			
					323.46	21105058 42200	Operating Supplies			
					-21.16	21105058 42200	Operating Supplies			
					145.00	21105058 43200	Comms And Transportation			
					274.99	21105058 42200	Operating Supplies			
					-17.99	21205058 42200	Operating Supplies			
					12.95	21105058 43100	Professional Services			
					42.00	21205058 42200	Operating Supplies			
					6.29	21205058 42200	Operating Supplies			
					276.90	21105058 43300	Printing And Advertising			
					1,600.00	21205058 43100	Professional Services			
					29.00	21105058 43200	Comms And Transportation			
					25.00	21205058 43100	Professional Services			
					19.99	21205058 43100	Professional Services			
					143.50	21105058 43200	Comms And Transportation			
					602.50	21105058 43200	Comms And Transportation			
					25.00	21205058 43100	Professional Services			
					36.62	21205058 42200	Operating Supplies			
					76.80	21205058 42200	Operating Supplies			
					12.95	21205058 43100	Professional Services			
					9.62	21205058 42200	Operating Supplies			
					18.71	21205058 42200	Operating Supplies			

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					40.00	10103011 43100	Professional Services			
					300.00	10103011 43200	Comms And Transportation			
					300.00	10103011 43200	Comms And Transportation			
					300.00	10103011 43200	Comms And Transportation			
					103.00	10103011 43100	Professional Services			
					300.00	10103011 43200	Comms And Transportation			
					81.00	10103011 43200	Comms And Transportation			
					170.67	10103011 42200	Operating Supplies			
					69.05	10103011 42200	Operating Supplies			
					39.81	10103011 42200	Operating Supplies			
					72.06	10103011 42200	Operating Supplies			
							CHECK	76037 TOTAL:		5,952.03
76038	02/19/2025	MANL	2452	Regions Bank	101970	125CC-Controller	01/31/2025	125CC		2,719.47
					92.00	10101013 43100	Professional Services			
					24.75	60601013 43100	Professional Services			
					74.25	10101013 43100	Professional Services			
					632.12	60601013 43100	Professional Services			
					1,896.35	10101013 43100	Professional Services			
							CHECK	76038 TOTAL:		2,719.47
76039	02/19/2025	MANL	2452	Regions Bank	101972	125CC-Controller	01/31/2025	22301417 125CC		1,004.25
					638.98	60601013 43200	Comms And Transportation			
					365.27	62601013 43200	Comms And Transportation			
							CHECK	76039 TOTAL:		1,004.25
76040	02/19/2025	MANL	2452	Regions Bank	101960	125CC-Engineering	01/31/2025	22401284 125CC		574.34
					12.32	20104010 43100	Professional Services			
					562.02	20104010 43100	Professional Services			
							CHECK	76040 TOTAL:		574.34
76041	02/19/2025	MANL	2452	Regions Bank	101961	125CC-Engineering	01/31/2025	125CC		1,024.70
					62.25	20104010 42200	Operating Supplies			
					62.24	60604010 42200	Operating Supplies			
					25.00	60604010 43100	Professional Services			
					25.00	62604010 43100	Professional Services			
					137.50	60604010 43200	Comms And Transportation			
					137.50	62604010 43200	Comms And Transportation			
					137.50	60604010 43200	Comms And Transportation			
					137.50	62604010 43200	Comms And Transportation			
					25.00	60604010 43100	Professional Services			
					25.00	62604010 43100	Professional Services			
					25.00	60604010 43100	Professional Services			
					25.00	62604010 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
					25.00	60604010 43100	Professional Services			
					25.00	62604010 43100	Professional Services			
					75.11	20104010 42200	Operating Supplies			
					75.10	60604010 42200	Operating Supplies			
							CHECK	76041 TOTAL:		1,024.70
76042	02/19/2025	MANL	2452	Regions Bank	101969	125CC-Planning	01/31/2025	125CC		1,094.44
					76.03	10103012 42200	Operating Supplies			
					29.50	10103012 42200	Operating Supplies			
					350.00	10103012 43200	Comms And Transportation			
					38.00	10103012 42200	Operating Supplies			
					25.92	10103012 43300	Printing And Advertising			
					25.92	10103012 43300	Printing And Advertising			
					25.92	10103012 43300	Printing And Advertising			
					15.40	10103012 43300	Printing And Advertising			
					14.37	10103012 43300	Printing And Advertising			
					14.00	10103012 42200	Operating Supplies			
					15.79	10103012 42200	Operating Supplies			
					331.49	10103012 43100	Professional Services			
					77.70	10103012 43300	Printing And Advertising			
					25.92	10103012 43300	Printing And Advertising			
					28.48	10103012 43300	Printing And Advertising			
							CHECK	76042 TOTAL:		1,094.44
76043	02/19/2025	MANL	2452	Regions Bank	101964	125CC-Fleet	01/31/2025	125CC		895.26
					77.89	10106010 42200	Operating Supplies			
					64.47	10106010 42200	Operating Supplies			
					10.00	10106010 43100	Professional Services			
					104.14	10106010 42200	Operating Supplies			
					20.04	10106010 42221	Fuel			
					15.00	20106010 43100	Professional Services			
					150.00	10106010 43100	Professional Services			
					15.00	20106010 43100	Professional Services			
					72.20	20106010 42200	Operating Supplies			
					100.81	20106010 42200	Operating Supplies			
					54.74	10106010 42200	Operating Supplies			
					210.97	10106010 42200	Operating Supplies			
							CHECK	76043 TOTAL:		895.26
76044	02/19/2025	MANL	2452	Regions Bank	101956	125CC-Clerk	01/31/2025	125CC		380.29
					39.05	10102010 43100	Professional Services			
					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			

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				39.05	10102010 43100	Professional Services			
				39.05	10102010 43100	Professional Services			
				39.05	10102010 43100	Professional Services			
				39.05	10102010 43100	Professional Services			
							CHECK	76044 TOTAL:	380.29
					NUMBER OF CHECKS 19		*** CASH ACCOUNT TOTAL ***		177,310.49

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	19	177,310.49

*** GRAND TOTAL *** 177,310.49

A/P CASH DISBURSEMENTS JOURNAL Jan 2025 MetLi

CASH ACCOUNT: 99900000 10102 FIB Payroll Account

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
13125	02/21/2025	MANL	231	Metropolitan Life In	102248	01312025ML	01/31/2025			41,913.51
					41,913.51	80600000 29008	Elective Benefits			
								CHECK	13125 TOTAL:	41,913.51
						NUMBER OF CHECKS 1		***	CASH ACCOUNT TOTAL ***	41,913.51

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	1	41,913.51

*** GRAND TOTAL *** 41,913.51

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525H 02/21/2025
DUE DATE: 02/21/2025

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	03/16/2025	EHS-001911		95633	102039	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 70400000 43100		EHF	PROSERVICE			39,515.72			
							39,515.72			
						CHECK TOTAL	**39,515.72**			
3097	Southeastern Indiana	0000		EFT	02/11/2025	HOD021125		95330	101720	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 70400000 43100		EHF	PROSERVICE			75.00			
							75.00			
3097	Southeastern Indiana	0000		EFT	03/01/2025	0000058347		95683	102090	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 70400000 43100		EHF	PROSERVICE			841,095.61			
							841,095.61			
						CHECK TOTAL	**841,170.61**			
3	**INVOICES**					**WARRANT TOTAL**	**880,686.33**	**880,686.33**		
						CASH ACCOUNT BALANCE		**-6,378,807.81**		

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
283	3M Company	0000	22500038	EFT	02/08/2025	9432158923		94844	101173	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20206191 42200		LRSICSRTS OPERSUP				2,115.89			
							2,115.89			
283	3M Company	0000	22500038	EFT	02/19/2025	9432308599		94846	101175	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20206191 42200		LRSICSRTS OPERSUP				760.85			
							760.85			
283	3M Company	0000		EFT	03/07/2025	9432556017		95705	102112	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				563.85			
							563.85			
						CHECK TOTAL	**3,440.59**			
68	A&F Engineering Co LL	0000		EFT	11/04/2024	18530		94949	101285	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 44391011 43100		ECNDEVMY PROSERVICE				2,234.75			
							2,234.75			
						CHECK TOTAL	**2,234.75**			
316	AAA Exterminating Inc	0000		EFT	02/23/2025	672557		94714	101039	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				55.00			
							55.00			
316	AAA Exterminating Inc	0000		EFT	02/23/2025	672546		94715	101040	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				50.00			
							50.00			
316	AAA Exterminating Inc	0000		EFT	02/23/2025	672549		94716	101041	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				35.00			
							35.00			
316	AAA Exterminating Inc	0000		EFT	02/23/2025	672532		94717	101042	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				70.00			
							70.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc	0000	22500087	EFT	02/22/2025	672389		94854	101187	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
316	AAA Exterminating Inc	0000	22500087	EFT	02/21/2025	672306		94855	101188	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	02/23/2025	672537		94860	101194	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	02/23/2025	672574		94861	101195	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
316	AAA Exterminating Inc	0000	22500087	EFT	02/28/2025	672881		94863	101197	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			185.00			
							185.00			
316	AAA Exterminating Inc	0000		EFT	02/24/2025	672590		95071	101411	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 43100		MNCPLHDFND	PROSERVICE			52.50			
	2 21205058 43100		CHD	PROSERVICE			52.50			
							105.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673892		95414	101809	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			55.00			
							55.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673900		95415	101811	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673920		95469	101867	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673929		95470	101868	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673954		95472	101870	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673967		95474	101872	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			80.00			
							80.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673970		95475	101873	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			240.00			
							240.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673978		95477	101875	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			225.00			
							225.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673984		95480	101878	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/07/2025	673427		95487	101886	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/15/2025	674182		95672	102078	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			40.00			
							40.00			
316	AAA Exterminating Inc	0000		EFT	03/14/2025	674005		95815	102232	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			40.00			
							40.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc	0000		EFT	03/14/2025	673997		95816	102233	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
316	AAA Exterminating Inc	0000		EFT	03/21/2025	674636		95817	102234	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			15.00			
							15.00			
316	AAA Exterminating Inc	0000		EFT	03/21/2025	674584		95818	102235	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			55.00			
							55.00			
316	AAA Exterminating Inc	0000		EFT	03/21/2025	674583		95819	102236	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
						CHECK TOTAL	**1,895.00**			
4467	Accurate Cutting Tech	0000	22500062	EFT	03/15/2025	70819		95678	102085	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			106.00			
							106.00			
						CHECK TOTAL	**106.00**			
5101	Adrienne Maynard	0000		EFT	03/12/2025	2506		95334	101724	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			300.00			
							300.00			
						CHECK TOTAL	**300.00**			
179	Advanced Turf Solutio	0000	22500104	EFT	02/22/2025	SO1248268		94948	101284	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20206191 42200		LRSICSRTS	OPERSUP			6,639.00			
							6,639.00			
						CHECK TOTAL	**6,639.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
124	Airgas, Inc.	0000		EFT	02/13/2025	9157358945		95046	101386	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43100		GenEMS	PROSERVICE		41.10				
							41.10			
124	Airgas, Inc.	0000		EFT	03/12/2025	9158196537		95687	102094	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43100		GenEMS	PROSERVICE		64.33				
							64.33			
						CHECK TOTAL	**105.43**			
1398	Alison E Root	0000		EFT	03/01/2025	2012025		95164	101539	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10107010 43100		GenParks	PROSERVICE		540.00				
							540.00			
						CHECK TOTAL	**540.00**			
2603	Almost Home Kennel LL	0000		EFT	01/23/2025	36238		94697	101021	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 43100		GenPatrol	PROSERVICE		111.00				
							111.00			
						CHECK TOTAL	**111.00**			
90	Amazon Web Services L	0000	22401202	EFT	02/27/2025	2026506201		94921	101246	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		2,804.60				
	2 60606050 43100		SewIT	PROSERVICE		2,804.60				
	3 62606050 43100		SWIT	PROSERVICE		233.72				
							5,842.92			
90	Amazon Web Services L	0000	22401202	EFT	03/03/2025	2028406781		94923	101258	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		4,409.58				
	2 60606050 43100		SewIT	PROSERVICE		4,409.60				
	3 62606050 43100		SWIT	PROSERVICE		367.47				
							9,186.65			
						CHECK TOTAL	**15,029.57**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/22/2025	17W7-TCHC-6L9Q		94681	101004	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			1,664.10			
							1,664.10			
808	Amazon.com LLC	0000		EFT	02/21/2025	1CXG-HFC4-XDD1		94684	101008	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			29.25			
							29.25			
808	Amazon.com LLC	0000		EFT	02/16/2025	1VWD-1FFM-NNWT		94685	101009	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 42200		GenMayorOf	OPERSUP			37.32			
							37.32			
808	Amazon.com LLC	0000		EFT	02/16/2025	1Q71-99NC-MP9K		94686	101010	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 42200		GenMayorOf	OPERSUP			26.66			
							26.66			
808	Amazon.com LLC	0000		EFT	02/16/2025	1J1W-JRWT-P7MP		94687	101011	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			54.97			
							54.97			
808	Amazon.com LLC	0000		EFT	02/20/2025	1CWF-JLK1-QL6W		94695	101019	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 42200		GenPDAdmin	OPERSUP			169.26			
	2 10108012 42200		GenPatrol	OPERSUP			238.49			
	3 10108013 42200		GenInvstgt	OPERSUP			370.28			
	4 10108015 42200		GenPDSpprt	OPERSUP			32.49			
							810.52			
808	Amazon.com LLC	0000		EFT	02/22/2025	1JN6-NHQW-CG36		94696	101020	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			17.89			
	2 10108013 42200		GenInvstgt	OPERSUP			50.30			
							68.19			
808	Amazon.com LLC	0000		EFT	02/23/2025	1WPP-H61J-KJHF		94711	101032	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			35.99			
	2 10108012 42200		GenPatrol	OPERSUP			659.95			
							695.94			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

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	1FDV-XNKF-Q4XY		94731	101057	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			89.17			
							89.17			
808	Amazon.com LLC	0000		EFT	02/26/2025	1NNK-VRMV-1D1T		94732	101058	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			158.00			
							158.00			
808	Amazon.com LLC	0000		EFT	02/08/2025	1N7P-TL3Y-KRYH		94735	101061	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			52.24			
							52.24			
808	Amazon.com LLC	0000		EFT	01/22/2025	14DK-RP4Y-7CX3		94737	101063	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			9.95			
							9.95			
808	Amazon.com LLC	0000		EFT	01/22/2025	1NJH-7FWC-3Y7Y		94738	101064	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			297.43			
							297.43			
808	Amazon.com LLC	0000		EFT	02/26/2025	1TKD-9RKX-6PH1		94741	101067	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			178.66			
							178.66			
808	Amazon.com LLC	0000		EFT	02/25/2025	17NW-CXJK-VMMF		94742	101068	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			-384.89			
							-384.89			
808	Amazon.com LLC	0000		EFT	02/28/2025	1QMM-RQ79-7YM9		94749	101076	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			167.99			
	2 10108013 42200		GenInvstgt	OPERSUP			29.99			
							197.98			
808	Amazon.com LLC	0000		EFT	02/28/2025	1LNF-VXTX-39CW		94751	101078	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			9.99			
							9.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/22/2025	1XYM-J6N9-HFPJ		94752	101079	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			27.95			
							27.95			
808	Amazon.com LLC	0000		EFT	02/28/2025	1F9R-Y3PN-36DQ		94786	101113	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			181.94			
	2 62609014 42200		SWPWWater	OPERSUP			181.94			
							363.88			
808	Amazon.com LLC	0000		EFT	02/26/2025	14XM-L3FJ-4FHV		94795	101122	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFNDP	OPERSUP			21.97			
							21.97			
808	Amazon.com LLC	0000		EFT	02/21/2025	1CW3-PCHX-1CDQ		94806	101133	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFNDP	OPERSUP			160.58			
							160.58			
808	Amazon.com LLC	0000		EFT	02/22/2025	1TT7-MKHX-9L9M		94809	101137	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055058 42200		GRTSHD	OPERSUP			850.90			
							850.90			
808	Amazon.com LLC	0000		EFT	02/27/2025	1M99-L44J-FR96		94815	101143	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			402.74			
							402.74			
808	Amazon.com LLC	0000		EFT	02/21/2025	1RLJ-R7PY-YGXH		94817	101145	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			19.78			
							19.78			
808	Amazon.com LLC	0000		EFT	02/26/2025	1XMX-3Y4T-37GY		94819	101147	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			19.98			
							19.98			
808	Amazon.com LLC	0000		EFT	03/01/2025	1MTD-LHF6-1DW4		94820	101148	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055058 42200		GRTSHD	OPERSUP			1,210.72			
							1,210.72			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/26/2025	19PJ-GPKQ-37R1		94821	101149	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			60.95			
							60.95			
808	Amazon.com LLC	0000		EFT	02/27/2025	1C4T-4C4L-HML6		94858	101191	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			218.28			
							218.28			
808	Amazon.com LLC	0000		EFT	02/23/2025	1QLV-F369-QTX3		94875	101209	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 42200		SewEng	OPERSUP			-26.99			
							-26.99			
808	Amazon.com LLC	0000		EFT	02/28/2025	1QVL-61DG-3CVT		94877	101211	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 42200		SewEng	OPERSUP			42.98			
							42.98			
808	Amazon.com LLC	0000		EFT	03/04/2025	1MTD-LHF6-Y44Y		94885	101220	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			22.99			
							22.99			
808	Amazon.com LLC	0000		EFT	12/19/2024	1L73-XYT4-7YM3		94953	101289	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			62.20			
							62.20			
808	Amazon.com LLC	0000		EFT	03/05/2025	1F4D-PFXC-9C6J		94958	101294	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			50.56			
	2 10108012 42200		GenPatrol	OPERSUP			400.90			
							451.46			
808	Amazon.com LLC	0000		EFT	03/05/2025	1DFH-QF94-3YFN		94962	101298	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			67.09			
							67.09			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
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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	22401203	EFT	02/19/2025	1QD7-34FN-9MPQ		94979	101317	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			21.99			
	2 60606050 42200		SewIT	OPERSUP			11.00			
	3 62606050 42200		SWIT	OPERSUP			10.99			
	4 21106050 42200		MHFIT	OPERSUP			211.78			
	5 10106050 42200		GenIT	OPERSUP			432.56			
	6 10106050 42200		GenIT	OPERSUP			43.90			
	7 10106050 42200		GenIT	OPERSUP			383.98			
	8 10106050 42200		GenIT	OPERSUP			64.62			
	9 60606050 42200		SewIT	OPERSUP			32.31			
	10 62606050 42200		SWIT	OPERSUP			32.30			
								1,245.43		
808	Amazon.com LLC	0000	22401203	EFT	03/05/2025	11KR-CDRK-13XJ		94980	101318	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			179.99			
	2 60606050 42200		SewIT	OPERSUP			0.00			
	3 62606050 42200		SWIT	OPERSUP			0.00			
								179.99		
808	Amazon.com LLC	0000		EFT	03/05/2025	1RNY-N4Y1-1Q7N		94999	101339	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			23.89			
	2 10108013 42200		GenInvstgt	OPERSUP			461.72			
								485.61		
808	Amazon.com LLC	0000		EFT	03/05/2025	1TWM-TTNK-33MD		95005	101345	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			47.94			
								47.94		
808	Amazon.com LLC	0000		EFT	03/03/2025	1LGG-Y99D-P99J		95006	101346	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			277.68			
								277.68		
808	Amazon.com LLC	0000		EFT	03/02/2025	11WR-G1M6-DJHK		95008	101348	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			24.99			
	2 10108015 42200		GenPDSpprt	OPERSUP			143.24			
								168.23		

ACCOUNTS PAYABLE CHECK RUN REPORT

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WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/02/2025	1QDQ-41XJ-FWJ3		95009	101349	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			5.99			
							5.99			
808	Amazon.com LLC	0000		EFT	03/02/2025	1DFR-JMVY-FKPM		95010	101350	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			41.94			
							41.94			
808	Amazon.com LLC	0000		EFT	03/01/2025	171D-DHY1-DQ7Y		95036	101376	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			73.08			
							73.08			
808	Amazon.com LLC	0000		EFT	03/06/2025	1JMQ-C6L1-CX69		95065	101405	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			34.52			
							34.52			
808	Amazon.com LLC	0000		EFT	02/26/2025	1CP7-FDRV-6N3X		95077	101418	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			444.88			
							444.88			
808	Amazon.com LLC	0000		EFT	03/01/2025	1JMR-P61H-1MY6		95079	101419	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			99.98			
							99.98			
808	Amazon.com LLC	0000		EFT	02/21/2025	1QP6-JFKV-QCQK		95080	101420	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			67.50			
							67.50			
808	Amazon.com LLC	0000		EFT	02/25/2025	1RMH-4TWR-VQWX		95082	101422	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			176.40			
							176.40			
808	Amazon.com LLC	0000		EFT	02/16/2025	1RRP-6414-QQHN		95083	101423	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105016 42200		GenExAff	OPERSUP			24.74			
							24.74			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/06/2025	1TGH-JNR3-9CL6		95084	101424	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			59.22			
							59.22			
808	Amazon.com LLC	0000		EFT	03/05/2025	1TQ9-RL37-6VFJ		95086	101426	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			59.97			
							59.97			
808	Amazon.com LLC	0000		EFT	03/05/2025	1XX1-GCKX-3NVV		95087	101427	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			71.98			
							71.98			
808	Amazon.com LLC	0000		EFT	02/22/2025	1Y6K-W4V4-1YVY		95089	101429	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			19.80			
							19.80			
808	Amazon.com LLC	0000		EFT	03/05/2025	13GF-DXFG-6WGJ		95090	101430	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			822.05			
							822.05			
808	Amazon.com LLC	0000		EFT	03/02/2025	14WM-9MHX-C6XD		95091	101431	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			169.27			
							169.27			
808	Amazon.com LLC	0000		EFT	03/02/2025	19FQ-9RP1-G1Y7		95092	101432	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			491.60			
							491.60			
808	Amazon.com LLC	0000		EFT	03/06/2025	16G3-HG9K-FYWL		95150	101525	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			308.43			
							308.43			
808	Amazon.com LLC	0000		EFT	03/07/2025	1W13-FQTF-1D4D		95182	101557	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			172.90			
							172.90			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/07/2025	1YP7-76CM-M996		95189	101564	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				399.00			
							399.00			
808	Amazon.com LLC	0000		EFT	03/07/2025	1GN9-13M6-6NQH		95191	101566	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				16.00			
							16.00			
808	Amazon.com LLC	0000	22400621	EFT	03/07/2025	136J-9C4Y-3VXP		95193	101569	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62609014 42200		SWPWWater OPERSUP				104.48			
							104.48			
808	Amazon.com LLC	0000		EFT	02/21/2025	11CF-LKG1-V7NN		95247	101628	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103011 42200		GenPI OPERSUP				495.30			
							495.30			
808	Amazon.com LLC	0000		EFT	03/11/2025	1794-NLXQ-TRYM		95249	101630	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist OPERSUP				-9.89			
							-9.89			
808	Amazon.com LLC	0000		EFT	03/08/2025	1K96-MRNC-97KV		95250	101631	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist OPERSUP				22.99			
							22.99			
808	Amazon.com LLC	0000		EFT	03/09/2025	1NTT-7J1G-DQP6		95251	101632	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist OPERSUP				383.72			
							383.72			
808	Amazon.com LLC	0000		EFT	03/09/2025	17FY-P6LK-FHQL		95252	101633	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm OPERSUP				106.60			
							106.60			
808	Amazon.com LLC	0000		EFT	03/09/2025	161D-V619-DQGK		95253	101634	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm OPERSUP				46.99			
							46.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/12/2025	1GY6-Q1J1-XRJN		95288	101674	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			63.83			
							63.83			
808	Amazon.com LLC	0000		EFT	03/12/2025	161D-V619-XKDM		95289	101675	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			35.99			
							35.99			
808	Amazon.com LLC	0000		EFT	03/12/2025	1HRM-W1C1-WT3K		95294	101680	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			45.50			
	2 10108012 42200		GenPatrol	OPERSUP			937.75			
							983.25			
808	Amazon.com LLC	0000		EFT	03/12/2025	161D-V619-WJ39		95295	101681	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			308.72			
	2 10108012 42200		GenPatrol	OPERSUP			13.70			
							322.42			
808	Amazon.com LLC	0000		EFT	03/09/2025	1C4D-RPTT-DL1L		95296	101682	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			39.99			
							39.99			
808	Amazon.com LLC	0000		EFT	03/12/2025	1NTT-7J1G-YHDV		95323	101713	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			7.99			
							7.99			
808	Amazon.com LLC	0000		EFT	03/13/2025	1X31-16T6-DVJT		95345	101735	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			437.70			
							437.70			
808	Amazon.com LLC	0000		EFT	03/14/2025	1C96-WDYP-CG7D		95409	101804	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			14.99			
							14.99			
808	Amazon.com LLC	0000		EFT	03/14/2025	1CNP-J3N3-3WFW		95411	101806	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			77.18			
							77.18			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/14/2025	13JL-DNQD-17JJ		95413	101808	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			7.99			
							7.99			
808	Amazon.com LLC	0000	22401203	EFT	03/05/2025	1H1X-P49G-XYGV		95573	101975	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			289.19			
	2 21106050 42200		MHFIT	OPERSUP			24.99			
	3 10106050 42200		GenIT	OPERSUP			129.00			
	4 10106050 42200		GenIT	OPERSUP			61.80			
	5 60606050 42200		SewIT	OPERSUP			4.00			
	6 62606050 42200		SWIT	OPERSUP			4.00			
	7 10106050 42200		GenIT	OPERSUP			203.97			
	8 10106050 42200		GenIT	OPERSUP			748.12			
	9 62606050 42200		SWIT	OPERSUP			74.81			
	10 60606050 42200		SewIT	OPERSUP			74.81			
							1,614.69			
808	Amazon.com LLC	0000	22401203	EFT	03/19/2025	1THF-TL7H-6Y1X		95574	101976	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			445.96			
	2 10106050 42200		GenIT	OPERSUP			717.99			
	3 21106050 42200		MHFIT	OPERSUP			191.99			
	4 10106050 42200		GenIT	OPERSUP			103.02			
	5 60606050 42200		SewIT	OPERSUP			10.30			
	6 62606050 42200		SWIT	OPERSUP			10.30			
							1,479.56			
808	Amazon.com LLC	0000		EFT	03/19/2025	1114-JWGY-CCGX		95646	102053	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			114.98			
							114.98			
808	Amazon.com LLC	0000		EFT	03/19/2025	1THF-TL7H-DGQQ		95657	102063	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			111.24			
							111.24			
808	Amazon.com LLC	0000		EFT	03/16/2025	1DP9-KRPN-P6F7		95688	102095	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			280.82			
							280.82			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/20/2025	1KTX-JR4F-GXMX		95689	102096	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			221.28			
							221.28			
808	Amazon.com LLC	0000		EFT	03/17/2025	147V-CQJN-TV6D		95696	102103	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			325.08			
							325.08			
808	Amazon.com LLC	0000		EFT	03/20/2025	1C37-GT96-HT9G		95698	102105	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			58.37			
							58.37			
808	Amazon.com LLC	0000		EFT	02/27/2025	1L7K-ML9Y-GXLQ		95750	102162	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 42200		GenMayorOf	OPERSUP			7.95			
							7.95			
808	Amazon.com LLC	0000		EFT	03/07/2025	116T-6VRM-M1FW		95751	102163	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			21.95			
							21.95			
808	Amazon.com LLC	0000		EFT	02/28/2025	1NV4-6TYR-169D		95761	102174	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			14.99			
							14.99			
808	Amazon.com LLC	0000		EFT	02/20/2025	11C7-1XQQ-LWHH		95774	102187	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62601015 42200		SWHR	OPERSUP			95.00			
	2 60601015 42200		SewHR	OPERSUP			95.00			
	3 10101015 42200		GenHR	OPERSUP			95.34			
							285.34			
808	Amazon.com LLC	0000		EFT	03/22/2025	1C16-VXQC-93KT		95812	102228	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			50.66			
							50.66			
						CHECK TOTAL	**21,665.50**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000	22201233	EFT	02/28/2025	1JKY-DTGP-1TY1		94873	101199	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		3.32				
	2 62604010 42200		SWEng	OPERSUP		5.94				
							9.26			
						CHECK TOTAL	**9.26**			
808	Amazon.com LLC	0000	22201233	EFT	03/05/2025	1FYQ-XW6M-4MMJ		95075	101416	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		22.54				
	2 62604010 42200		SWEng	OPERSUP		40.38				
							62.92			
						CHECK TOTAL	**62.92**			
808	Amazon.com LLC	0000	22201233	EFT	03/06/2025	1QVY-3FMQ-FGRQ		95177	101552	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		8.38				
	2 62604010 42200		SWEng	OPERSUP		15.01				
							23.39			
						CHECK TOTAL	**23.39**			
808	Amazon.com LLC	0000	22201233	EFT	03/13/2025	11Q7-7NC6-FMLH		95601	102004	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		12.39				
	2 62604010 42200		SWEng	OPERSUP		22.20				
							34.59			
						CHECK TOTAL	**34.59**			
808	Amazon.com LLC	0000	22201233	EFT	03/15/2025	1J96-749R-CHYL		95602	102006	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		12.07				
	2 62604010 42200		SWEng	OPERSUP		21.62				
							33.69			
						CHECK TOTAL	**33.69**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000	22201233	EFT	03/13/2025	1JND-HHRC-196J		95701	102108	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 42200		SewEng	OPERSUP			15.95			
	2 62604010 42200		SWEng	OPERSUP			28.59			
							44.54			
						CHECK TOTAL	**44.54**			
2476	American Legal Publis	0000		EFT	03/02/2025	40336		95748	102160	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			4,647.16			
							4,647.16			
2476	American Legal Publis	0000		EFT	03/20/2025	40633		95765	102178	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			85.00			
							85.00			
						CHECK TOTAL	**4,732.16**			
468	American Pump Repair	0000	22401432	EFT	10/23/2024	79410		95551	101951	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			1,075.00			
							1,075.00			
468	American Pump Repair	0000	22401432	EFT	11/24/2024	79455		95552	101952	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			1,075.00			
							1,075.00			
468	American Pump Repair	0000	22401432	EFT	03/20/2025	79687		95676	102082	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			2,146.00			
							2,146.00			
						CHECK TOTAL	**4,296.00**			
4596	Amilia Technologies U	0000	22401068	EFT	03/02/2025	1571627		94904	101233	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			3,320.85			
	2 10107010 35600		GenParks	OTHERFEES			7,623.16			
							10,944.01			
						CHECK TOTAL	**10,944.01**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
817	AMS Mechanical Servic	0000	22500185	EFT	03/03/2025	1419761		95820	102237	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			5,976.60			
							5,976.60			
						CHECK TOTAL	**5,976.60**			
3153	Ashley Heckly	0000		INV	03/05/2025	95489		95489	101888	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105016 43200		GenExAff	COMMTRANS			102.00			
							102.00			
						CHECK TOTAL	**102.00**			
1069	Association of Law En	0000		EFT	02/01/2025	25-044		94698	101022	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43100		GenInvstgt	PROSERVICE			595.00			
							595.00			
						CHECK TOTAL	**595.00**			
1144	Barnes & Thornburg, L	0000	22400201	EFT	12/22/2024	3340268		95755	102166	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			17,522.26			
	2 60601011 43100		SewMayor	PROSERVICE			4,698.00			
	3 62601011 43100		SWMayor	PROSERVICE			1,269.74			
							23,490.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/15/2025	3374968		95760	102173	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			6,238.61			
	2 60601011 43100		SewMayor	PROSERVICE			1,648.78			
	3 62601011 43100		SWMayor	PROSERVICE			445.61			
							8,333.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/20/2025	3375780		95768	102181	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			2,245.99			
	2 60601011 43100		SewMayor	PROSERVICE			593.58			
	3 62601011 43100		SWMayor	PROSERVICE			160.43			
							3,000.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/20/2025	3375779		95769	102182	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			2,245.99			
	2 60601011 43100		SewMayor	PROSERVICE			593.58			
	3 62601011 43100		SWMayor	PROSERVICE			160.43			
							3,000.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/20/2025	3376911		95771	102184	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			1,411.23			
	2 60601011 43100		SewMayor	PROSERVICE			372.97			
	3 62601011 43100		SWMayor	PROSERVICE			100.80			
							1,885.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/20/2025	3376915		95772	102185	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			5,614.97			
	2 60601011 43100		SewMayor	PROSERVICE			1,483.96			
	3 62601011 43100		SWMayor	PROSERVICE			401.07			
							7,500.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	02/21/2025	3365908		95778	102191	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			5,614.97			
	2 60601011 43100		SewMayor	PROSERVICE			1,483.96			
	3 62601011 43100		SWMayor	PROSERVICE			401.07			
							7,500.00			
						CHECK TOTAL	**54,708.00**			
584	BBC Pump & Equipment	0000	22301367	EFT	03/09/2025	30090756		95397	101792	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			9,270.82			
							9,270.82			
						CHECK TOTAL	**9,270.82**			
5037	Beaty Construction, I	0000	22401374	EFT	03/08/2025	Pay#02-NPT-PB		95260	101642	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27054010 44920		GRNTEng	CAPEXP			119,843.21			
							119,843.21			
						CHECK TOTAL	**119,843.21**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2764	BEC Enterprises LLC	0000	22400716	EFT	02/27/2025	SO33830		94986	101326	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60606010 43100		SewFleet	PROSERVICE			2,048.87			
	2 60606010 43100		SewFleet	PROSERVICE			1,548.57			
							3,597.44			
2764	BEC Enterprises LLC	0000	22401274	EFT	03/01/2025	INV31049		94996	101336	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				28.25			
							28.25			
2764	BEC Enterprises LLC	0000	22401274	EFT	03/02/2025	INV31092		94997	101337	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				61.43			
							61.43			
2764	BEC Enterprises LLC	0000	22401274	EFT	03/09/2025	INV31248		95331	101721	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				75.88			
							75.88			
						CHECK TOTAL	**3,763.00**			
786	Bicycle Garage of Ind	0000		EFT	03/13/2025	082724141433076		95389	101784	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			278.20			
							278.20			
						CHECK TOTAL	**278.20**			
608	BL Anderson Co., Inc.	0000		EFT	03/15/2025	034835		95490	101889	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				696.00			
							696.00			
						CHECK TOTAL	**696.00**			
663	Bluebeam Inc	0000	22500102	EFT	02/11/2025	2204792		94906	101241	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			2,660.00			
							2,660.00			
663	Bluebeam Inc	0000	22500164	EFT	03/12/2025	2224937		95510	101909	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			2,340.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							2,340.00			
						CHECK TOTAL	**5,000.00**			
5152	BML Graphics	0000		EFT	02/26/2025	7490		94725	101050	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 47140000 44920		FishersI69	CAPEXP		24,463.99				
							24,463.99			
5152	BML Graphics	0000		EFT	03/12/2025	7501		95380	101773	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 47140000 44920		FishersI69	CAPEXP		14,276.85				
							14,276.85			
						CHECK TOTAL	**38,740.84**			
5158	BOGER, WILLIAM P.	0000		INV	02/11/2025	94758		94758	101085	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		6.20				
							6.20			
						CHECK TOTAL	**6.20**			
561	Boldens Carpet & Upho	0000		EFT	02/21/2025	COFISHERS-WD012-25-M		95314	101704	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 47140000 43100		FishersI69	PROSERVICE		13,263.89				
							13,263.89			
						CHECK TOTAL	**13,263.89**			
373	Bound Tree Medical, L	0000		EFT	02/08/2025	85617818		95047	101387	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		992.25				
							992.25			
373	Bound Tree Medical, L	0000		EFT	02/14/2025	85624943		95048	101388	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		79.95				
							79.95			
373	Bound Tree Medical, L	0000		EFT	02/16/2025	85628172		95049	101389	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,974.78				
							1,974.78			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
373	Bound Tree Medical, L	0000		EFT	02/16/2025	85628173		95051	101391	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,881.10				
							1,881.10			
373	Bound Tree Medical, L	0000		EFT	02/22/2025	85634158		95052	101392	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,639.98				
							1,639.98			
373	Bound Tree Medical, L	0000		EFT	02/23/2025	85635962		95053	101393	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		872.37				
							872.37			
373	Bound Tree Medical, L	0000		EFT	02/26/2025	85637489		95054	101394	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		666.39				
							666.39			
373	Bound Tree Medical, L	0000		EFT	02/26/2025	85637490		95055	101395	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		93.24				
							93.24			
373	Bound Tree Medical, L	0000		EFT	02/28/2025	85639725		95056	101396	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108013 42200		GenInvstgt	OPERSUP		1,403.80				
							1,403.80			
373	Bound Tree Medical, L	0000		EFT	03/01/2025	85643185		95183	101558	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		74.94				
							74.94			
373	Bound Tree Medical, L	0000		EFT	03/01/2025	85643186		95184	101559	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,966.81				
							1,966.81			
373	Bound Tree Medical, L	0000		EFT	03/01/2025	85643187		95185	101560	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,975.16				
							1,975.16			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
373	Bound Tree Medical, L	0000		EFT	03/02/2025	85644920		95276	101661	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,923.71				
							1,923.71			
373	Bound Tree Medical, L	0000		EFT	03/06/2025	85648590		95277	101662	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		493.30				
							493.30			
373	Bound Tree Medical, L	0000		EFT	03/07/2025	85650684		95278	101663	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,510.53				
							1,510.53			
373	Bound Tree Medical, L	0000		EFT	03/08/2025	85652625		95390	101785	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		17.22				
							17.22			
373	Bound Tree Medical, L	0000		EFT	03/09/2025	85654211		95690	102097	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		371.99				
							371.99			
373	Bound Tree Medical, L	0000		EFT	03/12/2025	85655827		95691	102098	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,421.40				
							1,421.40			
373	Bound Tree Medical, L	0000		EFT	03/15/2025	85661497		95692	102099	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		269.28				
							269.28			
373	Bound Tree Medical, L	0000		EFT	03/15/2025	85661498		95693	102100	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		96.18				
							96.18			
						CHECK TOTAL	**19,724.38**			
721	BPI Enterprises LLC	0000		EFT	02/21/2025	P79710230		94694	101018	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		53.90				
							53.90			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**53.90**			
1704	Lisa Bradford	0000		INV	01/29/2025	94747		94747	101074	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 43200		GenContr	COMMTRANS			156.24			
	2 60601013 43200		SewContr	COMMTRANS			100.00			
							256.24			
						CHECK TOTAL	**256.24**			
4038	Brain Performance LLC	0000		EFT	02/20/2025	1598		95109	101449	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			900.00			
							900.00			
4038	Brain Performance LLC	0000		EFT	03/12/2025	1622		95282	101668	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			1,950.00			
							1,950.00			
						CHECK TOTAL	**2,850.00**			
632	Brehob Corporation	0000		EFT	11/06/2024	I-00011884		94983	101321	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			1,170.00			
							1,170.00			
632	Brehob Corporation	0000		EFT	03/14/2025	I-00017535		95399	101794	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			956.00			
							956.00			
						CHECK TOTAL	**2,126.00**			
556	Brickman Acquisition	0000		EFT	02/11/2025	PAY12		95337	101727	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 44920		GenContr	CAPEXP			9,522.00			
							9,522.00			
						CHECK TOTAL	**9,522.00**			
567	Buckeye Power Sales C	0000	22400785	EFT	03/01/2025	PSV404874		95011	101351	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			330.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							330.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/02/2025	PSV405077		95012	101352	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				190.00			
							190.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/02/2025	PSV405078		95014	101354	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/02/2025	PSV405079		95015	101355	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				250.00			
							250.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/02/2025	PSV405080		95016	101356	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				270.00			
							270.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/05/2025	PSV405342		95017	101357	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				190.00			
							190.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/05/2025	PSV405343		95018	101358	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				150.00			
							150.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/05/2025	PSV405344		95019	101359	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				13.71			
	2 60609014 43100		SewPWWaterPROSERVICE				156.29			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405345		95021	101361	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405346		95022	101362	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405347		95023	101363	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405348		95024	101364	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				200.00			
							200.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405349		95025	101365	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				200.00			
							200.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405350		95026	101366	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				320.00			
							320.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405351		95027	101367	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				332.50			
							332.50			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405352		95028	101368	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				270.00			
							270.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405398		95029	101369	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				210.00			
							210.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/06/2025	PSV405526		95030	101370	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				190.00			
							190.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/06/2025	PSV405527		95031	101371	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				450.00			
							450.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22401433	EFT	03/06/2025	PSV405528		95033	101373	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				250.00			
							250.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/06/2025	PSV405529		95035	101375	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				250.00			
							250.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/07/2025	PSV405820		95174	101549	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				463.50			
	2 60609014 42200		SewPWWaterOPERSUP				800.00			
							1,263.50			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407732		95660	102066	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				150.00			
							150.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407733		95661	102067	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				250.00			
							250.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407734		95668	102074	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407735		95670	102076	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407736		95671	102077	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407737		95673	102079	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				200.00			
							200.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407738		95674	102080	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				200.00			
							200.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407739		95675	102081	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				270.00			
							270.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407852		95697	102104	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				1,883.81			
							1,883.81			
						CHECK TOTAL	**9,629.81**			
2089	Buddenbaum & Moore LL	0000	22500098	EFT	01/25/2025	10209		94945	101281	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks PROSERVICE				2,012.69			
							2,012.69			
						CHECK TOTAL	**2,012.69**			
1655	Brendan Buehre	0000		INV	02/28/2025	F24-134		95270	101652	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt COMMTRANS				448.50			
							448.50			
						CHECK TOTAL	**448.50**			
5160	BULLOCK, NATHAN & NAT	0000		INV	02/11/2025	94760		94760	101087	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew USERFEES				39.79			
							39.79			
						CHECK TOTAL	**39.79**			
737	Butler, Fairman & Seu	0000	22401193	EFT	02/21/2025	107019		95630	102036	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 42224010 44920		2021 GO EN CAPEXP				640.00			
							640.00			
						CHECK TOTAL	**640.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
737	Butler, Fairman & Seu	0000	22401193	EFT	02/21/2025	107020		95632	102038	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 42224010 44920		2021 GO EN	CAPEXP			882.09			
	2 27074010 44200		PIFENG	INFRSTR			2,477.91			
							3,360.00			
						CHECK TOTAL	**3,360.00**			
2441	BW Construction LLC	0000	22400398	EFT	02/27/2025	20240411A		94818	101146	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			5,227.27			
							5,227.27			
2441	BW Construction LLC	0000		EFT	02/27/2025	20230723		94954	101290	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 44391011 43100		ECNDEVMY	PROSERVICE			18,518.00			
							18,518.00			
						CHECK TOTAL	**23,745.27**			
2424	CallTower Inc	0000		EFT	03/18/2025	202384266		95575	101978	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			776.98			
							776.98			
						CHECK TOTAL	**776.98**			
1696	Mark Carman	0000		INV	03/12/2025	95290		95290	101676	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 43200		GenLogist	COMMTRANS			391.00			
							391.00			
						CHECK TOTAL	**391.00**			
996	Carrier & Gable Inc	0000	22401344	EFT	01/15/2025	IN43421		95057	101397	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			21,000.00			
							21,000.00			
						CHECK TOTAL	**21,000.00**			
831	CC&T Construction Co,	0000		EFT	03/03/2025	Pay#02		95360	101751	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 44920		GenContr	CAPEXP			59,845.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							59,845.00			
						CHECK TOTAL	**59,845.00**			
703	CDW Government, Inc.	0000	22400645	EFT	02/22/2025	AC4Z98A		94925	101260	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 42200		GenIT	OPERSUP		147.20				
							147.20			
						CHECK TOTAL	**147.20**			
923	Central Indiana Hardw	0000		EFT	03/01/2025	7378210		94897	101231	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		286.91				
							286.91			
						CHECK TOTAL	**286.91**			
1734	Certified Consultants	0000	22500099	EFT	02/26/2025	1297		95100	101440	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		4,919.00				
							4,919.00			
1734	Certified Consultants	0000		EFT	02/26/2025	1298		95167	101542	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		1,820.00				
							1,820.00			
						CHECK TOTAL	**6,739.00**			
5159	CHILDS, ROBERTA	0000		INV	02/11/2025	94759		94759	101086	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		31.00				
							31.00			
						CHECK TOTAL	**31.00**			
691	Christopher B Burke E	0000	22300637	EFT	03/13/2025	37071		95550	101950	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 62609014 43100		SWPWWater	PROSERVICE		1,365.25				
							1,365.25			
						CHECK TOTAL	**1,365.25**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
828	Church, Church, Hittl	0000		EFT	02/24/2025	314847		95070	101410	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101014 43100		GenEcon	PROSERVICE			563.75			
							563.75			
828	Church, Church, Hittl	0000	22400196	EFT	03/07/2025	316604		95753	102165	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27021011 43100		DEFMAYOR	PROSERVICE			2,185.90			
							2,185.90			
						CHECK TOTAL	**2,749.65**			
714	Cintas Corporation No	0000		EFT	01/08/2025	4215378262		94618	100929	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	02/15/2025	5249298306		94619	100931	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			99.01			
							99.01			
						CHECK TOTAL	**99.01**			
714	Cintas Corporation No	0000		EFT	02/16/2025	4218271886		94624	100938	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20109011 43100		MVHPWStr	PROSERVICE			397.37			
							397.37			
						CHECK TOTAL	**397.37**			
714	Cintas Corporation No	0000		EFT	02/16/2025	4218271775		94625	100939	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	02/16/2025	4218271825		94626	100941	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			187.96			
							187.96			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**187.96**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647844		94666	100988	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		38.34				
							38.34			
						CHECK TOTAL	**38.34**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647867		94667	100989	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		52.66				
							52.66			
						CHECK TOTAL	**52.66**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647956		94668	100991	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		121.56				
							121.56			
						CHECK TOTAL	**121.56**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647974		94669	100992	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		125.07				
							125.07			
						CHECK TOTAL	**125.07**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647899		94670	100993	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		36.25				
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647067		94671	100994	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		63.73				
							63.73			
						CHECK TOTAL	**63.73**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	02/24/2025	4219002423		94710	101035	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			95.26			
							95.26			
						CHECK TOTAL	**95.26**			
714	Cintas Corporation No	0000		EFT	02/23/2025	4219002505		94722	101047	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			191.01			
							191.01			
						CHECK TOTAL	**191.01**			
714	Cintas Corporation No	0000		EFT	02/23/2025	4219002523		94723	101048	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	02/23/2025	4219002624		94724	101049	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20209011 43100		LRSPWSTRT	PROSERVICE			235.02			
							235.02			
						CHECK TOTAL	**235.02**			
714	Cintas Corporation No	0000		EFT	02/28/2025	4219413724		94750	101077	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43100		GenPDAdmin	PROSERVICE			140.54			
							140.54			
						CHECK TOTAL	**140.54**			
714	Cintas Corporation No	0000		EFT	02/20/2025	5249876803		94822	101150	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			352.85			
							352.85			
						CHECK TOTAL	**352.85**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	02/27/2025	5251182107		94912	101248	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				240.58			
							240.58			
						CHECK TOTAL	**240.58**			
714	Cintas Corporation No	0000		EFT	02/27/2025	5251182109		94913	101249	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				123.09			
							123.09			
						CHECK TOTAL	**123.09**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219413742		94914	101250	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			38.34			
							38.34			
						CHECK TOTAL	**38.34**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219413855		94915	101251	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			52.66			
							52.66			
						CHECK TOTAL	**52.66**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219414128		94916	101252	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			125.07			
							125.07			
						CHECK TOTAL	**125.07**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219414137		94917	101253	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			121.56			
							121.56			
						CHECK TOTAL	**121.56**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/01/2025	4219414169		94918	101255	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		36.25				
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219719915		94920	101256	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		89.74				
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219720136		94922	101257	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		235.02				
							235.02			
						CHECK TOTAL	**235.02**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219719960		94927	101261	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		187.96				
							187.96			
						CHECK TOTAL	**187.96**			
714	Cintas Corporation No	0000		EFT	02/10/2025	4219413766		95059	101399	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 43100		GenFireAdm	PROSERVICE		56.93				
							56.93			
						CHECK TOTAL	**56.93**			
714	Cintas Corporation No	0000		EFT	01/21/2025	4216418944		95081	101421	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108011 43100		GenPDAdmin	PROSERVICE		140.54				
							140.54			
						CHECK TOTAL	**140.54**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/01/2025	5251618004		95136	101471	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 42200		GenFleet	OPERSUP		180.74				
							180.74			
						CHECK TOTAL	**180.74**			
714	Cintas Corporation No	0000		EFT	03/02/2025	4219719905		95137	101488	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 43100		GenFleet	PROSERVICE		95.26				
							95.26			
						CHECK TOTAL	**95.26**			
714	Cintas Corporation No	0000		EFT	01/20/2025	4215378132		95154	101529	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 43100		GenFleet	PROSERVICE		95.26				
							95.26			
						CHECK TOTAL	**95.26**			
714	Cintas Corporation No	0000		EFT	03/06/2025	5252423904		95166	101541	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10107010 42200		GenParks	OPERSUP		148.15				
							148.15			
						CHECK TOTAL	**148.15**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164749		95199	101574	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		52.66				
							52.66			
						CHECK TOTAL	**52.66**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164648		95200	101576	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		38.34				
							38.34			
						CHECK TOTAL	**38.34**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164694		95201	101577	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		84.03				
							84.03			
						CHECK TOTAL	**84.03**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164990		95202	101578	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		121.56				
							121.56			
						CHECK TOTAL	**121.56**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164996		95204	101581	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		125.07				
							125.07			
						CHECK TOTAL	**125.07**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220165043		95205	101582	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		36.25				
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220162055		95206	101583	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		63.73				
							63.73			
						CHECK TOTAL	**63.73**			
714	Cintas Corporation No	0000		EFT	03/09/2025	4220437077		95354	101744	
	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: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/13/2025	5253636204		95379	101772	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			373.84			
							373.84			
						CHECK TOTAL	**373.84**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220907867		95391	101786	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			56.93			
							56.93			
						CHECK TOTAL	**56.93**			
714	Cintas Corporation No	0000		EFT	03/09/2025	4220437194		95416	101810	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	03/09/2025	4220437288		95417	101812	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			187.96			
							187.96			
						CHECK TOTAL	**187.96**			
714	Cintas Corporation No	0000		EFT	03/09/2025	4220437356		95419	101813	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20109011 43100		MVHPWStr	PROSERVICE			261.02			
							261.02			
						CHECK TOTAL	**261.02**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220907837		95420	101815	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			38.34			
							38.34			
						CHECK TOTAL	**38.34**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/14/2025	4220907944		95421	101816	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			52.66			
							52.66			
						CHECK TOTAL	**52.66**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220908106		95423	101818	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			125.07			
							125.07			
						CHECK TOTAL	**125.07**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220908107		95426	101819	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			36.25			
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220908127		95428	101822	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			121.56			
							121.56			
						CHECK TOTAL	**121.56**			
714	Cintas Corporation No	0000		EFT	03/05/2025	5252153505		95430	101824	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			312.34			
							312.34			
						CHECK TOTAL	**312.34**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220907844		95491	101890	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43100		GenPDAdmin	PROSERVICE			140.54			
							140.54			
						CHECK TOTAL	**140.54**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/15/2025	5254024309		95492	101891	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			307.29			
							307.29			
						CHECK TOTAL	**307.29**			
714	Cintas Corporation No	0000		EFT	03/16/2025	4221221764		95586	101989	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			95.26			
							95.26			
						CHECK TOTAL	**95.26**			
714	Cintas Corporation No	0000		EFT	03/16/2025	5254256401		95679	102086	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			379.44			
							379.44			
						CHECK TOTAL	**379.44**			
714	Cintas Corporation No	0000		EFT	03/16/2025	4221221707		95715	102123	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	03/16/2025	4221221954		95716	102124	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20109011 43100		MVHPWStr	PROSERVICE			240.57			
							240.57			
						CHECK TOTAL	**240.57**			
714	Cintas Corporation No	0000		EFT	03/16/2025	4221221813		95717	102125	
	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: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/21/2025	4221648762		95781	102194	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			58.86			
							58.86			
						CHECK TOTAL	**58.86**			
714	Cintas Corporation No	0000		EFT	03/21/2025	4221646323		95784	102197	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			63.73			
							63.73			
						CHECK TOTAL	**63.73**			
714	Cintas Corporation No	0000		EFT	03/21/2025	4221648620		95791	102206	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			38.34			
							38.34			
						CHECK TOTAL	**38.34**			
714	Cintas Corporation No	0000		EFT	03/21/2025	4221649020		95794	102209	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			36.25			
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	03/15/2025	5254024307		95795	102210	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			159.73			
							159.73			
						CHECK TOTAL	**159.73**			
714	Cintas Corporation No	0000		EFT	03/21/2025	4221648995		95799	102215	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			125.07			
							125.07			
						CHECK TOTAL	**125.07**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/21/2025	4221649047		95800	102216	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			121.56			
							121.56			
						CHECK TOTAL	**121.56**			
1574	Citizens Energy Group	0000	22500124	EFT	03/10/2025	7224150000		95707	102115	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			377.37			
							377.37			
						CHECK TOTAL	**377.37**			
1574	Citizens Energy Group	0000	22500124	EFT	03/08/2025	9850260000		95722	102130	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			1,076.67			
							1,076.67			
						CHECK TOTAL	**1,076.67**			
3885	CivicPlus LLC	0000		EFT	03/02/2025	328644		94982	101320	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			240.00			
							240.00			
						CHECK TOTAL	**240.00**			
5166	CLARK, GEORGE & JOY	0000		INV	02/11/2025	94766		94766	101093	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			77.65			
							77.65			
						CHECK TOTAL	**77.65**			
5190	Colin Snyder	0000		EFT	02/16/2025	2A671E0A-0002		95332	101722	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			1,250.00			
							1,250.00			
						CHECK TOTAL	**1,250.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2650	Community Health Netw	0000		EFT	03/09/2025	EHS-001891		95226	101605	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60601015 43100		SewHR	PROSERVICE			585.00			
	2 62601015 43100		SWHR	PROSERVICE			585.00			
	3 10101015 43100		GenHR	PROSERVICE			597.50			
							1,767.50			
2650	Community Health Netw	0000	22400112	EFT	03/02/2025	FIN-008233		95483	101881	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 43100		CHD	PROSERVICE			2,500.00			
							2,500.00			
						CHECK TOTAL	**4,267.50**			
2244	Coro Medical LLC	0000	22401092	EFT	02/14/2025	PS-INV228839		95058	101398	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105010 44500		GenFire	MACHEQPT			47,611.99			
							47,611.99			
						CHECK TOTAL	**47,611.99**			
2485	Crown Castle Internat	0000	22500048	EFT	03/02/2025	1751290		95576	101979	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			6,029.93			
	2 60606050 43100		SewIT	PROSERVICE			1,130.61			
	3 62606050 43100		SWIT	PROSERVICE			376.87			
							7,537.41			
						CHECK TOTAL	**7,537.41**			
4829	Culligan Ultrapure In	0000		EFT	03/09/2025	0900695916		95336	101726	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			86.42			
							86.42			
4829	Culligan Ultrapure In	0000		EFT	03/14/2025	0900697240		95386	101780	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10102010 43100		GenClerk	PROSERVICE			20.00			
	2 10101017 43100		GenFndCS	PROSERVICE			40.00			
	3 10101013 43100		GenContr	PROSERVICE			63.59			
							123.59			
						CHECK TOTAL	**210.01**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4993	Cultivate Geospatial	0000	22401083	EFT	03/02/2025	FINSP3		94943	101279	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			1,500.00			
	2 60606050 43100		SewIT	PROSERVICE			625.00			
	3 62606050 43100		SWIT	PROSERVICE			375.00			
								2,500.00		
						CHECK TOTAL		**2,500.00**		
2645	CureMD.com, Inc	0000		EFT	03/02/2025	500163347		95511	101910	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27155058 43100		HDVFC	PROSERVICE			131.00			
								131.00		
						CHECK TOTAL		**131.00**		
811	Current Publishing LL	0000	22500018	EFT	04/01/2025	79968		95786	102200	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101016 43300		GenPR	PRINTADVER			692.00			
								692.00		
						CHECK TOTAL		**692.00**		
2435	CVK LLC	0000		EFT	03/01/2025	3/25 Rent		95315	101705	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 47140000 43700		FishersI69	RENTALS			34,719.15			
								34,719.15		
						CHECK TOTAL		**34,719.15**		
1754	Delv Design Studio LL	0000		EFT	11/30/2024	03603		95515	101914	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			750.00			
								750.00		
						CHECK TOTAL		**750.00**		
952	Dive Rescue Internati	0000		EFT	03/14/2025	INV198376		95393	101788	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105014 43200		GenSpecOps	COMMTRANS			40.00			
								40.00		
						CHECK TOTAL		**40.00**		

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1896	DocuSign Inc	0000	22500090	EFT	02/17/2025	111100449621		94907	101243	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			11,663.20			
							11,663.20			
						CHECK TOTAL	**11,663.20**			
1018	Donley & Associates I	0000	22401316	EFT	02/21/2025	67763		95094	101434	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105014 42200		GenSpecOps	OPERSUP			4,077.50			
							4,077.50			
						CHECK TOTAL	**4,077.50**			
4535	EAM Solutions LLC	0000	22401076	EFT	03/05/2025	H912510		95512	101911	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60601012 43100		BSGSWR	PROSERVICE			1,803.75			
							1,803.75			
						CHECK TOTAL	**1,803.75**			
1900	Earthworks Lawncare I	0000	22500147	EFT	02/13/2025	25879		95311	101700	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			4,500.00			
							4,500.00			
						CHECK TOTAL	**4,500.00**			
3636	Eckart LLC	0000		EFT	02/25/2025	S101228050.002		94675	100998	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			25.00			
							25.00			
3636	Eckart LLC	0000		EFT	02/25/2025	S101251213.001		94973	101311	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			888.34			
							888.34			
						CHECK TOTAL	**913.34**			
476	Element Materials Tec	0000		EFT	03/02/2025	25-170308		95002	101342	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			130.60			
							130.60			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**130.60**			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76361		95384	101777	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 43100		GenPDSpprt	PROSERVICE			993.10			
							993.10			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76372		95422	101817	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			69.70			
							69.70			
1186	Elwood Fire Equipment	0000		EFT	03/04/2025	76371		95424	101820	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			79.60			
							79.60			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76369		95425	101821	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			44.95			
							44.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76362		95427	101823	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			200.55			
							200.55			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76377		95429	101825	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			44.95			
							44.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76363		95431	101826	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76343		95432	101827	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			306.55			
							306.55			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76124		95433	101828	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.50			
							89.50			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76346		95434	101829	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			54.85			
							54.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76344		95435	101830	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			168.85			
							168.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76347		95436	101831	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			54.85			
							54.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76348		95437	101832	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			54.85			
							54.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76349		95438	101833	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			264.95			
							264.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76345		95439	101834	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			240.50			
							240.50			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76360		95440	101835	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			69.70			
							69.70			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76352		95441	101836	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			148.90			
							148.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76364		95442	101837	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			59.80			
							59.80			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76365		95443	101838	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76353		95444	101839	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			109.30			
							109.30			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76366		95445	101840	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76375		95446	101841	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76373		95447	101842	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			44.95			
							44.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76374		95448	101843	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			44.95			
							44.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76350		95449	101844	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			392.95			
							392.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76370		95450	101845	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			59.80			
							59.80			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76354		95451	101846	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			155.45			
							155.45			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76367		95452	101847	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		105.90				
							105.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76351		95453	101848	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		326.55				
							326.55			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76357		95454	101849	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		189.60				
							189.60			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76376		95455	101850	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		49.90				
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76356		95456	101851	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		110.85				
							110.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76368		95457	101852	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		148.90				
							148.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76358		95458	101853	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		133.90				
							133.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76359		95459	101854	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 21205058 43100		CHD	PROSERVICE		74.65				
							74.65			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76355		95462	101856	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 43100		SewPWWater	PROSERVICE		792.25				
							792.25			
						CHECK TOTAL	**5,885.65**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1085	Enterprise Unified So	0000		EFT	03/19/2025	11766		95627	102033	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,152.43			
							1,152.43			
						CHECK TOTAL	**1,152.43**			
1028	Environmental Laborat	0000		EFT	03/07/2025	20411443		95506	101905	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			105.00			
							105.00			
						CHECK TOTAL	**105.00**			
2122	ESO Solutions Inc	0000		EFT	02/08/2025	ESO-159144		95113	101453	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			1,188.09			
							1,188.09			
						CHECK TOTAL	**1,188.09**			
4672	Evan Fogle	0000		INV	02/17/2025	NU-355		95779	102192	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101015 43200		GenHR	COMMTRANS			1,000.00			
							1,000.00			
4672	Evan Fogle	0000		INV	02/17/2025	TH-200		95780	102193	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101015 43200		GenHR	COMMTRANS			1,000.00			
							1,000.00			
4672	Evan Fogle	0000		INV	02/17/2025	WC-100		95782	102195	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101015 43200		GenHR	COMMTRANS			1,000.00			
							1,000.00			
						CHECK TOTAL	**3,000.00**			
514	EWT Holdings III Corp	0000	22401088	EFT	03/15/2025	906855023		94994	101334	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			15,890.35			
							15,890.35			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
514	EWT Holdings III Corp	0000	22401088	EFT	03/15/2025	906855029		94995	101335	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				15,919.40			
							15,919.40			
514	EWT Holdings III Corp	0000	22401429	EFT	03/21/2025	906864634		95000	101340	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				15,965.05			
							15,965.05			
514	EWT Holdings III Corp	0000	22401088	EFT	03/01/2025	906861459		95114	101454	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				6,138.57			
	2 60609014 42200		SewPWWaterOPERSUP				8,590.98			
							14,729.55			
514	EWT Holdings III Corp	0000	22401429	EFT	04/05/2025	906889206		95603	102007	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				16,014.85			
							16,014.85			
514	EWT Holdings III Corp	0000	22401429	EFT	04/05/2025	906889209		95604	102008	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				15,989.95			
							15,989.95			
						CHECK TOTAL	**94,509.15**			
1257	Fifth Third Bank	0000		EFT	03/09/2025	20250205620005		95287	101673	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43100		GenInvstgt	PROSERVICE			30.00			
							30.00			
						CHECK TOTAL	**30.00**			
5050	Fire House Innovation	0000	22401312	EFT	01/04/2025	1936		95686	102093	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			2,330.00			
	2 10105015 42200		GenSafeTr	OPERSUP			60.00			
							2,390.00			
						CHECK TOTAL	**2,390.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

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WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3088	FlashParking Inc	0000		EFT	02/03/2025	INV1039684		94981	101319	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			568.90			
							568.90			
						CHECK TOTAL	**568.90**			
1193	Fluid Waste Services,	0000	22400872	EFT	02/16/2025	66378		94961	101297	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			7,351.25			
							7,351.25			
1193	Fluid Waste Services,	0000	22400872	EFT	03/02/2025	66517		95169	101544	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			3,273.75			
							3,273.75			
1193	Fluid Waste Services,	0000	22400872	EFT	03/06/2025	66580		95333	101723	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			943.00			
							943.00			
						CHECK TOTAL	**11,568.00**			
5155	FOUGHT, FRANKLIN & JU	0000		INV	02/11/2025	94755		94755	101082	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
							79.58			
						CHECK TOTAL	**79.58**			
239	Frank Gieseking	0000		EFT	03/16/2025	0104943-IN		94889	101224	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			20.00			
							20.00			
239	Frank Gieseking	0000		EFT	03/29/2025	0105029-IN		95497	101896	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			20.00			
							20.00			
239	Frank Gieseking	0000		EFT	03/21/2025	0104965-IN		95623	102029	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			84.00			
							84.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**124.00**			
1196	Frey Water Conditioni	0000		EFT	03/05/2025	113600002		95198	101573	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWaterOPERSUP			49.95				
							49.95			
						CHECK TOTAL	**49.95**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113601660		95208	101585	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		49.95				
							49.95			
						CHECK TOTAL	**49.95**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113602826		95209	101586	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		49.95				
							49.95			
						CHECK TOTAL	**49.95**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113603337		95210	101587	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		113.87				
							113.87			
						CHECK TOTAL	**113.87**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113667993		95211	101588	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		49.95				
							49.95			
						CHECK TOTAL	**49.95**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113678904		95212	101589	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		81.91				
							81.91			
						CHECK TOTAL	**81.91**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113679263		95213	101590	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			57.94			
							57.94			
						CHECK TOTAL	**57.94**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113750074		95214	101591	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			73.92			
							73.92			
						CHECK TOTAL	**73.92**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113603134		95327	101717	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			116.90			
							116.90			
						CHECK TOTAL	**116.90**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113604123		95494	101893	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			81.91			
							81.91			
						CHECK TOTAL	**81.91**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113597438		95495	101894	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			25.98			
							25.98			
						CHECK TOTAL	**25.98**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113602809		95496	101895	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			49.95			
							49.95			
						CHECK TOTAL	**49.95**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113601975		95628	102034	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			73.92			
							73.92			
						CHECK TOTAL	**73.92**			
1359	Lucas Gannon	0000		INV	03/12/2025	02102025		95262	101644	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
1289	Garners Family Enterp	0000		EFT	03/05/2025	304894-1		95352	101742	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			393.00			
							393.00			
1289	Garners Family Enterp	0000		EFT	03/18/2025	306520-1		95665	102071	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			330.00			
							330.00			
						CHECK TOTAL	**723.00**			
1322	Ed Gebhart	0000		INV	03/12/2025	02102025		95281	101666	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
4659	GHA Technologies Inc	0000	22500057	EFT	02/15/2025	11450797		94926	101262	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,573.00			
							1,573.00			
4659	GHA Technologies Inc	0000	22500057	EFT	02/19/2025	11451918		94928	101263	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			2,069.00			
							2,069.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4659	GHA Technologies Inc	0000	22500057	EFT	02/19/2025	11451921		94929	101264	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			827.00			
							827.00			
4659	GHA Technologies Inc	0000	22500057	EFT	03/05/2025	11455281		95591	101994	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			51.00			
							51.00			
4659	GHA Technologies Inc	0000	22500057	EFT	03/08/2025	11456463		95592	101995	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			859.00			
							859.00			
4659	GHA Technologies Inc	0000	22500057	EFT	03/12/2025	11456942		95593	101996	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			825.00			
							825.00			
4659	GHA Technologies Inc	0000		EFT	03/12/2025	11456943		95594	101997	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			128.65			
	2 60606050 42200		SewIT	OPERSUP			13.18			
	3 62606050 42200		SWIT	OPERSUP			13.17			
							155.00			
4659	GHA Technologies Inc	0000		EFT	03/12/2025	11456945		95595	101998	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			825.00			
							825.00			
4659	GHA Technologies Inc	0000		EFT	03/09/2025	11456948		95596	101999	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,712.00			
							1,712.00			
4659	GHA Technologies Inc	0000		EFT	03/09/2025	11456949		95597	102000	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,011.00			
							1,011.00			
4659	GHA Technologies Inc	0000		EFT	02/28/2025	11456950		95598	102001	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			419.00			
							419.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4659	GHA Technologies Inc	0000		EFT	03/15/2025	11458109		95599	102002	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,602.00			
							1,602.00			
4659	GHA Technologies Inc	0000		EFT	03/19/2025	11459250		95736	102146	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,011.00			
							1,011.00			
						CHECK TOTAL	**12,939.00**			
1745	Gordon Plumbing	0000		EFT	03/21/2025	310073		95745	102157	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			112.00			
							112.00			
						CHECK TOTAL	**112.00**			
5154	GOYKE, JOSHUA N.	0000		INV	02/11/2025	94754		94754	101081	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
2776	Great Lakes Ace Hardw	0000		EFT	02/16/2025	3317/61		95097	101436	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 43100		GenLogist	PROSERVICE			27.96			
							27.96			
						CHECK TOTAL	**27.96**			
5186	Gregory Mark Tinsley	0000		EFT	03/03/2025	030125Parks		95328	101718	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			200.00			
							200.00			
						CHECK TOTAL	**200.00**			
770	Grimco Inc	0000		EFT	02/21/2025	33619068-01		94679	101002	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			264.09			
							264.09			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
770	Grimco Inc	0000		EFT	02/21/2025	33619068-02		94680	101003	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS	OPERSUP		161.22				
							161.22			
770	Grimco Inc	0000		EFT	02/28/2025	33645559-01		94957	101292	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10107010 42200		GenParks	OPERSUP		264.09				
							264.09			
770	Grimco Inc	0000		EFT	03/08/2025	33677850-01		95300	101686	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS	OPERSUP		671.58				
							671.58			
						CHECK TOTAL	**1,360.98**			
5096	Guidepoint Security F	0000	22500068	EFT	02/21/2025	1447374		95579	101982	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		58,681.45				
	2 60606050 43100		SewIT	PROSERVICE		7,335.18				
	3 62606050 43100		SWIT	PROSERVICE		7,335.18				
							73,351.81			
						CHECK TOTAL	**73,351.81**			
4899	HAE Fields LLC	0000		EFT	02/23/2025	1298		95067	101407	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 27055010 43100		FireGrant	PROSERVICE		383.23				
							383.23			
4899	HAE Fields LLC	0000		EFT	02/23/2025	1299		95069	101409	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 27055010 43100		FireGrant	PROSERVICE		483.50				
							483.50			
4899	HAE Fields LLC	0000		EFT	03/18/2025	1305		95609	102013	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 27055010 43100		FireGrant	PROSERVICE		236.39				
							236.39			
						CHECK TOTAL	**1,103.12**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1446	Hamilton County Treas	0000		INV	11/13/2024	924DEFERRAL		95013	101353	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27021011 43100		DEFMAYOR	PROSERVICE			1,905.00			
							1,905.00			
1446	Hamilton County Treas	0000		INV	03/13/2025	JAN25DEFERRAL		95341	101731	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27021011 43100		DEFMAYOR	PROSERVICE			1,185.00			
							1,185.00			
						CHECK TOTAL	**3,090.00**			
1431	Hamilton Southeastern	0000		EFT	02/17/2025	FHDG-24-10		94797	101124	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27155058 43100		HDVFC	PROSERVICE			500.00			
							500.00			
1431	Hamilton Southeastern	0000		EFT	02/28/2025	3440		94803	101130	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055058 43100		GRTSHD	PROSERVICE			155.75			
							155.75			
1431	Hamilton Southeastern	0000	22401246	EFT	02/28/2025	01312025		95066	101406	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42221		MVHFleet	FUEL			10,197.80			
							10,197.80			
						CHECK TOTAL	**10,853.55**			
5179	HANSELMANN, CHRISTIAN	0000		INV	02/11/2025	94779		94779	101106	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
2053	Rodney V Hartley	0000	22400850	EFT	03/19/2025	3282		95654	102060	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			15,544.00			
							15,544.00			
						CHECK TOTAL	**15,544.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3718	HD Supply Inc	0000	22400407	EFT	02/22/2025	INV00601346		94985	101323	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				458.59			
							458.59			
3718	HD Supply Inc	0000	22400407	EFT	02/22/2025	INV00601480		94987	101327	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				457.84			
							457.84			
3718	HD Supply Inc	0000	22400407	EFT	02/22/2025	INV00601396		94988	101328	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				446.03			
							446.03			
3718	HD Supply Inc	0000	22400407	EFT	02/23/2025	INV00603243		94991	101331	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				179.28			
							179.28			
3718	HD Supply Inc	0000	22400407	EFT	02/23/2025	INV00603082		94992	101332	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				252.00			
							252.00			
3718	HD Supply Inc	0000	22400407	EFT	03/02/2025	INV00610465		95004	101344	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				514.23			
							514.23			
3718	HD Supply Inc	0000	22400407	EFT	03/02/2025	INV00610276		95007	101347	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				423.29			
							423.29			
3718	HD Supply Inc	0000	22400407	EFT	03/12/2025	INV00618474		95338	101728	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				485.46			
							485.46			
3718	HD Supply Inc	0000	22400407	EFT	03/12/2025	INV00618231		95339	101729	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				475.17			
							475.17			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3718	HD Supply Inc	0000	22400407	EFT	03/12/2025	INV00618336		95340	101730	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				437.33			
							437.33			
							CHECK TOTAL	**4,129.22**		
256	Headworks Inc	0000	22500155	EFT	03/09/2025	25-0122FIS1		95344	101734	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				5,000.00			
							5,000.00			
							CHECK TOTAL	**5,000.00**		
844	Heritage Crystal Clea	0000		EFT	02/14/2025	19113330		94740	101066	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild PROSERVICE				1,928.51			
							1,928.51			
844	Heritage Crystal Clea	0000		EFT	03/12/2025	19158043		95503	101902	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild PROSERVICE				1,013.03			
							1,013.03			
844	Heritage Crystal Clea	0000		EFT	03/12/2025	19157010		95507	101906	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild PROSERVICE				1,815.26			
							1,815.26			
844	Heritage Crystal Clea	0000		EFT	03/12/2025	19157496		95629	102035	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild PROSERVICE				567.13			
							567.13			
844	Heritage Crystal Clea	0000		EFT	02/23/2025	19128480		95677	102083	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks PROSERVICE				584.50			
							584.50			
							CHECK TOTAL	**5,908.43**		
350	Honeywell Analytics I	0000		EFT	03/14/2025	5269144232		95718	102127	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105014 43100		GenSpecOps PROSERVICE				1,190.00			
							1,190.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**1,190.00**			
1274	Hood's Gardens, Inc.	0000	22500093	EFT	12/14/2024	56501		94850	101179	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			3,205.00			
							3,205.00			
						CHECK TOTAL	**3,205.00**			
1412	Hoosier Fire Equipmen	0000	22401060	EFT	01/31/2025	121946		95112	101452	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			5,500.00			
	2 10105013 42200		GenLogist	OPERSUP			14.20			
							5,514.20			
1412	Hoosier Fire Equipmen	0000	22401151	EFT	02/16/2025	122102		95220	101598	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			6,374.55			
							6,374.55			
1412	Hoosier Fire Equipmen	0000		EFT	02/20/2025	122116		95284	101670	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 43100		GenLogist	PROSERVICE			1,409.70			
							1,409.70			
1412	Hoosier Fire Equipmen	0000	22401259	EFT	02/03/2025	121986		95403	101798	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105010 44500		GenFire	MACHEQPT			10,041.00			
							10,041.00			
1412	Hoosier Fire Equipmen	0000		EFT	02/23/2025	122164		95404	101799	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			50.00			
							50.00			
1412	Hoosier Fire Equipmen	0000		EFT	02/24/2025	122178		95607	102011	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			1,782.25			
							1,782.25			
1412	Hoosier Fire Equipmen	0000		EFT	02/24/2025	122177		95608	102012	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			1,750.00			
							1,750.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1412	Hoosier Fire Equipmen	0000	22401151	EFT	02/21/2025	122139		95656	102062	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			74.15			
	2 10105011 42200		GenFireAdm	OPERSUP			125.45			
	3 10105015 42231		GenSafeTr	UNIFORMS			169.40			
							369.00			
1412	Hoosier Fire Equipmen	0000	22401100	EFT	03/02/2025	122228		95804	102220	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			661.71			
	2 10105015 42231		GenSafeTr	UNIFORMS			10,428.64			
							11,090.35			
						CHECK TOTAL	**38,381.05**			
708	Hoosier Portable Rest	0000		EFT	11/30/2024	69121		94952	101288	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			240.00			
							240.00			
						CHECK TOTAL	**240.00**			
5162	HUGHES, LAWRENCE & ST	0000		INV	02/11/2025	94762		94762	101089	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
1429	Humane Society For Ha	0000	22500118	EFT	01/29/2025	4108		95038	101378	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 43100		GenPDSpprt	PROSERVICE			127,401.54			
							127,401.54			
						CHECK TOTAL	**127,401.54**			
425	Hydro Conduit Corpora	0000	22500106	EFT	02/10/2025	30528758		94989	101329	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			3,330.00			
							3,330.00			
						CHECK TOTAL	**3,330.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5156	IMHOFF, NICHOLAS W.	0000		INV	02/11/2025	94756		94756	101083	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			86.80			
							86.80			
						CHECK TOTAL	**86.80**			
2770	Incentive Services In	0000		EFT	03/02/2025	00124633		95766	102179	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 43100		GenFndCS	PROSERVICE			920.85			
							920.85			
						CHECK TOTAL	**920.85**			
1532	Indiana Department of	0000	22500089	EFT	03/14/2025	000380900		94959	101295	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			15,115.00			
							15,115.00			
						CHECK TOTAL	**15,115.00**			
1543	Indiana Oxygen Compan	0000		EFT	02/16/2025	10560559		94823	101151	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			612.26			
							612.26			
1543	Indiana Oxygen Compan	0000		EFT	02/27/2025	10564149		95236	101616	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			4.94			
							4.94			
1543	Indiana Oxygen Compan	0000		EFT	03/05/2025	10574174		95237	101617	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			188.54			
							188.54			
1543	Indiana Oxygen Compan	0000		EFT	03/02/2025	10572615		95280	101665	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			194.68			
							194.68			
1543	Indiana Oxygen Compan	0000		EFT	03/02/2025	10572579		95359	101750	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			48.36			
							48.36			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**1,048.78**			
5052	Indiana Roof Cleaning	0000	22500083	EFT	01/04/2025	50424		94851	101180	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		15,600.00				
							15,600.00			
						CHECK TOTAL	**15,600.00**			
3334	Indiana Street Commis	0000		EFT	02/19/2025	2025ISCA		95181	101556	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		50.00				
							50.00			
						CHECK TOTAL	**50.00**			
2399	Indiana Testing Inc	0000		EFT	02/23/2025	136532		94689	101013	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		84.00				
							84.00			
2399	Indiana Testing Inc	0000		EFT	03/09/2025	137019		95239	101619	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		84.00				
							84.00			
2399	Indiana Testing Inc	0000		EFT	01/19/2025	132130		95666	102072	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		5.00				
							5.00			
2399	Indiana Testing Inc	0000		EFT	01/19/2025	132129		95667	102073	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		20.00				
							20.00			
2399	Indiana Testing Inc	0000		EFT	03/23/2025	138760		95821	102238	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 43100		GenFleet	PROSERVICE		140.00				
							140.00			
						CHECK TOTAL	**333.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
793	Indiana Underground P	0000	22500080	EFT	11/03/2024	INV-07169		95244	101625	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62603011 43100		SWPI	PROSERVICE			2,762.60			
							2,762.60			
793	Indiana Underground P	0000	22500079	EFT	01/05/2025	INV-09747		95245	101626	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62603011 43100		SWPI	PROSERVICE			2,065.30			
							2,065.30			
793	Indiana Underground P	0000		EFT	03/05/2025	INV-11631		95246	101627	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62603011 43100		SWPI	PROSERVICE			1,747.05			
							1,747.05			
						CHECK TOTAL	**6,574.95**			
2025	Indianapolis Interpre	0000		EFT	03/12/2025	ON434419		95398	101793	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 43100		GenPZ	PROSERVICE			240.00			
							240.00			
						CHECK TOTAL	**240.00**			
2104	Innovative Edit Inc	0000		EFT	01/03/2025	2024423		95759	102171	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			5,750.00			
							5,750.00			
2104	Innovative Edit Inc	0000		EFT	03/01/2025	2025027		95762	102175	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			6,500.00			
							6,500.00			
						CHECK TOTAL	**12,250.00**			
733	Innovative Integratio	0000		EFT	03/11/2025	46295		95580	101983	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,658.13			
	2 60606050 42200		SewIT	OPERSUP			165.81			
	3 62606050 42200		SWIT	OPERSUP			165.82			
							1,989.76			
						CHECK TOTAL	**1,989.76**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4534	Intergraph Corporatio	0000	22400122	EFT	03/07/2025	CA102420		95173	101548	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20101012 43100		BSGMVH	PROSERVICE			8,149.67			
	2 60601012 43100		BSGSWR	PROSERVICE			6,305.06			
	3 62601012 43100		BSGSTRMWTR	PROSERVICE			8,170.27			
	4 20101012 43100		BSGMVH	PROSERVICE			47,000.00			
	5 60601012 43100		BSGSWR	PROSERVICE			26,301.22			
	6 62601012 43100		BSGSTRMWTR	PROSERVICE			26,301.22			
								122,227.44		
							CHECK TOTAL	**122,227.44**		
1823	Irving Materials, Inc	0000		EFT	02/21/2025	71422299		94793	101120	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 44920		GenContr	CAPEXP			1,340.46			
								1,340.46		
1823	Irving Materials, Inc	0000		EFT	02/22/2025	71422398		94794	101121	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 44920		GenContr	CAPEXP			1,030.24			
								1,030.24		
							CHECK TOTAL	**2,370.70**		
5163	IRWIN, SEAN A.	0000		INV	02/11/2025	94763		94763	101090	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
								39.79		
							CHECK TOTAL	**39.79**		
2751	J.B. Poindexter & Co.	0000		EFT	02/27/2025	S450008948		94728	101054	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42200		MVHFleet	OPERSUP			520.00			
								520.00		
							CHECK TOTAL	**520.00**		
32	Jack Doheny Companies	0000	22500163	EFT	03/17/2025	254942		95373	101766	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			6,201.14			
	2 60609014 43100		SewPWWater	PROSERVICE			390.00			
								6,591.14		

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**6,591.14**			
5175	JACKSON, SCOTT A.	0000		INV	02/11/2025	94775		94775	101102	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
3517	James Meyerchick	0000		INV	02/28/2025	F24-217		95269	101651	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt	COMMTRANS			383.50			
							383.50			
						CHECK TOTAL	**383.50**			
5058	James P Hallett Sole	0000		EFT	03/01/2025	3/25 Ambassadorship		95319	101709	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 44391011 43100		ECNDEVMY	PROSERVICE			7,500.00			
							7,500.00			
						CHECK TOTAL	**7,500.00**			
17	Mike Janes	0000		INV	03/12/2025	02102025		95272	101657	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
3256	Jeffery Meyer	0000		EFT	02/20/2025	044333		94870	101205	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			290.28			
							290.28			
3256	Jeffery Meyer	0000	22401255	EFT	03/05/2025	02032025		95203	101580	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			4,027.28			
	2 20106010 43100		MVHFleet	PROSERVICE			16,854.04			
							20,881.32			
3256	Jeffery Meyer	0000	22401223	EFT	03/03/2025	02032025-3		95265	101647	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60606010 42200		SewFleet	OPERSUP			4,297.57			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							4,297.57			
3256	Jeffery Meyer	0000	22500141	EFT	03/05/2025	02032025-2		95273	101658	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 42200		GenFleet	OPERSUP			20,278.91			
	2 10106010 43100		GenFleet	PROSERVICE			3,334.89			
	3 62606010 42200		SWFleet	OPERSUP			948.81			
							24,562.61			
3256	Jeffery Meyer	0000	22500140	EFT	03/10/2025	02032025-4		95283	101669	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 42200		GenFleet	OPERSUP			13,552.28			
	2 10106010 43100		GenFleet	PROSERVICE			15,216.88			
							28,769.16			
3256	Jeffery Meyer	0000	22401263	EFT	03/05/2025	2032025-1		95285	101671	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42200		MVHFleet	OPERSUP			26,199.93			
							26,199.93			
3256	Jeffery Meyer	0000		EFT	02/20/2025	044319		95501	101900	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			2.34			
							2.34			
3256	Jeffery Meyer	0000		EFT	02/26/2025	044395		95504	101903	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			11.30			
							11.30			
3256	Jeffery Meyer	0000		EFT	02/15/2025	044294		95572	101973	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103011 42200		GenPI	OPERSUP			22.68			
							22.68			
						CHECK TOTAL	**105,037.19**			
878	Jennifer C Messer PC	0000	22500033	EFT	03/05/2025	MESSER125		95039	101379	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			12,857.14			
	2 60601011 43101		SewMayor	LGLSVCS			7,142.86			
							20,000.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
878	Jennifer C Messer PC	0000	22500033	EFT	03/05/2025	CIRDA-JAN25		95040	101380	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			10,000.00			
	2 60601011 43101		SewMayor	LGLSVCS			0.00			
							10,000.00			
						CHECK TOTAL	**30,000.00**			
5184	Jennifer K Skulski	0000		EFT	11/26/2024	1189		94883	101218	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27070000 43100		ParkImpact	PROSERVICE			225.00			
							225.00			
5184	Jennifer K Skulski	0000		EFT	09/14/2024	1186		94886	101221	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27070000 43100		ParkImpact	PROSERVICE			900.00			
							900.00			
						CHECK TOTAL	**1,125.00**			
3347	Jeremy C Schmitt	0000		INV	02/22/2025	Reimb interview food		94880	101214	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 42200		SewEng	OPERSUP			52.88			
							52.88			
						CHECK TOTAL	**52.88**			
3347	Jeremy C Schmitt	0000		INV	03/01/2025	Reimb '25 CIOA mbr		95320	101710	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 43100		SewEng	PROSERVICE			25.00			
							25.00			
						CHECK TOTAL	**25.00**			
10	Ryan Jones	0000		INV	03/12/2025	02102025		95275	101660	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
458	Tracy Jones	0000		INV	02/28/2025	F24-210		95271	101655	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt	COMMTRANS			360.50			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							360.50			
						CHECK TOTAL	**360.50**			
5172	JONES, COLIN & ANGELA	0000		INV	02/11/2025	94772		94772	101099	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	**39.79**			
2387	Kelleher, Helmrich &	0000	22500149	EFT	03/02/2025	20250849		95312	101702	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		4,590.00				
							4,590.00			
						CHECK TOTAL	**4,590.00**			
4518	Keystone Cooperative	0000	22401225	EFT	02/25/2025	201604878		94964	101300	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 42221		MVHFleet	FUEL		665.91				
							665.91			
4518	Keystone Cooperative	0000	22500081	EFT	02/25/2025	201302781		94965	101301	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 42221		GenFleet	FUEL		13,268.60				
	2 20106010 42221		MVHFleet	FUEL		3,786.76				
	3 60606010 42221		SewFleet	FUEL		948.24				
	4 62606010 42221		SWFleet	FUEL		351.00				
							18,354.60			
4518	Keystone Cooperative	0000	22500091	EFT	02/25/2025	201302816		94966	101302	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 42221		GenFleet	FUEL		17,153.10				
	2 20106010 42221		MVHFleet	FUEL		3,284.82				
	3 60606010 42221		SewFleet	FUEL		1,560.87				
	4 62606010 42221		SWFleet	FUEL		400.41				
							22,399.20			
4518	Keystone Cooperative	0000	22401225	EFT	03/25/2025	201605169		95216	101593	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 42221		MVHFleet	FUEL		3,070.31				
							3,070.31			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4518	Keystone Cooperative	0000	22401224	EFT	03/25/2025	201605186		95298	101684	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42221		MVHFleet FUEL				1,578.05			
							1,578.05			
4518	Keystone Cooperative	0000	22401225	EFT	03/25/2025	201605366		95684	102091	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42221		MVHFleet FUEL				1,518.72			
							1,518.72			
4518	Keystone Cooperative	0000	22401225	EFT	03/25/2025	201605405		95685	102092	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42221		MVHFleet FUEL				2,662.29			
							2,662.29			
4518	Keystone Cooperative	0000	22500192	EFT	03/25/2025	201303184		95805	102221	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 42221		GenFleet FUEL				19,202.94			
	2 20106010 42221		MVHFleet FUEL				1,497.69			
	3 60606010 42221		SewFleet FUEL				638.55			
	4 62606010 42221		SWFleet FUEL				258.12			
							21,597.30			
						CHECK TOTAL	**71,846.38**			
607	Kimley-Horn and Assoc	0000		EFT	01/31/2025	170257001-1224		94924	101259	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 44391011 43100		ECNDEVMY PROSERVICE				850.00			
							850.00			
						CHECK TOTAL	**850.00**			
3304	Kipling Industries	0000	22301263	EFT	02/13/2025	1340		95037	101377	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				7,941.36			
	2 60609014 42200		SewPWWaterOPERSUP				10,808.64			
							18,750.00			
						CHECK TOTAL	**18,750.00**			
150	Kirby Risk Corporatio	0000		EFT	01/31/2025	S210634454.001		94390	100692	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				89.94			
							89.94			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210684696.001		94674	100997	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				58.71			
							58.71			
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210684702.001		94676	100999	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				329.58			
							329.58			
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210690626.001		94709	101034	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				310.86			
							310.86			
150	Kirby Risk Corporatio	0000		EFT	10/31/2024	S210511201.001		94718	101043	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				102.22			
							102.22			
150	Kirby Risk Corporatio	0000		EFT	10/31/2024	S210511201.002		94719	101044	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				192.78			
							192.78			
150	Kirby Risk Corporatio	0000		EFT	03/01/2023	S112304229.004		94720	101045	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				-160.78			
							-160.78			
150	Kirby Risk Corporatio	0000		EFT	10/10/2024	S210511201.003		94721	101046	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				-27.36			
							-27.36			
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210637188.001		94892	101227	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				447.50			
							447.50			
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210681476.001		94899	101235	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				155.60			
							155.60			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
150	Kirby Risk Corporatio	0000		EFT	03/31/2025	S210703512.001		94972	101310	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			126.15			
							126.15			
150	Kirby Risk Corporatio	0000		EFT	03/31/2025	S210687161.001		95335	101725	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			668.02			
							668.02			
150	Kirby Risk Corporatio	0000		EFT	03/31/2025	S210715447.001		95368	101761	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			3.84			
							3.84			
150	Kirby Risk Corporatio	0000		EFT	03/31/2025	S210687161.002		95640	102045	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			115.91			
							115.91			
						CHECK TOTAL	**2,412.97**			
117	Kleen-It Group, Inc	0000		EFT	01/08/2025	86233		94868	101204	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			48.00			
							48.00			
117	Kleen-It Group, Inc	0000	22500125	EFT	02/15/2025	86343		95218	101595	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			16,433.38			
	2 21205058 43100		CHD	PROSERVICE			1,320.00			
							17,753.38			
117	Kleen-It Group, Inc	0000	22500148	EFT	01/02/2025	86226		95310	101698	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			6,437.00			
							6,437.00			
						CHECK TOTAL	**24,238.38**			
4839	KM Specialty Pumps In	0000	22401271	EFT	03/13/2025	45791		95369	101762	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			1,000.00			
							1,000.00			
						CHECK TOTAL	**1,000.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3513	Knox Handmade LLC-Mas	0000		EFT	01/27/2025	FMPG064		94824	101152	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			762.30			
							762.30			
						CHECK TOTAL	**762.30**			
4902	Koch HVAC Distributio	0000		EFT	02/21/2025	3349708		94682	101005	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			20.38			
							20.38			
4902	Koch HVAC Distributio	0000		EFT	02/22/2025	3350821		94864	101198	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			276.96			
							276.96			
4902	Koch HVAC Distributio	0000		EFT	02/26/2025	3353251		94866	101201	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			111.53			
							111.53			
4902	Koch HVAC Distributio	0000		EFT	03/06/2025	3358053		95195	101570	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			37.72			
							37.72			
						CHECK TOTAL	**446.59**			
152	Krieg Devault LLP	0000	22500031	EFT	03/01/2025	571672		95749	102161	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			5,500.00			
							5,500.00			
						CHECK TOTAL	**5,500.00**			
3193	Laundry One Inc	0000		EFT	12/05/2024	44349		95098	101438	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 43100		GenLogist	PROSERVICE			327.00			
							327.00			
						CHECK TOTAL	**327.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
936	Lehman's Inc of Ander	0000	22401113	EFT	01/15/2025	20438		94853	101185	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			2,262.35			
							2,262.35			
936	Lehman's Inc of Ander	0000	22401113	EFT	01/17/2025	20436		95634	102040	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 44400		GenPWBuild	IMPROTHBUI			3,226.60			
	2 10109012 43100		GenPWBuild	PROSERVICE			2,257.65			
							5,484.25			
936	Lehman's Inc of Ander	0000		EFT	02/13/2025	20605		95802	102218	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			266.50			
							266.50			
						CHECK TOTAL	**8,013.10**			
2023	Will Leitherer	0000		INV	03/08/2025	W.Leitherer 2.6.25		95374	101767	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			250.00			
							250.00			
						CHECK TOTAL	**250.00**			
5176	LEMKE, BRIAN & JACQUE	0000		INV	02/11/2025	94776		94776	101103	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
							79.58			
						CHECK TOTAL	**79.58**			
3676	Life Technologies Cor	0000	22500097	EFT	02/08/2025	86407760		95041	101381	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			4,866.50			
							4,866.50			
3676	Life Technologies Cor	0000	22500115	EFT	02/15/2025	77232780		95043	101383	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43100		GenInvstgt	PROSERVICE			16,671.26			
							16,671.26			
						CHECK TOTAL	**21,537.76**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
218	Lifeline Data Centers	0000	22400754	EFT	03/03/2025	36009		95581	101984	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			22.69			
	2 60606050 43100		SewIT	PROSERVICE			2.84			
	3 62606050 43100		SWIT	PROSERVICE			2.84			
	4 10106050 43100		GenIT	PROSERVICE			2,405.56			
	5 60606050 43100		SewIT	PROSERVICE			339.24			
	6 62606050 43100		SWIT	PROSERVICE			339.24			
								3,112.41		
							CHECK TOTAL	**3,112.41**		
5153	LILIEDAHL, DAVID & MI	0000		INV	02/11/2025	94753		94753	101080	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
								79.58		
							CHECK TOTAL	**79.58**		
1007	Lochmueller Group, In	0000	22400940	EFT	02/22/2025	200042		94882	101217	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27054010 44200		GRNTEng	INFRSTR			24,375.00			
								24,375.00		
							CHECK TOTAL	**24,375.00**		
345	Logical Concepts Inc	0000	22401287	EFT	01/31/2025	99033		95669	102075	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			28,453.14			
								28,453.14		
							CHECK TOTAL	**28,453.14**		
5161	LOZANO, JULIO	0000		INV	02/11/2025	94761		94761	101088	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
								39.79		
							CHECK TOTAL	**39.79**		
5181	MAC, TOMMY	0000		INV	02/11/2025	94781		94781	101108	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							39.79			
						CHECK TOTAL	**39.79**			
289	Macallister Machinery	0000		EFT	12/24/2024	R64622143301		94665	100987	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		1,335.78				
							1,335.78			
289	Macallister Machinery	0000		EFT	03/01/2025	MS9495145		95146	101521	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 43100		MVHFleet	PROSERVICE		171.00				
							171.00			
289	Macallister Machinery	0000	22401341	EFT	03/15/2025	R64623871903		95615	102020	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		6,256.25				
							6,256.25			
289	Macallister Machinery	0000		EFT	03/15/2025	S9550383		95616	102021	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60606010 42200		SewFleet	OPERSUP		1,801.73				
							1,801.73			
289	Macallister Machinery	0000	22500171	EFT	03/16/2025	S9557694		95653	102059	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 42200		MVHFleet	OPERSUP		3,437.51				
							3,437.51			
						CHECK TOTAL	**13,002.27**			
2341	MACLE Inc	0000	22500183	EFT	02/16/2025	118812		95714	102122	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 43100		SewPWWater	PROSERVICE		2,955.00				
							2,955.00			
						CHECK TOTAL	**2,955.00**			
3448	Maddox Industrial LLC	0000	22500131	EFT	03/06/2025	158390		95231	101609	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 43100		SewPWWater	PROSERVICE		9,250.00				
							9,250.00			
						CHECK TOTAL	**9,250.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5169	MAHER, STEPHEN & JANE	0000		INV	02/11/2025	94769		94769	101096	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
4185	Marathon Sportswear I	0000		EFT	03/13/2025	97568		95377	101770	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27907054 42200		CCFHlthWll	OPERSUP			990.08			
							990.08			
						CHECK TOTAL	**990.08**			
242	Marshall Best Securit	0000		EFT	03/01/2025	0060089-IN		94890	101225	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			71.70			
							71.70			
						CHECK TOTAL	**71.70**			
5100	Matthew Webster	0000	22500114	EFT	02/21/2025	000092		95032	101372	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 43513012 43100		THBC Art	PROSERVICE			25,000.00			
							25,000.00			
						CHECK TOTAL	**25,000.00**			
2236	McKesson Medical-Surg	0000		EFT	02/20/2025	74586624		94804	101131	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			2,819.95			
							2,819.95			
2236	McKesson Medical-Surg	0000		EFT	02/21/2025	74597175		94807	101135	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			3,868.62			
							3,868.62			
2236	McKesson Medical-Surg	0000		EFT	02/21/2025	74615154		94808	101136	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			1,512.89			
							1,512.89			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2236	McKesson Medical-Surg	0000		EFT	02/27/2025	74819976		94811	101139	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFNDOPERSUP				402.08			
							402.08			
2236	McKesson Medical-Surg	0000		EFT	03/08/2025	75138925		95498	101898	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			905.72			
							905.72			
2236	McKesson Medical-Surg	0000		EFT	03/08/2025	75148734		95502	101901	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			2,209.03			
							2,209.03			
2236	McKesson Medical-Surg	0000		EFT	03/11/2025	75230801		95645	102049	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			613.42			
							613.42			
2236	McKesson Medical-Surg	0000		EFT	03/13/2025	75321965		95648	102055	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			1,793.42			
							1,793.42			
						CHECK TOTAL	**14,125.13**			
232	McMaster-Carr Supply	0000		EFT	03/02/2025	40089389		95144	101519	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				44.00			
							44.00			
						CHECK TOTAL	**44.00**			
2743	Med-Bill Corporation	0000	22400843	EFT	03/02/2025	MB-9801		95396	101791	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			1,470.45			
	2 10105012 43100		GenEMS	PROSERVICE			10,585.15			
							12,055.60			
						CHECK TOTAL	**12,055.60**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
542	Melissa Kaye Brennema	0000	22400975	EFT	03/16/2025	1331		95583	101986	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			2,664.75			
	2 60606050 43100		SewIT	PROSERVICE			1,110.31			
	3 62606050 43100		SWIT	PROSERVICE			666.19			
							4,441.25			
						CHECK TOTAL	**4,441.25**			
266	Menard Inc	0000		EFT	02/20/2025	93784		94649	100968	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			140.48			
							140.48			
266	Menard Inc	0000		EFT	02/20/2025	93783		94650	100969	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			69.96			
							69.96			
266	Menard Inc	0000		EFT	02/23/2025	93958		94713	101038	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			18.99			
							18.99			
266	Menard Inc	0000		EFT	02/22/2025	93887		94862	101196	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			512.12			
							512.12			
266	Menard Inc	0000		EFT	02/22/2025	93917		94874	101208	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			67.16			
							67.16			
266	Menard Inc	0000		EFT	02/22/2025	93888		94876	101210	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			157.80			
							157.80			
266	Menard Inc	0000		EFT	02/27/2025	94093		94900	101236	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			61.73			
							61.73			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	03/01/2025	94175		94903	101239	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			93.30			
							93.30			
266	Menard Inc	0000		EFT	02/22/2025	93895		94950	101286	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			-111.80			
							-111.80			
266	Menard Inc	0000	22401272	EFT	03/02/2025	94240		94998	101338	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			13.98			
							13.98			
266	Menard Inc	0000		EFT	03/05/2025	94351		95096	101437	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			73.20			
							73.20			
266	Menard Inc	0000		EFT	02/16/2025	93654		95101	101441	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			81.93			
							81.93			
266	Menard Inc	0000		EFT	02/18/2025	93717		95102	101442	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			101.76			
							101.76			
266	Menard Inc	0000		EFT	02/20/2025	93812		95103	101444	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105016 42200		GenExAff	OPERSUP			24.99			
							24.99			
266	Menard Inc	0000		EFT	02/22/2025	93913		95105	101445	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105016 42200		GenExAff	OPERSUP			-24.99			
							-24.99			
266	Menard Inc	0000		EFT	03/02/2025	94277		95106	101446	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			179.99			
							179.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	03/02/2025	94220-2025		95148	101523	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				59.68			
							59.68			
266	Menard Inc	0000		EFT	03/06/2025	94394		95190	101565	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				471.46			
							471.46			
266	Menard Inc	0000		EFT	03/06/2025	94393		95196	101571	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				248.64			
							248.64			
266	Menard Inc	0000		EFT	03/06/2025	94395		95197	101572	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				218.29			
							218.29			
266	Menard Inc	0000		EFT	03/07/2025	94444		95223	101601	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				178.22			
							178.22			
266	Menard Inc	0000		EFT	03/07/2025	94445		95228	101606	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				19.99			
							19.99			
266	Menard Inc	0000		EFT	03/07/2025	94450		95229	101607	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				-129.20			
							-129.20			
266	Menard Inc	0000		EFT	03/08/2025	94507		95299	101685	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				44.94			
							44.94			
266	Menard Inc	0000		EFT	03/08/2025	94498		95304	101690	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				44.38			
							44.38			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	03/09/2025	94538		95305	101691	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			8.88			
							8.88			
266	Menard Inc	0000		EFT	03/08/2025	94497		95308	101694	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			-129.20			
							-129.20			
266	Menard Inc	0000		EFT	02/28/2025	94137		95371	101764	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			2,503.79			
							2,503.79			
266	Menard Inc	0000		EFT	02/20/2025	93794		95394	101789	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			39.97			
							39.97			
266	Menard Inc	0000		EFT	03/13/2025	94691		95405	101800	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			517.64			
							517.64			
266	Menard Inc	0000		EFT	03/13/2025	94692		95408	101803	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			53.82			
							53.82			
266	Menard Inc	0000		EFT	03/14/2025	94737		95468	101864	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			122.22			
							122.22			
266	Menard Inc	0000		EFT	03/14/2025	94735		95481	101879	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	2 10106193 42200		GFICPKSMNT	OPERSUP			-163.62			
							-163.62			
266	Menard Inc	0000	22401272	EFT	03/14/2025	94738		95488	101887	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			4.78			
							4.78			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	03/16/2025	94836		95631	102037	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			135.20			
							135.20			
266	Menard Inc	0000		EFT	03/15/2025	94789		95635	102041	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			108.84			
							108.84			
266	Menard Inc	0000		EFT	03/15/2025	94798		95651	102057	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			22.14			
							22.14			
							CHECK TOTAL	**5,841.46**		
434	Michael A Reuter Cons	0000		EFT	03/02/2025	Reuter325		94816	101144	
	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	03/03/2025	E-2502012757181		95578	101981	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			1,851.94			
	2 10106050 43100		GenIT	PROSERVICE			1,373.06			
							3,225.00			
							CHECK TOTAL	**3,225.00**		
2252	Millers Towing and Tr	0000		EFT	02/09/2025	189956		94748	101075	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			88.00			
							88.00			
2252	Millers Towing and Tr	0000		EFT	02/28/2025	190498		94783	101110	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			70.00			
							70.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2252	Millers Towing and Tr	0000		EFT	02/28/2025	190488		94787	101114	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			70.00			
							70.00			
2252	Millers Towing and Tr	0000		EFT	03/02/2025	190520		94969	101306	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			100.00			
							100.00			
2252	Millers Towing and Tr	0000		EFT	03/06/2025	190614		95346	101736	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			293.75			
							293.75			
						CHECK TOTAL	**621.75**			
5157	MOSHIER, BARBARA S	0000		INV	02/11/2025	94757		94757	101084	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			93.00			
							93.00			
						CHECK TOTAL	**93.00**			
2406	Mulhaupt's Inc	0000		EFT	12/03/2024	781759		93574	99736	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			1,734.00			
							1,734.00			
						CHECK TOTAL	**1,734.00**			
845	Multi Service Technol	0000		EFT	02/16/2025	991-1-82508		94784	101111	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62609014 42200		SWPWWater	OPERSUP			170.99			
							170.99			
845	Multi Service Technol	0000		EFT	03/07/2025	991-1-83172		95187	101562	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			250.00			
							250.00			
845	Multi Service Technol	0000		EFT	02/22/2025	991-1-82704		95326	101716	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			224.99			
							224.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
845	Multi Service Technol	0000		EFT	03/12/2025	579-1-67124		95355	101746	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 42200		GenFleet	OPERSUP		143.99				
							143.99			
845	Multi Service Technol	0000		EFT	02/21/2025	991-1-82680		95733	102143	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		-199.51				
							-199.51			
						CHECK TOTAL	**590.46**			
234	Municipal Emergency S	0000		EFT	02/23/2025	IN2190782		94691	101015	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		1,039.99				
							1,039.99			
234	Municipal Emergency S	0000		EFT	02/23/2025	IN2190774		94692	101016	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		1,039.99				
							1,039.99			
234	Municipal Emergency S	0000		EFT	02/23/2025	IN2190775		94693	101017	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		1,039.99				
							1,039.99			
234	Municipal Emergency S	0000		EFT	03/05/2025	IN2197071		95003	101343	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		1,801.38				
							1,801.38			
234	Municipal Emergency S	0000		EFT	03/09/2025	IN2199610		95234	101614	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		87.79				
							87.79			
234	Municipal Emergency S	0000		EFT	03/15/2025	IN2202808		95464	101860	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		1,692.70				
							1,692.70			
234	Municipal Emergency S	0000		EFT	03/20/2025	IN2204830		95642	102048	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		1,079.99				
							1,079.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
234	Municipal Emergency S	0000		EFT	03/20/2025	IN2204828		95643	102051	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			1,079.99			
							1,079.99			
234	Municipal Emergency S	0000		EFT	03/19/2025	IN2204574		95655	102061	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			227.00			
							227.00			
234	Municipal Emergency S	0000		EFT	03/19/2025	IN2204579		95695	102102	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			334.00			
							334.00			
						CHECK TOTAL	**9,422.82**			
4298	Naptown Franchising L	0000		EFT	03/01/2025	581		94825	101153	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			875.00			
							875.00			
						CHECK TOTAL	**875.00**			
903	NCH Corporation	0000		EFT	02/10/2025	9020132		95509	101907	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			360.00			
							360.00			
						CHECK TOTAL	**360.00**			
2716	Nelson & Co LLC	0000		EFT	03/02/2025	SI169312		94887	101223	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			31.40			
							31.40			
2716	Nelson & Co LLC	0000		EFT	03/08/2025	SI169438		95357	101748	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			76.35			
							76.35			
2716	Nelson & Co LLC	0000		EFT	12/11/2024	SI166754		95361	101752	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 42200		GenPDAdmin	OPERSUP			1,047.00			
							1,047.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2716	Nelson & Co LLC	0000		EFT	02/20/2025	SI168939		95362	101754	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			827.25			
							827.25			
2716	Nelson & Co LLC	0000		EFT	12/04/2024	SI166487		95363	101755	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			101.00			
							101.00			
2716	Nelson & Co LLC	0000		EFT	02/16/2025	SI168806		95375	101768	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			419.13			
							419.13			
2716	Nelson & Co LLC	0000		EFT	02/28/2025	SI169201		95376	101769	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			1,500.15			
							1,500.15			
2716	Nelson & Co LLC	0000		EFT	03/15/2025	SI169676		95402	101797	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			63.00			
							63.00			
2716	Nelson & Co LLC	0000		EFT	03/15/2025	SI169699		95463	101858	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			114.50			
							114.50			
2716	Nelson & Co LLC	0000		EFT	03/15/2025	SI169696		95476	101874	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42231		GenSafeTr	UNIFORMS			495.75			
							495.75			
2716	Nelson & Co LLC	0000		EFT	03/19/2025	SI169774		95605	102009	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42231		GenSafeTr	UNIFORMS			422.62			
							422.62			
2716	Nelson & Co LLC	0000		EFT	03/19/2025	SI169779		95606	102010	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42231		GenSafeTr	UNIFORMS			692.78			
							692.78			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2716	Nelson & Co LLC	0000		EFT	03/12/2025	SI169589		95694	102101	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 42200		GenFireAdm	OPERSUP		482.00				
							482.00			
						CHECK TOTAL	**6,272.93**			
327	Nelson Alarm Inc.	0000		INV	12/21/2024	241201357		94708	101033	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		253.00				
	2 21206050 43100		HDFIT	PROSERVICE		150.00				
							403.00			
327	Nelson Alarm Inc.	0000		INV	02/05/2025	250103703		94930	101265	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		115.00				
	2 10106050 42200		GenIT	OPERSUP		68.00				
							183.00			
327	Nelson Alarm Inc.	0000		INV	02/21/2025	250201361		94931	101266	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		403.00				
							403.00			
						CHECK TOTAL	**989.00**			
2184	North American Rescue	0000	22401315	EFT	03/07/2025	IN870700		95215	101592	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		199.92				
							199.92			
						CHECK TOTAL	**199.92**			
3313	Nova Healthcare IN LL	0000		EFT	02/02/2025	000002894547		94663	100985	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 43100		GenPDSpprt	PROSERVICE		1,026.00				
							1,026.00			
3313	Nova Healthcare IN LL	0000		EFT	03/06/2025	000002927076		95076	101417	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 43100		GenPDSpprt	PROSERVICE		1,108.10				
							1,108.10			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3313	Nova Healthcare IN LL	0000		EFT	03/06/2025	000002927149		95078	101415	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			505.24			
							505.24			
3313	Nova Healthcare IN LL	0000		EFT	03/06/2025	000002927150		95104	101443	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62609014 43100		SWPWWater	PROSERVICE			115.47			
							115.47			
						CHECK TOTAL	**2,754.81**			
335	Office Three Sixty In	0000		EFT	02/21/2025	3082655		94805	101132	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFND	OPERSUP			89.58			
							89.58			
335	Office Three Sixty In	0000		EFT	03/01/2025	3089771		94812	101140	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			108.11			
							108.11			
335	Office Three Sixty In	0000		EFT	03/09/2025	3096588		95248	101629	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10102100 42200		GenCourt	OPERSUP			177.19			
							177.19			
335	Office Three Sixty In	0000		EFT	03/16/2025	3101356B1		95639	102046	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			734.01			
							734.01			
335	Office Three Sixty In	0000		EFT	03/16/2025	3101356		95649	102050	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			156.43			
							156.43			
335	Office Three Sixty In	0000		EFT	03/14/2025	3099039		95652	102058	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			358.32			
							358.32			
335	Office Three Sixty In	0000		EFT	03/02/2025	3085754		95746	102158	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			46.00			
							46.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**1,669.64**			
601	Om Guru Inc	0000		EFT	01/30/2025	15		95473	101871	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 43100		GenFireAdm	PROSERVICE		311.50				
							311.50			
						CHECK TOTAL	**311.50**			
99995	ANNA H MCKINZIE	0000		INV	02/27/2025	FD2024-00006317:1		95158	101533	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43901		GenEMS	REFUNDS		290.00				
							290.00			
						CHECK TOTAL	**290.00**			
99995	HUMANA HEALTH PLANS	0000		INV	03/08/2025	FD2024-00006648:1		95720	102128	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43901		GenEMS	REFUNDS		536.49				
							536.49			
						CHECK TOTAL	**536.49**			
99995	PHIL T REDD	0000		INV	02/27/2025	FD2024-00003624:1		95156	101531	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43901		GenEMS	REFUNDS		322.00				
							322.00			
						CHECK TOTAL	**322.00**			
99995	SUSAN L VESEY	0000		INV	02/14/2025	FD2024-00006562:1		95159	101534	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43901		GenEMS	REFUNDS		418.00				
							418.00			
						CHECK TOTAL	**418.00**			
99995	SUSAN L VESEY	0000		INV	03/09/2025	FD241210-1642-:1		95721	102129	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43901		GenEMS	REFUNDS		108.77				
							108.77			
						CHECK TOTAL	**108.77**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
99995	WPS GHA	0000		INV	02/09/2025	FD2024-00003739:1		95157	101532	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43901		GenEMS	REFUNDS		390.53				
							390.53			
						CHECK TOTAL	**390.53**			
99996	Breakwater HOA, Attn:	0000		INV	02/27/2025	Breakwater HOA		94733	101059	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 62609014 43905		SWPWWater	Cont Exp		49,500.00				
							49,500.00			
						CHECK TOTAL	**49,500.00**			
99996	Nicole Geise	0000		INV	02/27/2025	NicoleGeise2		94734	101060	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 62609014 43905		SWPWWater	Cont Exp		875.00				
							875.00			
						CHECK TOTAL	**875.00**			
2470	OnPoint Hub & Spoke L	0000		EFT	03/01/2025	3/25 Rent		95318	101708	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101011 43100		GenMayorOf	PROSERVICE		38,763.59				
							38,763.59			
						CHECK TOTAL	**38,763.59**			
342	OpenGov, Inc	0000	22500158	EFT	02/05/2025	INV17708		95508	101908	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101012 43100		GenBSG	PROSERVICE		84,369.89				
							84,369.89			
						CHECK TOTAL	**84,369.89**			
347	Otis Elevator Company	0000		EFT	03/01/2025	100401839771		95610	102015	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		889.05				
							889.05			
347	Otis Elevator Company	0000		EFT	03/01/2025	100401839846		95611	102016	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		529.52				
							529.52			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
347	Otis Elevator Company	0000		EFT	03/01/2025	100401840032		95612	102017	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			158.05			
							158.05			
						CHECK TOTAL	**1,576.62**			
3972	Parker Fence LLC3	0000		EFT	01/12/2025	1363		95165	101540	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			1,275.00			
							1,275.00			
3972	Parker Fence LLC3	0000	22500154	EFT	01/12/2025	3363		95313	101703	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			3,880.00			
							3,880.00			
						CHECK TOTAL	**5,155.00**			
1565	Mike Pedersen	0000		INV	03/12/2025	02102025		95274	101659	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
4035	People Driven Technol	0000		EFT	02/08/2025	INV17301		93917	100113	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			687.50			
							687.50			
4035	People Driven Technol	0000		EFT	02/08/2025	INV17344		93918	100114	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			225.00			
							225.00			
4035	People Driven Technol	0000		EFT	01/12/2025	INV16643		94090	100305	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			675.00			
							675.00			
						CHECK TOTAL	**1,587.50**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5171	PERDUE, NIKKI M.	0000		INV	02/11/2025	94771		94771	101098	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
5151	Personal Press LLC	0000		EFT	02/06/2025	1312		95788	102204	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101016 43100		GenPR	PROSERVICE			6,950.16			
							6,950.16			
						CHECK TOTAL	**6,950.16**			
5149	Pfizer Inc	0000		EFT	03/29/2025	9345948340		94796	101123	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			708.40			
							708.40			
						CHECK TOTAL	**708.40**			
384	Pinnacle Partners Inc	0000	22401247	EFT	02/26/2025	52529		94933	101267	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			5,359.20			
	2 60606050 43100		SewIT	PROSERVICE			2,296.80			
							7,656.00			
384	Pinnacle Partners Inc	0000	22401247	EFT	03/12/2025	52582		95582	101985	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			5,817.00			
	2 60606050 43100		SewIT	PROSERVICE			2,493.00			
							8,310.00			
						CHECK TOTAL	**15,966.00**			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91037984		94905	101240	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			1,102.22			
							1,102.22			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91039107		95147	101522	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			318.38			
							318.38			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
366	Plumbers Supply Compa	0000		EFT	03/25/2025	91046813		95322	101712	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			562.73			
							562.73			
366	Plumbers Supply Compa	0000		EFT	03/25/2025	91047487		95364	101756	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			261.70			
							261.70			
366	Plumbers Supply Compa	0000		EFT	03/25/2025	91053595		95713	102121	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			79.02			
							79.02			
						CHECK TOTAL	**2,324.05**			
378	PowerDMS Inc	0000	22500108	EFT	01/24/2025	INV-126249		95050	101390	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 43100		GenPDSpprt	PROSERVICE			8,977.93			
							8,977.93			
						CHECK TOTAL	**8,977.93**			
5170	PRESTON, MOLLY	0000		INV	02/11/2025	94770		94770	101097	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			98.97			
							98.97			
						CHECK TOTAL	**98.97**			
4207	Propio LS LLC	0000		EFT	03/02/2025	0193790125		95143	101518	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27155058 43100		HDVFC	PROSERVICE			600.01			
							600.01			
4207	Propio LS LLC	0000		EFT	02/28/2025	2025-002044-1F		95175	101550	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21201012 43100		HDFBSG	PROSERVICE			1,823.24			
							1,823.24			
4207	Propio LS LLC	0000		EFT	03/02/2025	0193800125		95235	101615	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10102100 43100		GenCourt	PROSERVICE			48.83			
							48.83			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4207	Propio LS LLC	0000		EFT	03/02/2025	0197550125		95513	101912	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101012 43100		GenBSG	PROSERVICE		141.56				
							141.56			
4207	Propio LS LLC	0000		EFT	03/02/2025	0193840125		95514	101913	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101012 43100		GenBSG	PROSERVICE		88.12				
							88.12			
4207	Propio LS LLC	0000		EFT	03/22/2025	2025-005533-1F		95826	102243	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10102100 43100		GenCourt	PROSERVICE		130.00				
							130.00			
4207	Propio LS LLC	0000		EFT	03/22/2025	2025-005635-1F		95827	102244	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10102100 43100		GenCourt	PROSERVICE		188.48				
							188.48			
4207	Propio LS LLC	0000		EFT	03/22/2025	2025-005532-1F		95828	102245	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10102100 43100		GenCourt	PROSERVICE		225.00				
							225.00			
						CHECK TOTAL	**3,245.24**			
3328	Proveli LLC	0000	22500129	EFT	03/12/2025	121548		95485	101883	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS	OPERSUP		3,344.32				
							3,344.32			
3328	Proveli LLC	0000		EFT	03/19/2025	121536		95706	102113	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS	OPERSUP		775.00				
							775.00			
						CHECK TOTAL	**4,119.32**			
374	PVS Nolwood Chemicals	0000	22401087	EFT	02/28/2025	23923262		94993	101333	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		11,815.95				
							11,815.95			
						CHECK TOTAL	**11,815.95**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4953	Rachael Coverdale	0000		EFT	01/31/2025	3687		94971	101309	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			7,000.00			
							7,000.00			
4953	Rachael Coverdale	0000		EFT	02/28/2025	3712		95466	101862	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			7,000.00			
							7,000.00			
							CHECK TOTAL	**14,000.00**		
5165	RAE, JAMES & MARILYN	0000		INV	02/11/2025	94765		94765	101092	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
							79.58			
							CHECK TOTAL	**79.58**		
5174	RAY, THOMAS & KRISTI	0000		INV	02/11/2025	94774		94774	101101	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
							CHECK TOTAL	**39.79**		
433	RCS Contractor Suppli	0000		EFT	03/05/2025	1-556569		94978	101315	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			21.12			
							21.12			
							CHECK TOTAL	**21.12**		
5180	REED, BRADY & MIA	0000		INV	02/11/2025	94780		94780	101107	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
							CHECK TOTAL	**39.79**		
422	Reynolds Farm Equipme	0000	22500096	EFT	02/28/2025	W70601		94963	101299	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			2,652.73			
							2,652.73			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
422	Reynolds Farm Equipme	0000	22401254	EFT	03/06/2025	E28204		95291	101678	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 44500		MVHFleet	MACHEQPT			40,800.00			
							40,800.00			
						CHECK TOTAL	**43,452.73**			
2473	RF Manufacturing Inc	0000		EFT	01/29/2025	16349		94702	101026	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			300.00			
							300.00			
						CHECK TOTAL	**300.00**			
2182	Robert Queer	0000		INV	02/11/2025	Chair Reimb		94879	101213	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20104010 42200		MVHEng	OPERSUP			160.49			
							160.49			
						CHECK TOTAL	**160.49**			
5173	ROBERTSON, MEGAN & BR	0000		INV	02/11/2025	94773		94773	101100	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
5168	RYAN, GRANT & KASEY	0000		INV	02/11/2025	94768		94768	101095	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
466	Sharp Printing Servic	0000		EFT	03/02/2025	106674		94814	101142	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 43300		MNCPLHDFNDPRINTADVER				241.00			
							241.00			
466	Sharp Printing Servic	0000		EFT	02/28/2025	106629		95034	101374	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			80.00			
							80.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
466	Sharp Printing Servic	0000		EFT	03/07/2025	106486		95176	101551	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62601013 42200		SWContr	OPERSUP			150.00			
	2 10101013 42200		GenContr	OPERSUP			150.00			
	3 60601013 42200		SewContr	OPERSUP			145.00			
							445.00			
466	Sharp Printing Servic	0000		EFT	03/13/2025	106601		95329	101719	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			1,450.00			
							1,450.00			
466	Sharp Printing Servic	0000		EFT	03/09/2025	106797		95353	101743	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			1,965.00			
							1,965.00			
466	Sharp Printing Servic	0000		EFT	03/15/2025	106742		95460	101855	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			350.00			
							350.00			
466	Sharp Printing Servic	0000		EFT	03/15/2025	106730		95461	101857	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			1,400.00			
							1,400.00			
466	Sharp Printing Servic	0000		EFT	03/16/2025	106871		95763	102176	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101016 43300		GenPR	PRINTADVER			445.00			
							445.00			
						CHECK TOTAL	**6,376.00**			
5177	SMITH, WILLIAM B.	0000		INV	02/11/2025	94777		94777	101104	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
							79.58			
						CHECK TOTAL	**79.58**			
2372	Smyrna Ready Mix Conc	0000	22400545	EFT	01/25/2025	1020615627		94848	101177	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			1,130.00			
							1,130.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**1,130.00**			
5167	SPARTAN FAMILY TRUST	0000		INV	02/11/2025	94767		94767	101094	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	**39.79**			
3577	Splashtop Inc.	0000	22500172	EFT	03/21/2025	INV23452232		95734	102144	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		3,180.00				
							3,180.00			
						CHECK TOTAL	**3,180.00**			
5000	spokenote Inc	0000		EFT	01/10/2025	1917		95767	102180	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101016 43202		GenPR	POSTAGE		11,000.00				
	2 10101016 43300		GenPR	PRINTADVER		8,500.00				
							19,500.00			
						CHECK TOTAL	**19,500.00**			
2114	St Vincent Health, We	0000		EFT	01/30/2025	20-42717		94672	100995	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 43100		GenPDSpprt	PROSERVICE		12.81				
							12.81			
2114	St Vincent Health, We	0000		EFT	03/01/2025	20-42821		95254	101635	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 43100		GenFireAdm	PROSERVICE		25.12				
							25.12			
2114	St Vincent Health, We	0000		EFT	03/02/2025	20-42823		95395	101790	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 43100		GenFireAdm	PROSERVICE		481.77				
							481.77			
2114	St Vincent Health, We	0000		EFT	03/02/2025	20-42822		95465	101861	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 43100		GenPDSpprt	PROSERVICE		340.82				
							340.82			
						CHECK TOTAL	**860.52**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
479	St. Regis Culvert, In	0000		EFT	02/28/2025	123541		94867	101203	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20206191 42200		LRSICSRTS	OPERSUP			320.44			
							320.44			
						CHECK TOTAL	**320.44**			
3014	Stage Tech, Inc	0000		EFT	03/06/2025	2025Geist		95347	101737	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			1,537.50			
							1,537.50			
						CHECK TOTAL	**1,537.50**			
473	State Safety & Compli	0000		EFT	02/19/2025	10726089		94644	100962	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			224.16			
							224.16			
473	State Safety & Compli	0000		EFT	02/21/2025	10726161		94677	101000	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			705.88			
							705.88			
						CHECK TOTAL	**930.04**			
3053	Steve Gabrielsen	0000		INV	02/28/2025	F24-217		95266	101648	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt	COMMTRANS			383.50			
							383.50			
						CHECK TOTAL	**383.50**			
2873	Stevenson Legal Group	0000	22400308	EFT	10/03/2024	17538		95754	102167	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			828.35			
							828.35			
2873	Stevenson Legal Group	0000	22400308	EFT	10/31/2024	17590		95756	102168	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			275.00			
	2 10101011 43101		GenMayorOf	LGLSVCS			687.50			
							962.50			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2873	Stevenson Legal Group	0000		EFT	12/05/2024	17643		95757	102169	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			1,378.35			
							1,378.35			
						CHECK TOTAL	**3,169.20**			
2873	Stevenson Legal Group	0000		EFT	03/06/2025	17830		95171	101546	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27084010 44200		RIFEng	INFRSTR			687.50			
							687.50			
						CHECK TOTAL	**687.50**			
504	Straeffer Pump & Supp	0000	22401430	EFT	02/22/2025	43623		94990	101330	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			15,635.46			
							15,635.46			
						CHECK TOTAL	**15,635.46**			
558	Stryker Sales Corpora	0000	22401340	EFT	02/19/2025	9208285078		95137	101511	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			153.30			
							153.30			
558	Stryker Sales Corpora	0000	22401340	EFT	03/05/2025	9208403209		95138	101512	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			153.30			
							153.30			
558	Stryker Sales Corpora	0000	22500167	EFT	02/25/2025	9208332568		95478	101876	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			5,844.60			
							5,844.60			
558	Stryker Sales Corpora	0000	22500181	EFT	02/25/2025	9208332569		95659	102065	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			24,354.20			
							24,354.20			
						CHECK TOTAL	**30,505.40**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
507	Sunbelt Rentals Inc	0000		EFT	12/11/2024	161766761-0001		94657	100978	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			1,422.00			
							1,422.00			
507	Sunbelt Rentals Inc	0000		EFT	02/15/2025	162697931-0003		95614	102019	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			924.40			
							924.40			
						CHECK TOTAL	**2,346.40**			
536	Mike Taylor	0000		INV	03/12/2025	02102025		95263	101645	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
3019	Taylored Systems LLC	0000	22500009	EFT	03/05/2025	110337		94934	101269	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			8,018.01			
							8,018.01			
						CHECK TOTAL	**8,018.01**			
2268	Teleflex LLC	0000		EFT	02/16/2025	9509479491		95110	101450	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			1,700.00			
							1,700.00			
						CHECK TOTAL	**1,700.00**			
5098	The CI Thornburg Co I	0000	22401441	EFT	02/16/2025	S100285422.001		94984	101322	
	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	03/01/2025	176755		95099	101439	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			64.82			
							64.82			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**64.82**			
1337	The Marina Ltd Partne	0000	22400954	EFT	03/14/2025	551971		95378	101771	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			1,761.15			
							1,761.15			
						CHECK TOTAL	**1,761.15**			
3174	The Pitney Bowes Bank	0000		EFT	03/14/2025	8000909011001281_Jan		95758	102170	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43202		GenMayorOf	POSTAGE			1,057.54			
							1,057.54			
						CHECK TOTAL	**1,057.54**			
572	The Sherwin-Williams	0000		EFT	03/20/2025	5040-8		95641	102047	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			152.74			
							152.74			
						CHECK TOTAL	**152.74**			
4295	Thomas Spille	0000		INV	02/17/2025	57292		95773	102186	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101015 43200		GenHR	COMMTRANS			535.14			
	2 21701015 43200		DonHR	COMMTRANS			0.00			
							535.14			
4295	Thomas Spille	0000		INV	02/17/2025	52883		95775	102188	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101015 43200		GenHR	COMMTRANS			535.14			
							535.14			
						CHECK TOTAL	**1,070.28**			
532	Tiffany Lawn & Garden	0000		EFT	04/08/2025	93861/3		95664	102070	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			744.00			
							744.00			
						CHECK TOTAL	**744.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5049	TimeClock Plus LLC	0000	22401352	EFT	02/16/2025	INV00396589		95044	101384	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 43100		GenPatrol	PROSERVICE			5,544.00			
							5,544.00			
5049	TimeClock Plus LLC	0000		EFT	02/23/2025	INV00397548		95045	101385	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 43100		GenPatrol	PROSERVICE			108.00			
							108.00			
						CHECK TOTAL	**5,652.00**			
1692	TK Elevator Corporati	0000		EFT	03/03/2025	3008337017		95613	102018	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			701.91			
							701.91			
						CHECK TOTAL	**701.91**			
182	Traffic Control Corpo	0000	22500110	EFT	02/26/2025	156257		94884	101219	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20104010 42200		MVHEng	OPERSUP			8,502.00			
							8,502.00			
						CHECK TOTAL	**8,502.00**			
4998	Tyler Catt	0000		INV	02/28/2025	F24-217		95268	101650	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt	COMMTRANS			383.50			
							383.50			
						CHECK TOTAL	**383.50**			
122	UKG Kronos Systems LL	0000	22500170	EFT	03/16/2025	12363135		95737	102149	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			3,314.03			
							3,314.03			
						CHECK TOTAL	**3,314.03**			
58	Uline Inc	0000		EFT	02/21/2025	188213852		95227	101604	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			208.46			
							208.46			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
58	Uline Inc	0000		EFT	02/05/2025	187483973		95381	101774	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			1,091.44			
							1,091.44			
58	Uline Inc	0000		EFT	03/07/2025	188782933		95650	102056	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			48.00			
							48.00			
						CHECK TOTAL	**1,347.90**			
2039	Ultimate Technologies	0000		EFT	02/19/2025	ARI001672		94545	100853	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			825.00			
							825.00			
2039	Ultimate Technologies	0000		EFT	03/14/2025	ARI001722		95584	101987	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			1,327.05			
	2 10106050 42200		GenIT	OPERSUP			332.00			
	3 60606050 42200		SewIT	OPERSUP			34.00			
	4 62606050 42200		SWIT	OPERSUP			33.99			
							1,727.04			
						CHECK TOTAL	**2,552.04**			
4214	United Rentals (North	0000		EFT	02/02/2025	2211237525-024		94739	101065	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			195.00			
							195.00			
4214	United Rentals (North	0000		EFT	02/18/2025	224169921-019		95638	102044	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			811.00			
							811.00			
						CHECK TOTAL	**1,006.00**			
1871	UrbanEco Properties L	0001		EFT	03/01/2025	3/25 Rent		95317	101707	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 47140000 43700		Fishersl69	RENTALS			14,327.83			
							14,327.83			
						CHECK TOTAL	**14,327.83**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2071	Utility Pipe Sales of	0000	22500092	EFT	02/21/2025	3203159-00		94960	101296	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62609014 42200		SWPWWater	OPERSUP			7,507.74			
	2 62609014 42200		SWPWWater	OPERSUP			11,692.26			
							19,200.00			
							CHECK TOTAL	**19,200.00**		
614	Van Ausdall & Farrar	0000	22500049	EFT	02/16/2025	641491		94936	101270	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			20.27			
	2 62606050 43100		SWIT	PROSERVICE			0.00			
							20.27			
614	Van Ausdall & Farrar	0000	22500049	EFT	02/16/2025	641482		94937	101272	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			27.35			
	2 62606050 43100		SWIT	PROSERVICE			0.00			
							27.35			
614	Van Ausdall & Farrar	0000	22500049	EFT	02/16/2025	641481		94938	101274	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			412.54			
	2 62606050 43100		SWIT	PROSERVICE			0.00			
							412.54			
614	Van Ausdall & Farrar	0000	22500049	EFT	02/28/2025	86049		94939	101275	
	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	22500049	EFT	02/26/2025	642412		94940	101276	
	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	22500049	EFT	02/26/2025	642411		94941	101277	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			22.26			
	2 62606050 43100		SWIT	PROSERVICE			0.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							22.26			
614	Van Ausdall & Farrar	0000	22500049	EFT	02/26/2025	642413		95073	101413	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	48.04
2	62606050 43100	SWIT	PROSERVICE	0.00
3	27155058 43100	HDVFC	PROSERVICE	59.12

							107.16			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/06/2025	643455		95585	101988	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	2,467.15
2	62606050 43100	SWIT	PROSERVICE	121.07
3	21106050 43100	MHFIT	PROSERVICE	29.83

							2,618.05			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/16/2025	644879		95587	101990	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	29.78
2	62606050 43100	SWIT	PROSERVICE	0.00

							29.78			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/14/2025	644409		95588	101991	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	110.05
2	62606050 43100	SWIT	PROSERVICE	0.00

							110.05			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/12/2025	644156		95589	101992	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	24.07
2	62606050 43100	SWIT	PROSERVICE	0.00

							24.07			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/19/2025	645275		95735	102145	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	2.70
2	62606050 43100	SWIT	PROSERVICE	0.00

							2.70			
						CHECK TOTAL	**9,572.74**			
5178	VANARSDALE, TIFFANY	0000		INV	02/11/2025	94778		94778	101105	

ACCOUNT DETAIL				LINE AMOUNT
1	60600000 34900	Sew	USERFEES	39.79

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							39.79			
						CHECK TOTAL	**39.79**			
616	Vermeer of Indiana In	0000		EFT	02/28/2025	S36426		94785	101112	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 43100		MVHFleet	PROSERVICE		725.92				
							725.92			
616	Vermeer of Indiana In	0000	22500119	EFT	02/23/2025	S36319		95356	101747	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60606010 42200		SewFleet	OPERSUP		4,300.60				
							4,300.60			
616	Vermeer of Indiana In	0000		EFT	03/02/2025	R05898		95617	102022	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		1,760.00				
							1,760.00			
						CHECK TOTAL	**6,786.52**			
2992	Vision Event Manageme	0000		EFT	03/14/2025	1745		95493	101892	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 27907054 43100		CCFHlthWll	PROSERVICE		11,362.00				
							11,362.00			
						CHECK TOTAL	**11,362.00**			
2813	Visionary Cove LLC	0000		EFT	03/01/2025	3/25 Rent		95316	101706	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 47140000 43700		FishersI69	RENTALS		61,450.00				
							61,450.00			
						CHECK TOTAL	**61,450.00**			
5164	VOHS, ERIK & NICHOEL	0000		INV	02/11/2025	94764		94764	101091	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	**39.79**			
5182	WARNECKE, RONALD & JU	0000		INV	02/11/2025	94782		94782	101109	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		39.79				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							39.79			
						CHECK TOTAL	**39.79**			
3900	West Technology Foren	0000		EFT	03/08/2025	100204		95401	101796	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108013 42200		GenInvstgt	OPERSUP		1,120.00				
							1,120.00			
						CHECK TOTAL	**1,120.00**			
2380	Whites Ace Hardware F	0000		EFT	02/22/2025	37607725		94683	101006	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT	OPERSUP		49.96				
							49.96			
2380	Whites Ace Hardware F	0000		EFT	02/26/2025	37608424		94704	101028	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		0.92				
							0.92			
2380	Whites Ace Hardware F	0000		EFT	02/26/2025	37608425		94871	101206	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		8.18				
							8.18			
2380	Whites Ace Hardware F	0000		EFT	03/07/2025	37610191		95194	101567	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		2.69				
							2.69			
2380	Whites Ace Hardware F	0000		EFT	03/16/2025	37611595		95486	101885	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		19.96				
							19.96			
2380	Whites Ace Hardware F	0000		EFT	03/19/2025	37612157		95600	102003	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		1.29				
							1.29			
						CHECK TOTAL	**83.00**			
2737	Wild Ridge Lawn & Lan	0000	22500095	EFT	03/02/2025	34675		94845	101174	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20209011 43100		LRSPWSTRT	PROSERVICE		21,404.27				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							21,404.27			
						CHECK TOTAL	**21,404.27**			
3066	Wood Chipper Safety S	0000		EFT	03/13/2025	8065d		95370	101763	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS OPERSUP			1,075.00				
							1,075.00			
						CHECK TOTAL	**1,075.00**			
1309	WW Grainger Inc	0000		EFT	02/14/2025	9373520429		94425	100727	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS OPERSUP			1,165.48				
							1,165.48			
1309	WW Grainger Inc	0000		EFT	02/20/2025	9380560236		94647	100964	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN OPERSUP			349.26				
							349.26			
1309	WW Grainger Inc	0000		EFT	02/20/2025	9380560228		94651	100970	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT OPERSUP			1,754.56				
							1,754.56			
1309	WW Grainger Inc	0000		EFT	02/20/2025	9380560251		94652	100971	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT OPERSUP			29.04				
							29.04			
1309	WW Grainger Inc	0000		EFT	02/27/2025	9387093363		94745	101072	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater OPERSUP			124.32				
							124.32			
1309	WW Grainger Inc	0000		EFT	02/26/2025	9385643250		94746	101073	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater OPERSUP			244.76				
							244.76			
1309	WW Grainger Inc	0000		EFT	02/26/2025	9385643268		94869	101202	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT OPERSUP			396.28				
							396.28			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1309	WW Grainger Inc	0000		EFT	02/22/2025	9382421742		94881	101215	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			678.32			
							678.32			
1309	WW Grainger Inc	0000		EFT	03/01/2025	9390859982		94893	101228	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			206.75			
							206.75			
1309	WW Grainger Inc	0000		EFT	02/28/2025	9389423097		94901	101237	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			293.51			
							293.51			
1309	WW Grainger Inc	0000	22500103	EFT	02/20/2025	9380560244		94946	101282	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			2,111.88			
							2,111.88			
1309	WW Grainger Inc	0000		EFT	03/05/2025	9394036538		94974	101312	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			31.62			
							31.62			
1309	WW Grainger Inc	0000		EFT	03/05/2025	9394036512		94975	101313	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			149.98			
							149.98			
1309	WW Grainger Inc	0000		EFT	02/23/2025	9383909216		95060	101400	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			37.66			
							37.66			
1309	WW Grainger Inc	0000		EFT	02/26/2025	9385398145		95061	101401	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			441.36			
							441.36			
1309	WW Grainger Inc	0000		EFT	02/27/2025	9386954417		95062	101402	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			33.12			
							33.12			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1309	WW Grainger Inc	0000		EFT	02/28/2025	9389153231		95063	101403	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			58.25			
							58.25			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395302590		95093	101433	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			360.80			
							360.80			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395302608		95095	101435	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			255.44			
							255.44			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395639199		95139	101513	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			256.86			
							256.86			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395639207		95140	101514	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			230.69			
							230.69			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395639215		95141	101515	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			474.77			
							474.77			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9396012040		95142	101516	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			114.06			
							114.06			
1309	WW Grainger Inc	0000	22500105	EFT	02/21/2025	9381026971		95153	101528	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			2,766.91			
							2,766.91			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395302582		95168	101543	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFND	OPERSUP			11.68			
							11.68			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1309	WW Grainger Inc	0000		EFT	03/07/2025	9397623522		95188	101563	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				365.62			
							365.62			
1309	WW Grainger Inc	0000		EFT	03/01/2025	9390859990		95217	101594	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				1,510.47			
							1,510.47			
1309	WW Grainger Inc	0000		EFT	03/08/2025	9398920646		95224	101602	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				545.35			
							545.35			
1309	WW Grainger Inc	0000		EFT	03/08/2025	9398920653		95225	101603	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				729.59			
							729.59			
1309	WW Grainger Inc	0000	22500130	EFT	03/06/2025	9395595235		95233	101612	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				7,445.00			
	2 20106191 42200		MVHICSRTS OPERSUP				159.00			
							7,604.00			
1309	WW Grainger Inc	0000		EFT	03/09/2025	9399994046		95301	101687	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				327.62			
							327.62			
1309	WW Grainger Inc	0000		EFT	03/09/2025	9399994038		95302	101688	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				245.56			
							245.56			
1309	WW Grainger Inc	0000		EFT	03/13/2025	9403129597		95366	101759	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater OPERSUP				53.44			
							53.44			
1309	WW Grainger Inc	0000		EFT	03/12/2025	9401174405		95392	101787	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist OPERSUP				375.97			
							375.97			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1309	WW Grainger Inc	0000		EFT	03/15/2025	9406333824		95467	101863	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			114.82			
							114.82			
1309	WW Grainger Inc	0000		EFT	03/15/2025	9407126623		95471	101869	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			11.94			
							11.94			
1309	WW Grainger Inc	0000		EFT	03/16/2025	9407294264		95636	102042	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			1,428.54			
							1,428.54			
1309	WW Grainger Inc	0000		EFT	03/16/2025	9407873083		95644	102052	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			1,071.22			
							1,071.22			
1309	WW Grainger Inc	0000		EFT	03/20/2025	9411730386		95699	102106	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			321.76			
							321.76			
1309	WW Grainger Inc	0000		EFT	03/20/2025	9411730402		95700	102107	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			19.20			
							19.20			
1309	WW Grainger Inc	0000		EFT	03/20/2025	9411730394		95703	102109	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			1,346.17			
							1,346.17			
1309	WW Grainger Inc	0000	22500180	EFT	03/14/2025	9404694326		95709	102117	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			2,007.72			
							2,007.72			
1309	WW Grainger Inc	0000		EFT	03/21/2025	9413244626		95807	102223	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			169.94			
							169.94			
						CHECK TOTAL	**30,826.29**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2036	Zayo Group Holdings I	0000	22500050	EFT	02/28/2025	2025020028823		95590	101993	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	3,523.76
2	60606050 43100	SewIT	PROSERVICE	704.75
3	62606050 43100	SWIT	PROSERVICE	469.84
				4,698.35
			CHECK TOTAL	**4,698.35**

869	INVOICES	WARRANT TOTAL	2,345,158.79	2,345,158.79
		CASH ACCOUNT BALANCE		31,507,512.36

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.

February 25, 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 148 pages and except for accounts payables not allowed as shown on the Register such accounts payables are hereby allowed in the total amount of $7,398,698.25.

Dated this 25th day of February 2025.

Signatures of Governing Board

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75975	02/03/2025	EFT	4106	Banc of America Publ	101014	R19697	01/20/2025		2325EP	140,289.62
					140,289.62	40201011 44905 Capital Lease Payment				
								CHECK	75975 TOTAL:	140,289.62
75976	02/03/2025	EFT	3229	Howard Asphalt LLC	101119	Pay#06-24-1	01/23/2025		2325EP	115,796.12
					115,796.12	E 10324001 .SIDEW . . 10101013 44920 Capital Expenses				
								CHECK	75976 TOTAL:	115,796.12
75977	02/03/2025	EFT	4987	Norcon Incorporated	101129	2024117-001	01/03/2025		2325EP	96,159.94
					96,159.94	E 10324001 .LANDSC.LANDSC. 10101013 44920 Capital Expenses				
								CHECK	75977 TOTAL:	96,159.94
75978	02/03/2025	PRTD	1417	Hamilton County Reco	101051	LIENS12825P	01/28/2025		2325EP	75.00
					75.00	60601013 43100 Professional Services				
								CHECK	75978 TOTAL:	75.00
						NUMBER OF CHECKS 4		*** CASH ACCOUNT TOTAL ***		352,320.68

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	1	75.00
TOTAL EFT'S	3	352,245.68

*** GRAND TOTAL *** 352,320.68

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
285	02/04/2025	EFT	3097	Southeastern Indiana	101280	HOD012825	01/28/2025		2425H	755.37
					755.37	70400000 43100	Professional Services			
							CHECK	285 TOTAL:		755.37
						NUMBER OF CHECKS 1	*** CASH ACCOUNT TOTAL ***			755.37
							COUNT	AMOUNT		
						TOTAL EFT'S	1	755.37		
							*** GRAND TOTAL ***			755.37

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75979	02/04/2025	EFT	1574	Citizens Energy Grou	101242	4753108926	01/30/2025	22401409	2425EP	2,531.55
					2,531.55	60609014 43500	Utility Services			
							CHECK	75979 TOTAL:		2,531.55
75980	02/04/2025	EFT	2664	Exelon Corporation	101232	4231893	01/29/2025	22400008	2425EP	1.32
					1.32	60609014 43500	Utility Services			
					101234	4232748	01/31/2025	22500082	2425EP	11,565.49
					3,039.30	60609014 43500	Utility Services			
					8,526.19	10109012 43100	Professional Services			
							CHECK	75980 TOTAL:		11,566.81
75981	02/04/2025	EFT	2055	MJ Insurance Inc	101308	398294	01/15/2025	22500032	2425EP	20,539.07
					20,539.07	10101011 43100	Professional Services			
					.00	60601011 43100	Professional Services			
					.00	62601011 43100	Professional Services			
							CHECK	75981 TOTAL:		20,539.07
75982	02/04/2025	EFT	272	Morphey Construction	101287	5689	11/30/2024		2425EP	80,000.00
					80,000.00	44391011 43100	Professional Services			
							CHECK	75982 TOTAL:		80,000.00
						NUMBER OF CHECKS 4	*** CASH ACCOUNT TOTAL ***			114,637.43

	COUNT	AMOUNT
TOTAL EFT'S	4	114,637.43

*** GRAND TOTAL *** 114,637.43

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75983	02/05/2025	EFT	4082	Metronet Systems Hol	101447	2-4-2025	02/04/2025	22400047	2525EP	900.00
					204.50	10106050 43100	Professional Services			
					695.50	10106050 43100	Professional Services			
							CHECK	75983 TOTAL:		900.00
75984	02/05/2025	EFT	2055	MJ Insurance Inc	101414	398266	01/15/2025	22500032	2525EP	1,318,068.00
					886,342.41	10101011 43100	Professional Services			
					305,106.42	60601011 43100	Professional Services			
					126,619.17	62601011 43100	Professional Services			
					101520	398133	01/10/2025	22500032	2525EP	6,830.28
					4,593.06	10101011 43100	Professional Services			
					1,581.07	60601011 43100	Professional Services			
					656.15	62601011 43100	Professional Services			
							CHECK	75984 TOTAL:		1,324,898.28
75985	02/05/2025	EFT	645	WEX Bank	101404	102587038	01/31/2025		2525EP	1,238.96
					1,238.96	10106010 42221	Fuel			
							CHECK	75985 TOTAL:		1,238.96
						NUMBER OF CHECKS 3	*** CASH ACCOUNT TOTAL ***			1,327,037.24

	COUNT	AMOUNT
TOTAL EFT'S	3	1,327,037.24

*** GRAND TOTAL *** 1,327,037.24

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
286	02/10/2025	EFT	3097	Southeastern Indiana	101536	1769957CTYFIS	01/31/2025		21025H	50,440.00
					50,440.00	70400000 43100	Professional Services			
							CHECK	286 TOTAL:		50,440.00
287	02/10/2025	EFT	1315	Tx: Team Rehab Inc	101537	1907	01/31/2025		21025H	9,400.00
					9,400.00	70400000 43100	Professional Services			
							CHECK	287 TOTAL:		9,400.00
						NUMBER OF CHECKS 2		*** CASH ACCOUNT TOTAL ***		59,840.00

	COUNT	AMOUNT
TOTAL EFT'S	2	59,840.00

*** GRAND TOTAL *** 59,840.00

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME		VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
75986	02/10/2025	EFT	700	AT&T Mobility	II, L	101489	287303132695x011925	01/11/2025		21025EP	156.20
						156.20	21206050 43100 Professional Services				
									CHECK	75986 TOTAL:	156.20
75987	02/10/2025	EFT	700	AT&T Mobility	II, L	101490	287299683950x011925	01/11/2025	22400896	21025EP	2,637.45
						300.15	10106050 43100 Professional Services				
						2,337.30	E 16525001 .P&I .Gen .				
							10106050 42200 Operating Supplies				
									CHECK	75987 TOTAL:	2,637.45
75988	02/10/2025	EFT	700	AT&T Mobility	II, L	101493	287288211554x011925	01/11/2025		21025EP	6,763.07
						77.22	E 16525001 .Police.Gen .				
							10106050 42200 Operating Supplies				
						6,685.85	10106050 43100 Professional Services				
									CHECK	75988 TOTAL:	6,763.07
75989	02/10/2025	EFT	700	AT&T Mobility	II, L	101494	287301827393x011925	01/11/2025		21025EP	9,870.49
						9,870.49	10106050 43100 Professional Services				
									CHECK	75989 TOTAL:	9,870.49
75990	02/10/2025	EFT	700	AT&T Mobility	II, L	101495	287282926527x012025	01/12/2025	22400896	21025EP	79.73
						79.73	10106050 43100 Professional Services				
									CHECK	75990 TOTAL:	79.73
75991	02/10/2025	EFT	700	AT&T Mobility	II, L	101496	287282927199x012025	01/12/2025	22400896	21025EP	172.72
						172.72	10106050 43100 Professional Services				
									CHECK	75991 TOTAL:	172.72
75992	02/10/2025	EFT	700	AT&T Mobility	II, L	101497	287282745434x012025	01/12/2025	22400896	21025EP	231.20
						231.20	10106050 43100 Professional Services				
									CHECK	75992 TOTAL:	231.20
75993	02/10/2025	EFT	700	AT&T Mobility	II, L	101498	287282942898x012025	01/12/2025	22400896	21025EP	219.95
						219.95	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	75993 TOTAL:	219.95
75994	02/10/2025	EFT	700	AT&T Mobility II, L	101526	287286291889x011925	01/11/2025	22400887	21025EP	3,998.90
					1,063.72	62606050 43100 Professional Services				
					2,935.18	62606050 43100 Professional Services				
								CHECK	75994 TOTAL:	3,998.90
75995	02/10/2025	EFT	700	AT&T Mobility II, L	101535	287283895228x011525	01/07/2025	22400896	21025EP	4,462.60
					2,603.51	10106050 43100 Professional Services				
					541.31	10106050 43100 Professional Services				
					1,317.78					
						E 16525001 .Fire .Gen .				
						10106050 42200 Operating Supplies				
								CHECK	75995 TOTAL:	4,462.60
75996	02/10/2025	EFT	621	Best Way of Indiana	101451	024769	02/01/2025	22400078	21025EP	57,172.30
					57,172.30	60609014 43151 Sludge Removal				
								CHECK	75996 TOTAL:	57,172.30
75997	02/10/2025	EFT	1238	Hittle Landscaping I	101117	215771	12/30/2024		21025EP	94,926.07
					94,926.07					
						E 10324001 .NEIVIB.URBFOR.				
						10101013 44920 Capital Expenses				
								CHECK	75997 TOTAL:	94,926.07
75998	02/10/2025	EFT	274	Meyer Najem Construc	101316	0223723-17	01/31/2025		21025EP	235,534.54
					235,534.54					
						E 70023003 .GRANT .GRCIRD.				
						27057010 44920 Capital Expenses				
								CHECK	75998 TOTAL:	235,534.54
75999	02/10/2025	EFT	5061	Noble Built Adventur	101597	agripark2025	02/06/2025	22500126	21025EP	49,500.00
					49,500.00	10107010 43100 Professional Services				
								CHECK	75999 TOTAL:	49,500.00
76000	02/10/2025	EFT	1863	Alfredo Rojas-Islas	101230	2985	11/21/2024	22400881	21025EP	35,590.00
					35,590.00	10109012 44400 Improve't Other than Buildings				

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	76000 TOTAL:	35,590.00
76001	02/10/2025	EFT	4436	SmartSights Technolo	101618	2410408032	10/14/2024	22500007	21025EP	2,250.00
					2,250.00	60601012 43100	Professional Services			
								CHECK	76001 TOTAL:	2,250.00
76002	02/10/2025	EFT	3080	The Superlative Grou	101341	15055	06/01/2024		21025EP	12,000.00
					7,500.00	10107010 43100	Professional Services			
					4,500.00	27907054 43100	Professional Services			
								CHECK	76002 TOTAL:	12,000.00
76003	02/10/2025	EFT	2789	Verizon Communicatio	101499	6104376956	01/23/2025	22400976	21025EP	920.83
					920.83	10106050 43100	Professional Services			
					101500	6104408655	01/23/2025	22400976	21025EP	616.12
					616.12	10106050 43100	Professional Services			
					101501	6104397146	01/23/2025	22400976	21025EP	1,340.68
					1,340.68	10106050 43100	Professional Services			
					101502	6104362587	01/23/2025	22400976	21025EP	210.86
					210.86	10106050 43100	Professional Services			
					101504	6104316502	01/23/2025	22400976	21025EP	1,007.39
					1,007.39	10106050 43100	Professional Services			
					101505	6104304838	01/23/2025	22400976	21025EP	4,970.58
					3,058.15	10106050 43100	Professional Services			
					1,912.43	10106050 43100	Professional Services			
					101507	6104347608	01/23/2025	22400976	21025EP	768.87
					768.87	10106050 43100	Professional Services			
					101538	6101923056	12/23/2024	22400965	21025EP	2,276.75
					1,922.23	62606050 43100	Professional Services			
					354.52	62606050 43100	Professional Services			
								CHECK	76003 TOTAL:	12,112.08
76004	02/10/2025	EFT	654	Waste Mgmt of Indian	101547	0235099-4672-1	01/29/2025		21025EP	1,767.71
					1,767.71	60609014 43100	Professional Services			
								CHECK	76004 TOTAL:	1,767.71

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76005	02/10/2025	PRTD	1809	State of Indiana	101291	000086650	01/24/2025	22401388	21025EP	1,202,986.21
					215,336.21	25904010 44200 Infrastructure				
					40,000.00	60604010 43100 Professional Services				
					408,422.00					
						E 40020007 .CONST . .				
						81304010 44920 Capital Expenses				
					530,000.00	27084010 44200 Infrastructure				
					9,208.00					
						E 40020007 .CONST . .				
						60604010 43100 Professional Services				
					20.00					
						E 40020007 .CONST . .				
						81304010 44920 Capital Expenses				
								CHECK 76005 TOTAL:		1,202,986.21
						NUMBER OF CHECKS 20		*** CASH ACCOUNT TOTAL ***		1,732,431.22

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	1	1,202,986.21
TOTAL EFT'S	19	529,445.01

*** GRAND TOTAL *** 1,732,431.22

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76006	02/11/2025	PRTD	1442	Hamilton County Trea	101738	1514010114002001_012	01/17/2025		21125EP	5.50
					5.50	47140000 43100	Professional Services			
								CHECK	76006 TOTAL:	5.50
76007	02/11/2025	PRTD	1442	Hamilton County Trea	101739	1514010114003000_012	01/17/2025		21125EP	5.50
					5.50	47140000 43100	Professional Services			
								CHECK	76007 TOTAL:	5.50
76008	02/11/2025	PRTD	1442	Hamilton County Trea	101740	1414010103005000_012	01/17/2025		21125EP	23.28
					23.28	47140000 43100	Professional Services			
								CHECK	76008 TOTAL:	23.28
76009	02/11/2025	PRTD	1442	Hamilton County Trea	101741	1414010103011000.012	01/17/2025		21125EP	1,080.91
					1,080.91	47140000 43100	Professional Services			
								CHECK	76009 TOTAL:	1,080.91
						NUMBER OF CHECKS 4			*** CASH ACCOUNT TOTAL ***	1,115.19

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	4	1,115.19

*** GRAND TOTAL *** 1,115.19

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76010	02/14/2025	MANL	1521	Indiana Gas Company	101254	WQ_020325	01/07/2025	22401395	21425DD	1,154.61
					1,154.61	60609014 43500	Utility Services			
							CHECK	76010 TOTAL:		1,154.61
76011	02/14/2025	MANL	1521	Indiana Gas Company	101553	13130221-8	01/17/2025		21425DD	122.75
					122.75	21105058 43100	Professional Services			
							CHECK	76011 TOTAL:		122.75
76012	02/14/2025	MANL	1521	Indiana Gas Company	101639	Jan_DPW_021025	01/17/2025	22500123	21425DD	3,330.00
					3,330.00	10109012 43100	Professional Services			
							CHECK	76012 TOTAL:		3,330.00
76013	02/14/2025	MANL	364	Cinergy Corp	101802	JAN25STREETS	02/13/2025	22500109	21425DD	14,249.77
					14,249.77	10109012 43100	Professional Services			
							CHECK	76013 TOTAL:		14,249.77
76014	02/14/2025	MANL	364	Cinergy Corp	101382	020425Buildings	12/31/2024	22500109	21425DD	57,617.18
					57,617.18	10109012 43100	Professional Services			
							CHECK	76014 TOTAL:		57,617.18
76015	02/14/2025	MANL	364	Cinergy Corp	101428	910122895109	02/05/2025	22500109	21425DD	7,718.91
					7,718.91	10109012 43100	Professional Services			
							CHECK	76015 TOTAL:		7,718.91
76016	02/14/2025	MANL	364	Cinergy Corp	101641	910123034528	02/07/2025	22500109	21425DD	2,267.65
					2,267.65	10109012 43100	Professional Services			
							CHECK	76016 TOTAL:		2,267.65
76017	02/14/2025	MANL	364	Cinergy Corp	101782	910174015540	02/13/2025	22500109	21425DD	180.76
					180.76	10109012 43100	Professional Services			
							CHECK	76017 TOTAL:		180.76
76018	02/14/2025	MANL	364	Cinergy Corp	101783	910174018569	02/13/2025	22500109	21425DD	149.53
					149.53	10109012 43100	Professional Services			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
								CHECK	76018 TOTAL:	149.53
76019	02/14/2025	MANL	364	Cinergy Corp	101795	Jan25WQ	02/03/2025	22400010	21425DD	64,937.90
					64,937.90	60609014 43500	Utility Services			
								CHECK	76019 TOTAL:	64,937.90
76020	02/14/2025	MANL	364	Cinergy Corp	101554	910148743158	02/05/2025		21425DD	250.87
					250.87	21205058 43100	Professional Services			
								CHECK	76020 TOTAL:	250.87
76021	02/14/2025	MANL	364	Cinergy Corp	101555	910159310007	02/03/2025		21425DD	141.68
					141.68	21205058 43100	Professional Services			
								CHECK	76021 TOTAL:	141.68
						NUMBER OF CHECKS 12		*** CASH ACCOUNT TOTAL ***		152,121.61

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	12	152,121.61

*** GRAND TOTAL *** 152,121.61

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76022	02/17/2025	EFT	3720	DOXIM UTILITEC LLC	101732	INV028793	01/31/2025		21725EP	4,491.57
					680.83	60601016 43300	Printing And Advertising			
					3,810.74	60601013 43100	Professional Services			
					101733	0125P	01/31/2025		21725EP	9,667.09
					9,667.09	60601013 43100	Professional Services			
							CHECK	76022 TOTAL:		14,158.66
76023	02/17/2025	EFT	5048	National Fitness Cam	101643	INV-1785	12/03/2024	22301405	21725EP	165,000.00
					165,000.00	10100000 43100	Professional Services			
							CHECK	76023 TOTAL:		165,000.00
76024	02/17/2025	EFT	2789	Verizon Communicatio	101503	6104354766	01/23/2025		21725EP	2,573.85
					534.58	21106050 43100	Professional Services			
					1,399.99	21106050 42200	Operating Supplies			
					406.02	21206050 43100	Professional Services			
					87.92	E 21224003 .PROFSE. .				
						27155058 43100	Professional Services			
					106.27	E 51222001 .OPER . .				
						27055058 43100	Professional Services			
					39.07	E 21221005 .PROFSE. .				
						27055058 43100	Professional Services			
					101506	6104362550	01/23/2025		21725EP	2,338.67
					2,338.67	60606050 43100	Professional Services			
					101509	6104361241	01/23/2025		21725EP	2,202.36
					2,202.36	62606050 43100	Professional Services			
							CHECK	76024 TOTAL:		7,114.88
76025	02/17/2025	PRTD	406	Indiana State Treasu	101779	95385	02/12/2025		21725EP	27,096.85
					27,096.85	15029900 39223	Other Reimbursements			
							CHECK	76025 TOTAL:		27,096.85

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NUMBER OF CHECKS 4 *** CASH ACCOUNT TOTAL *** 213,370.39

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	1	27,096.85
TOTAL EFT'S	3	186,273.54

*** GRAND TOTAL *** 213,370.39

A/P CASH DISBURSEMENTS JOURNAL

CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76026	02/19/2025	MANL	2452	Regions Bank	101967	125CC-Police	01/31/2025		125CC	56,279.05
					1,240.00	10108015 43100	Professional Services			
					130.00	10108015 43100	Professional Services			
					285.00	10108013 43200	Comms And Transportation			
					285.00	10108013 43200	Comms And Transportation			
					35.00	10108013 43200	Comms And Transportation			
					240.00	10108013 43200	Comms And Transportation			
					35.00	10108013 43200	Comms And Transportation			
					63.00	10108013 43200	Comms And Transportation			
					240.00	10108013 43200	Comms And Transportation			
					55.90	10108013 43200	Comms And Transportation			
					45.00	10108013 43200	Comms And Transportation			
					45.00	10108013 43200	Comms And Transportation			
					78.40	10108013 43200	Comms And Transportation			
					95.00	10108013 43100	Professional Services			
					25.00	10108013 43100	Professional Services			
					25.00	10108013 43100	Professional Services			
					25.00	10108013 43100	Professional Services			
					95.00	10108013 43100	Professional Services			
					160.49	10108013 43100	Professional Services			
					864.92	10108013 42200	Operating Supplies			
					388.00	10108013 42200	Operating Supplies			
					50.00	10108013 43100	Professional Services			
					3,734.00	10108015 42200	Operating Supplies			
					86.36	10108015 42200	Operating Supplies			
					60.52	10108015 42200	Operating Supplies			
					205.44	10108015 42200	Operating Supplies			
					1,478.63	10108015 42200	Operating Supplies			
					669.50	10108013 43200	Comms And Transportation			
					395.07	10108015 42200	Operating Supplies			
					334.75	10108015 43200	Comms And Transportation			
					669.50	10108012 43200	Comms And Transportation			
					650.00	10108012 43200	Comms And Transportation			
					795.00	10108012 43200	Comms And Transportation			
					1,883.84	10108015 43200	Comms And Transportation			
					-1,004.25	10108015 43200	Comms And Transportation			
					55.00	10108015 43200	Comms And Transportation			
					8.27	10108015 42200	Operating Supplies			
					51.50	10108015 43100	Professional Services			
					339.00	10108012 43200	Comms And Transportation			
					2,060.00	10108013 43200	Comms And Transportation			
					366.58	10108013 43200	Comms And Transportation			
					750.00	10108012 43200	Comms And Transportation			
					1,097.00	10108015 43200	Comms And Transportation			
					375.00	10108012 43200	Comms And Transportation			
					897.00	10108012 43200	Comms And Transportation			
					147.36	10108015 42200	Operating Supplies			
					2.70	10108015 42200	Operating Supplies			
					146.00	10108015 42200	Operating Supplies			
					299.00	10108012 43200	Comms And Transportation			
					598.00	10108012 43200	Comms And Transportation			
					249.00	10108012 43200	Comms And Transportation			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				375.00	10108012 43200			Comms And Transportation	
				2,160.79	10108015 43200			Comms And Transportation	
				-21.53	10108011 43200			Comms And Transportation	
				258.73	10108011 43200			Comms And Transportation	
				125.00	10108011 43100			Professional Services	
				786.00	10108011 43200			Comms And Transportation	
				13.00	10108011 43200			Comms And Transportation	
				100.10	10108011 42200			Operating Supplies	
				55.78	10108011 42200			Operating Supplies	
				237.20	10108011 43200			Comms And Transportation	
				37.23	10108011 42200			Operating Supplies	
				3,960.00	10108015 42200			Operating Supplies	
				75.00	10108011 43100			Professional Services	
				297.43	10108015 43100			Professional Services	
				297.43	10108015 43100			Professional Services	
				150.00	10108011 43100			Professional Services	
				324.00	10108011 43100			Professional Services	
				402.40	10108011 43100			Professional Services	
				142.16	10108013 43100			Professional Services	
				1,500.00	10108011 43100			Professional Services	
				1.00	10108015 43200			Comms And Transportation	
				1.00	10108015 43200			Comms And Transportation	
				40.00	10108015 43200			Comms And Transportation	
				40.00	10108015 43200			Comms And Transportation	
				46.00	10108015 42200			Operating Supplies	
				74.75	10108015 42200			Operating Supplies	
				48.25	10108015 42200			Operating Supplies	
				28.75	10108015 42200			Operating Supplies	
				130.00	10108015 42200			Operating Supplies	
				250.00	10108011 43100			Professional Services	
				260.47	10108013 43100			Professional Services	
				50.00	10108015 43200			Comms And Transportation	
				444.47	10108015 42200			Operating Supplies	
				396.55	10108015 42200			Operating Supplies	
				59.68	10108015 42200			Operating Supplies	
				187.20	10108011 43200			Comms And Transportation	
				50.00	10108011 43200			Comms And Transportation	
				116.09	10108015 42200			Operating Supplies	
				187.20	10108011 43200			Comms And Transportation	
				187.20	10108011 43200			Comms And Transportation	
				125.00	10108011 43100			Professional Services	
				115.87	10108012 43100			Professional Services	
				1,564.74	10108012 42200			Operating Supplies	
				2,550.00	10108011 43100			Professional Services	
				726.00	10108013 43100			Professional Services	
				100.00	10108013 43100			Professional Services	
				-25.00	10108011 43100			Professional Services	
				334.75	10108013 43200			Comms And Transportation	
				334.75	10108013 43200			Comms And Transportation	
				10,637.00	10108013 43100			Professional Services	
				60.49	10108013 43200			Comms And Transportation	
				60.49	10108013 43200			Comms And Transportation	

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					54.31	10108013 43200	Comms And Transportation			
					54.31	10108013 43200	Comms And Transportation			
					9.05	10108013 43200	Comms And Transportation			
					54.31	10108013 43200	Comms And Transportation			
					60.49	10108013 43200	Comms And Transportation			
					400.00	10108013 43100	Professional Services			
					-194.78	10108012 43200	Comms And Transportation			
					-182.50	10108013 43200	Comms And Transportation			
					40.00	10108015 42200	Operating Supplies			
					350.00	10108011 43200	Comms And Transportation			
					187.20	10108011 43200	Comms And Transportation			
					125.00	10108011 43100	Professional Services			
					106.30	10108012 42200	Operating Supplies			
					116.16	10108012 42200	Operating Supplies			
					88.16	10108013 42200	Operating Supplies			
					5.40	10108015 43100	Professional Services			
					146.00	10108015 42200	Operating Supplies			
					181.87	10108015 42200	Operating Supplies			
					1,082.78	10108012 42200	Operating Supplies			
					15.00	10108011 42200	Operating Supplies			
					150.49	10108012 42200	Operating Supplies			
					225.20	10108012 42200	Operating Supplies			
					127.50	10108012 42200	Operating Supplies			
					208.00	10108015 42200	Operating Supplies			
					504.90	10108012 42200	Operating Supplies			
							CHECK	76026 TOTAL:		56,279.05
76027	02/19/2025	MANL	2452	Regions Bank	101957	125CC-DPW	01/31/2025	22401191	125CC	40.00
					40.00	62609014 43200	Comms And Transportation			
							CHECK	76027 TOTAL:		40.00
76028	02/19/2025	MANL	2452	Regions Bank	101958	125CC-DPW	01/31/2025	22401410	125CC	3,510.59
					3,510.59	60609014 43500	Utility Services			
							CHECK	76028 TOTAL:		3,510.59
76029	02/19/2025	MANL	2452	Regions Bank	101959	125CC-DPW	01/31/2025		125CC	32,726.29
					176.55	10106192 42200	Operating Supplies			
					1,508.64	10106192 42200	Operating Supplies			
					2,399.98	10106192 42200	Operating Supplies			
					1,199.99	10106192 42200	Operating Supplies			
					380.00	10106192 42200	Operating Supplies			
					212.26	10109012 43100	Professional Services			
					6,905.28	10109012 43100	Professional Services			
					135.93	10109012 43100	Professional Services			
					135.93	10109012 43100	Professional Services			
					170.95	10109012 43100	Professional Services			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					170.95	10109012 43100	Professional Services			
					4,594.09	10109012 43100	Professional Services			
					2,688.83	10109012 43100	Professional Services			
					322.31	10109012 43100	Professional Services			
					245.96	10109012 43100	Professional Services			
					155.06	10109012 43100	Professional Services			
					1,087.50	10109013 43100	Professional Services			
					339.11	10106192 42200	Operating Supplies			
					549.00	10109012 43200	Comms And Transportation			
					200.00	10109013 43100	Professional Services			
					1,177.12	10109012 43100	Professional Services			
					245.12	10109012 43100	Professional Services			
					6,905.28	10109012 43100	Professional Services			
					31.40	10106192 42200	Operating Supplies			
					54.96	10109012 43100	Professional Services			
					131.32	10109012 43100	Professional Services			
					12.31	10106192 42200	Operating Supplies			
					45.20	10106192 42200	Operating Supplies			
					-31.40	10106192 42200	Operating Supplies			
					42.96	10106192 42200	Operating Supplies			
					533.70	60609014 42200	Operating Supplies			
							CHECK	76029 TOTAL:		32,726.29
76030	02/19/2025	MANL	2452	Regions Bank	101953	125CC-Admin	01/31/2025	125CC		28,662.43
					110.00	10101015 43100	Professional Services			
					16.34	10101011 42200	Operating Supplies			
					65.35	10101011 42200	Operating Supplies			
					43.42	10101011 42200	Operating Supplies			
					125.00	10101017 43100	Professional Services			
					25.82	10101017 42200	Operating Supplies			
					32.61	10101017 43100	Professional Services			
					50.00	10101017 43100	Professional Services			
					49.95	10101017 42200	Operating Supplies			
					-32.61	10101017 42200	Operating Supplies			
					32.61	10101017 42200	Operating Supplies			
					-9,000.00	10101017 42200	Operating Supplies			
					106.99	10101017 42200	Operating Supplies			
					110.00	10101017 43100	Professional Services			
					-110.00	10101017 43100	Professional Services			
					175.27	10101017 42200	Operating Supplies			
					50.00	10101017 43100	Professional Services			
					75.02	10101017 42200	Operating Supplies			
					97.91	10101011 42200	Operating Supplies			
					19.54	10107010 42200	Operating Supplies			
					29.49	10101011 42200	Operating Supplies			
					80.22	10107010 42200	Operating Supplies			
					1,378.56	10101011 43100	Professional Services			
					1,049.12	10101011 43100	Professional Services			
					3.10	10101011 43100	Professional Services			
					30.00	10101011 43100	Professional Services			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				39.75	10101011	43100	Professional Services		
				30.00	10101011	43100	Professional Services		
				45.95	10101011	43100	Professional Services		
				348.96	10101011	43100	Professional Services		
				28.00	10101011	43100	Professional Services		
				38.99	10101011	43100	Professional Services		
				44.95	10101011	42200	Operating Supplies		
				75.56	10101011	42200	Operating Supplies		
				50.92	10101011	42200	Operating Supplies		
				10,921.68	10101016	43202	Postage		
				20.00	10101011	42200	Operating Supplies		
				52.45	10101011	42200	Operating Supplies		
				67.61	10101011	42200	Operating Supplies		
				60.92	10101011	42200	Operating Supplies		
				65.86	10101011	42200	Operating Supplies		
				69.50	10101011	42200	Operating Supplies		
				1,882.20	10101011	43100	Professional Services		
				677.40	10101011	43200	Comms And Transportation		
				485.69	10101011	43200	Comms And Transportation		
				65.58	10101011	42200	Operating Supplies		
				28.00	10101011	43100	Professional Services		
				38.99	10101011	43100	Professional Services		
				484.44	10101011	43100	Professional Services		
				171.98	10101011	43100	Professional Services		
				32.40	10101011	43100	Professional Services		
				951.60	10101011	43100	Professional Services		
				1,573.80	10101011	43100	Professional Services		
				694.18	10101011	43100	Professional Services		
				886.94	10101011	43100	Professional Services		
				800.01	10101011	43100	Professional Services		
				101.22	10101011	43100	Professional Services		
				39.99	10101011	42200	Operating Supplies		
				100.00	10101011	43200	Comms And Transportation		
				36.44	10101011	42200	Operating Supplies		
				1,143.68	10101011	43100	Professional Services		
				589.89	10101011	43100	Professional Services		
				234.70	21205058	43100	Professional Services		
				308.74	10101011	43100	Professional Services		
				59.10	10101011	42200	Operating Supplies		
				87.11	10101011	42200	Operating Supplies		
				734.40	10101011	43100	Professional Services		
				87.68	10101011	42200	Operating Supplies		
				897.88	10101011	43100	Professional Services		
				92.44	10101011	42200	Operating Supplies		
				50.89	10101011	42200	Operating Supplies		
				1,320.00	10101011	43100	Professional Services		
				4.00	10101011	43100	Professional Services		
				19.91	10101011	42200	Operating Supplies		
				9.99	10101016	42200	Operating Supplies		
				45.89	10101016	42200	Operating Supplies		
				66.84	10101016	42200	Operating Supplies		
				277.39	10101016	42200	Operating Supplies		

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					383.69	10101016 42200	Operating Supplies			
					25.00	10101016 42200	Operating Supplies			
					9.32	10101016 42200	Operating Supplies			
					113.50	10101016 42200	Operating Supplies			
					34.33	10101016 42200	Operating Supplies			
					12.26	10101016 42200	Operating Supplies			
					705.45	10101016 42200	Operating Supplies			
					179.88	10101016 43100	Professional Services			
					107.22	10101016 42200	Operating Supplies			
					35.00	10101016 43100	Professional Services			
					73.84	10101016 42200	Operating Supplies			
					-84.10	10101016 42200	Operating Supplies			
					93.30	10101016 42200	Operating Supplies			
					97.58	10101016 42200	Operating Supplies			
					-97.58	10101016 42200	Operating Supplies			
					50.00	10101016 43100	Professional Services			
					80.17	10101016 42200	Operating Supplies			
					1,920.00	10101016 43100	Professional Services			
					20.00	10101016 43100	Professional Services			
					20.86	10101016 42200	Operating Supplies			
					152.85	10101016 42200	Operating Supplies			
					9.99	10101016 43100	Professional Services			
					74.88	10101016 42200	Operating Supplies			
					22.00	10101016 43100	Professional Services			
					7.00	10101016 43100	Professional Services			
					2.00	10101016 43100	Professional Services			
					99.00	10101016 43100	Professional Services			
					68.00	10101016 43100	Professional Services			
					84.00	10101016 43100	Professional Services			
					20.00	10101016 43100	Professional Services			
					878.33	10101016 43100	Professional Services			
					24.63	10101016 42200	Operating Supplies			
					919.00	10101016 43100	Professional Services			
					119.00	10101016 42200	Operating Supplies			
					246.20	10101016 42200	Operating Supplies			
					487.47					
						E 11624002 .PR .	.			
						27051016 42200	Operating Supplies			
					12.16					
						E 11624002 .PR .	.			
						27051016 42200	Operating Supplies			
								CHECK	76030 TOTAL:	28,662.43
76031	02/19/2025	MANL	2452	Regions Bank	101962	125CC-Fire	01/31/2025	22401173	125CC	942.72
					60.00	10105011 42200	Operating Supplies			
					21.00	10105011 42200	Operating Supplies			
					53.22	10105011 42200	Operating Supplies			
					60.00	10105011 42200	Operating Supplies			
					104.82	10105011 42200	Operating Supplies			
					105.00	10105011 42200	Operating Supplies			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					90.00	10105011 42200	Operating Supplies			
					62.77	10105011 42200	Operating Supplies			
					27.00	10105011 42200	Operating Supplies			
					135.00	10105011 42200	Operating Supplies			
					44.46	10105011 42200	Operating Supplies			
					90.00	10105011 42200	Operating Supplies			
					8.00	10105011 42200	Operating Supplies			
					81.45	10105011 42200	Operating Supplies			
								CHECK	76031 TOTAL:	942.72
76032	02/19/2025	MANL	2452	Regions Bank	101963	125CC-Fire	01/31/2025	125CC		14,127.12
					74.85	10105013 43100	Professional Services			
					374.67	10105013 42200	Operating Supplies			
					448.10	10105013 42200	Operating Supplies			
					635.22	10105013 43200	Comms And Transportation			
					3,000.00	10105013 43200	Comms And Transportation			
					250.00	10105011 43100	Professional Services			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					69.00	10105012 43200	Comms And Transportation			
					15.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					104.00	10105012 43200	Comms And Transportation			
					15.00	10105011 42200	Operating Supplies			
					13.74	10105011 42200	Operating Supplies			
					15.00	10105011 42200	Operating Supplies			
					28.32	10105011 42200	Operating Supplies			
					73.03	10105011 42200	Operating Supplies			
					70.70	10105011 42200	Operating Supplies			
					61.29	10105011 42200	Operating Supplies			
					73.52	10105011 42200	Operating Supplies			
					72.57	10105011 42200	Operating Supplies			
					74.71	10105011 42200	Operating Supplies			
					68.07	10105011 42200	Operating Supplies			
					74.12	10105011 42200	Operating Supplies			
					75.00	10105011 42200	Operating Supplies			
					73.41	10105011 42200	Operating Supplies			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				32.57	10105011 42200	Operating Supplies			
				21.25	10105011 42200	Operating Supplies			
				61.81	10105011 42200	Operating Supplies			
				72.92	10105011 42200	Operating Supplies			
				44.65	10105011 42200	Operating Supplies			
				75.00	10105011 42200	Operating Supplies			
				74.60	10105011 42200	Operating Supplies			
				68.91	10105011 42200	Operating Supplies			
				8.45	10105011 42200	Operating Supplies			
				6.63	10105011 42200	Operating Supplies			
				30.00	10105011 42200	Operating Supplies			
				9.04	10105011 42200	Operating Supplies			
				74.61	10105011 42200	Operating Supplies			
				24.01	10105011 42200	Operating Supplies			
				24.45	10105011 42200	Operating Supplies			
				25.08	10105011 42200	Operating Supplies			
				75.00	10105011 42200	Operating Supplies			
				72.59	10105011 42200	Operating Supplies			
				73.36	10105011 42200	Operating Supplies			
				69.26	10105011 42200	Operating Supplies			
				35.56	10105011 42200	Operating Supplies			
				-10.00	10105011 43100	Professional Services			
				-1.00	10105011 43100	Professional Services			
				-2,000.00	10105011 43100	Professional Services			
				-2,100.00	10105011 43100	Professional Services			
				-1.00	10105011 43100	Professional Services			
				1.00	10105011 43100	Professional Services			
				2,100.00	10105011 43100	Professional Services			
				753.13	10105016 42200	Operating Supplies			
				90.00	10105016 43200	Comms And Transportation			
				16.97	10105016 42200	Operating Supplies			
				32.00	10105016 43100	Professional Services			
				305.13	10105016 43200	Comms And Transportation			
				16.50	10105016 43200	Comms And Transportation			
				71.97	10105016 42200	Operating Supplies			
				300.00	10105011 42200	Operating Supplies			
				29.99	10105011 43200	Comms And Transportation			
				225.00	10105011 42200	Operating Supplies			
				358.00	10105011 42200	Operating Supplies			
				530.51	10105011 42200	Operating Supplies			
				95.00	10105011 42200	Operating Supplies			
				12.00	10105011 43200	Comms And Transportation			
				19.99	10105011 43200	Comms And Transportation			
				12.94	10105011 42200	Operating Supplies			
				73.16	10105011 42200	Operating Supplies			
				11.17	10105011 42200	Operating Supplies			
				35.99	10105011 43100	Professional Services			
				12.00	10105011 43200	Comms And Transportation			
				91.21	10105011 42200	Operating Supplies			
				297.53	10105011 42200	Operating Supplies			
				74.58	10105011 42200	Operating Supplies			
				72.00	10105014 42200	Operating Supplies			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					750.00	10105014 43200	Comms And Transportation			
					750.00	10105014 43200	Comms And Transportation			
					900.00	10105014 43200	Comms And Transportation			
					750.00	10105014 43200	Comms And Transportation			
					750.00	10105014 43200	Comms And Transportation			
					-83.18	10105013 42200	Operating Supplies			
					65.94	10105013 42200	Operating Supplies			
					171.72	10105013 42200	Operating Supplies			
					84.40	10105013 42200	Operating Supplies			
					74.94	10105013 42200	Operating Supplies			
					150.58	10105013 42200	Operating Supplies			
					56.96	10105013 42200	Operating Supplies			
					56.92	10105013 42200	Operating Supplies			
							CHECK	76032 TOTAL:		14,127.12
76033	02/19/2025	MANL	2452	Regions Bank	101968	125CC-Recreation	01/31/2025	125CC		14,591.06
					350.00	10107010 43100	Professional Services			
					800.00	10107010 43100	Professional Services			
					-19.99	10107010 42200	Operating Supplies			
					37.29	10107010 42200	Operating Supplies			
					35.00	10107010 43100	Professional Services			
					396.62	10107010 43100	Professional Services			
					49.87	10107010 42200	Operating Supplies			
					120.59	10107010 42200	Operating Supplies			
					303.23	10107010 43100	Professional Services			
					40.22	10107010 42200	Operating Supplies			
					19.99	10107010 42200	Operating Supplies			
					114.55	10107010 42200	Operating Supplies			
					105.93	10107010 43100	Professional Services			
					141.90	10107010 42200	Operating Supplies			
					44.99	10107010 42200	Operating Supplies			
					10.22	10107010 42200	Operating Supplies			
					280.25	10107010 42200	Operating Supplies			
					91.72	10107010 42200	Operating Supplies			
					127.07	10107010 42200	Operating Supplies			
					120.27	10107010 42200	Operating Supplies			
					15.92	10107010 42200	Operating Supplies			
					66.18	10107010 42200	Operating Supplies			
					70.00	10107010 43100	Professional Services			
					209.68	10107010 43100	Professional Services			
					244.79	10107010 42200	Operating Supplies			
					374.36	10107010 42200	Operating Supplies			
					-325.00	10107010 43100	Professional Services			
					351.00	10107010 43100	Professional Services			
					50.00	10107010 43100	Professional Services			
					25.00	10107010 43100	Professional Services			
					57.77	10107010 43100	Professional Services			
					70.53	10107010 42200	Operating Supplies			
					150.00	10107010 43100	Professional Services			
					96.78	10107010 42200	Operating Supplies			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					36.85	10107010 42200	Operating Supplies			
					19.99	10107010 43100	Professional Services			
					28.11	10107010 42200	Operating Supplies			
					1,116.05	10107010 42200	Operating Supplies			
					65.24	10107010 42200	Operating Supplies			
					431.55	10107010 42200	Operating Supplies			
					428.00	10107010 42200	Operating Supplies			
					5,000.00	10107010 42200	Operating Supplies			
					1,841.15	10107010 42200	Operating Supplies			
					58.84	10107010 42200	Operating Supplies			
					26.91	10107010 42200	Operating Supplies			
					39.64	10107010 42200	Operating Supplies			
					537.00	10107010 42200	Operating Supplies			
					335.00	10107010 43100	Professional Services			
								CHECK	76033 TOTAL:	14,591.06
76034	02/19/2025	MANL	2452	Regions Bank	101966	125CC-IT	01/31/2025	125CC		6,494.89
					144.00	10106050 43100	Professional Services			
					285.00	10106050 43100	Professional Services			
					941.92	10106050 43100	Professional Services			
					564.32	10106050 43100	Professional Services			
					9.95	10106050 43100	Professional Services			
					.10	10106050 43100	Professional Services			
					640.46	10106050 43100	Professional Services			
					19.99	10106050 43100	Professional Services			
					139.90	10106050 43100	Professional Services			
					284.85	10106050 43100	Professional Services			
					134.90	10106050 43100	Professional Services			
					399.43	10106050 43100	Professional Services			
					156.85	60606050 43100	Professional Services			
					134.90	10106050 43100	Professional Services			
					279.85	10106050 43100	Professional Services			
					154.90	10106050 43100	Professional Services			
					134.90	10106050 43100	Professional Services			
					252.00	10106050 43100	Professional Services			
					296.77	10106050 43100	Professional Services			
					134.90	10106050 43100	Professional Services			
					139.90	10106050 43100	Professional Services			
					209.85	10106050 43100	Professional Services			
					229.80	10106050 43100	Professional Services			
					148.85	10106050 43100	Professional Services			
					89.90	10106050 43100	Professional Services			
					279.85	10106050 43100	Professional Services			
					286.85	10106050 43100	Professional Services			
								CHECK	76034 TOTAL:	6,494.89

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
76035	02/19/2025	MANL	2452	Regions Bank	101954	125CC-BSG	01/31/2025	22401082	125CC	4,546.16
					282.32	10101012 43200	Comms And Transportation			
					456.36	10101012 43200	Comms And Transportation			
					899.00	10101012 43200	Comms And Transportation			
					17.99	10101012 43200	Comms And Transportation			
					1,194.72	10101012 43200	Comms And Transportation			
					282.32	10101012 43200	Comms And Transportation			
					899.00	10101012 43200	Comms And Transportation			
					514.45	10101012 43200	Comms And Transportation			
							CHECK	76035 TOTAL:		4,546.16
76036	02/19/2025	MANL	2452	Regions Bank	101955	125CC-BSG	01/31/2025		125CC	1,745.40
					11.90	10101012 42200	Operating Supplies			
					14.41	10101012 42200	Operating Supplies			
					37.94	10101012 42200	Operating Supplies			
					31.15	10101012 42200	Operating Supplies			
					1,650.00	10101012 43100	Professional Services			
							CHECK	76036 TOTAL:		1,745.40
76037	02/19/2025	MANL	2452	Regions Bank	101965	125CC-HealthDept	01/31/2025		125CC	5,952.03
					95.00	E 51222001 .Train .	.			
						27055058 43200	Comms And Transportation			
					306.00	21105058 43100	Professional Services			
					115.00	21105058 43200	Comms And Transportation			
					18.31	21205058 42200	Operating Supplies			
					323.46	21105058 42200	Operating Supplies			
					-21.16	21105058 42200	Operating Supplies			
					145.00	21105058 43200	Comms And Transportation			
					274.99	21105058 42200	Operating Supplies			
					-17.99	21205058 42200	Operating Supplies			
					12.95	21105058 43100	Professional Services			
					42.00	21205058 42200	Operating Supplies			
					6.29	21205058 42200	Operating Supplies			
					276.90	21105058 43300	Printing And Advertising			
					1,600.00	21205058 43100	Professional Services			
					29.00	21105058 43200	Comms And Transportation			
					25.00	21205058 43100	Professional Services			
					19.99	21205058 43100	Professional Services			
					143.50	21105058 43200	Comms And Transportation			
					602.50	21105058 43200	Comms And Transportation			
					25.00	21205058 43100	Professional Services			
					36.62	21205058 42200	Operating Supplies			
					76.80	21205058 42200	Operating Supplies			
					12.95	21205058 43100	Professional Services			
					9.62	21205058 42200	Operating Supplies			
					18.71	21205058 42200	Operating Supplies			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					40.00	10103011 43100	Professional Services			
					300.00	10103011 43200	Comms And Transportation			
					300.00	10103011 43200	Comms And Transportation			
					300.00	10103011 43200	Comms And Transportation			
					103.00	10103011 43100	Professional Services			
					300.00	10103011 43200	Comms And Transportation			
					81.00	10103011 43200	Comms And Transportation			
					170.67	10103011 42200	Operating Supplies			
					69.05	10103011 42200	Operating Supplies			
					39.81	10103011 42200	Operating Supplies			
					72.06	10103011 42200	Operating Supplies			
							CHECK	76037 TOTAL:		5,952.03
76038	02/19/2025	MANL	2452	Regions Bank	101970	125CC-Controller	01/31/2025	125CC		2,719.47
					92.00	10101013 43100	Professional Services			
					24.75	60601013 43100	Professional Services			
					74.25	10101013 43100	Professional Services			
					632.12	60601013 43100	Professional Services			
					1,896.35	10101013 43100	Professional Services			
							CHECK	76038 TOTAL:		2,719.47
76039	02/19/2025	MANL	2452	Regions Bank	101972	125CC-Controller	01/31/2025	22301417 125CC		1,004.25
					638.98	60601013 43200	Comms And Transportation			
					365.27	62601013 43200	Comms And Transportation			
							CHECK	76039 TOTAL:		1,004.25
76040	02/19/2025	MANL	2452	Regions Bank	101960	125CC-Engineering	01/31/2025	22401284 125CC		574.34
					12.32	20104010 43100	Professional Services			
					562.02	20104010 43100	Professional Services			
							CHECK	76040 TOTAL:		574.34
76041	02/19/2025	MANL	2452	Regions Bank	101961	125CC-Engineering	01/31/2025	125CC		1,024.70
					62.25	20104010 42200	Operating Supplies			
					62.24	60604010 42200	Operating Supplies			
					25.00	60604010 43100	Professional Services			
					25.00	62604010 43100	Professional Services			
					137.50	60604010 43200	Comms And Transportation			
					137.50	62604010 43200	Comms And Transportation			
					137.50	60604010 43200	Comms And Transportation			
					137.50	62604010 43200	Comms And Transportation			
					25.00	60604010 43100	Professional Services			
					25.00	62604010 43100	Professional Services			
					25.00	60604010 43100	Professional Services			
					25.00	62604010 43100	Professional Services			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
					25.00	60604010 43100	Professional Services			
					25.00	62604010 43100	Professional Services			
					75.11	20104010 42200	Operating Supplies			
					75.10	60604010 42200	Operating Supplies			
							CHECK	76041 TOTAL:		1,024.70
76042	02/19/2025	MANL	2452	Regions Bank	101969	125CC-Planning	01/31/2025	125CC		1,094.44
					76.03	10103012 42200	Operating Supplies			
					29.50	10103012 42200	Operating Supplies			
					350.00	10103012 43200	Comms And Transportation			
					38.00	10103012 42200	Operating Supplies			
					25.92	10103012 43300	Printing And Advertising			
					25.92	10103012 43300	Printing And Advertising			
					25.92	10103012 43300	Printing And Advertising			
					15.40	10103012 43300	Printing And Advertising			
					14.37	10103012 43300	Printing And Advertising			
					14.00	10103012 42200	Operating Supplies			
					15.79	10103012 42200	Operating Supplies			
					331.49	10103012 43100	Professional Services			
					77.70	10103012 43300	Printing And Advertising			
					25.92	10103012 43300	Printing And Advertising			
					28.48	10103012 43300	Printing And Advertising			
							CHECK	76042 TOTAL:		1,094.44
76043	02/19/2025	MANL	2452	Regions Bank	101964	125CC-Fleet	01/31/2025	125CC		895.26
					77.89	10106010 42200	Operating Supplies			
					64.47	10106010 42200	Operating Supplies			
					10.00	10106010 43100	Professional Services			
					104.14	10106010 42200	Operating Supplies			
					20.04	10106010 42221	Fuel			
					15.00	20106010 43100	Professional Services			
					150.00	10106010 43100	Professional Services			
					15.00	20106010 43100	Professional Services			
					72.20	20106010 42200	Operating Supplies			
					100.81	20106010 42200	Operating Supplies			
					54.74	10106010 42200	Operating Supplies			
					210.97	10106010 42200	Operating Supplies			
							CHECK	76043 TOTAL:		895.26
76044	02/19/2025	MANL	2452	Regions Bank	101956	125CC-Clerk	01/31/2025	125CC		380.29
					39.05	10102010 43100	Professional Services			
					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			

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CASH ACCOUNT: 99900000 10100 APCash

CHECK NO	CHK DATE	TYPE	VENDOR NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
				39.05	10102010 43100	Professional Services			
				39.05	10102010 43100	Professional Services			
				39.05	10102010 43100	Professional Services			
				39.05	10102010 43100	Professional Services			
							CHECK	76044 TOTAL:	380.29
					NUMBER OF CHECKS 19		*** CASH ACCOUNT TOTAL ***		177,310.49

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	19	177,310.49

*** GRAND TOTAL *** 177,310.49

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CASH ACCOUNT: 99900000 10102 FIB Payroll Account

CHECK NO	CHK DATE	TYPE	VENDOR	NAME	VOUCHER	INVOICE	INV DATE	PO	WARRANT	NET
13125	02/21/2025	MANL	231	Metropolitan Life In	102248	01312025ML	01/31/2025			41,913.51
					41,913.51	80600000 29008	Elective Benefits			
								CHECK	13125 TOTAL:	41,913.51
						NUMBER OF CHECKS 1		***	CASH ACCOUNT TOTAL ***	41,913.51

	COUNT	AMOUNT
TOTAL MANUAL CHECKS	1	41,913.51

*** GRAND TOTAL *** 41,913.51

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525H 02/21/2025
DUE DATE: 02/21/2025

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	03/16/2025	EHS-001911		95633	102039	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 70400000 43100		EHF	PROSERVICE		39,515.72				
							39,515.72			
						CHECK TOTAL	**39,515.72**			
3097	Southeastern Indiana	0000		EFT	02/11/2025	HOD021125		95330	101720	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 70400000 43100		EHF	PROSERVICE		75.00				
							75.00			
3097	Southeastern Indiana	0000		EFT	03/01/2025	0000058347		95683	102090	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 70400000 43100		EHF	PROSERVICE		841,095.61				
							841,095.61			
						CHECK TOTAL	**841,170.61**			
3	**INVOICES**					**WARRANT TOTAL**	**880,686.33**	**880,686.33**		
						CASH ACCOUNT BALANCE		**-6,378,807.81**		

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
283	3M Company	0000	22500038	EFT	02/08/2025	9432158923		94844	101173	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20206191 42200		LRSICSRTS OPERSUP				2,115.89			
							2,115.89			
283	3M Company	0000	22500038	EFT	02/19/2025	9432308599		94846	101175	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20206191 42200		LRSICSRTS OPERSUP				760.85			
							760.85			
283	3M Company	0000		EFT	03/07/2025	9432556017		95705	102112	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				563.85			
							563.85			
						CHECK TOTAL	**3,440.59**			
68	A&F Engineering Co LL	0000		EFT	11/04/2024	18530		94949	101285	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 44391011 43100		ECNDEVMY PROSERVICE				2,234.75			
							2,234.75			
						CHECK TOTAL	**2,234.75**			
316	AAA Exterminating Inc	0000		EFT	02/23/2025	672557		94714	101039	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				55.00			
							55.00			
316	AAA Exterminating Inc	0000		EFT	02/23/2025	672546		94715	101040	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				50.00			
							50.00			
316	AAA Exterminating Inc	0000		EFT	02/23/2025	672549		94716	101041	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				35.00			
							35.00			
316	AAA Exterminating Inc	0000		EFT	02/23/2025	672532		94717	101042	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				70.00			
							70.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc	0000	22500087	EFT	02/22/2025	672389		94854	101187	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
316	AAA Exterminating Inc	0000	22500087	EFT	02/21/2025	672306		94855	101188	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	02/23/2025	672537		94860	101194	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	02/23/2025	672574		94861	101195	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
316	AAA Exterminating Inc	0000	22500087	EFT	02/28/2025	672881		94863	101197	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			185.00			
							185.00			
316	AAA Exterminating Inc	0000		EFT	02/24/2025	672590		95071	101411	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 43100		MNCPLHDFND	PROSERVICE			52.50			
	2 21205058 43100		CHD	PROSERVICE			52.50			
							105.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673892		95414	101809	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			55.00			
							55.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673900		95415	101811	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673920		95469	101867	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673929		95470	101868	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673954		95472	101870	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673967		95474	101872	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			80.00			
							80.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673970		95475	101873	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			240.00			
							240.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673978		95477	101875	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			225.00			
							225.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/13/2025	673984		95480	101878	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			60.00			
							60.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/07/2025	673427		95487	101886	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
316	AAA Exterminating Inc	0000	22500087	EFT	03/15/2025	674182		95672	102078	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			40.00			
							40.00			
316	AAA Exterminating Inc	0000		EFT	03/14/2025	674005		95815	102232	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			40.00			
							40.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
316	AAA Exterminating Inc	0000		EFT	03/14/2025	673997		95816	102233	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
316	AAA Exterminating Inc	0000		EFT	03/21/2025	674636		95817	102234	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			15.00			
							15.00			
316	AAA Exterminating Inc	0000		EFT	03/21/2025	674584		95818	102235	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			55.00			
							55.00			
316	AAA Exterminating Inc	0000		EFT	03/21/2025	674583		95819	102236	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			45.00			
							45.00			
						CHECK TOTAL	**1,895.00**			
4467	Accurate Cutting Tech	0000	22500062	EFT	03/15/2025	70819		95678	102085	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			106.00			
							106.00			
						CHECK TOTAL	**106.00**			
5101	Adrienne Maynard	0000		EFT	03/12/2025	2506		95334	101724	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			300.00			
							300.00			
						CHECK TOTAL	**300.00**			
179	Advanced Turf Solutio	0000	22500104	EFT	02/22/2025	SO1248268		94948	101284	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20206191 42200		LRSICSRTS	OPERSUP			6,639.00			
							6,639.00			
						CHECK TOTAL	**6,639.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
124	Airgas, Inc.	0000		EFT	02/13/2025	9157358945		95046	101386	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43100		GenEMS	PROSERVICE		41.10				
							41.10			
124	Airgas, Inc.	0000		EFT	03/12/2025	9158196537		95687	102094	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43100		GenEMS	PROSERVICE		64.33				
							64.33			
						CHECK TOTAL	**105.43**			
1398	Alison E Root	0000		EFT	03/01/2025	2012025		95164	101539	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10107010 43100		GenParks	PROSERVICE		540.00				
							540.00			
						CHECK TOTAL	**540.00**			
2603	Almost Home Kennel LL	0000		EFT	01/23/2025	36238		94697	101021	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 43100		GenPatrol	PROSERVICE		111.00				
							111.00			
						CHECK TOTAL	**111.00**			
90	Amazon Web Services L	0000	22401202	EFT	02/27/2025	2026506201		94921	101246	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		2,804.60				
	2 60606050 43100		SewIT	PROSERVICE		2,804.60				
	3 62606050 43100		SWIT	PROSERVICE		233.72				
							5,842.92			
90	Amazon Web Services L	0000	22401202	EFT	03/03/2025	2028406781		94923	101258	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		4,409.58				
	2 60606050 43100		SewIT	PROSERVICE		4,409.60				
	3 62606050 43100		SWIT	PROSERVICE		367.47				
							9,186.65			
						CHECK TOTAL	**15,029.57**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/22/2025	17W7-TCHC-6L9Q		94681	101004	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			1,664.10			
							1,664.10			
808	Amazon.com LLC	0000		EFT	02/21/2025	1CXG-HFC4-XDD1		94684	101008	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			29.25			
							29.25			
808	Amazon.com LLC	0000		EFT	02/16/2025	1VWD-1FFM-NNWT		94685	101009	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 42200		GenMayorOf	OPERSUP			37.32			
							37.32			
808	Amazon.com LLC	0000		EFT	02/16/2025	1Q71-99NC-MP9K		94686	101010	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 42200		GenMayorOf	OPERSUP			26.66			
							26.66			
808	Amazon.com LLC	0000		EFT	02/16/2025	1J1W-JRWT-P7MP		94687	101011	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			54.97			
							54.97			
808	Amazon.com LLC	0000		EFT	02/20/2025	1CWF-JLK1-QL6W		94695	101019	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 42200		GenPDAdmin	OPERSUP			169.26			
	2 10108012 42200		GenPatrol	OPERSUP			238.49			
	3 10108013 42200		GenInvstgt	OPERSUP			370.28			
	4 10108015 42200		GenPDSpprt	OPERSUP			32.49			
							810.52			
808	Amazon.com LLC	0000		EFT	02/22/2025	1JN6-NHQW-CG36		94696	101020	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			17.89			
	2 10108013 42200		GenInvstgt	OPERSUP			50.30			
							68.19			
808	Amazon.com LLC	0000		EFT	02/23/2025	1WPP-H61J-KJHF		94711	101032	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			35.99			
	2 10108012 42200		GenPatrol	OPERSUP			659.95			
							695.94			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

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	1FDV-XNKF-Q4XY		94731	101057	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		89.17				
							89.17			
808	Amazon.com LLC	0000		EFT	02/26/2025	1NNK-VRMV-1D1T		94732	101058	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108013 42200		GenInvstgt	OPERSUP		158.00				
							158.00			
808	Amazon.com LLC	0000		EFT	02/08/2025	1N7P-TL3Y-KRYH		94735	101061	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		52.24				
							52.24			
808	Amazon.com LLC	0000		EFT	01/22/2025	14DK-RP4Y-7CX3		94737	101063	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		9.95				
							9.95			
808	Amazon.com LLC	0000		EFT	01/22/2025	1NJH-7FWC-3Y7Y		94738	101064	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		297.43				
							297.43			
808	Amazon.com LLC	0000		EFT	02/26/2025	1TKD-9RKX-6PH1		94741	101067	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108013 42200		GenInvstgt	OPERSUP		178.66				
							178.66			
808	Amazon.com LLC	0000		EFT	02/25/2025	17NW-CXJK-VMMF		94742	101068	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		-384.89				
							-384.89			
808	Amazon.com LLC	0000		EFT	02/28/2025	1QMM-RQ79-7YM9		94749	101076	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		167.99				
	2 10108013 42200		GenInvstgt	OPERSUP		29.99				
							197.98			
808	Amazon.com LLC	0000		EFT	02/28/2025	1LNF-VXTX-39CW		94751	101078	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10103012 42200		GenPZ	OPERSUP		9.99				
							9.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/22/2025	1XYM-J6N9-HFPJ		94752	101079	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			27.95			
							27.95			
808	Amazon.com LLC	0000		EFT	02/28/2025	1F9R-Y3PN-36DQ		94786	101113	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			181.94			
	2 62609014 42200		SWPWWater	OPERSUP			181.94			
							363.88			
808	Amazon.com LLC	0000		EFT	02/26/2025	14XM-L3FJ-4FHV		94795	101122	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFNO	PERSUP			21.97			
							21.97			
808	Amazon.com LLC	0000		EFT	02/21/2025	1CW3-PCHX-1CDQ		94806	101133	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFNO	PERSUP			160.58			
							160.58			
808	Amazon.com LLC	0000		EFT	02/22/2025	1TT7-MKHX-9L9M		94809	101137	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055058 42200		GRTSHD	OPERSUP			850.90			
							850.90			
808	Amazon.com LLC	0000		EFT	02/27/2025	1M99-L44J-FR96		94815	101143	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			402.74			
							402.74			
808	Amazon.com LLC	0000		EFT	02/21/2025	1RLJ-R7PY-YGXH		94817	101145	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			19.78			
							19.78			
808	Amazon.com LLC	0000		EFT	02/26/2025	1XMX-3Y4T-37GY		94819	101147	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			19.98			
							19.98			
808	Amazon.com LLC	0000		EFT	03/01/2025	1MTD-LHF6-1DW4		94820	101148	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055058 42200		GRTSHD	OPERSUP			1,210.72			
							1,210.72			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	02/26/2025	19PJ-GPKQ-37R1		94821	101149	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			60.95			
							60.95			
808	Amazon.com LLC	0000		EFT	02/27/2025	1C4T-4C4L-HML6		94858	101191	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			218.28			
							218.28			
808	Amazon.com LLC	0000		EFT	02/23/2025	1QLV-F369-QTX3		94875	101209	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 42200		SewEng	OPERSUP			-26.99			
							-26.99			
808	Amazon.com LLC	0000		EFT	02/28/2025	1QVL-61DG-3CVT		94877	101211	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 42200		SewEng	OPERSUP			42.98			
							42.98			
808	Amazon.com LLC	0000		EFT	03/04/2025	1MTD-LHF6-Y44Y		94885	101220	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			22.99			
							22.99			
808	Amazon.com LLC	0000		EFT	12/19/2024	1L73-XYT4-7YM3		94953	101289	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			62.20			
							62.20			
808	Amazon.com LLC	0000		EFT	03/05/2025	1F4D-PFXC-9C6J		94958	101294	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			50.56			
	2 10108012 42200		GenPatrol	OPERSUP			400.90			
							451.46			
808	Amazon.com LLC	0000		EFT	03/05/2025	1DFH-QF94-3YFN		94962	101298	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			67.09			
							67.09			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000	22401203	EFT	02/19/2025	1QD7-34FN-9MPQ		94979	101317	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			21.99			
	2 60606050 42200		SewIT	OPERSUP			11.00			
	3 62606050 42200		SWIT	OPERSUP			10.99			
	4 21106050 42200		MHFIT	OPERSUP			211.78			
	5 10106050 42200		GenIT	OPERSUP			432.56			
	6 10106050 42200		GenIT	OPERSUP			43.90			
	7 10106050 42200		GenIT	OPERSUP			383.98			
	8 10106050 42200		GenIT	OPERSUP			64.62			
	9 60606050 42200		SewIT	OPERSUP			32.31			
	10 62606050 42200		SWIT	OPERSUP			32.30			
								1,245.43		
808	Amazon.com LLC	0000	22401203	EFT	03/05/2025	11KR-CDRK-13XJ		94980	101318	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			179.99			
	2 60606050 42200		SewIT	OPERSUP			0.00			
	3 62606050 42200		SWIT	OPERSUP			0.00			
								179.99		
808	Amazon.com LLC	0000		EFT	03/05/2025	1RNY-N4Y1-1Q7N		94999	101339	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			23.89			
	2 10108013 42200		GenInvstgt	OPERSUP			461.72			
								485.61		
808	Amazon.com LLC	0000		EFT	03/05/2025	1TWM-TTNK-33MD		95005	101345	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			47.94			
								47.94		
808	Amazon.com LLC	0000		EFT	03/03/2025	1LGG-Y99D-P99J		95006	101346	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			277.68			
								277.68		
808	Amazon.com LLC	0000		EFT	03/02/2025	11WR-G1M6-DJHK		95008	101348	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			24.99			
	2 10108015 42200		GenPDSpprt	OPERSUP			143.24			
								168.23		

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/02/2025	1QDQ-41XJ-FWJ3		95009	101349	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			5.99			
							5.99			
808	Amazon.com LLC	0000		EFT	03/02/2025	1DFR-JMVY-FKPM		95010	101350	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			41.94			
							41.94			
808	Amazon.com LLC	0000		EFT	03/01/2025	171D-DHY1-DQ7Y		95036	101376	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			73.08			
							73.08			
808	Amazon.com LLC	0000		EFT	03/06/2025	1JMQ-C6L1-CX69		95065	101405	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			34.52			
							34.52			
808	Amazon.com LLC	0000		EFT	02/26/2025	1CP7-FDRV-6N3X		95077	101418	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			444.88			
							444.88			
808	Amazon.com LLC	0000		EFT	03/01/2025	1JMR-P61H-1MY6		95079	101419	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			99.98			
							99.98			
808	Amazon.com LLC	0000		EFT	02/21/2025	1QP6-JFKV-QCQK		95080	101420	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			67.50			
							67.50			
808	Amazon.com LLC	0000		EFT	02/25/2025	1RMH-4TWR-VQWX		95082	101422	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			176.40			
							176.40			
808	Amazon.com LLC	0000		EFT	02/16/2025	1RRP-6414-QQHN		95083	101423	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105016 42200		GenExAff	OPERSUP			24.74			
							24.74			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/06/2025	1TGH-JNR3-9CL6		95084	101424	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			59.22			
							59.22			
808	Amazon.com LLC	0000		EFT	03/05/2025	1TQ9-RL37-6VFJ		95086	101426	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			59.97			
							59.97			
808	Amazon.com LLC	0000		EFT	03/05/2025	1XX1-GCKX-3NVV		95087	101427	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			71.98			
							71.98			
808	Amazon.com LLC	0000		EFT	02/22/2025	1Y6K-W4V4-1YVY		95089	101429	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			19.80			
							19.80			
808	Amazon.com LLC	0000		EFT	03/05/2025	13GF-DXFG-6WGJ		95090	101430	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			822.05			
							822.05			
808	Amazon.com LLC	0000		EFT	03/02/2025	14WM-9MHX-C6XD		95091	101431	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			169.27			
							169.27			
808	Amazon.com LLC	0000		EFT	03/02/2025	19FQ-9RP1-G1Y7		95092	101432	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			491.60			
							491.60			
808	Amazon.com LLC	0000		EFT	03/06/2025	16G3-HG9K-FYWL		95150	101525	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			308.43			
							308.43			
808	Amazon.com LLC	0000		EFT	03/07/2025	1W13-FQTF-1D4D		95182	101557	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			172.90			
							172.90			

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WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/07/2025	1YP7-76CM-M996		95189	101564	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				399.00			
							399.00			
808	Amazon.com LLC	0000		EFT	03/07/2025	1GN9-13M6-6NQH		95191	101566	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				16.00			
							16.00			
808	Amazon.com LLC	0000	22400621	EFT	03/07/2025	136J-9C4Y-3VXP		95193	101569	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62609014 42200		SWPWWater OPERSUP				104.48			
							104.48			
808	Amazon.com LLC	0000		EFT	02/21/2025	11CF-LKG1-V7NN		95247	101628	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103011 42200		GenPI OPERSUP				495.30			
							495.30			
808	Amazon.com LLC	0000		EFT	03/11/2025	1794-NLXQ-TRYM		95249	101630	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist OPERSUP				-9.89			
							-9.89			
808	Amazon.com LLC	0000		EFT	03/08/2025	1K96-MRNC-97KV		95250	101631	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist OPERSUP				22.99			
							22.99			
808	Amazon.com LLC	0000		EFT	03/09/2025	1NTT-7J1G-DQP6		95251	101632	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist OPERSUP				383.72			
							383.72			
808	Amazon.com LLC	0000		EFT	03/09/2025	17FY-P6LK-FHQL		95252	101633	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm OPERSUP				106.60			
							106.60			
808	Amazon.com LLC	0000		EFT	03/09/2025	161D-V619-DQGK		95253	101634	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm OPERSUP				46.99			
							46.99			

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WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/12/2025	1GY6-Q1J1-XRJN		95288	101674	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			63.83			
							63.83			
808	Amazon.com LLC	0000		EFT	03/12/2025	161D-V619-XKDM		95289	101675	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			35.99			
							35.99			
808	Amazon.com LLC	0000		EFT	03/12/2025	1HRM-W1C1-WT3K		95294	101680	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			45.50			
	2 10108012 42200		GenPatrol	OPERSUP			937.75			
							983.25			
808	Amazon.com LLC	0000		EFT	03/12/2025	161D-V619-WJ39		95295	101681	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			308.72			
	2 10108012 42200		GenPatrol	OPERSUP			13.70			
							322.42			
808	Amazon.com LLC	0000		EFT	03/09/2025	1C4D-RPTT-DL1L		95296	101682	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			39.99			
							39.99			
808	Amazon.com LLC	0000		EFT	03/12/2025	1NTT-7J1G-YHDV		95323	101713	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			7.99			
							7.99			
808	Amazon.com LLC	0000		EFT	03/13/2025	1X31-16T6-DVJT		95345	101735	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			437.70			
							437.70			
808	Amazon.com LLC	0000		EFT	03/14/2025	1C96-WDYP-CG7D		95409	101804	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			14.99			
							14.99			
808	Amazon.com LLC	0000		EFT	03/14/2025	1CNP-J3N3-3WFW		95411	101806	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			77.18			
							77.18			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/14/2025	13JL-DNQD-17JJ		95413	101808	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			7.99			
							7.99			
808	Amazon.com LLC	0000	22401203	EFT	03/05/2025	1H1X-P49G-XYGV		95573	101975	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			289.19			
	2 21106050 42200		MHFIT	OPERSUP			24.99			
	3 10106050 42200		GenIT	OPERSUP			129.00			
	4 10106050 42200		GenIT	OPERSUP			61.80			
	5 60606050 42200		SewIT	OPERSUP			4.00			
	6 62606050 42200		SWIT	OPERSUP			4.00			
	7 10106050 42200		GenIT	OPERSUP			203.97			
	8 10106050 42200		GenIT	OPERSUP			748.12			
	9 62606050 42200		SWIT	OPERSUP			74.81			
	10 60606050 42200		SewIT	OPERSUP			74.81			
							1,614.69			
808	Amazon.com LLC	0000	22401203	EFT	03/19/2025	1THF-TL7H-6Y1X		95574	101976	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			445.96			
	2 10106050 42200		GenIT	OPERSUP			717.99			
	3 21106050 42200		MHFIT	OPERSUP			191.99			
	4 10106050 42200		GenIT	OPERSUP			103.02			
	5 60606050 42200		SewIT	OPERSUP			10.30			
	6 62606050 42200		SWIT	OPERSUP			10.30			
							1,479.56			
808	Amazon.com LLC	0000		EFT	03/19/2025	1114-JWGY-CCGX		95646	102053	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			114.98			
							114.98			
808	Amazon.com LLC	0000		EFT	03/19/2025	1THF-TL7H-DGQQ		95657	102063	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			111.24			
							111.24			
808	Amazon.com LLC	0000		EFT	03/16/2025	1DP9-KRPN-P6F7		95688	102095	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			280.82			
							280.82			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000		EFT	03/20/2025	1KTX-JR4F-GXMX		95689	102096	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			221.28			
							221.28			
808	Amazon.com LLC	0000		EFT	03/17/2025	147V-CQJN-TV6D		95696	102103	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			325.08			
							325.08			
808	Amazon.com LLC	0000		EFT	03/20/2025	1C37-GT96-HT9G		95698	102105	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			58.37			
							58.37			
808	Amazon.com LLC	0000		EFT	02/27/2025	1L7K-ML9Y-GXLQ		95750	102162	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 42200		GenMayorOf	OPERSUP			7.95			
							7.95			
808	Amazon.com LLC	0000		EFT	03/07/2025	116T-6VRM-M1FW		95751	102163	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			21.95			
							21.95			
808	Amazon.com LLC	0000		EFT	02/28/2025	1NV4-6TYR-169D		95761	102174	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			14.99			
							14.99			
808	Amazon.com LLC	0000		EFT	02/20/2025	11C7-1XQQ-LWHH		95774	102187	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62601015 42200		SWHR	OPERSUP			95.00			
	2 60601015 42200		SewHR	OPERSUP			95.00			
	3 10101015 42200		GenHR	OPERSUP			95.34			
							285.34			
808	Amazon.com LLC	0000		EFT	03/22/2025	1C16-VXQC-93KT		95812	102228	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			50.66			
							50.66			
						CHECK TOTAL	**21,665.50**			

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Detail Invoice List

WARRANT: 22525 02/21/2025
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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	02/28/2025	1JKY-DTGP-1TY1		94873	101199	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		3.32				
	2 62604010 42200		SWEng	OPERSUP		5.94				
							9.26			
						CHECK TOTAL	**9.26**			
808	Amazon.com LLC	0000	22201233	EFT	03/05/2025	1FYQ-XW6M-4MMJ		95075	101416	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		22.54				
	2 62604010 42200		SWEng	OPERSUP		40.38				
							62.92			
						CHECK TOTAL	**62.92**			
808	Amazon.com LLC	0000	22201233	EFT	03/06/2025	1QVY-3FMQ-FGRQ		95177	101552	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		8.38				
	2 62604010 42200		SWEng	OPERSUP		15.01				
							23.39			
						CHECK TOTAL	**23.39**			
808	Amazon.com LLC	0000	22201233	EFT	03/13/2025	11Q7-7NC6-FMLH		95601	102004	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		12.39				
	2 62604010 42200		SWEng	OPERSUP		22.20				
							34.59			
						CHECK TOTAL	**34.59**			
808	Amazon.com LLC	0000	22201233	EFT	03/15/2025	1J96-749R-CHYL		95602	102006	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60604010 42200		SewEng	OPERSUP		12.07				
	2 62604010 42200		SWEng	OPERSUP		21.62				
							33.69			
						CHECK TOTAL	**33.69**			

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WARRANT: 22525 02/21/2025
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VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
808	Amazon.com LLC	0000	22201233	EFT	03/13/2025	1JND-HHRC-196J		95701	102108	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 42200		SewEng	OPERSUP			15.95			
	2 62604010 42200		SWEng	OPERSUP			28.59			
							44.54			
						CHECK TOTAL	**44.54**			
2476	American Legal Publis	0000		EFT	03/02/2025	40336		95748	102160	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			4,647.16			
							4,647.16			
2476	American Legal Publis	0000		EFT	03/20/2025	40633		95765	102178	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			85.00			
							85.00			
						CHECK TOTAL	**4,732.16**			
468	American Pump Repair	0000	22401432	EFT	10/23/2024	79410		95551	101951	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			1,075.00			
							1,075.00			
468	American Pump Repair	0000	22401432	EFT	11/24/2024	79455		95552	101952	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			1,075.00			
							1,075.00			
468	American Pump Repair	0000	22401432	EFT	03/20/2025	79687		95676	102082	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			2,146.00			
							2,146.00			
						CHECK TOTAL	**4,296.00**			
4596	Amilia Technologies U	0000	22401068	EFT	03/02/2025	1571627		94904	101233	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			3,320.85			
	2 10107010 35600		GenParks	OTHERFEES			7,623.16			
							10,944.01			
						CHECK TOTAL	**10,944.01**			

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CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
817	AMS Mechanical Servic	0000	22500185	EFT	03/03/2025	1419761		95820	102237	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			5,976.60			
							5,976.60			
						CHECK TOTAL	**5,976.60**			
3153	Ashley Heckly	0000		INV	03/05/2025	95489		95489	101888	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105016 43200		GenExAff	COMMTRANS			102.00			
							102.00			
						CHECK TOTAL	**102.00**			
1069	Association of Law En	0000		EFT	02/01/2025	25-044		94698	101022	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43100		GenInvstgt	PROSERVICE			595.00			
							595.00			
						CHECK TOTAL	**595.00**			
1144	Barnes & Thornburg, L	0000	22400201	EFT	12/22/2024	3340268		95755	102166	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			17,522.26			
	2 60601011 43100		SewMayor	PROSERVICE			4,698.00			
	3 62601011 43100		SWMayor	PROSERVICE			1,269.74			
							23,490.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/15/2025	3374968		95760	102173	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			6,238.61			
	2 60601011 43100		SewMayor	PROSERVICE			1,648.78			
	3 62601011 43100		SWMayor	PROSERVICE			445.61			
							8,333.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/20/2025	3375780		95768	102181	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			2,245.99			
	2 60601011 43100		SewMayor	PROSERVICE			593.58			
	3 62601011 43100		SWMayor	PROSERVICE			160.43			
							3,000.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/20/2025	3375779		95769	102182	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			2,245.99			
	2 60601011 43100		SewMayor	PROSERVICE			593.58			
	3 62601011 43100		SWMayor	PROSERVICE			160.43			
							3,000.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/20/2025	3376911		95771	102184	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			1,411.23			
	2 60601011 43100		SewMayor	PROSERVICE			372.97			
	3 62601011 43100		SWMayor	PROSERVICE			100.80			
							1,885.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	03/20/2025	3376915		95772	102185	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			5,614.97			
	2 60601011 43100		SewMayor	PROSERVICE			1,483.96			
	3 62601011 43100		SWMayor	PROSERVICE			401.07			
							7,500.00			
1144	Barnes & Thornburg, L	0000	22500121	EFT	02/21/2025	3365908		95778	102191	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			5,614.97			
	2 60601011 43100		SewMayor	PROSERVICE			1,483.96			
	3 62601011 43100		SWMayor	PROSERVICE			401.07			
							7,500.00			
						CHECK TOTAL	**54,708.00**			
584	BBC Pump & Equipment	0000	22301367	EFT	03/09/2025	30090756		95397	101792	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			9,270.82			
							9,270.82			
						CHECK TOTAL	**9,270.82**			
5037	Beaty Construction, I	0000	22401374	EFT	03/08/2025	Pay#02-NPT-PB		95260	101642	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27054010 44920		GRNTEng	CAPEXP			119,843.21			
							119,843.21			
						CHECK TOTAL	**119,843.21**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2764	BEC Enterprises LLC	0000	22400716	EFT	02/27/2025	SO33830		94986	101326	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60606010 43100		SewFleet	PROSERVICE			2,048.87			
	2 60606010 43100		SewFleet	PROSERVICE			1,548.57			
							3,597.44			
2764	BEC Enterprises LLC	0000	22401274	EFT	03/01/2025	INV31049		94996	101336	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				28.25			
							28.25			
2764	BEC Enterprises LLC	0000	22401274	EFT	03/02/2025	INV31092		94997	101337	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				61.43			
							61.43			
2764	BEC Enterprises LLC	0000	22401274	EFT	03/09/2025	INV31248		95331	101721	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				75.88			
							75.88			
						CHECK TOTAL	**3,763.00**			
786	Bicycle Garage of Ind	0000		EFT	03/13/2025	082724141433076		95389	101784	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			278.20			
							278.20			
						CHECK TOTAL	**278.20**			
608	BL Anderson Co., Inc.	0000		EFT	03/15/2025	034835		95490	101889	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				696.00			
							696.00			
						CHECK TOTAL	**696.00**			
663	Bluebeam Inc	0000	22500102	EFT	02/11/2025	2204792		94906	101241	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			2,660.00			
							2,660.00			
663	Bluebeam Inc	0000	22500164	EFT	03/12/2025	2224937		95510	101909	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			2,340.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							2,340.00			
						CHECK TOTAL	**5,000.00**			
5152	BML Graphics	0000		EFT	02/26/2025	7490		94725	101050	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 47140000 44920		FishersI69	CAPEXP		24,463.99				
							24,463.99			
5152	BML Graphics	0000		EFT	03/12/2025	7501		95380	101773	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 47140000 44920		FishersI69	CAPEXP		14,276.85				
							14,276.85			
						CHECK TOTAL	**38,740.84**			
5158	BOGER, WILLIAM P.	0000		INV	02/11/2025	94758		94758	101085	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		6.20				
							6.20			
						CHECK TOTAL	**6.20**			
561	Boldens Carpet & Upho	0000		EFT	02/21/2025	COFISHERS-WD012-25-M		95314	101704	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 47140000 43100		FishersI69	PROSERVICE		13,263.89				
							13,263.89			
						CHECK TOTAL	**13,263.89**			
373	Bound Tree Medical, L	0000		EFT	02/08/2025	85617818		95047	101387	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		992.25				
							992.25			
373	Bound Tree Medical, L	0000		EFT	02/14/2025	85624943		95048	101388	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		79.95				
							79.95			
373	Bound Tree Medical, L	0000		EFT	02/16/2025	85628172		95049	101389	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,974.78				
							1,974.78			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
373	Bound Tree Medical, L	0000		EFT	02/16/2025	85628173		95051	101391	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,881.10				
							1,881.10			
373	Bound Tree Medical, L	0000		EFT	02/22/2025	85634158		95052	101392	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,639.98				
							1,639.98			
373	Bound Tree Medical, L	0000		EFT	02/23/2025	85635962		95053	101393	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		872.37				
							872.37			
373	Bound Tree Medical, L	0000		EFT	02/26/2025	85637489		95054	101394	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		666.39				
							666.39			
373	Bound Tree Medical, L	0000		EFT	02/26/2025	85637490		95055	101395	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		93.24				
							93.24			
373	Bound Tree Medical, L	0000		EFT	02/28/2025	85639725		95056	101396	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108013 42200		GenInvstgt	OPERSUP		1,403.80				
							1,403.80			
373	Bound Tree Medical, L	0000		EFT	03/01/2025	85643185		95183	101558	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		74.94				
							74.94			
373	Bound Tree Medical, L	0000		EFT	03/01/2025	85643186		95184	101559	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,966.81				
							1,966.81			
373	Bound Tree Medical, L	0000		EFT	03/01/2025	85643187		95185	101560	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,975.16				
							1,975.16			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
373	Bound Tree Medical, L	0000		EFT	03/02/2025	85644920		95276	101661	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,923.71				
							1,923.71			
373	Bound Tree Medical, L	0000		EFT	03/06/2025	85648590		95277	101662	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		493.30				
							493.30			
373	Bound Tree Medical, L	0000		EFT	03/07/2025	85650684		95278	101663	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,510.53				
							1,510.53			
373	Bound Tree Medical, L	0000		EFT	03/08/2025	85652625		95390	101785	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		17.22				
							17.22			
373	Bound Tree Medical, L	0000		EFT	03/09/2025	85654211		95690	102097	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		371.99				
							371.99			
373	Bound Tree Medical, L	0000		EFT	03/12/2025	85655827		95691	102098	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		1,421.40				
							1,421.40			
373	Bound Tree Medical, L	0000		EFT	03/15/2025	85661497		95692	102099	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		269.28				
							269.28			
373	Bound Tree Medical, L	0000		EFT	03/15/2025	85661498		95693	102100	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		96.18				
							96.18			
						CHECK TOTAL	**19,724.38**			
721	BPI Enterprises LLC	0000		EFT	02/21/2025	P79710230		94694	101018	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		53.90				
							53.90			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**53.90**			
1704	Lisa Bradford	0000		INV	01/29/2025	94747		94747	101074	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 43200		GenContr	COMMTRANS			156.24			
	2 60601013 43200		SewContr	COMMTRANS			100.00			
							256.24			
						CHECK TOTAL	**256.24**			
4038	Brain Performance LLC	0000		EFT	02/20/2025	1598		95109	101449	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			900.00			
							900.00			
4038	Brain Performance LLC	0000		EFT	03/12/2025	1622		95282	101668	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			1,950.00			
							1,950.00			
						CHECK TOTAL	**2,850.00**			
632	Brehob Corporation	0000		EFT	11/06/2024	I-00011884		94983	101321	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			1,170.00			
							1,170.00			
632	Brehob Corporation	0000		EFT	03/14/2025	I-00017535		95399	101794	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			956.00			
							956.00			
						CHECK TOTAL	**2,126.00**			
556	Brickman Acquisition	0000		EFT	02/11/2025	PAY12		95337	101727	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 44920		GenContr	CAPEXP			9,522.00			
							9,522.00			
						CHECK TOTAL	**9,522.00**			
567	Buckeye Power Sales C	0000	22400785	EFT	03/01/2025	PSV404874		95011	101351	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			330.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							330.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/02/2025	PSV405077		95012	101352	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				190.00			
							190.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/02/2025	PSV405078		95014	101354	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/02/2025	PSV405079		95015	101355	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				250.00			
							250.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/02/2025	PSV405080		95016	101356	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				270.00			
							270.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/05/2025	PSV405342		95017	101357	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				190.00			
							190.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/05/2025	PSV405343		95018	101358	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				150.00			
							150.00			
567	Buckeye Power Sales C	0000	22400785	EFT	03/05/2025	PSV405344		95019	101359	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				13.71			
	2 60609014 43100		SewPWWaterPROSERVICE				156.29			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405345		95021	101361	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405346		95022	101362	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405347		95023	101363	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405348		95024	101364	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				200.00			
							200.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405349		95025	101365	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				200.00			
							200.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405350		95026	101366	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				320.00			
							320.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405351		95027	101367	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				332.50			
							332.50			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405352		95028	101368	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				270.00			
							270.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/05/2025	PSV405398		95029	101369	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				210.00			
							210.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/06/2025	PSV405526		95030	101370	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				190.00			
							190.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/06/2025	PSV405527		95031	101371	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				450.00			
							450.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22401433	EFT	03/06/2025	PSV405528		95033	101373	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				250.00			
							250.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/06/2025	PSV405529		95035	101375	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				250.00			
							250.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/07/2025	PSV405820		95174	101549	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				463.50			
	2 60609014 42200		SewPWWaterOPERSUP				800.00			
							1,263.50			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407732		95660	102066	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				150.00			
							150.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407733		95661	102067	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				250.00			
							250.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407734		95668	102074	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407735		95670	102076	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407736		95671	102077	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				170.00			
							170.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407737		95673	102079	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				200.00			
							200.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407738		95674	102080	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				200.00			
							200.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407739		95675	102081	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				270.00			
							270.00			
567	Buckeye Power Sales C	0000	22401433	EFT	03/20/2025	PSV407852		95697	102104	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				1,883.81			
							1,883.81			
						CHECK TOTAL	**9,629.81**			
2089	Buddenbaum & Moore LL	0000	22500098	EFT	01/25/2025	10209		94945	101281	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks PROSERVICE				2,012.69			
							2,012.69			
						CHECK TOTAL	**2,012.69**			
1655	Brendan Buehre	0000		INV	02/28/2025	F24-134		95270	101652	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt COMMTRANS				448.50			
							448.50			
						CHECK TOTAL	**448.50**			
5160	BULLOCK, NATHAN & NAT	0000		INV	02/11/2025	94760		94760	101087	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew USERFEES				39.79			
							39.79			
						CHECK TOTAL	**39.79**			
737	Butler, Fairman & Seu	0000	22401193	EFT	02/21/2025	107019		95630	102036	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 42224010 44920		2021 GO EN CAPEXP				640.00			
							640.00			
						CHECK TOTAL	**640.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
737	Butler, Fairman & Seu	0000	22401193	EFT	02/21/2025	107020		95632	102038	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 42224010 44920		2021 GO EN	CAPEXP			882.09			
	2 27074010 44200		PIFENG	INFRSTR			2,477.91			
							3,360.00			
						CHECK TOTAL	**3,360.00**			
2441	BW Construction LLC	0000	22400398	EFT	02/27/2025	20240411A		94818	101146	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			5,227.27			
							5,227.27			
2441	BW Construction LLC	0000		EFT	02/27/2025	20230723		94954	101290	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 44391011 43100		ECNDEVMY	PROSERVICE			18,518.00			
							18,518.00			
						CHECK TOTAL	**23,745.27**			
2424	CallTower Inc	0000		EFT	03/18/2025	202384266		95575	101978	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			776.98			
							776.98			
						CHECK TOTAL	**776.98**			
1696	Mark Carman	0000		INV	03/12/2025	95290		95290	101676	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 43200		GenLogist	COMMTRANS			391.00			
							391.00			
						CHECK TOTAL	**391.00**			
996	Carrier & Gable Inc	0000	22401344	EFT	01/15/2025	IN43421		95057	101397	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			21,000.00			
							21,000.00			
						CHECK TOTAL	**21,000.00**			
831	CC&T Construction Co,	0000		EFT	03/03/2025	Pay#02		95360	101751	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 44920		GenContr	CAPEXP			59,845.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							59,845.00			
						CHECK TOTAL	**59,845.00**			
703	CDW Government, Inc.	0000	22400645	EFT	02/22/2025	AC4Z98A		94925	101260	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 42200		GenIT	OPERSUP		147.20				
							147.20			
						CHECK TOTAL	**147.20**			
923	Central Indiana Hardw	0000		EFT	03/01/2025	7378210		94897	101231	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		286.91				
							286.91			
						CHECK TOTAL	**286.91**			
1734	Certified Consultants	0000	22500099	EFT	02/26/2025	1297		95100	101440	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		4,919.00				
							4,919.00			
1734	Certified Consultants	0000		EFT	02/26/2025	1298		95167	101542	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		1,820.00				
							1,820.00			
						CHECK TOTAL	**6,739.00**			
5159	CHILDS, ROBERTA	0000		INV	02/11/2025	94759		94759	101086	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		31.00				
							31.00			
						CHECK TOTAL	**31.00**			
691	Christopher B Burke E	0000	22300637	EFT	03/13/2025	37071		95550	101950	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 62609014 43100		SWPWWater	PROSERVICE		1,365.25				
							1,365.25			
						CHECK TOTAL	**1,365.25**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
828	Church, Church, Hittl	0000		EFT	02/24/2025	314847		95070	101410	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101014 43100		GenEcon	PROSERVICE			563.75			
							563.75			
828	Church, Church, Hittl	0000	22400196	EFT	03/07/2025	316604		95753	102165	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27021011 43100		DEFMAYOR	PROSERVICE			2,185.90			
							2,185.90			
						CHECK TOTAL	**2,749.65**			
714	Cintas Corporation No	0000		EFT	01/08/2025	4215378262		94618	100929	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	02/15/2025	5249298306		94619	100931	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			99.01			
							99.01			
						CHECK TOTAL	**99.01**			
714	Cintas Corporation No	0000		EFT	02/16/2025	4218271886		94624	100938	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20109011 43100		MVHPWStr	PROSERVICE			397.37			
							397.37			
						CHECK TOTAL	**397.37**			
714	Cintas Corporation No	0000		EFT	02/16/2025	4218271775		94625	100939	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	02/16/2025	4218271825		94626	100941	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			187.96			
							187.96			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**187.96**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647844		94666	100988	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		38.34				
							38.34			
						CHECK TOTAL	**38.34**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647867		94667	100989	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		52.66				
							52.66			
						CHECK TOTAL	**52.66**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647956		94668	100991	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		121.56				
							121.56			
						CHECK TOTAL	**121.56**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647974		94669	100992	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		125.07				
							125.07			
						CHECK TOTAL	**125.07**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647899		94670	100993	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		36.25				
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	02/21/2025	4218647067		94671	100994	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		63.73				
							63.73			
						CHECK TOTAL	**63.73**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	02/24/2025	4219002423		94710	101035	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			95.26			
							95.26			
						CHECK TOTAL	**95.26**			
714	Cintas Corporation No	0000		EFT	02/23/2025	4219002505		94722	101047	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			191.01			
							191.01			
						CHECK TOTAL	**191.01**			
714	Cintas Corporation No	0000		EFT	02/23/2025	4219002523		94723	101048	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	02/23/2025	4219002624		94724	101049	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20209011 43100		LRSPWSTRT	PROSERVICE			235.02			
							235.02			
						CHECK TOTAL	**235.02**			
714	Cintas Corporation No	0000		EFT	02/28/2025	4219413724		94750	101077	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43100		GenPDAdmin	PROSERVICE			140.54			
							140.54			
						CHECK TOTAL	**140.54**			
714	Cintas Corporation No	0000		EFT	02/20/2025	5249876803		94822	101150	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			352.85			
							352.85			
						CHECK TOTAL	**352.85**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	02/27/2025	5251182107		94912	101248	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				240.58			
							240.58			
						CHECK TOTAL	**240.58**			
714	Cintas Corporation No	0000		EFT	02/27/2025	5251182109		94913	101249	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				123.09			
							123.09			
						CHECK TOTAL	**123.09**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219413742		94914	101250	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			38.34			
							38.34			
						CHECK TOTAL	**38.34**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219413855		94915	101251	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			52.66			
							52.66			
						CHECK TOTAL	**52.66**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219414128		94916	101252	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			125.07			
							125.07			
						CHECK TOTAL	**125.07**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219414137		94917	101253	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			121.56			
							121.56			
						CHECK TOTAL	**121.56**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/01/2025	4219414169		94918	101255	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			36.25			
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219719915		94920	101256	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219720136		94922	101257	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20109011 43100		MVHPWStr	PROSERVICE			235.02			
							235.02			
						CHECK TOTAL	**235.02**			
714	Cintas Corporation No	0000		EFT	03/01/2025	4219719960		94927	101261	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			187.96			
							187.96			
						CHECK TOTAL	**187.96**			
714	Cintas Corporation No	0000		EFT	02/10/2025	4219413766		95059	101399	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			56.93			
							56.93			
						CHECK TOTAL	**56.93**			
714	Cintas Corporation No	0000		EFT	01/21/2025	4216418944		95081	101421	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43100		GenPDAdmin	PROSERVICE			140.54			
							140.54			
						CHECK TOTAL	**140.54**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/01/2025	5251618004		95136	101471	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 42200		GenFleet	OPERSUP		180.74				
							180.74			
						CHECK TOTAL	**180.74**			
714	Cintas Corporation No	0000		EFT	03/02/2025	4219719905		95137	101488	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 43100		GenFleet	PROSERVICE		95.26				
							95.26			
						CHECK TOTAL	**95.26**			
714	Cintas Corporation No	0000		EFT	01/20/2025	4215378132		95154	101529	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 43100		GenFleet	PROSERVICE		95.26				
							95.26			
						CHECK TOTAL	**95.26**			
714	Cintas Corporation No	0000		EFT	03/06/2025	5252423904		95166	101541	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10107010 42200		GenParks	OPERSUP		148.15				
							148.15			
						CHECK TOTAL	**148.15**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164749		95199	101574	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		52.66				
							52.66			
						CHECK TOTAL	**52.66**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164648		95200	101576	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		38.34				
							38.34			
						CHECK TOTAL	**38.34**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164694		95201	101577	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			84.03			
							84.03			
						CHECK TOTAL	**84.03**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164990		95202	101578	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			121.56			
							121.56			
						CHECK TOTAL	**121.56**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220164996		95204	101581	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			125.07			
							125.07			
						CHECK TOTAL	**125.07**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220165043		95205	101582	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			36.25			
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	03/07/2025	4220162055		95206	101583	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			63.73			
							63.73			
						CHECK TOTAL	**63.73**			
714	Cintas Corporation No	0000		EFT	03/09/2025	4220437077		95354	101744	
	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: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/13/2025	5253636204		95379	101772	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		373.84				
							373.84			
						CHECK TOTAL	**373.84**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220907867		95391	101786	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 43100		GenFireAdm	PROSERVICE		56.93				
							56.93			
						CHECK TOTAL	**56.93**			
714	Cintas Corporation No	0000		EFT	03/09/2025	4220437194		95416	101810	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		89.74				
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	03/09/2025	4220437288		95417	101812	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		187.96				
							187.96			
						CHECK TOTAL	**187.96**			
714	Cintas Corporation No	0000		EFT	03/09/2025	4220437356		95419	101813	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		261.02				
							261.02			
						CHECK TOTAL	**261.02**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220907837		95420	101815	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		38.34				
							38.34			
						CHECK TOTAL	**38.34**			

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Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/14/2025	4220907944		95421	101816	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			52.66			
							52.66			
						CHECK TOTAL	**52.66**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220908106		95423	101818	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			125.07			
							125.07			
						CHECK TOTAL	**125.07**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220908107		95426	101819	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			36.25			
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220908127		95428	101822	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			121.56			
							121.56			
						CHECK TOTAL	**121.56**			
714	Cintas Corporation No	0000		EFT	03/05/2025	5252153505		95430	101824	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			312.34			
							312.34			
						CHECK TOTAL	**312.34**			
714	Cintas Corporation No	0000		EFT	03/14/2025	4220907844		95491	101890	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43100		GenPDAdmin	PROSERVICE			140.54			
							140.54			
						CHECK TOTAL	**140.54**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/15/2025	5254024309		95492	101891	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			307.29			
							307.29			
						CHECK TOTAL	**307.29**			
714	Cintas Corporation No	0000		EFT	03/16/2025	4221221764		95586	101989	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			95.26			
							95.26			
						CHECK TOTAL	**95.26**			
714	Cintas Corporation No	0000		EFT	03/16/2025	5254256401		95679	102086	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			379.44			
							379.44			
						CHECK TOTAL	**379.44**			
714	Cintas Corporation No	0000		EFT	03/16/2025	4221221707		95715	102123	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.74			
							89.74			
						CHECK TOTAL	**89.74**			
714	Cintas Corporation No	0000		EFT	03/16/2025	4221221954		95716	102124	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20109011 43100		MVHPWStr	PROSERVICE			240.57			
							240.57			
						CHECK TOTAL	**240.57**			
714	Cintas Corporation No	0000		EFT	03/16/2025	4221221813		95717	102125	
	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: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/21/2025	4221648762		95781	102194	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			58.86			
							58.86			
						CHECK TOTAL	**58.86**			
714	Cintas Corporation No	0000		EFT	03/21/2025	4221646323		95784	102197	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			63.73			
							63.73			
						CHECK TOTAL	**63.73**			
714	Cintas Corporation No	0000		EFT	03/21/2025	4221648620		95791	102206	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			38.34			
							38.34			
						CHECK TOTAL	**38.34**			
714	Cintas Corporation No	0000		EFT	03/21/2025	4221649020		95794	102209	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			36.25			
							36.25			
						CHECK TOTAL	**36.25**			
714	Cintas Corporation No	0000		EFT	03/15/2025	5254024307		95795	102210	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			159.73			
							159.73			
						CHECK TOTAL	**159.73**			
714	Cintas Corporation No	0000		EFT	03/21/2025	4221648995		95799	102215	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			125.07			
							125.07			
						CHECK TOTAL	**125.07**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
714	Cintas Corporation No	0000		EFT	03/21/2025	4221649047		95800	102216	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			121.56			
							121.56			
						CHECK TOTAL	**121.56**			
1574	Citizens Energy Group	0000	22500124	EFT	03/10/2025	7224150000		95707	102115	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			377.37			
							377.37			
						CHECK TOTAL	**377.37**			
1574	Citizens Energy Group	0000	22500124	EFT	03/08/2025	9850260000		95722	102130	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			1,076.67			
							1,076.67			
						CHECK TOTAL	**1,076.67**			
3885	CivicPlus LLC	0000		EFT	03/02/2025	328644		94982	101320	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			240.00			
							240.00			
						CHECK TOTAL	**240.00**			
5166	CLARK, GEORGE & JOY	0000		INV	02/11/2025	94766		94766	101093	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			77.65			
							77.65			
						CHECK TOTAL	**77.65**			
5190	Colin Snyder	0000		EFT	02/16/2025	2A671E0A-0002		95332	101722	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			1,250.00			
							1,250.00			
						CHECK TOTAL	**1,250.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2650	Community Health Netw	0000		EFT	03/09/2025	EHS-001891		95226	101605	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60601015 43100		SewHR	PROSERVICE			585.00			
	2 62601015 43100		SWHR	PROSERVICE			585.00			
	3 10101015 43100		GenHR	PROSERVICE			597.50			
							1,767.50			
2650	Community Health Netw	0000	22400112	EFT	03/02/2025	FIN-008233		95483	101881	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 43100		CHD	PROSERVICE			2,500.00			
							2,500.00			
						CHECK TOTAL	**4,267.50**			
2244	Coro Medical LLC	0000	22401092	EFT	02/14/2025	PS-INV228839		95058	101398	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105010 44500		GenFire	MACHEQPT			47,611.99			
							47,611.99			
						CHECK TOTAL	**47,611.99**			
2485	Crown Castle Internat	0000	22500048	EFT	03/02/2025	1751290		95576	101979	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			6,029.93			
	2 60606050 43100		SewIT	PROSERVICE			1,130.61			
	3 62606050 43100		SWIT	PROSERVICE			376.87			
							7,537.41			
						CHECK TOTAL	**7,537.41**			
4829	Culligan Ultrapure In	0000		EFT	03/09/2025	0900695916		95336	101726	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			86.42			
							86.42			
4829	Culligan Ultrapure In	0000		EFT	03/14/2025	0900697240		95386	101780	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10102010 43100		GenClerk	PROSERVICE			20.00			
	2 10101017 43100		GenFndCS	PROSERVICE			40.00			
	3 10101013 43100		GenContr	PROSERVICE			63.59			
							123.59			
						CHECK TOTAL	**210.01**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4993	Cultivate Geospatial	0000	22401083	EFT	03/02/2025	FINSP3		94943	101279	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			1,500.00			
	2 60606050 43100		SewIT	PROSERVICE			625.00			
	3 62606050 43100		SWIT	PROSERVICE			375.00			
								2,500.00		
						CHECK TOTAL		**2,500.00**		
2645	CureMD.com, Inc	0000		EFT	03/02/2025	500163347		95511	101910	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27155058 43100		HDVFC	PROSERVICE			131.00			
								131.00		
						CHECK TOTAL		**131.00**		
811	Current Publishing LL	0000	22500018	EFT	04/01/2025	79968		95786	102200	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101016 43300		GenPR	PRINTADVER			692.00			
								692.00		
						CHECK TOTAL		**692.00**		
2435	CVK LLC	0000		EFT	03/01/2025	3/25 Rent		95315	101705	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 47140000 43700		FishersI69	RENTALS			34,719.15			
								34,719.15		
						CHECK TOTAL		**34,719.15**		
1754	Delv Design Studio LL	0000		EFT	11/30/2024	03603		95515	101914	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			750.00			
								750.00		
						CHECK TOTAL		**750.00**		
952	Dive Rescue Internati	0000		EFT	03/14/2025	INV198376		95393	101788	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105014 43200		GenSpecOps	COMMTRANS			40.00			
								40.00		
						CHECK TOTAL		**40.00**		

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1896	DocuSign Inc	0000	22500090	EFT	02/17/2025	111100449621		94907	101243	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			11,663.20			
							11,663.20			
						CHECK TOTAL	**11,663.20**			
1018	Donley & Associates I	0000	22401316	EFT	02/21/2025	67763		95094	101434	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105014 42200		GenSpecOps	OPERSUP			4,077.50			
							4,077.50			
						CHECK TOTAL	**4,077.50**			
4535	EAM Solutions LLC	0000	22401076	EFT	03/05/2025	H912510		95512	101911	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60601012 43100		BSGSWR	PROSERVICE			1,803.75			
							1,803.75			
						CHECK TOTAL	**1,803.75**			
1900	Earthworks Lawncare I	0000	22500147	EFT	02/13/2025	25879		95311	101700	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			4,500.00			
							4,500.00			
						CHECK TOTAL	**4,500.00**			
3636	Eckart LLC	0000		EFT	02/25/2025	S101228050.002		94675	100998	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			25.00			
							25.00			
3636	Eckart LLC	0000		EFT	02/25/2025	S101251213.001		94973	101311	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			888.34			
							888.34			
						CHECK TOTAL	**913.34**			
476	Element Materials Tec	0000		EFT	03/02/2025	25-170308		95002	101342	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			130.60			
							130.60			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**130.60**			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76361		95384	101777	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 43100		GenPDSpprt	PROSERVICE			993.10			
							993.10			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76372		95422	101817	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			69.70			
							69.70			
1186	Elwood Fire Equipment	0000		EFT	03/04/2025	76371		95424	101820	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			79.60			
							79.60			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76369		95425	101821	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			44.95			
							44.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76362		95427	101823	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			200.55			
							200.55			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76377		95429	101825	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			44.95			
							44.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76363		95431	101826	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76343		95432	101827	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			306.55			
							306.55			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76124		95433	101828	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			89.50			
							89.50			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76346		95434	101829	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			54.85			
							54.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76344		95435	101830	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			168.85			
							168.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76347		95436	101831	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			54.85			
							54.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76348		95437	101832	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			54.85			
							54.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76349		95438	101833	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			264.95			
							264.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76345		95439	101834	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			240.50			
							240.50			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76360		95440	101835	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			69.70			
							69.70			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76352		95441	101836	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			148.90			
							148.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76364		95442	101837	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			59.80			
							59.80			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76365		95443	101838	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76353		95444	101839	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			109.30			
							109.30			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76366		95445	101840	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76375		95446	101841	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76373		95447	101842	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			44.95			
							44.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76374		95448	101843	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			44.95			
							44.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76350		95449	101844	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			392.95			
							392.95			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76370		95450	101845	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			59.80			
							59.80			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76354		95451	101846	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			155.45			
							155.45			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76367		95452	101847	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			105.90			
							105.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76351		95453	101848	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			326.55			
							326.55			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76357		95454	101849	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			189.60			
							189.60			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76376		95455	101850	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			49.90			
							49.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76356		95456	101851	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			110.85			
							110.85			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76368		95457	101852	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			148.90			
							148.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76358		95458	101853	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			133.90			
							133.90			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76359		95459	101854	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 43100		CHD	PROSERVICE			74.65			
							74.65			
1186	Elwood Fire Equipment	0000		EFT	03/05/2025	76355		95462	101856	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			792.25			
							792.25			
						CHECK TOTAL	**5,885.65**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1085	Enterprise Unified So	0000		EFT	03/19/2025	11766		95627	102033	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,152.43			
							1,152.43			
						CHECK TOTAL	**1,152.43**			
1028	Environmental Laborat	0000		EFT	03/07/2025	20411443		95506	101905	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			105.00			
							105.00			
						CHECK TOTAL	**105.00**			
2122	ESO Solutions Inc	0000		EFT	02/08/2025	ESO-159144		95113	101453	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			1,188.09			
							1,188.09			
						CHECK TOTAL	**1,188.09**			
4672	Evan Fogle	0000		INV	02/17/2025	NU-355		95779	102192	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101015 43200		GenHR	COMMTRANS			1,000.00			
							1,000.00			
4672	Evan Fogle	0000		INV	02/17/2025	TH-200		95780	102193	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101015 43200		GenHR	COMMTRANS			1,000.00			
							1,000.00			
4672	Evan Fogle	0000		INV	02/17/2025	WC-100		95782	102195	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101015 43200		GenHR	COMMTRANS			1,000.00			
							1,000.00			
						CHECK TOTAL	**3,000.00**			
514	EWT Holdings III Corp	0000	22401088	EFT	03/15/2025	906855023		94994	101334	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			15,890.35			
							15,890.35			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
514	EWT Holdings III Corp	0000	22401088	EFT	03/15/2025	906855029		94995	101335	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				15,919.40			
							15,919.40			
514	EWT Holdings III Corp	0000	22401429	EFT	03/21/2025	906864634		95000	101340	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				15,965.05			
							15,965.05			
514	EWT Holdings III Corp	0000	22401088	EFT	03/01/2025	906861459		95114	101454	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				6,138.57			
	2 60609014 42200		SewPWWaterOPERSUP				8,590.98			
							14,729.55			
514	EWT Holdings III Corp	0000	22401429	EFT	04/05/2025	906889206		95603	102007	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				16,014.85			
							16,014.85			
514	EWT Holdings III Corp	0000	22401429	EFT	04/05/2025	906889209		95604	102008	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				15,989.95			
							15,989.95			
						CHECK TOTAL	**94,509.15**			
1257	Fifth Third Bank	0000		EFT	03/09/2025	20250205620005		95287	101673	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43100		GenInvstgt	PROSERVICE			30.00			
							30.00			
						CHECK TOTAL	**30.00**			
5050	Fire House Innovation	0000	22401312	EFT	01/04/2025	1936		95686	102093	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			2,330.00			
	2 10105015 42200		GenSafeTr	OPERSUP			60.00			
							2,390.00			
						CHECK TOTAL	**2,390.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3088	FlashParking Inc	0000		EFT	02/03/2025	INV1039684		94981	101319	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			568.90			
							568.90			
						CHECK TOTAL	**568.90**			
1193	Fluid Waste Services,	0000	22400872	EFT	02/16/2025	66378		94961	101297	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			7,351.25			
							7,351.25			
1193	Fluid Waste Services,	0000	22400872	EFT	03/02/2025	66517		95169	101544	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			3,273.75			
							3,273.75			
1193	Fluid Waste Services,	0000	22400872	EFT	03/06/2025	66580		95333	101723	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			943.00			
							943.00			
						CHECK TOTAL	**11,568.00**			
5155	FOUGHT, FRANKLIN & JU	0000		INV	02/11/2025	94755		94755	101082	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
							79.58			
						CHECK TOTAL	**79.58**			
239	Frank Gieseking	0000		EFT	03/16/2025	0104943-IN		94889	101224	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			20.00			
							20.00			
239	Frank Gieseking	0000		EFT	03/29/2025	0105029-IN		95497	101896	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			20.00			
							20.00			
239	Frank Gieseking	0000		EFT	03/21/2025	0104965-IN		95623	102029	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			84.00			
							84.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**124.00**			
1196	Frey Water Conditioni	0000		EFT	03/05/2025	113600002		95198	101573	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWaterOPERSUP			49.95				
							49.95			
						CHECK TOTAL	**49.95**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113601660		95208	101585	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		49.95				
							49.95			
						CHECK TOTAL	**49.95**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113602826		95209	101586	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		49.95				
							49.95			
						CHECK TOTAL	**49.95**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113603337		95210	101587	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		113.87				
							113.87			
						CHECK TOTAL	**113.87**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113667993		95211	101588	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		49.95				
							49.95			
						CHECK TOTAL	**49.95**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113678904		95212	101589	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		81.91				
							81.91			
						CHECK TOTAL	**81.91**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113679263		95213	101590	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		57.94				
							57.94			
						CHECK TOTAL	**57.94**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113750074		95214	101591	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105013 42200		GenLogist	OPERSUP		73.92				
							73.92			
						CHECK TOTAL	**73.92**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113603134		95327	101717	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10107010 42200		GenParks	OPERSUP		116.90				
							116.90			
						CHECK TOTAL	**116.90**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113604123		95494	101893	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		81.91				
							81.91			
						CHECK TOTAL	**81.91**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113597438		95495	101894	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		25.98				
							25.98			
						CHECK TOTAL	**25.98**			
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113602809		95496	101895	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		49.95				
							49.95			
						CHECK TOTAL	**49.95**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1196	Frey Water Conditioni	0000		EFT	03/07/2025	113601975		95628	102034	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			73.92			
							73.92			
						CHECK TOTAL	**73.92**			
1359	Lucas Gannon	0000		INV	03/12/2025	02102025		95262	101644	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
1289	Garners Family Enterp	0000		EFT	03/05/2025	304894-1		95352	101742	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			393.00			
							393.00			
1289	Garners Family Enterp	0000		EFT	03/18/2025	306520-1		95665	102071	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			330.00			
							330.00			
						CHECK TOTAL	**723.00**			
1322	Ed Gebhart	0000		INV	03/12/2025	02102025		95281	101666	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
4659	GHA Technologies Inc	0000	22500057	EFT	02/15/2025	11450797		94926	101262	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,573.00			
							1,573.00			
4659	GHA Technologies Inc	0000	22500057	EFT	02/19/2025	11451918		94928	101263	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			2,069.00			
							2,069.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4659	GHA Technologies Inc	0000	22500057	EFT	02/19/2025	11451921		94929	101264	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			827.00			
							827.00			
4659	GHA Technologies Inc	0000	22500057	EFT	03/05/2025	11455281		95591	101994	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			51.00			
							51.00			
4659	GHA Technologies Inc	0000	22500057	EFT	03/08/2025	11456463		95592	101995	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			859.00			
							859.00			
4659	GHA Technologies Inc	0000	22500057	EFT	03/12/2025	11456942		95593	101996	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			825.00			
							825.00			
4659	GHA Technologies Inc	0000		EFT	03/12/2025	11456943		95594	101997	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			128.65			
	2 60606050 42200		SewIT	OPERSUP			13.18			
	3 62606050 42200		SWIT	OPERSUP			13.17			
							155.00			
4659	GHA Technologies Inc	0000		EFT	03/12/2025	11456945		95595	101998	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			825.00			
							825.00			
4659	GHA Technologies Inc	0000		EFT	03/09/2025	11456948		95596	101999	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,712.00			
							1,712.00			
4659	GHA Technologies Inc	0000		EFT	03/09/2025	11456949		95597	102000	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,011.00			
							1,011.00			
4659	GHA Technologies Inc	0000		EFT	02/28/2025	11456950		95598	102001	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			419.00			
							419.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4659	GHA Technologies Inc	0000		EFT	03/15/2025	11458109		95599	102002	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,602.00			
							1,602.00			
4659	GHA Technologies Inc	0000		EFT	03/19/2025	11459250		95736	102146	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,011.00			
							1,011.00			
						CHECK TOTAL	**12,939.00**			
1745	Gordon Plumbing	0000		EFT	03/21/2025	310073		95745	102157	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			112.00			
							112.00			
						CHECK TOTAL	**112.00**			
5154	GOYKE, JOSHUA N.	0000		INV	02/11/2025	94754		94754	101081	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
2776	Great Lakes Ace Hardw	0000		EFT	02/16/2025	3317/61		95097	101436	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 43100		GenLogist	PROSERVICE			27.96			
							27.96			
						CHECK TOTAL	**27.96**			
5186	Gregory Mark Tinsley	0000		EFT	03/03/2025	030125Parks		95328	101718	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			200.00			
							200.00			
						CHECK TOTAL	**200.00**			
770	Grimco Inc	0000		EFT	02/21/2025	33619068-01		94679	101002	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			264.09			
							264.09			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
770	Grimco Inc	0000		EFT	02/21/2025	33619068-02		94680	101003	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			161.22			
							161.22			
770	Grimco Inc	0000		EFT	02/28/2025	33645559-01		94957	101292	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			264.09			
							264.09			
770	Grimco Inc	0000		EFT	03/08/2025	33677850-01		95300	101686	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			671.58			
							671.58			
						CHECK TOTAL	**1,360.98**			
5096	Guidepoint Security F	0000	22500068	EFT	02/21/2025	1447374		95579	101982	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			58,681.45			
	2 60606050 43100		SewIT	PROSERVICE			7,335.18			
	3 62606050 43100		SWIT	PROSERVICE			7,335.18			
							73,351.81			
						CHECK TOTAL	**73,351.81**			
4899	HAE Fields LLC	0000		EFT	02/23/2025	1298		95067	101407	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055010 43100		FireGrant	PROSERVICE			383.23			
							383.23			
4899	HAE Fields LLC	0000		EFT	02/23/2025	1299		95069	101409	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055010 43100		FireGrant	PROSERVICE			483.50			
							483.50			
4899	HAE Fields LLC	0000		EFT	03/18/2025	1305		95609	102013	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055010 43100		FireGrant	PROSERVICE			236.39			
							236.39			
						CHECK TOTAL	**1,103.12**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1446	Hamilton County Treas	0000		INV	11/13/2024	924DEFERRAL		95013	101353	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27021011 43100		DEFMAYOR	PROSERVICE			1,905.00			
							1,905.00			
1446	Hamilton County Treas	0000		INV	03/13/2025	JAN25DEFERRAL		95341	101731	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27021011 43100		DEFMAYOR	PROSERVICE			1,185.00			
							1,185.00			
						CHECK TOTAL	**3,090.00**			
1431	Hamilton Southeastern	0000		EFT	02/17/2025	FHDG-24-10		94797	101124	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27155058 43100		HDVFC	PROSERVICE			500.00			
							500.00			
1431	Hamilton Southeastern	0000		EFT	02/28/2025	3440		94803	101130	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27055058 43100		GRTSHD	PROSERVICE			155.75			
							155.75			
1431	Hamilton Southeastern	0000	22401246	EFT	02/28/2025	01312025		95066	101406	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42221		MVHFleet	FUEL			10,197.80			
							10,197.80			
						CHECK TOTAL	**10,853.55**			
5179	HANSELMANN, CHRISTIAN	0000		INV	02/11/2025	94779		94779	101106	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
2053	Rodney V Hartley	0000	22400850	EFT	03/19/2025	3282		95654	102060	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			15,544.00			
							15,544.00			
						CHECK TOTAL	**15,544.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3718	HD Supply Inc	0000	22400407	EFT	02/22/2025	INV00601346		94985	101323	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				458.59			
							458.59			
3718	HD Supply Inc	0000	22400407	EFT	02/22/2025	INV00601480		94987	101327	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				457.84			
							457.84			
3718	HD Supply Inc	0000	22400407	EFT	02/22/2025	INV00601396		94988	101328	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				446.03			
							446.03			
3718	HD Supply Inc	0000	22400407	EFT	02/23/2025	INV00603243		94991	101331	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				179.28			
							179.28			
3718	HD Supply Inc	0000	22400407	EFT	02/23/2025	INV00603082		94992	101332	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				252.00			
							252.00			
3718	HD Supply Inc	0000	22400407	EFT	03/02/2025	INV00610465		95004	101344	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				514.23			
							514.23			
3718	HD Supply Inc	0000	22400407	EFT	03/02/2025	INV00610276		95007	101347	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				423.29			
							423.29			
3718	HD Supply Inc	0000	22400407	EFT	03/12/2025	INV00618474		95338	101728	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				485.46			
							485.46			
3718	HD Supply Inc	0000	22400407	EFT	03/12/2025	INV00618231		95339	101729	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				475.17			
							475.17			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3718	HD Supply Inc	0000	22400407	EFT	03/12/2025	INV00618336		95340	101730	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				437.33			
							437.33			
							CHECK TOTAL	**4,129.22**		
256	Headworks Inc	0000	22500155	EFT	03/09/2025	25-0122FIS1		95344	101734	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWaterPROSERVICE				5,000.00			
							5,000.00			
							CHECK TOTAL	**5,000.00**		
844	Heritage Crystal Clea	0000		EFT	02/14/2025	19113330		94740	101066	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild PROSERVICE				1,928.51			
							1,928.51			
844	Heritage Crystal Clea	0000		EFT	03/12/2025	19158043		95503	101902	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild PROSERVICE				1,013.03			
							1,013.03			
844	Heritage Crystal Clea	0000		EFT	03/12/2025	19157010		95507	101906	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild PROSERVICE				1,815.26			
							1,815.26			
844	Heritage Crystal Clea	0000		EFT	03/12/2025	19157496		95629	102035	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild PROSERVICE				567.13			
							567.13			
844	Heritage Crystal Clea	0000		EFT	02/23/2025	19128480		95677	102083	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks PROSERVICE				584.50			
							584.50			
							CHECK TOTAL	**5,908.43**		
350	Honeywell Analytics I	0000		EFT	03/14/2025	5269144232		95718	102127	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105014 43100		GenSpecOps PROSERVICE				1,190.00			
							1,190.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**1,190.00**			
1274	Hood's Gardens, Inc.	0000	22500093	EFT	12/14/2024	56501		94850	101179	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			3,205.00			
							3,205.00			
						CHECK TOTAL	**3,205.00**			
1412	Hoosier Fire Equipmen	0000	22401060	EFT	01/31/2025	121946		95112	101452	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			5,500.00			
	2 10105013 42200		GenLogist	OPERSUP			14.20			
							5,514.20			
1412	Hoosier Fire Equipmen	0000	22401151	EFT	02/16/2025	122102		95220	101598	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 42200		GenFireAdm	OPERSUP			6,374.55			
							6,374.55			
1412	Hoosier Fire Equipmen	0000		EFT	02/20/2025	122116		95284	101670	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 43100		GenLogist	PROSERVICE			1,409.70			
							1,409.70			
1412	Hoosier Fire Equipmen	0000	22401259	EFT	02/03/2025	121986		95403	101798	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105010 44500		GenFire	MACHEQPT			10,041.00			
							10,041.00			
1412	Hoosier Fire Equipmen	0000		EFT	02/23/2025	122164		95404	101799	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			50.00			
							50.00			
1412	Hoosier Fire Equipmen	0000		EFT	02/24/2025	122178		95607	102011	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			1,782.25			
							1,782.25			
1412	Hoosier Fire Equipmen	0000		EFT	02/24/2025	122177		95608	102012	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			1,750.00			
							1,750.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1412	Hoosier Fire Equipmen	0000	22401151	EFT	02/21/2025	122139		95656	102062	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			74.15			
	2 10105011 42200		GenFireAdm	OPERSUP			125.45			
	3 10105015 42231		GenSafeTr	UNIFORMS			169.40			
							369.00			
1412	Hoosier Fire Equipmen	0000	22401100	EFT	03/02/2025	122228		95804	102220	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			661.71			
	2 10105015 42231		GenSafeTr	UNIFORMS			10,428.64			
							11,090.35			
						CHECK TOTAL	**38,381.05**			
708	Hoosier Portable Rest	0000		EFT	11/30/2024	69121		94952	101288	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			240.00			
							240.00			
						CHECK TOTAL	**240.00**			
5162	HUGHES, LAWRENCE & ST	0000		INV	02/11/2025	94762		94762	101089	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
1429	Humane Society For Ha	0000	22500118	EFT	01/29/2025	4108		95038	101378	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 43100		GenPDSpprt	PROSERVICE			127,401.54			
							127,401.54			
						CHECK TOTAL	**127,401.54**			
425	Hydro Conduit Corpora	0000	22500106	EFT	02/10/2025	30528758		94989	101329	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			3,330.00			
							3,330.00			
						CHECK TOTAL	**3,330.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5156	IMHOFF, NICHOLAS W.	0000		INV	02/11/2025	94756		94756	101083	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			86.80			
							86.80			
						CHECK TOTAL	**86.80**			
2770	Incentive Services In	0000		EFT	03/02/2025	00124633		95766	102179	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 43100		GenFndCS	PROSERVICE			920.85			
							920.85			
						CHECK TOTAL	**920.85**			
1532	Indiana Department of	0000	22500089	EFT	03/14/2025	000380900		94959	101295	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			15,115.00			
							15,115.00			
						CHECK TOTAL	**15,115.00**			
1543	Indiana Oxygen Compan	0000		EFT	02/16/2025	10560559		94823	101151	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 42200		GenParks	OPERSUP			612.26			
							612.26			
1543	Indiana Oxygen Compan	0000		EFT	02/27/2025	10564149		95236	101616	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			4.94			
							4.94			
1543	Indiana Oxygen Compan	0000		EFT	03/05/2025	10574174		95237	101617	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			188.54			
							188.54			
1543	Indiana Oxygen Compan	0000		EFT	03/02/2025	10572615		95280	101665	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			194.68			
							194.68			
1543	Indiana Oxygen Compan	0000		EFT	03/02/2025	10572579		95359	101750	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			48.36			
							48.36			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**1,048.78**			
5052	Indiana Roof Cleaning	0000	22500083	EFT	01/04/2025	50424		94851	101180	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		15,600.00				
							15,600.00			
						CHECK TOTAL	**15,600.00**			
3334	Indiana Street Commis	0000		EFT	02/19/2025	2025ISCA		95181	101556	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		50.00				
							50.00			
						CHECK TOTAL	**50.00**			
2399	Indiana Testing Inc	0000		EFT	02/23/2025	136532		94689	101013	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		84.00				
							84.00			
2399	Indiana Testing Inc	0000		EFT	03/09/2025	137019		95239	101619	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		84.00				
							84.00			
2399	Indiana Testing Inc	0000		EFT	01/19/2025	132130		95666	102072	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		5.00				
							5.00			
2399	Indiana Testing Inc	0000		EFT	01/19/2025	132129		95667	102073	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109013 43100		GenPWParks	PROSERVICE		20.00				
							20.00			
2399	Indiana Testing Inc	0000		EFT	03/23/2025	138760		95821	102238	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 43100		GenFleet	PROSERVICE		140.00				
							140.00			
						CHECK TOTAL	**333.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
793	Indiana Underground P	0000	22500080	EFT	11/03/2024	INV-07169		95244	101625	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62603011 43100		SWPI	PROSERVICE			2,762.60			
							2,762.60			
793	Indiana Underground P	0000	22500079	EFT	01/05/2025	INV-09747		95245	101626	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62603011 43100		SWPI	PROSERVICE			2,065.30			
							2,065.30			
793	Indiana Underground P	0000		EFT	03/05/2025	INV-11631		95246	101627	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62603011 43100		SWPI	PROSERVICE			1,747.05			
							1,747.05			
						CHECK TOTAL	**6,574.95**			
2025	Indianapolis Interpre	0000		EFT	03/12/2025	ON434419		95398	101793	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 43100		GenPZ	PROSERVICE			240.00			
							240.00			
						CHECK TOTAL	**240.00**			
2104	Innovative Edit Inc	0000		EFT	01/03/2025	2024423		95759	102171	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			5,750.00			
							5,750.00			
2104	Innovative Edit Inc	0000		EFT	03/01/2025	2025027		95762	102175	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			6,500.00			
							6,500.00			
						CHECK TOTAL	**12,250.00**			
733	Innovative Integratio	0000		EFT	03/11/2025	46295		95580	101983	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 42200		GenIT	OPERSUP			1,658.13			
	2 60606050 42200		SewIT	OPERSUP			165.81			
	3 62606050 42200		SWIT	OPERSUP			165.82			
							1,989.76			
						CHECK TOTAL	**1,989.76**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4534	Intergraph Corporatio	0000	22400122	EFT	03/07/2025	CA102420		95173	101548	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20101012 43100		BSGMVH	PROSERVICE			8,149.67			
	2 60601012 43100		BSGSWR	PROSERVICE			6,305.06			
	3 62601012 43100		BSGSTRMWTR	PROSERVICE			8,170.27			
	4 20101012 43100		BSGMVH	PROSERVICE			47,000.00			
	5 60601012 43100		BSGSWR	PROSERVICE			26,301.22			
	6 62601012 43100		BSGSTRMWTR	PROSERVICE			26,301.22			
							122,227.44			
						CHECK TOTAL	**122,227.44**			
1823	Irving Materials, Inc	0000		EFT	02/21/2025	71422299		94793	101120	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 44920		GenContr	CAPEXP			1,340.46			
							1,340.46			
1823	Irving Materials, Inc	0000		EFT	02/22/2025	71422398		94794	101121	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101013 44920		GenContr	CAPEXP			1,030.24			
							1,030.24			
						CHECK TOTAL	**2,370.70**			
5163	IRWIN, SEAN A.	0000		INV	02/11/2025	94763		94763	101090	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
2751	J.B. Poindexter & Co.	0000		EFT	02/27/2025	S450008948		94728	101054	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42200		MVHFleet	OPERSUP			520.00			
							520.00			
						CHECK TOTAL	**520.00**			
32	Jack Doheny Companies	0000	22500163	EFT	03/17/2025	254942		95373	101766	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			6,201.14			
	2 60609014 43100		SewPWWater	PROSERVICE			390.00			
							6,591.14			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**6,591.14**			
5175	JACKSON, SCOTT A.	0000		INV	02/11/2025	94775		94775	101102	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
3517	James Meyerchick	0000		INV	02/28/2025	F24-217		95269	101651	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt	COMMTRANS			383.50			
							383.50			
						CHECK TOTAL	**383.50**			
5058	James P Hallett Sole	0000		EFT	03/01/2025	3/25 Ambassadorship		95319	101709	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 44391011 43100		ECNDEVMY	PROSERVICE			7,500.00			
							7,500.00			
						CHECK TOTAL	**7,500.00**			
17	Mike Janes	0000		INV	03/12/2025	02102025		95272	101657	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
3256	Jeffery Meyer	0000		EFT	02/20/2025	044333		94870	101205	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			290.28			
							290.28			
3256	Jeffery Meyer	0000	22401255	EFT	03/05/2025	02032025		95203	101580	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			4,027.28			
	2 20106010 43100		MVHFleet	PROSERVICE			16,854.04			
							20,881.32			
3256	Jeffery Meyer	0000	22401223	EFT	03/03/2025	02032025-3		95265	101647	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60606010 42200		SewFleet	OPERSUP			4,297.57			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							4,297.57			
3256	Jeffery Meyer	0000	22500141	EFT	03/05/2025	02032025-2		95273	101658	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 42200		GenFleet	OPERSUP			20,278.91			
	2 10106010 43100		GenFleet	PROSERVICE			3,334.89			
	3 62606010 42200		SWFleet	OPERSUP			948.81			
							24,562.61			
3256	Jeffery Meyer	0000	22500140	EFT	03/10/2025	02032025-4		95283	101669	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 42200		GenFleet	OPERSUP			13,552.28			
	2 10106010 43100		GenFleet	PROSERVICE			15,216.88			
							28,769.16			
3256	Jeffery Meyer	0000	22401263	EFT	03/05/2025	2032025-1		95285	101671	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42200		MVHFleet	OPERSUP			26,199.93			
							26,199.93			
3256	Jeffery Meyer	0000		EFT	02/20/2025	044319		95501	101900	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			2.34			
							2.34			
3256	Jeffery Meyer	0000		EFT	02/26/2025	044395		95504	101903	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			11.30			
							11.30			
3256	Jeffery Meyer	0000		EFT	02/15/2025	044294		95572	101973	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103011 42200		GenPI	OPERSUP			22.68			
							22.68			
						CHECK TOTAL	**105,037.19**			
878	Jennifer C Messer PC	0000	22500033	EFT	03/05/2025	MESSER125		95039	101379	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			12,857.14			
	2 60601011 43101		SewMayor	LGLSVCS			7,142.86			
							20,000.00			

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Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
878	Jennifer C Messer PC	0000	22500033	EFT	03/05/2025	CIRDA-JAN25		95040	101380	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			10,000.00			
	2 60601011 43101		SewMayor	LGLSVCS			0.00			
							10,000.00			
						CHECK TOTAL	**30,000.00**			
5184	Jennifer K Skulski	0000		EFT	11/26/2024	1189		94883	101218	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27070000 43100		ParkImpact	PROSERVICE			225.00			
							225.00			
5184	Jennifer K Skulski	0000		EFT	09/14/2024	1186		94886	101221	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27070000 43100		ParkImpact	PROSERVICE			900.00			
							900.00			
						CHECK TOTAL	**1,125.00**			
3347	Jeremy C Schmitt	0000		INV	02/22/2025	Reimb interview food		94880	101214	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 42200		SewEng	OPERSUP			52.88			
							52.88			
						CHECK TOTAL	**52.88**			
3347	Jeremy C Schmitt	0000		INV	03/01/2025	Reimb '25 CIOA mbr		95320	101710	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60604010 43100		SewEng	PROSERVICE			25.00			
							25.00			
						CHECK TOTAL	**25.00**			
10	Ryan Jones	0000		INV	03/12/2025	02102025		95275	101660	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
458	Tracy Jones	0000		INV	02/28/2025	F24-210		95271	101655	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt	COMMTRANS			360.50			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							360.50			
						CHECK TOTAL	**360.50**			
5172	JONES, COLIN & ANGELA	0000		INV	02/11/2025	94772		94772	101099	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	**39.79**			
2387	Kelleher, Helmrich &	0000	22500149	EFT	03/02/2025	20250849		95312	101702	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		4,590.00				
							4,590.00			
						CHECK TOTAL	**4,590.00**			
4518	Keystone Cooperative	0000	22401225	EFT	02/25/2025	201604878		94964	101300	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 42221		MVHFleet	FUEL		665.91				
							665.91			
4518	Keystone Cooperative	0000	22500081	EFT	02/25/2025	201302781		94965	101301	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 42221		GenFleet	FUEL		13,268.60				
	2 20106010 42221		MVHFleet	FUEL		3,786.76				
	3 60606010 42221		SewFleet	FUEL		948.24				
	4 62606010 42221		SWFleet	FUEL		351.00				
							18,354.60			
4518	Keystone Cooperative	0000	22500091	EFT	02/25/2025	201302816		94966	101302	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 42221		GenFleet	FUEL		17,153.10				
	2 20106010 42221		MVHFleet	FUEL		3,284.82				
	3 60606010 42221		SewFleet	FUEL		1,560.87				
	4 62606010 42221		SWFleet	FUEL		400.41				
							22,399.20			
4518	Keystone Cooperative	0000	22401225	EFT	03/25/2025	201605169		95216	101593	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 42221		MVHFleet	FUEL		3,070.31				
							3,070.31			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4518	Keystone Cooperative	0000	22401224	EFT	03/25/2025	201605186		95298	101684	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42221		MVHFleet FUEL				1,578.05			
							1,578.05			
4518	Keystone Cooperative	0000	22401225	EFT	03/25/2025	201605366		95684	102091	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42221		MVHFleet FUEL				1,518.72			
							1,518.72			
4518	Keystone Cooperative	0000	22401225	EFT	03/25/2025	201605405		95685	102092	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 42221		MVHFleet FUEL				2,662.29			
							2,662.29			
4518	Keystone Cooperative	0000	22500192	EFT	03/25/2025	201303184		95805	102221	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 42221		GenFleet FUEL				19,202.94			
	2 20106010 42221		MVHFleet FUEL				1,497.69			
	3 60606010 42221		SewFleet FUEL				638.55			
	4 62606010 42221		SWFleet FUEL				258.12			
							21,597.30			
						CHECK TOTAL	**71,846.38**			
607	Kimley-Horn and Assoc	0000		EFT	01/31/2025	170257001-1224		94924	101259	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 44391011 43100		ECNDEVMY PROSERVICE				850.00			
							850.00			
						CHECK TOTAL	**850.00**			
3304	Kipling Industries	0000	22301263	EFT	02/13/2025	1340		95037	101377	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				7,941.36			
	2 60609014 42200		SewPWWaterOPERSUP				10,808.64			
							18,750.00			
						CHECK TOTAL	**18,750.00**			
150	Kirby Risk Corporatio	0000		EFT	01/31/2025	S210634454.001		94390	100692	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				89.94			
							89.94			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210684696.001		94674	100997	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				58.71			
							58.71			
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210684702.001		94676	100999	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				329.58			
							329.58			
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210690626.001		94709	101034	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				310.86			
							310.86			
150	Kirby Risk Corporatio	0000		EFT	10/31/2024	S210511201.001		94718	101043	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				102.22			
							102.22			
150	Kirby Risk Corporatio	0000		EFT	10/31/2024	S210511201.002		94719	101044	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				192.78			
							192.78			
150	Kirby Risk Corporatio	0000		EFT	03/01/2023	S112304229.004		94720	101045	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				-160.78			
							-160.78			
150	Kirby Risk Corporatio	0000		EFT	10/10/2024	S210511201.003		94721	101046	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				-27.36			
							-27.36			
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210637188.001		94892	101227	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				447.50			
							447.50			
150	Kirby Risk Corporatio	0000		EFT	02/28/2025	S210681476.001		94899	101235	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMNOPERSUP				155.60			
							155.60			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
150	Kirby Risk Corporatio	0000		EFT	03/31/2025	S210703512.001		94972	101310	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			126.15			
							126.15			
150	Kirby Risk Corporatio	0000		EFT	03/31/2025	S210687161.001		95335	101725	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			668.02			
							668.02			
150	Kirby Risk Corporatio	0000		EFT	03/31/2025	S210715447.001		95368	101761	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			3.84			
							3.84			
150	Kirby Risk Corporatio	0000		EFT	03/31/2025	S210687161.002		95640	102045	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			115.91			
							115.91			
						CHECK TOTAL	**2,412.97**			
117	Kleen-It Group, Inc	0000		EFT	01/08/2025	86233		94868	101204	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			48.00			
							48.00			
117	Kleen-It Group, Inc	0000	22500125	EFT	02/15/2025	86343		95218	101595	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			16,433.38			
	2 21205058 43100		CHD	PROSERVICE			1,320.00			
							17,753.38			
117	Kleen-It Group, Inc	0000	22500148	EFT	01/02/2025	86226		95310	101698	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			6,437.00			
							6,437.00			
						CHECK TOTAL	**24,238.38**			
4839	KM Specialty Pumps In	0000	22401271	EFT	03/13/2025	45791		95369	101762	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			1,000.00			
							1,000.00			
						CHECK TOTAL	**1,000.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3513	Knox Handmade LLC-Mas	0000		EFT	01/27/2025	FMPG064		94824	101152	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			762.30			
							762.30			
						CHECK TOTAL	**762.30**			
4902	Koch HVAC Distributio	0000		EFT	02/21/2025	3349708		94682	101005	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			20.38			
							20.38			
4902	Koch HVAC Distributio	0000		EFT	02/22/2025	3350821		94864	101198	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			276.96			
							276.96			
4902	Koch HVAC Distributio	0000		EFT	02/26/2025	3353251		94866	101201	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			111.53			
							111.53			
4902	Koch HVAC Distributio	0000		EFT	03/06/2025	3358053		95195	101570	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			37.72			
							37.72			
						CHECK TOTAL	**446.59**			
152	Krieg Devault LLP	0000	22500031	EFT	03/01/2025	571672		95749	102161	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			5,500.00			
							5,500.00			
						CHECK TOTAL	**5,500.00**			
3193	Laundry One Inc	0000		EFT	12/05/2024	44349		95098	101438	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 43100		GenLogist	PROSERVICE			327.00			
							327.00			
						CHECK TOTAL	**327.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
936	Lehman's Inc of Ander	0000	22401113	EFT	01/15/2025	20438		94853	101185	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			2,262.35			
							2,262.35			
936	Lehman's Inc of Ander	0000	22401113	EFT	01/17/2025	20436		95634	102040	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 44400		GenPWBuild	IMPROTHBUI			3,226.60			
	2 10109012 43100		GenPWBuild	PROSERVICE			2,257.65			
							5,484.25			
936	Lehman's Inc of Ander	0000		EFT	02/13/2025	20605		95802	102218	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			266.50			
							266.50			
						CHECK TOTAL	**8,013.10**			
2023	Will Leitherer	0000		INV	03/08/2025	W.Leitherer 2.6.25		95374	101767	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			250.00			
							250.00			
						CHECK TOTAL	**250.00**			
5176	LEMKE, BRIAN & JACQUE	0000		INV	02/11/2025	94776		94776	101103	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
							79.58			
						CHECK TOTAL	**79.58**			
3676	Life Technologies Cor	0000	22500097	EFT	02/08/2025	86407760		95041	101381	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			4,866.50			
							4,866.50			
3676	Life Technologies Cor	0000	22500115	EFT	02/15/2025	77232780		95043	101383	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43100		GenInvstgt	PROSERVICE			16,671.26			
							16,671.26			
						CHECK TOTAL	**21,537.76**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
218	Lifeline Data Centers	0000	22400754	EFT	03/03/2025	36009		95581	101984	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			22.69			
	2 60606050 43100		SewIT	PROSERVICE			2.84			
	3 62606050 43100		SWIT	PROSERVICE			2.84			
	4 10106050 43100		GenIT	PROSERVICE			2,405.56			
	5 60606050 43100		SewIT	PROSERVICE			339.24			
	6 62606050 43100		SWIT	PROSERVICE			339.24			
								3,112.41		
							CHECK TOTAL	**3,112.41**		
5153	LILIEDAHL, DAVID & MI	0000		INV	02/11/2025	94753		94753	101080	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
								79.58		
							CHECK TOTAL	**79.58**		
1007	Lochmueller Group, In	0000	22400940	EFT	02/22/2025	200042		94882	101217	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27054010 44200		GRNTEng	INFRSTR			24,375.00			
								24,375.00		
							CHECK TOTAL	**24,375.00**		
345	Logical Concepts Inc	0000	22401287	EFT	01/31/2025	99033		95669	102075	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			28,453.14			
								28,453.14		
							CHECK TOTAL	**28,453.14**		
5161	LOZANO, JULIO	0000		INV	02/11/2025	94761		94761	101088	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
								39.79		
							CHECK TOTAL	**39.79**		
5181	MAC, TOMMY	0000		INV	02/11/2025	94781		94781	101108	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							39.79			
						CHECK TOTAL	**39.79**			
289	Macallister Machinery	0000		EFT	12/24/2024	R64622143301		94665	100987	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		1,335.78				
							1,335.78			
289	Macallister Machinery	0000		EFT	03/01/2025	MS9495145		95146	101521	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 43100		MVHFleet	PROSERVICE		171.00				
							171.00			
289	Macallister Machinery	0000	22401341	EFT	03/15/2025	R64623871903		95615	102020	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		6,256.25				
							6,256.25			
289	Macallister Machinery	0000		EFT	03/15/2025	S9550383		95616	102021	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60606010 42200		SewFleet	OPERSUP		1,801.73				
							1,801.73			
289	Macallister Machinery	0000	22500171	EFT	03/16/2025	S9557694		95653	102059	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 42200		MVHFleet	OPERSUP		3,437.51				
							3,437.51			
						CHECK TOTAL	**13,002.27**			
2341	MACLE Inc	0000	22500183	EFT	02/16/2025	118812		95714	102122	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 43100		SewPWWater	PROSERVICE		2,955.00				
							2,955.00			
						CHECK TOTAL	**2,955.00**			
3448	Maddox Industrial LLC	0000	22500131	EFT	03/06/2025	158390		95231	101609	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 43100		SewPWWater	PROSERVICE		9,250.00				
							9,250.00			
						CHECK TOTAL	**9,250.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5169	MAHER, STEPHEN & JANE	0000		INV	02/11/2025	94769		94769	101096	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
4185	Marathon Sportswear I	0000		EFT	03/13/2025	97568		95377	101770	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27907054 42200		CCFHlthWll	OPERSUP			990.08			
							990.08			
						CHECK TOTAL	**990.08**			
242	Marshall Best Securit	0000		EFT	03/01/2025	0060089-IN		94890	101225	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			71.70			
							71.70			
						CHECK TOTAL	**71.70**			
5100	Matthew Webster	0000	22500114	EFT	02/21/2025	000092		95032	101372	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 43513012 43100		THBC Art	PROSERVICE			25,000.00			
							25,000.00			
						CHECK TOTAL	**25,000.00**			
2236	McKesson Medical-Surg	0000		EFT	02/20/2025	74586624		94804	101131	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			2,819.95			
							2,819.95			
2236	McKesson Medical-Surg	0000		EFT	02/21/2025	74597175		94807	101135	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			3,868.62			
							3,868.62			
2236	McKesson Medical-Surg	0000		EFT	02/21/2025	74615154		94808	101136	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			1,512.89			
							1,512.89			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2236	McKesson Medical-Surg	0000		EFT	02/27/2025	74819976		94811	101139	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFNDOPERSUP				402.08			
							402.08			
2236	McKesson Medical-Surg	0000		EFT	03/08/2025	75138925		95498	101898	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			905.72			
							905.72			
2236	McKesson Medical-Surg	0000		EFT	03/08/2025	75148734		95502	101901	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			2,209.03			
							2,209.03			
2236	McKesson Medical-Surg	0000		EFT	03/11/2025	75230801		95645	102049	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			613.42			
							613.42			
2236	McKesson Medical-Surg	0000		EFT	03/13/2025	75321965		95648	102055	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			1,793.42			
							1,793.42			
						CHECK TOTAL	**14,125.13**			
232	McMaster-Carr Supply	0000		EFT	03/02/2025	40089389		95144	101519	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				44.00			
							44.00			
						CHECK TOTAL	**44.00**			
2743	Med-Bill Corporation	0000	22400843	EFT	03/02/2025	MB-9801		95396	101791	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			1,470.45			
	2 10105012 43100		GenEMS	PROSERVICE			10,585.15			
							12,055.60			
						CHECK TOTAL	**12,055.60**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
542	Melissa Kaye Brennema	0000	22400975	EFT	03/16/2025	1331		95583	101986	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			2,664.75			
	2 60606050 43100		SewIT	PROSERVICE			1,110.31			
	3 62606050 43100		SWIT	PROSERVICE			666.19			
							4,441.25			
						CHECK TOTAL	**4,441.25**			
266	Menard Inc	0000		EFT	02/20/2025	93784		94649	100968	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			140.48			
							140.48			
266	Menard Inc	0000		EFT	02/20/2025	93783		94650	100969	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			69.96			
							69.96			
266	Menard Inc	0000		EFT	02/23/2025	93958		94713	101038	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			18.99			
							18.99			
266	Menard Inc	0000		EFT	02/22/2025	93887		94862	101196	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			512.12			
							512.12			
266	Menard Inc	0000		EFT	02/22/2025	93917		94874	101208	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			67.16			
							67.16			
266	Menard Inc	0000		EFT	02/22/2025	93888		94876	101210	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			157.80			
							157.80			
266	Menard Inc	0000		EFT	02/27/2025	94093		94900	101236	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			61.73			
							61.73			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	03/01/2025	94175		94903	101239	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			93.30			
							93.30			
266	Menard Inc	0000		EFT	02/22/2025	93895		94950	101286	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			-111.80			
							-111.80			
266	Menard Inc	0000	22401272	EFT	03/02/2025	94240		94998	101338	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			13.98			
							13.98			
266	Menard Inc	0000		EFT	03/05/2025	94351		95096	101437	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			73.20			
							73.20			
266	Menard Inc	0000		EFT	02/16/2025	93654		95101	101441	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42200		GenSafeTr	OPERSUP			81.93			
							81.93			
266	Menard Inc	0000		EFT	02/18/2025	93717		95102	101442	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			101.76			
							101.76			
266	Menard Inc	0000		EFT	02/20/2025	93812		95103	101444	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105016 42200		GenExAff	OPERSUP			24.99			
							24.99			
266	Menard Inc	0000		EFT	02/22/2025	93913		95105	101445	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105016 42200		GenExAff	OPERSUP			-24.99			
							-24.99			
266	Menard Inc	0000		EFT	03/02/2025	94277		95106	101446	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			179.99			
							179.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	03/02/2025	94220-2025		95148	101523	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWaterOPERSUP				59.68			
							59.68			
266	Menard Inc	0000		EFT	03/06/2025	94394		95190	101565	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				471.46			
							471.46			
266	Menard Inc	0000		EFT	03/06/2025	94393		95196	101571	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				248.64			
							248.64			
266	Menard Inc	0000		EFT	03/06/2025	94395		95197	101572	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				218.29			
							218.29			
266	Menard Inc	0000		EFT	03/07/2025	94444		95223	101601	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				178.22			
							178.22			
266	Menard Inc	0000		EFT	03/07/2025	94445		95228	101606	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				19.99			
							19.99			
266	Menard Inc	0000		EFT	03/07/2025	94450		95229	101607	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				-129.20			
							-129.20			
266	Menard Inc	0000		EFT	03/08/2025	94507		95299	101685	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				44.94			
							44.94			
266	Menard Inc	0000		EFT	03/08/2025	94498		95304	101690	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNTOPERSUP				44.38			
							44.38			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	03/09/2025	94538		95305	101691	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			8.88			
							8.88			
266	Menard Inc	0000		EFT	03/08/2025	94497		95308	101694	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			-129.20			
							-129.20			
266	Menard Inc	0000		EFT	02/28/2025	94137		95371	101764	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			2,503.79			
							2,503.79			
266	Menard Inc	0000		EFT	02/20/2025	93794		95394	101789	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			39.97			
							39.97			
266	Menard Inc	0000		EFT	03/13/2025	94691		95405	101800	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			517.64			
							517.64			
266	Menard Inc	0000		EFT	03/13/2025	94692		95408	101803	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			53.82			
							53.82			
266	Menard Inc	0000		EFT	03/14/2025	94737		95468	101864	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			122.22			
							122.22			
266	Menard Inc	0000		EFT	03/14/2025	94735		95481	101879	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	2 10106193 42200		GFICPKSMNT	OPERSUP			-163.62			
							-163.62			
266	Menard Inc	0000	22401272	EFT	03/14/2025	94738		95488	101887	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			4.78			
							4.78			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
266	Menard Inc	0000		EFT	03/16/2025	94836		95631	102037	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			135.20			
							135.20			
266	Menard Inc	0000		EFT	03/15/2025	94789		95635	102041	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			108.84			
							108.84			
266	Menard Inc	0000		EFT	03/15/2025	94798		95651	102057	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			22.14			
							22.14			
							CHECK TOTAL	**5,841.46**		
434	Michael A Reuter Cons	0000		EFT	03/02/2025	Reuter325		94816	101144	
	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	03/03/2025	E-2502012757181		95578	101981	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			1,851.94			
	2 10106050 43100		GenIT	PROSERVICE			1,373.06			
							3,225.00			
							CHECK TOTAL	**3,225.00**		
2252	Millers Towing and Tr	0000		EFT	02/09/2025	189956		94748	101075	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			88.00			
							88.00			
2252	Millers Towing and Tr	0000		EFT	02/28/2025	190498		94783	101110	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			70.00			
							70.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2252	Millers Towing and Tr	0000		EFT	02/28/2025	190488		94787	101114	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			70.00			
							70.00			
2252	Millers Towing and Tr	0000		EFT	03/02/2025	190520		94969	101306	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			100.00			
							100.00			
2252	Millers Towing and Tr	0000		EFT	03/06/2025	190614		95346	101736	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106010 43100		GenFleet	PROSERVICE			293.75			
							293.75			
						CHECK TOTAL	**621.75**			
5157	MOSHIER, BARBARA S	0000		INV	02/11/2025	94757		94757	101084	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			93.00			
							93.00			
						CHECK TOTAL	**93.00**			
2406	Mulhaupt's Inc	0000		EFT	12/03/2024	781759		93574	99736	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			1,734.00			
							1,734.00			
						CHECK TOTAL	**1,734.00**			
845	Multi Service Technol	0000		EFT	02/16/2025	991-1-82508		94784	101111	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62609014 42200		SWPWWater	OPERSUP			170.99			
							170.99			
845	Multi Service Technol	0000		EFT	03/07/2025	991-1-83172		95187	101562	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			250.00			
							250.00			
845	Multi Service Technol	0000		EFT	02/22/2025	991-1-82704		95326	101716	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			224.99			
							224.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
845	Multi Service Technol	0000		EFT	03/12/2025	579-1-67124		95355	101746	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 42200		GenFleet	OPERSUP		143.99				
							143.99			
845	Multi Service Technol	0000		EFT	02/21/2025	991-1-82680		95733	102143	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		-199.51				
							-199.51			
						CHECK TOTAL	**590.46**			
234	Municipal Emergency S	0000		EFT	02/23/2025	IN2190782		94691	101015	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		1,039.99				
							1,039.99			
234	Municipal Emergency S	0000		EFT	02/23/2025	IN2190774		94692	101016	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		1,039.99				
							1,039.99			
234	Municipal Emergency S	0000		EFT	02/23/2025	IN2190775		94693	101017	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		1,039.99				
							1,039.99			
234	Municipal Emergency S	0000		EFT	03/05/2025	IN2197071		95003	101343	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		1,801.38				
							1,801.38			
234	Municipal Emergency S	0000		EFT	03/09/2025	IN2199610		95234	101614	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108012 42200		GenPatrol	OPERSUP		87.79				
							87.79			
234	Municipal Emergency S	0000		EFT	03/15/2025	IN2202808		95464	101860	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		1,692.70				
							1,692.70			
234	Municipal Emergency S	0000		EFT	03/20/2025	IN2204830		95642	102048	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 42200		GenPDSpprt	OPERSUP		1,079.99				
							1,079.99			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
234	Municipal Emergency S	0000		EFT	03/20/2025	IN2204828		95643	102051	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			1,079.99			
							1,079.99			
234	Municipal Emergency S	0000		EFT	03/19/2025	IN2204574		95655	102061	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			227.00			
							227.00			
234	Municipal Emergency S	0000		EFT	03/19/2025	IN2204579		95695	102102	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			334.00			
							334.00			
						CHECK TOTAL	**9,422.82**			
4298	Naptown Franchising L	0000		EFT	03/01/2025	581		94825	101153	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			875.00			
							875.00			
						CHECK TOTAL	**875.00**			
903	NCH Corporation	0000		EFT	02/10/2025	9020132		95509	101907	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			360.00			
							360.00			
						CHECK TOTAL	**360.00**			
2716	Nelson & Co LLC	0000		EFT	03/02/2025	SI169312		94887	101223	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			31.40			
							31.40			
2716	Nelson & Co LLC	0000		EFT	03/08/2025	SI169438		95357	101748	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			76.35			
							76.35			
2716	Nelson & Co LLC	0000		EFT	12/11/2024	SI166754		95361	101752	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 42200		GenPDAdmin	OPERSUP			1,047.00			
							1,047.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2716	Nelson & Co LLC	0000		EFT	02/20/2025	SI168939		95362	101754	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			827.25			
							827.25			
2716	Nelson & Co LLC	0000		EFT	12/04/2024	SI166487		95363	101755	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			101.00			
							101.00			
2716	Nelson & Co LLC	0000		EFT	02/16/2025	SI168806		95375	101768	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			419.13			
							419.13			
2716	Nelson & Co LLC	0000		EFT	02/28/2025	SI169201		95376	101769	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			1,500.15			
							1,500.15			
2716	Nelson & Co LLC	0000		EFT	03/15/2025	SI169676		95402	101797	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			63.00			
							63.00			
2716	Nelson & Co LLC	0000		EFT	03/15/2025	SI169699		95463	101858	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 42200		GenPatrol	OPERSUP			114.50			
							114.50			
2716	Nelson & Co LLC	0000		EFT	03/15/2025	SI169696		95476	101874	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42231		GenSafeTr	UNIFORMS			495.75			
							495.75			
2716	Nelson & Co LLC	0000		EFT	03/19/2025	SI169774		95605	102009	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42231		GenSafeTr	UNIFORMS			422.62			
							422.62			
2716	Nelson & Co LLC	0000		EFT	03/19/2025	SI169779		95606	102010	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105015 42231		GenSafeTr	UNIFORMS			692.78			
							692.78			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2716	Nelson & Co LLC	0000		EFT	03/12/2025	SI169589		95694	102101	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 42200		GenFireAdm	OPERSUP		482.00				
							482.00			
						CHECK TOTAL	**6,272.93**			
327	Nelson Alarm Inc.	0000		INV	12/21/2024	241201357		94708	101033	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		253.00				
	2 21206050 43100		HDFIT	PROSERVICE		150.00				
							403.00			
327	Nelson Alarm Inc.	0000		INV	02/05/2025	250103703		94930	101265	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		115.00				
	2 10106050 42200		GenIT	OPERSUP		68.00				
							183.00			
327	Nelson Alarm Inc.	0000		INV	02/21/2025	250201361		94931	101266	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		403.00				
							403.00			
						CHECK TOTAL	**989.00**			
2184	North American Rescue	0000	22401315	EFT	03/07/2025	IN870700		95215	101592	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 42200		GenEMS	OPERSUP		199.92				
							199.92			
						CHECK TOTAL	**199.92**			
3313	Nova Healthcare IN LL	0000		EFT	02/02/2025	000002894547		94663	100985	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 43100		GenPDSpprt	PROSERVICE		1,026.00				
							1,026.00			
3313	Nova Healthcare IN LL	0000		EFT	03/06/2025	000002927076		95076	101417	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 43100		GenPDSpprt	PROSERVICE		1,108.10				
							1,108.10			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
3313	Nova Healthcare IN LL	0000		EFT	03/06/2025	000002927149		95078	101415	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			505.24			
							505.24			
3313	Nova Healthcare IN LL	0000		EFT	03/06/2025	000002927150		95104	101443	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62609014 43100		SWPWWater	PROSERVICE			115.47			
							115.47			
						CHECK TOTAL	**2,754.81**			
335	Office Three Sixty In	0000		EFT	02/21/2025	3082655		94805	101132	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFND	OPERSUP			89.58			
							89.58			
335	Office Three Sixty In	0000		EFT	03/01/2025	3089771		94812	101140	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			108.11			
							108.11			
335	Office Three Sixty In	0000		EFT	03/09/2025	3096588		95248	101629	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10102100 42200		GenCourt	OPERSUP			177.19			
							177.19			
335	Office Three Sixty In	0000		EFT	03/16/2025	3101356B1		95639	102046	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			734.01			
							734.01			
335	Office Three Sixty In	0000		EFT	03/16/2025	3101356		95649	102050	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			156.43			
							156.43			
335	Office Three Sixty In	0000		EFT	03/14/2025	3099039		95652	102058	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			358.32			
							358.32			
335	Office Three Sixty In	0000		EFT	03/02/2025	3085754		95746	102158	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101017 42200		GenFndCS	OPERSUP			46.00			
							46.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**1,669.64**			
601	Om Guru Inc	0000		EFT	01/30/2025	15		95473	101871	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			311.50			
							311.50			
						CHECK TOTAL	**311.50**			
99995	ANNA H MCKINZIE	0000		INV	02/27/2025	FD2024-00006317:1		95158	101533	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43901		GenEMS	REFUNDS			290.00			
							290.00			
						CHECK TOTAL	**290.00**			
99995	HUMANA HEALTH PLANS	0000		INV	03/08/2025	FD2024-00006648:1		95720	102128	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43901		GenEMS	REFUNDS			536.49			
							536.49			
						CHECK TOTAL	**536.49**			
99995	PHIL T REDD	0000		INV	02/27/2025	FD2024-00003624:1		95156	101531	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43901		GenEMS	REFUNDS			322.00			
							322.00			
						CHECK TOTAL	**322.00**			
99995	SUSAN L VESEY	0000		INV	02/14/2025	FD2024-00006562:1		95159	101534	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43901		GenEMS	REFUNDS			418.00			
							418.00			
						CHECK TOTAL	**418.00**			
99995	SUSAN L VESEY	0000		INV	03/09/2025	FD241210-1642-:1		95721	102129	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43901		GenEMS	REFUNDS			108.77			
							108.77			
						CHECK TOTAL	**108.77**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
99995	WPS GHA	0000		INV	02/09/2025	FD2024-00003739:1		95157	101532	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105012 43901		GenEMS	REFUNDS		390.53				
							390.53			
						CHECK TOTAL	**390.53**			
99996	Breakwater HOA, Attn:	0000		INV	02/27/2025	Breakwater HOA		94733	101059	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 62609014 43905		SWPWWater	Cont Exp		49,500.00				
							49,500.00			
						CHECK TOTAL	**49,500.00**			
99996	Nicole Geise	0000		INV	02/27/2025	NicoleGeise2		94734	101060	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 62609014 43905		SWPWWater	Cont Exp		875.00				
							875.00			
						CHECK TOTAL	**875.00**			
2470	OnPoint Hub & Spoke L	0000		EFT	03/01/2025	3/25 Rent		95318	101708	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101011 43100		GenMayorOf	PROSERVICE		38,763.59				
							38,763.59			
						CHECK TOTAL	**38,763.59**			
342	OpenGov, Inc	0000	22500158	EFT	02/05/2025	INV17708		95508	101908	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101012 43100		GenBSG	PROSERVICE		84,369.89				
							84,369.89			
						CHECK TOTAL	**84,369.89**			
347	Otis Elevator Company	0000		EFT	03/01/2025	100401839771		95610	102015	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		889.05				
							889.05			
347	Otis Elevator Company	0000		EFT	03/01/2025	100401839846		95611	102016	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10109012 43100		GenPWBuild	PROSERVICE		529.52				
							529.52			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
347	Otis Elevator Company	0000		EFT	03/01/2025	100401840032		95612	102017	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			158.05			
							158.05			
						CHECK TOTAL	**1,576.62**			
3972	Parker Fence LLC3	0000		EFT	01/12/2025	1363		95165	101540	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			1,275.00			
							1,275.00			
3972	Parker Fence LLC3	0000	22500154	EFT	01/12/2025	3363		95313	101703	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			3,880.00			
							3,880.00			
						CHECK TOTAL	**5,155.00**			
1565	Mike Pedersen	0000		INV	03/12/2025	02102025		95274	101659	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
4035	People Driven Technol	0000		EFT	02/08/2025	INV17301		93917	100113	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			687.50			
							687.50			
4035	People Driven Technol	0000		EFT	02/08/2025	INV17344		93918	100114	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			225.00			
							225.00			
4035	People Driven Technol	0000		EFT	01/12/2025	INV16643		94090	100305	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			675.00			
							675.00			
						CHECK TOTAL	**1,587.50**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5171	PERDUE, NIKKI M.	0000		INV	02/11/2025	94771		94771	101098	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
5151	Personal Press LLC	0000		EFT	02/06/2025	1312		95788	102204	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101016 43100		GenPR	PROSERVICE			6,950.16			
							6,950.16			
						CHECK TOTAL	**6,950.16**			
5149	Pfizer Inc	0000		EFT	03/29/2025	9345948340		94796	101123	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21205058 42200		CHD	OPERSUP			708.40			
							708.40			
						CHECK TOTAL	**708.40**			
384	Pinnacle Partners Inc	0000	22401247	EFT	02/26/2025	52529		94933	101267	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			5,359.20			
	2 60606050 43100		SewIT	PROSERVICE			2,296.80			
							7,656.00			
384	Pinnacle Partners Inc	0000	22401247	EFT	03/12/2025	52582		95582	101985	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			5,817.00			
	2 60606050 43100		SewIT	PROSERVICE			2,493.00			
							8,310.00			
						CHECK TOTAL	**15,966.00**			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91037984		94905	101240	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			1,102.22			
							1,102.22			
366	Plumbers Supply Compa	0000		EFT	02/25/2025	91039107		95147	101522	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			318.38			
							318.38			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
366	Plumbers Supply Compa	0000		EFT	03/25/2025	91046813		95322	101712	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			562.73			
							562.73			
366	Plumbers Supply Compa	0000		EFT	03/25/2025	91047487		95364	101756	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			261.70			
							261.70			
366	Plumbers Supply Compa	0000		EFT	03/25/2025	91053595		95713	102121	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			79.02			
							79.02			
							CHECK TOTAL	**2,324.05**		
378	PowerDMS Inc	0000	22500108	EFT	01/24/2025	INV-126249		95050	101390	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 43100		GenPDSpprt	PROSERVICE			8,977.93			
							8,977.93			
							CHECK TOTAL	**8,977.93**		
5170	PRESTON, MOLLY	0000		INV	02/11/2025	94770		94770	101097	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			98.97			
							98.97			
							CHECK TOTAL	**98.97**		
4207	Propio LS LLC	0000		EFT	03/02/2025	0193790125		95143	101518	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27155058 43100		HDVFC	PROSERVICE			600.01			
							600.01			
4207	Propio LS LLC	0000		EFT	02/28/2025	2025-002044-1F		95175	101550	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21201012 43100		HDFBSG	PROSERVICE			1,823.24			
							1,823.24			
4207	Propio LS LLC	0000		EFT	03/02/2025	0193800125		95235	101615	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10102100 43100		GenCourt	PROSERVICE			48.83			
							48.83			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4207	Propio LS LLC	0000		EFT	03/02/2025	0197550125		95513	101912	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101012 43100		GenBSG	PROSERVICE		141.56				
							141.56			
4207	Propio LS LLC	0000		EFT	03/02/2025	0193840125		95514	101913	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101012 43100		GenBSG	PROSERVICE		88.12				
							88.12			
4207	Propio LS LLC	0000		EFT	03/22/2025	2025-005533-1F		95826	102243	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10102100 43100		GenCourt	PROSERVICE		130.00				
							130.00			
4207	Propio LS LLC	0000		EFT	03/22/2025	2025-005635-1F		95827	102244	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10102100 43100		GenCourt	PROSERVICE		188.48				
							188.48			
4207	Propio LS LLC	0000		EFT	03/22/2025	2025-005532-1F		95828	102245	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10102100 43100		GenCourt	PROSERVICE		225.00				
							225.00			
						CHECK TOTAL	**3,245.24**			
3328	Proveli LLC	0000	22500129	EFT	03/12/2025	121548		95485	101883	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS	OPERSUP		3,344.32				
							3,344.32			
3328	Proveli LLC	0000		EFT	03/19/2025	121536		95706	102113	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS	OPERSUP		775.00				
							775.00			
						CHECK TOTAL	**4,119.32**			
374	PVS Nolwood Chemicals	0000	22401087	EFT	02/28/2025	23923262		94993	101333	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		11,815.95				
							11,815.95			
						CHECK TOTAL	**11,815.95**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
4953	Rachael Coverdale	0000		EFT	01/31/2025	3687		94971	101309	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			7,000.00			
							7,000.00			
4953	Rachael Coverdale	0000		EFT	02/28/2025	3712		95466	101862	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43100		GenMayorOf	PROSERVICE			7,000.00			
							7,000.00			
							CHECK TOTAL	**14,000.00**		
5165	RAE, JAMES & MARILYN	0000		INV	02/11/2025	94765		94765	101092	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
							79.58			
							CHECK TOTAL	**79.58**		
5174	RAY, THOMAS & KRISTI	0000		INV	02/11/2025	94774		94774	101101	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
							CHECK TOTAL	**39.79**		
433	RCS Contractor Suppli	0000		EFT	03/05/2025	1-556569		94978	101315	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			21.12			
							21.12			
							CHECK TOTAL	**21.12**		
5180	REED, BRADY & MIA	0000		INV	02/11/2025	94780		94780	101107	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
							CHECK TOTAL	**39.79**		
422	Reynolds Farm Equipme	0000	22500096	EFT	02/28/2025	W70601		94963	101299	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			2,652.73			
							2,652.73			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
422	Reynolds Farm Equipme	0000	22401254	EFT	03/06/2025	E28204		95291	101678	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 44500		MVHFleet	MACHEQPT			40,800.00			
							40,800.00			
						CHECK TOTAL	**43,452.73**			
2473	RF Manufacturing Inc	0000		EFT	01/29/2025	16349		94702	101026	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106010 43100		MVHFleet	PROSERVICE			300.00			
							300.00			
						CHECK TOTAL	**300.00**			
2182	Robert Queer	0000		INV	02/11/2025	Chair Reimb		94879	101213	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20104010 42200		MVHEng	OPERSUP			160.49			
							160.49			
						CHECK TOTAL	**160.49**			
5173	ROBERTSON, MEGAN & BR	0000		INV	02/11/2025	94773		94773	101100	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
5168	RYAN, GRANT & KASEY	0000		INV	02/11/2025	94768		94768	101095	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			39.79			
							39.79			
						CHECK TOTAL	**39.79**			
466	Sharp Printing Servic	0000		EFT	03/02/2025	106674		94814	101142	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 43300		MNCPLHDFNDPRINTADVER				241.00			
							241.00			
466	Sharp Printing Servic	0000		EFT	02/28/2025	106629		95034	101374	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			80.00			
							80.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
466	Sharp Printing Servic	0000		EFT	03/07/2025	106486		95176	101551	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62601013 42200		SWContr	OPERSUP			150.00			
	2 10101013 42200		GenContr	OPERSUP			150.00			
	3 60601013 42200		SewContr	OPERSUP			145.00			
							445.00			
466	Sharp Printing Servic	0000		EFT	03/13/2025	106601		95329	101719	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			1,450.00			
							1,450.00			
466	Sharp Printing Servic	0000		EFT	03/09/2025	106797		95353	101743	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10103012 42200		GenPZ	OPERSUP			1,965.00			
							1,965.00			
466	Sharp Printing Servic	0000		EFT	03/15/2025	106742		95460	101855	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 42200		GenInvstgt	OPERSUP			350.00			
							350.00			
466	Sharp Printing Servic	0000		EFT	03/15/2025	106730		95461	101857	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108015 42200		GenPDSpprt	OPERSUP			1,400.00			
							1,400.00			
466	Sharp Printing Servic	0000		EFT	03/16/2025	106871		95763	102176	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101016 43300		GenPR	PRINTADVER			445.00			
							445.00			
						CHECK TOTAL	**6,376.00**			
5177	SMITH, WILLIAM B.	0000		INV	02/11/2025	94777		94777	101104	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60600000 34900		Sew	USERFEES			79.58			
							79.58			
						CHECK TOTAL	**79.58**			
2372	Smyrna Ready Mix Conc	0000	22400545	EFT	01/25/2025	1020615627		94848	101177	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			1,130.00			
							1,130.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**1,130.00**			
5167	SPARTAN FAMILY TRUST	0000		INV	02/11/2025	94767		94767	101094	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	**39.79**			
3577	Splashtop Inc.	0000	22500172	EFT	03/21/2025	INV23452232		95734	102144	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106050 43100		GenIT	PROSERVICE		3,180.00				
							3,180.00			
						CHECK TOTAL	**3,180.00**			
5000	spokenote Inc	0000		EFT	01/10/2025	1917		95767	102180	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101016 43202		GenPR	POSTAGE		11,000.00				
	2 10101016 43300		GenPR	PRINTADVER		8,500.00				
							19,500.00			
						CHECK TOTAL	**19,500.00**			
2114	St Vincent Health, We	0000		EFT	01/30/2025	20-42717		94672	100995	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 43100		GenPDSpprt	PROSERVICE		12.81				
							12.81			
2114	St Vincent Health, We	0000		EFT	03/01/2025	20-42821		95254	101635	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 43100		GenFireAdm	PROSERVICE		25.12				
							25.12			
2114	St Vincent Health, We	0000		EFT	03/02/2025	20-42823		95395	101790	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10105011 43100		GenFireAdm	PROSERVICE		481.77				
							481.77			
2114	St Vincent Health, We	0000		EFT	03/02/2025	20-42822		95465	101861	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108015 43100		GenPDSpprt	PROSERVICE		340.82				
							340.82			
						CHECK TOTAL	**860.52**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
479	St. Regis Culvert, In	0000		EFT	02/28/2025	123541		94867	101203	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20206191 42200		LRSICSRTS	OPERSUP			320.44			
							320.44			
						CHECK TOTAL	**320.44**			
3014	Stage Tech, Inc	0000		EFT	03/06/2025	2025Geist		95347	101737	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			1,537.50			
							1,537.50			
						CHECK TOTAL	**1,537.50**			
473	State Safety & Compli	0000		EFT	02/19/2025	10726089		94644	100962	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			224.16			
							224.16			
473	State Safety & Compli	0000		EFT	02/21/2025	10726161		94677	101000	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			705.88			
							705.88			
						CHECK TOTAL	**930.04**			
3053	Steve Gabrielsen	0000		INV	02/28/2025	F24-217		95266	101648	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt	COMMTRANS			383.50			
							383.50			
						CHECK TOTAL	**383.50**			
2873	Stevenson Legal Group	0000	22400308	EFT	10/03/2024	17538		95754	102167	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			828.35			
							828.35			
2873	Stevenson Legal Group	0000	22400308	EFT	10/31/2024	17590		95756	102168	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			275.00			
	2 10101011 43101		GenMayorOf	LGLSVCS			687.50			
							962.50			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2873	Stevenson Legal Group	0000		EFT	12/05/2024	17643		95757	102169	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101011 43101		GenMayorOf	LGLSVCS			1,378.35			
							1,378.35			
						CHECK TOTAL	**3,169.20**			
2873	Stevenson Legal Group	0000		EFT	03/06/2025	17830		95171	101546	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 27084010 44200		RIFEng	INFRSTR			687.50			
							687.50			
						CHECK TOTAL	**687.50**			
504	Straeffer Pump & Supp	0000	22401430	EFT	02/22/2025	43623		94990	101330	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 43100		SewPWWater	PROSERVICE			15,635.46			
							15,635.46			
						CHECK TOTAL	**15,635.46**			
558	Stryker Sales Corpora	0000	22401340	EFT	02/19/2025	9208285078		95137	101511	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			153.30			
							153.30			
558	Stryker Sales Corpora	0000	22401340	EFT	03/05/2025	9208403209		95138	101512	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			153.30			
							153.30			
558	Stryker Sales Corpora	0000	22500167	EFT	02/25/2025	9208332568		95478	101876	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			5,844.60			
							5,844.60			
558	Stryker Sales Corpora	0000	22500181	EFT	02/25/2025	9208332569		95659	102065	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 43100		GenEMS	PROSERVICE			24,354.20			
							24,354.20			
						CHECK TOTAL	**30,505.40**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
507	Sunbelt Rentals Inc	0000		EFT	12/11/2024	161766761-0001		94657	100978	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			1,422.00			
							1,422.00			
507	Sunbelt Rentals Inc	0000		EFT	02/15/2025	162697931-0003		95614	102019	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			924.40			
							924.40			
						CHECK TOTAL	**2,346.40**			
536	Mike Taylor	0000		INV	03/12/2025	02102025		95263	101645	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108011 43200		GenPDAdmin	COMMTRANS			120.00			
							120.00			
						CHECK TOTAL	**120.00**			
3019	Taylored Systems LLC	0000	22500009	EFT	03/05/2025	110337		94934	101269	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			8,018.01			
							8,018.01			
						CHECK TOTAL	**8,018.01**			
2268	Teleflex LLC	0000		EFT	02/16/2025	9509479491		95110	101450	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105012 42200		GenEMS	OPERSUP			1,700.00			
							1,700.00			
						CHECK TOTAL	**1,700.00**			
5098	The CI Thornburg Co I	0000	22401441	EFT	02/16/2025	S100285422.001		94984	101322	
	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	03/01/2025	176755		95099	101439	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105011 43100		GenFireAdm	PROSERVICE			64.82			
							64.82			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
						CHECK TOTAL	**64.82**			
1337	The Marina Ltd Partne	0000	22400954	EFT	03/14/2025	551971		95378	101771	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106010 43100		GenFleet	PROSERVICE		1,761.15				
							1,761.15			
						CHECK TOTAL	**1,761.15**			
3174	The Pitney Bowes Bank	0000		EFT	03/14/2025	8000909011001281_Jan		95758	102170	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101011 43202		GenMayorOf	POSTAGE		1,057.54				
							1,057.54			
						CHECK TOTAL	**1,057.54**			
572	The Sherwin-Williams	0000		EFT	03/20/2025	5040-8		95641	102047	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		152.74				
							152.74			
						CHECK TOTAL	**152.74**			
4295	Thomas Spille	0000		INV	02/17/2025	57292		95773	102186	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101015 43200		GenHR	COMMTRANS		535.14				
	2 21701015 43200		DonHR	COMMTRANS		0.00				
							535.14			
4295	Thomas Spille	0000		INV	02/17/2025	52883		95775	102188	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10101015 43200		GenHR	COMMTRANS		535.14				
							535.14			
						CHECK TOTAL	**1,070.28**			
532	Tiffany Lawn & Garden	0000		EFT	04/08/2025	93861/3		95664	102070	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT	OPERSUP		744.00				
							744.00			
						CHECK TOTAL	**744.00**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
5049	TimeClock Plus LLC	0000	22401352	EFT	02/16/2025	INV00396589		95044	101384	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 43100		GenPatrol	PROSERVICE			5,544.00			
							5,544.00			
5049	TimeClock Plus LLC	0000		EFT	02/23/2025	INV00397548		95045	101385	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108012 43100		GenPatrol	PROSERVICE			108.00			
							108.00			
						CHECK TOTAL	**5,652.00**			
1692	TK Elevator Corporati	0000		EFT	03/03/2025	3008337017		95613	102018	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109012 43100		GenPWBuild	PROSERVICE			701.91			
							701.91			
						CHECK TOTAL	**701.91**			
182	Traffic Control Corpo	0000	22500110	EFT	02/26/2025	156257		94884	101219	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20104010 42200		MVHEng	OPERSUP			8,502.00			
							8,502.00			
						CHECK TOTAL	**8,502.00**			
4998	Tyler Catt	0000		INV	02/28/2025	F24-217		95268	101650	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10108013 43200		GenInvstgt	COMMTRANS			383.50			
							383.50			
						CHECK TOTAL	**383.50**			
122	UKG Kronos Systems LL	0000	22500170	EFT	03/16/2025	12363135		95737	102149	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10101012 43100		GenBSG	PROSERVICE			3,314.03			
							3,314.03			
						CHECK TOTAL	**3,314.03**			
58	Uline Inc	0000		EFT	02/21/2025	188213852		95227	101604	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			208.46			
							208.46			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
58	Uline Inc	0000		EFT	02/05/2025	187483973		95381	101774	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			1,091.44			
							1,091.44			
58	Uline Inc	0000		EFT	03/07/2025	188782933		95650	102056	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			48.00			
							48.00			
						CHECK TOTAL	**1,347.90**			
2039	Ultimate Technologies	0000		EFT	02/19/2025	ARI001672		94545	100853	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			825.00			
							825.00			
2039	Ultimate Technologies	0000		EFT	03/14/2025	ARI001722		95584	101987	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			1,327.05			
	2 10106050 42200		GenIT	OPERSUP			332.00			
	3 60606050 42200		SewIT	OPERSUP			34.00			
	4 62606050 42200		SWIT	OPERSUP			33.99			
							1,727.04			
						CHECK TOTAL	**2,552.04**			
4214	United Rentals (North	0000		EFT	02/02/2025	2211237525-024		94739	101065	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10109013 43100		GenPWParks	PROSERVICE			195.00			
							195.00			
4214	United Rentals (North	0000		EFT	02/18/2025	224169921-019		95638	102044	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10107010 43100		GenParks	PROSERVICE			811.00			
							811.00			
						CHECK TOTAL	**1,006.00**			
1871	UrbanEco Properties L	0001		EFT	03/01/2025	3/25 Rent		95317	101707	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 47140000 43700		Fishersl69	RENTALS			14,327.83			
							14,327.83			
						CHECK TOTAL	**14,327.83**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2071	Utility Pipe Sales of	0000	22500092	EFT	02/21/2025	3203159-00		94960	101296	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 62609014 42200		SWPWWater	OPERSUP			7,507.74			
	2 62609014 42200		SWPWWater	OPERSUP			11,692.26			
							19,200.00			
							CHECK TOTAL	**19,200.00**		
614	Van Ausdall & Farrar	0000	22500049	EFT	02/16/2025	641491		94936	101270	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			20.27			
	2 62606050 43100		SWIT	PROSERVICE			0.00			
							20.27			
614	Van Ausdall & Farrar	0000	22500049	EFT	02/16/2025	641482		94937	101272	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			27.35			
	2 62606050 43100		SWIT	PROSERVICE			0.00			
							27.35			
614	Van Ausdall & Farrar	0000	22500049	EFT	02/16/2025	641481		94938	101274	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			412.54			
	2 62606050 43100		SWIT	PROSERVICE			0.00			
							412.54			
614	Van Ausdall & Farrar	0000	22500049	EFT	02/28/2025	86049		94939	101275	
	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	22500049	EFT	02/26/2025	642412		94940	101276	
	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	22500049	EFT	02/26/2025	642411		94941	101277	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106050 43100		GenIT	PROSERVICE			22.26			
	2 62606050 43100		SWIT	PROSERVICE			0.00			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							22.26			
614	Van Ausdall & Farrar	0000	22500049	EFT	02/26/2025	642413		95073	101413	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	48.04
2	62606050 43100	SWIT	PROSERVICE	0.00
3	27155058 43100	HDVFC	PROSERVICE	59.12

							107.16			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/06/2025	643455		95585	101988	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	2,467.15
2	62606050 43100	SWIT	PROSERVICE	121.07
3	21106050 43100	MHFIT	PROSERVICE	29.83

							2,618.05			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/16/2025	644879		95587	101990	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	29.78
2	62606050 43100	SWIT	PROSERVICE	0.00

							29.78			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/14/2025	644409		95588	101991	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	110.05
2	62606050 43100	SWIT	PROSERVICE	0.00

							110.05			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/12/2025	644156		95589	101992	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	24.07
2	62606050 43100	SWIT	PROSERVICE	0.00

							24.07			
614	Van Ausdall & Farrar	0000	22500049	EFT	03/19/2025	645275		95735	102145	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	2.70
2	62606050 43100	SWIT	PROSERVICE	0.00

							2.70			
						CHECK TOTAL	**9,572.74**			
5178	VANARSDALE, TIFFANY	0000		INV	02/11/2025	94778		94778	101105	

ACCOUNT DETAIL				LINE AMOUNT
1	60600000 34900	Sew	USERFEES	39.79

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							39.79			
						CHECK TOTAL	**39.79**			
616	Vermeer of Indiana In	0000		EFT	02/28/2025	S36426		94785	101112	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106010 43100		MVHFleet	PROSERVICE		725.92				
							725.92			
616	Vermeer of Indiana In	0000	22500119	EFT	02/23/2025	S36319		95356	101747	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60606010 42200		SewFleet	OPERSUP		4,300.60				
							4,300.60			
616	Vermeer of Indiana In	0000		EFT	03/02/2025	R05898		95617	102022	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20109011 43100		MVHPWStr	PROSERVICE		1,760.00				
							1,760.00			
						CHECK TOTAL	**6,786.52**			
2992	Vision Event Manageme	0000		EFT	03/14/2025	1745		95493	101892	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 27907054 43100		CCFHlthWll	PROSERVICE		11,362.00				
							11,362.00			
						CHECK TOTAL	**11,362.00**			
2813	Visionary Cove LLC	0000		EFT	03/01/2025	3/25 Rent		95316	101706	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 47140000 43700		FishersI69	RENTALS		61,450.00				
							61,450.00			
						CHECK TOTAL	**61,450.00**			
5164	VOHS, ERIK & NICHOEL	0000		INV	02/11/2025	94764		94764	101091	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		39.79				
							39.79			
						CHECK TOTAL	**39.79**			
5182	WARNECKE, RONALD & JU	0000		INV	02/11/2025	94782		94782	101109	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60600000 34900		Sew	USERFEES		39.79				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							39.79			
						CHECK TOTAL	**39.79**			
3900	West Technology Foren	0000		EFT	03/08/2025	100204		95401	101796	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10108013 42200		GenInvstgt	OPERSUP		1,120.00				
							1,120.00			
						CHECK TOTAL	**1,120.00**			
2380	Whites Ace Hardware F	0000		EFT	02/22/2025	37607725		94683	101006	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT	OPERSUP		49.96				
							49.96			
2380	Whites Ace Hardware F	0000		EFT	02/26/2025	37608424		94704	101028	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		0.92				
							0.92			
2380	Whites Ace Hardware F	0000		EFT	02/26/2025	37608425		94871	101206	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		8.18				
							8.18			
2380	Whites Ace Hardware F	0000		EFT	03/07/2025	37610191		95194	101567	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN	OPERSUP		2.69				
							2.69			
2380	Whites Ace Hardware F	0000		EFT	03/16/2025	37611595		95486	101885	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		19.96				
							19.96			
2380	Whites Ace Hardware F	0000		EFT	03/19/2025	37612157		95600	102003	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater	OPERSUP		1.29				
							1.29			
						CHECK TOTAL	**83.00**			
2737	Wild Ridge Lawn & Lan	0000	22500095	EFT	03/02/2025	34675		94845	101174	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20209011 43100		LRSPWSTRT	PROSERVICE		21,404.27				

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
							21,404.27			
						CHECK TOTAL	**21,404.27**			
3066	Wood Chipper Safety S	0000		EFT	03/13/2025	8065d		95370	101763	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS OPERSUP			1,075.00				
							1,075.00			
						CHECK TOTAL	**1,075.00**			
1309	WW Grainger Inc	0000		EFT	02/14/2025	9373520429		94425	100727	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 20106191 42200		MVHICSRTS OPERSUP			1,165.48				
							1,165.48			
1309	WW Grainger Inc	0000		EFT	02/20/2025	9380560236		94647	100964	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106192 42200		GFICBLDGMN OPERSUP			349.26				
							349.26			
1309	WW Grainger Inc	0000		EFT	02/20/2025	9380560228		94651	100970	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT OPERSUP			1,754.56				
							1,754.56			
1309	WW Grainger Inc	0000		EFT	02/20/2025	9380560251		94652	100971	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT OPERSUP			29.04				
							29.04			
1309	WW Grainger Inc	0000		EFT	02/27/2025	9387093363		94745	101072	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater OPERSUP			124.32				
							124.32			
1309	WW Grainger Inc	0000		EFT	02/26/2025	9385643250		94746	101073	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 60609014 42200		SewPWWater OPERSUP			244.76				
							244.76			
1309	WW Grainger Inc	0000		EFT	02/26/2025	9385643268		94869	101202	
	ACCOUNT DETAIL					**LINE AMOUNT**				
	1 10106193 42200		GFICPKSMNT OPERSUP			396.28				
							396.28			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1309	WW Grainger Inc	0000		EFT	02/22/2025	9382421742		94881	101215	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			678.32			
							678.32			
1309	WW Grainger Inc	0000		EFT	03/01/2025	9390859982		94893	101228	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			206.75			
							206.75			
1309	WW Grainger Inc	0000		EFT	02/28/2025	9389423097		94901	101237	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106193 42200		GFICPKSMNT	OPERSUP			293.51			
							293.51			
1309	WW Grainger Inc	0000	22500103	EFT	02/20/2025	9380560244		94946	101282	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			2,111.88			
							2,111.88			
1309	WW Grainger Inc	0000		EFT	03/05/2025	9394036538		94974	101312	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			31.62			
							31.62			
1309	WW Grainger Inc	0000		EFT	03/05/2025	9394036512		94975	101313	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			149.98			
							149.98			
1309	WW Grainger Inc	0000		EFT	02/23/2025	9383909216		95060	101400	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			37.66			
							37.66			
1309	WW Grainger Inc	0000		EFT	02/26/2025	9385398145		95061	101401	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			441.36			
							441.36			
1309	WW Grainger Inc	0000		EFT	02/27/2025	9386954417		95062	101402	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			33.12			
							33.12			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1309	WW Grainger Inc	0000		EFT	02/28/2025	9389153231		95063	101403	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			58.25			
							58.25			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395302590		95093	101433	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			360.80			
							360.80			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395302608		95095	101435	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			255.44			
							255.44			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395639199		95139	101513	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			256.86			
							256.86			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395639207		95140	101514	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			230.69			
							230.69			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395639215		95141	101515	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			474.77			
							474.77			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9396012040		95142	101516	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			114.06			
							114.06			
1309	WW Grainger Inc	0000	22500105	EFT	02/21/2025	9381026971		95153	101528	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			2,766.91			
							2,766.91			
1309	WW Grainger Inc	0000		EFT	03/06/2025	9395302582		95168	101543	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 21105058 42200		MNCPLHDFND	OPERSUP			11.68			
							11.68			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1309	WW Grainger Inc	0000		EFT	03/07/2025	9397623522		95188	101563	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				365.62			
							365.62			
1309	WW Grainger Inc	0000		EFT	03/01/2025	9390859990		95217	101594	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				1,510.47			
							1,510.47			
1309	WW Grainger Inc	0000		EFT	03/08/2025	9398920646		95224	101602	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				545.35			
							545.35			
1309	WW Grainger Inc	0000		EFT	03/08/2025	9398920653		95225	101603	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				729.59			
							729.59			
1309	WW Grainger Inc	0000	22500130	EFT	03/06/2025	9395595235		95233	101612	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS OPERSUP				7,445.00			
	2 20106191 42200		MVHICSRTS OPERSUP				159.00			
							7,604.00			
1309	WW Grainger Inc	0000		EFT	03/09/2025	9399994046		95301	101687	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				327.62			
							327.62			
1309	WW Grainger Inc	0000		EFT	03/09/2025	9399994038		95302	101688	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN OPERSUP				245.56			
							245.56			
1309	WW Grainger Inc	0000		EFT	03/13/2025	9403129597		95366	101759	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater OPERSUP				53.44			
							53.44			
1309	WW Grainger Inc	0000		EFT	03/12/2025	9401174405		95392	101787	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist OPERSUP				375.97			
							375.97			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
1309	WW Grainger Inc	0000		EFT	03/15/2025	9406333824		95467	101863	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			114.82			
							114.82			
1309	WW Grainger Inc	0000		EFT	03/15/2025	9407126623		95471	101869	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			11.94			
							11.94			
1309	WW Grainger Inc	0000		EFT	03/16/2025	9407294264		95636	102042	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 20106191 42200		MVHICSRTS	OPERSUP			1,428.54			
							1,428.54			
1309	WW Grainger Inc	0000		EFT	03/16/2025	9407873083		95644	102052	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 60609014 42200		SewPWWater	OPERSUP			1,071.22			
							1,071.22			
1309	WW Grainger Inc	0000		EFT	03/20/2025	9411730386		95699	102106	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			321.76			
							321.76			
1309	WW Grainger Inc	0000		EFT	03/20/2025	9411730402		95700	102107	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			19.20			
							19.20			
1309	WW Grainger Inc	0000		EFT	03/20/2025	9411730394		95703	102109	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			1,346.17			
							1,346.17			
1309	WW Grainger Inc	0000	22500180	EFT	03/14/2025	9404694326		95709	102117	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10106192 42200		GFICBLDGMN	OPERSUP			2,007.72			
							2,007.72			
1309	WW Grainger Inc	0000		EFT	03/21/2025	9413244626		95807	102223	
	ACCOUNT DETAIL						**LINE AMOUNT**			
	1 10105013 42200		GenLogist	OPERSUP			169.94			
							169.94			
						CHECK TOTAL	**30,826.29**			

ACCOUNTS PAYABLE CHECK RUN REPORT

Detail Invoice List

WARRANT: 22525 02/21/2025
DUE DATE: 02/21/2025

CASH ACCOUNT: 99900000 10100 APCash

VENDOR		REMIT	PO	TYPE	DUE DATE	INVOICE	AMOUNT	DOCUMENT	VOUCHER	CHECK
2036	Zayo Group Holdings I	0000	22500050	EFT	02/28/2025	2025020028823		95590	101993	

ACCOUNT DETAIL				LINE AMOUNT
1	10106050 43100	GenIT	PROSERVICE	3,523.76
2	60606050 43100	SewIT	PROSERVICE	704.75
3	62606050 43100	SWIT	PROSERVICE	469.84
				4,698.35
			CHECK TOTAL	**4,698.35**

869	INVOICES	WARRANT TOTAL	2,345,158.79	2,345,158.79
		CASH ACCOUNT BALANCE		31,507,512.36

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

Comment

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 on116th 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
Address	10814 Knightsbridge Lane Fishers, IN 46037
Email	victoriatroutman@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 Falls road to Spyglass Hill
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?
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 6:45 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
Address	11316 Reflection Point Dr Fishers, IN 46037
Email	joecox2012@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 Falls - Spyglass Hills pass through
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.
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 7:26 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
Address	11018 Knightsbridge Lane Fishers, IN 46037
Email	jan.hinchcliff@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 Falls cut through onto Knightsbridge Lane , Spyglass Hills
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
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 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	jlmarsh@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	jlmarsh@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	djslough@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

Form Name:	Public Meeting Comment Form
Submission Time:	January 29, 2025 1:34 am
Browser:	Mobile Safari 18.1.1 / iOS
IP Address:	76.139.20.113
Unique ID:	1309763133
Location:	39.9564, -85.9651

Name	Joe Cox
Address	11316 Reflection Point Dr Fishers, IN 46037
Email	joecox2012@gmail.com
Subdivision or business name	Spyglass
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety City Council Plan Commission Meeting
Meeting Date	Jan 28, 2025
Project Name/Resolution Number	Spyglass Passthrough
Comment	I attended the meeting today and with the accident data provided it is apparent that the issue needing to be addressed is egress from Klotz Farm onto 116th St. Westbound. With that in mind I would like the proposed solution to be changed / limited to a 1-way road with RIGHT TURN ONLY between Spyglass Falls & Spyglass Hill. There is plenty of common property and city easement to provide for a generous and curving right turn only lane to be created. This would assist with any safety concern with the blind curve / hill sightlines as well as keep headlights out of homes on Knightsbridge Lane. It also prevents unnecessary & unintended traffic coming into Spyglass Hill trying to egress back to 116th St further east on Spyglass Ridge Dr or out the Lake Stonebridge egress onto 116th St.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 29, 2025 1:45 am
Browser:	Mobile Safari 18.1.1 / iOS
IP Address:	76.139.20.113
Unique ID:	1309764187
Location:	39.9564, -85.9651

Name	Joe Cox
Address	11316 Reflection Point Dr Fishers, IN 46037
Email	joecox2012@gmail.com
Subdivision or business name	Spyglass
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety City Council Plan Commission Meeting
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Spyglass passthrough
Comment	I attended the meeting today and with the accident data provided it is apparent that the issue needing to be addressed is egress from Klotz Farm onto 116th St. Westbound. With that in mind I would like the proposed solution to be changed / limited to a 1-way road with RIGHT TURN ONLY between Spyglass Falls & Spyglass Hill. There is plenty of common property and city easement to provide for a generous and curving right turn only lane to be created. This would assist with any safety concern with the blind curve / hill sightlines as well as keep headlights out of homes on Knightsbridge Lane. It also prevents unnecessary & unintended traffic coming into Spyglass Hill trying to egress back to 116th St further east on Spyglass Ridge Dr or out the Lake Stonebridge egress onto 116th St.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	January 30, 2025 8:37 pm
Browser:	Mobile Safari 18.1.1 / iOS
IP Address:	149.154.20.23
Unique ID:	1310426479
Location:	39.9564, -85.9651

Name	Phil Zink
Address	11405 Niagara Dr Fishers, IN 46037
Email	zink807@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	Feb 25, 2025
Project Name/Resolution Number	2nd Entrance spyglass falls
Comment	Please move forward worth the 2nd entrance for spyglass falls. It's very dangerous trying to pull out on 116th street and I have 3 teenage drivers in my home.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 4, 2025 11:39 am
Browser:	Chrome 131.0.0.0 / Windows
IP Address:	3.16.42.87
Unique ID:	1311641165
Location:	39.9625, -83.0061

Name	David Magner
Address	11390 Rainbow Falls Lane Fishers, IN 46037-4090
Email	davemagner.indy@att.net
Subdivision or business name	Spyglass Falls HOA
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety City Council
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Connector road from Spyglass Falls to Knightsbridge in Spyglass Hill subdivision.
Comment	Adding an exit road from the southeast corner of Spyglass Falls to Knightsbridge might be a short-term solution, but there are many other options that have not been considered. I am proposing that flashing yellow lights be installed above the exit point where Klotz Farm Blvd. intersects with East 116th Street. These would be activated when vehicles trip a photo beam or sensor in the pavement, alerting traffic on 116th Street to slow down and move over into the right lane of the west-bound traffic. This would allow vehicles to merge more safely onto 116th Street, when turning either right or left out of Klotz Farm Blvd. Currently, it is nearly impossible to determine if west-bound vehicles are in the left or right lanes of 116th, and this creates a major safety issue for motorists trying to exit onto this busy roadway. The total cost of this project should not be more than $ 100,000. to $ 200,000, much less than any other comparable project.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 5, 2025 11:05 am
Browser:	Chrome 132.0.0.0 / Windows
IP Address:	50.238.79.42
Unique ID:	1312052154
Location:	45.5073, -122.6929

Name	Kira Newkirk
Address	10005 Niagara Dr Fishers, IN 46037
Email	kira.newkirk@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls/Hills Connection
Comment	I am writing to express my strong support for the proposed one-way connector from Laurel Falls to Knightsbridge Blvd. This improvement is essential for enhancing the safety and efficiency of traffic flow in our community, particularly for school buses and residents exiting Spyglass Falls. Currently, traffic congestion and limited egress creates hazardous conditions, especially during peak hours. The addition of a one-way connector would provide a safer, more structured route for school buses, reducing delays and ensuring the safety of students. Additionally, it would improve the flow of residential traffic, decreasing bottlenecks and minimizing the risk of accidents at busy intersections. This project is a necessary step toward improving both safety and accessibility for our neighborhood. I urge the city to move forward with its implementation to benefit our residents, schoolchildren, and the broader community.

Form Name:	Public Meeting Comment Form
Submission Time:	February 5, 2025 12:56 pm
Browser:	Chrome 130.0.0.0 / Windows
IP Address:	149.154.20.54
Unique ID:	1312097021
Location:	39.9564, -85.9651

Name	Roy Vanderford
Address	11430 Falling Water Way Fishers, IN 46037
Email	rlvanderford@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls Second Exit
Comment	Our Spyglass Falls neighborhood was originally designed to have a street that connects to the Spyglass Hills neighborhood, giving us access to Cumberland Road. I don't know if the original design considered this as only an exit (with a one-way street to Cumberland) or an entrance/exit (with a two-way street). It seems that the current recommendation would have only an exit and that entering both neighborhoods from Cumberland Road would not be possible. That seems to create problems in addition to solving the problem of needing another exit from Spyglass Falls. This will force more traffic needing to enter both neighborhoods from the south to go to 116th Street, creating more congestion on 116th Street and between Deering Road and 116th. With that above concern in mind, is a two-way street still an option being considered? It seems to me that a two-way street with a 3-way stop at Deering/Cumberland should be an option on the table. This would still be a cost-effective option and would make the intersection safer.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 6, 2025 4:31 pm
Browser:	Chrome 132.0.0.0 / Windows
IP Address:	149.154.20.12
Unique ID:	1312573606
Location:	39.9564, -85.9651

Name	Dianne Boyd
Address	11438 Brookridge Ct Fishers, IN 46037
Email	linnanddiboyd@att.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	Feb 25, 2025
Project Name/Resolution Number	Cut through road
Comment	I OPPOSE the cut through from Spyglass Falls to Spyglass Hill. The pictures presented of the view at the TOP of the HILL and CURVE does not demonstrate and accurate picture! Last week there was a moving van in front of the home for sale park well beyond the proposed road. As I approached the moving van going about 10mph I had to stop suddenly to allow an oncoming car go by. How is this safe? Mayor Faddness, please drive through Spyglass Hills during the evening, weekends or other busy times to actually see why it is unsafe. It is more than a mere pine tree that makes this propose road unsafe for children, bicyclists, walkers or joggers. If there is 31 accidents reported for Klotz Blvd, how does this not meet the guidelines for a light? A light will 1) Slow down traffic on 116th St 2) Provide a safe exit for Spyglass Fall 3) The cost difference between the cut through and a light will be minimal- road maintenance, landscaping and a win for both neighborhoods. The studies shown at the Zoom meeting and the public meeting continues to have unsatisfactory answers. Until then please halt the project until ALL answers are provided.

Form Name:	Public Meeting Comment Form
Submission Time:	February 8, 2025 4:40 pm
Browser:	Chrome 132.0.0.0 / Windows
IP Address:	149.154.20.87
Unique ID:	1313175870
Location:	39.9564, -85.9651

Name	Donna Faraci
Address	11427 Knightsbridge Lane Fishers, IN 46037
Email	scrapbook154@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
Meeting Date	Feb 25, 2025
Project Name/Resolution Number	Pass thru from Spyglass Falls
Comment	I am letting you know I feel the city is being irresponsible with this project going through at a curving, hilltop, blind spot when cars are parked on street as they usually are, on the main street of the neighborhood. You stated 116th street is not an option at this time for a stoplight. Are you kidding me???? When you drive the east side of it, it is an absolute drag strip most of the time!! ANY accident in front of our entrance OR the Falls entrance is one too many even though you said they did not rise up to the number "needed" for such a costly fix. Please heed our cries to put in a light instead of a temporary fix (band-aid) for a few years, that greatly impacts the safety of using our streets - which are 6' narrower than the Falls streets. With the announcement of increasing development in the District of apartments and restaurants. the116th will need several lights along the east end. More speeding, more road rage etc etc etc Thank you for letting me convey my opinion as a resident of the Spyglass Hill

Form Name:	Public Meeting Comment Form
Submission Time:	February 11, 2025 12:33 am
Browser:	Chrome 132.0.0.0 / Windows
IP Address:	99.153.224.161
Unique ID:	1313766544
Location:	39.7914, -86.2675

Name	Steven Heidler
Address	9912 DEERING ST Fishers, IN 46037
Email	skheidler@att.net
Subdivision or business name	Spy Glass Hills
Please select the meeting to which you would like to submit a public comment	Board of Public Works and Safety
Meeting Date	Feb 05, 2025
Project Name/Resolution Number	Spyglass Hill/Falls Cut Through
Comment	The presentation by Mr. Mekkey showed the higher number of accidents leaving Spyglass Falls. The intersection is dangerous. I see 2 solutions, adding a traffic signal, so people can make a left turn, or making Knotts Farm a right turn only exit. People then can turn either north or south at Hoosier road and make their way back west on 121st or 106th streets. That is what I did during construction on Cumberland Road and is the usual driving pattern of people in Spyglass falls who do not want to risk an accident on 116th street. A cut thru into Spyglass hills would not make the intersection less dangerous. Mr Mekkey's estimate of 10 cars per hour using the cut thru, would imply only a 10% decrease in cars leaving out of Knotts farm. So, an average about a decrease in accidents of 10%, which would not be acceptable.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 1:42 pm
Browser:	Firefox 135.0 / Windows
IP Address:	76.139.109.146
Unique ID:	1316738193
Location:	39.8983, -86.0115

Name	Kevin Rumble
Address	11202 Niagara Dr. Fishers, IN 46037
Email	Kevin@langdonmortgage.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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls secondary exit
Comment	We've lived in Spyglass Falls since we built in November of 2004. At the time, population was much less so the one way in/one way out was only a minor inconvenience. As time has grown, however, it has become not only a nuisance, but a danger. I know the board has been working on a solution for some time, the exit into Spyglass Hills, while not perfect, is by far the best option. For the safety of our residents, as well as those who travel 116th street past our entrance, I strongly urge the city to do the right thing and approve this change. It is LONG overdue!
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 1:50 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	149.154.20.115
Unique ID:	1316741418
Location:	39.9564, -85.9651

Name	Jennifer Bute
Address	11389 Rainbow Falls Lane Fishers, IN 46037
Email	jenbute@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls Exit
Comment	I am writing to urge the board to approve a second exit for Spyglass Falls. We have lived in this neighborhood since 2012. In that time, the city has developed 116th Street in ways that have substantially increased traffic (e.g., IKEA, Fishers Event Center, shops and dining), making it increasingly more difficult to exit our neighborhood safely. In addition, drivers on 116th regularly exceed the speed limit, often driving 50+ mph. With no light at our single entrance, it often takes 3-5 minutes even to turn right out of the neighborhood. This is a problem for both residents and school bus drivers. It is unsafe for any neighborhood in our city to have a single exit, especially one in a high traffic area like ours.

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 1:50 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	50.223.249.218
Unique ID:	1316741629
Location:	39.8238, -86.1407

Name	Toomie Farris
Address	11490 Niagara Dr. Fishers, IN 46037
Email	toomief@mcnamaraflorist.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	Feb 25, 2025
Project Name/Resolution Number	Board of Public Works and Safety meeting - Spyglass Falls second access point
Comment	Just to comment on the pending projects regarding a second point of entry /exit from Spyglass Falls. We have lived there since 2020 and regularly experience very hazardous conditions and significant delays in exiting the neighborhood onto 116th St. The traffic volume on 116th st. is so high and there is so much speeding going on that you take your life in your hands when you try to leave the subdivision most any time of the day. The safety risk is ridiculous and that statistics show the number of accidents at this location warrant some type of change. While I prefer a stop light or other long term solution I realize that traffic on 116th is bad enough and is is difficult to justify another stop on that street. However the safety of the residents must also be considered when making decisions - over 300 households have to deal with this multiple times a day. Please approve a secondary entrance so we can reduce the number of accidents and delays at this location - 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:	February 20, 2025 1:52 pm
Browser:	Chrome Mobile 133.0.6943.84 / iOS
IP Address:	76.139.102.32
Unique ID:	1316742291
Location:	39.8983, -86.0115

Name	Grace Miller
Address	11350 Niagara Drive fishers, IN 46037
Email	quitegrace@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass falls and the 116th Street exit problem
Comment	Please review the date the traffic study was completed. The engineer presented a traffic study from 2021, which would have been taken in the aftermath of the pandemic and would not accurately reflect current traffic level. A traffic light is desperately needed on 116th street - even a deceleration lane into the neighborhood would be a welcomed improvement. Thank you for the work put in to address this matter.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 2:11 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	163.116.247.77
Unique ID:	1316749713
Location:	38.6287, -90.1988

Name	Scott Hutchison
Address	11346 Falling Water Way Fishers, IN 46037
Email	imahutch@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls/Hills connection
Comment	Thanks for reading my comments. Something I've not heard discussed is any estimate of how much this new exit might actually be used. I suspect it's not nearly as much as Spyglass Hills residents fear. Obviously people exiting to the East out of Spyglass Falls will likely continue to use the existing exit onto 116th rather than take a longer route through Spyglass Hills and face the same traffic. Then for people exiting to the West out of Spyglass Falls . . . I would estimate for about 20 hours per day, the existing exit will continue to be preferred. (It will be for me.) It's more direct to most locations, and it's really only bad during the morning and evening rush hours. To me, I can't see how having slightly more traffic going through a small section of Spyglass Hills for 3-4 hours per day would have any impact on neighborhood safety or property values. To me, it's a very small price to pay for what is a clear safety problem on 116th Street. It's been bad for years. Please go experience it yourself at 5pm on a weekday if you haven't yet. Thank you for finally taking this up.

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

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 2:12 pm
Browser:	Mobile Safari 18.3 / iOS
IP Address:	104.28.32.98
Unique ID:	1316750313
Location:	37.751, -97.822

Name	Rob Stein
Address	11322 Niagara Drive Fishers, IN 46037
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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls Second Exit
Comment	Please approve this second exit for the safety of our families and loved ones. 116th has become a highway for the people of fishers and it is beyond dangerous to pull out into oncoming traffic coming at 40-55mph. The second exit will be so much safer for our families to use.

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 2:17 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	149.154.20.36
Unique ID:	1316752495
Location:	39.9564, -85.9651

Name	Eric Hart
Address	9936 Niagara Drive Fishers, IN 46037
Email	ericyhart@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls - Spyglass Hills Access Proposal Alternatives
Comment	I am in favor of a connector between the neighborhoods, but I think it should be two-way. I am glad the board is looking at the exit situation because it is dangerous during rush hour, and I have up and coming drivers, so if this is the only temporary solution, that is fine. As many have already said, our current exit is simply dangerous, due to the angle of the hill and the turn in that traffic going 45-55mph. That being said, my long term concern with the one way is logistical; in past emergencies (2 that I have seen where police stop traffic from entering our neighborhood due to accidents on 116 for long periods of time) we are redirected to that path between the neighborhoods, where they lift the posts and let us enter. Now, if it is a one way, how does that work in emergencies. Could there be accidents for the cars entering and exiting? I think a better solution is a 2-way with speed bumps and a pedestrian walkway to the side. I get it is inconvenient to the neighboring houses, and I live towards the back of the neighborhood, but we need a real second entrance/exit for emergencies at some point.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 2:31 pm
Browser:	Mobile Safari 18.3 / iOS
IP Address:	40.248.138.169
Unique ID:	1316757844
Location:	39.6757, -86.0694

Name	Jay Gabbard
Address	11250 Rainbow Falls Ln. Fishers, IN 46037
Email	jdgabbar@yahoo.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	Feb 25, 2025
Project Name/Resolution Number	Secondary exit
Comment	I'm in disagreement with the proposed addition of the exit to our neighborhood. 1) I think it would negatively impact the value of my neighbors' property that reside in that cul-de-sac. 2) It would increase traffic in our neighborhood and my street with those cutting through. 3) With the increase in traffic, there likely comes an increase in crime. 4) I've lived in this neighborhood since 2008 and have never had to wait more than a minute or so to exit. Thanks for your time. Jay Gabbard

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 3:20 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	73.102.94.118
Unique ID:	1316778428
Location:	40.0365, -86.1339

Name	Bob Zielinski
Address	11417 Rainbow Falls Ln. Fishers, IN 46037
Email	zman1957@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	Feb 25, 2025
Project Name/Resolution Number	Secondary exit, Spyglass Falls
Comment	As a resident of Spyglass Falls, we are thrilled to know that the City of Fishers is considering a secondary exit from our neighborhood. Exiting onto 116th. St currently is very challenging. We almost never attempt a left turn. Instead we turn right, quickly move into the left lane and turn around in another neighborhood. Not ideal, not necessarily the safest action, but it is far better than attempting to turn left. We have also on several occasions turned into Spyglass Hill and drove through that neighborhood to reach Cumberland Rd. I realize some people have concerns about the proposed solution, but Hatem Mekky did an outstanding job on the webinar explaining the options and how the secondary exit is the optimal solution. The data clearly shows that the current situation poses a significant safety risk to not only residents of this neighborhood but also travelers on 116th. St. I am hopeful that the board will make the right decision, prioritizing safety, and approve the secondary exit.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 4:14 pm
Browser:	Mobile Safari 18.3 / iOS
IP Address:	107.115.187.186
Unique ID:	1316800817
Location:	32.7212, -96.6765

Name	Marvin Echols
Address	11303 Falling Water Way Fishers, IN 46037
Email	marvinechols001@yahoo.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	Feb 25, 2025
Project Name/Resolution Number	Addl exit from subdivision
Comment	I hope you all positively grant the proceeds to add an additional exit from the subdivision. It is a safety issue, and I am shocked, more accidents have not happened. Whenever I have guests visit me, I have to brief them about the exiting challenges and be concerned about their safe exit from my residence. I am sure it is a costly venture; so are injuries and loss of life.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 4:20 pm
Browser:	Mobile Safari 18.3 / iOS
IP Address:	76.139.103.73
Unique ID:	1316803155
Location:	39.8983, -86.0115

Name	Tanya Sriver
Address	10033 Niagara Drive Fishers , IN 46037
Email	tsriver@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	Feb 25, 2025
Project Name/Resolution Number	Secondary entrance for Spyglass Falls
Comment	This exit will improve life for our neighborhood. Turning left when leaving our community is often a 5 to 10 minute version of the old arcade game Frogger. I've often turned right just so I can feel safe when exiting. Please move this project forward. If it is approved we all need to remain respectful of the neighborhood behind for granting us this access. The increased traffic will impact their lives too and we all have to live together. Thank you, Tanya Sriver
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 6:10 pm
Browser:	Chrome Mobile 133.0.6943.84 / iOS
IP Address:	174.202.67.211
Unique ID:	1316842356
Location:	39.7436, -86.1158

Name	Grace Miller
Address	11350 Niagara Drive fishers, IN 46037
Email	quitegrace@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass falls and the 116th Street exit problem
Comment	Please review the date the traffic study was completed. The engineer presented a traffic study from 2021, which would have been taken in the aftermath of the pandemic and would not accurately reflect current traffic level. A traffic light is desperately needed on 116th street - even a deceleration lane into the neighborhood would be a welcomed improvement. Thank you for the work put in to address this matter.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 20, 2025 8:06 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	71.203.18.25
Unique ID:	1316871596
Location:	27.2823, -82.419

Name	ELLEN JONES
Address	11193 LAUREL FALLS LANE Fishers, IN 46037
Email	jonese007@aol.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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls - Spyglass Hills

Comment

Greetings Public Works and Safety Board,

Thank you for the opportunity to comment prior to your decision. I have read the materials presented in detail. I appreciate the collection of the data in 2016 and again in 2024, especially the crash data.

While analysis and recommendations from department staff are certainly valuable, they do not capture the reality of actually living in Spyglass Falls and needing to exit safely. I would like to add some perspective:

1) Egress from anywhere in Spyglass Falls through a connector to Spyglass Hills will be a VERY long egress path. For those who live in the front of Spyglass Falls, the trip would approach two miles! No one wants to do that. I surmise you would object if it was you.

2) Spyglass Hills Residents have been consistently vocal to us. THEY DO NOT WANT US DRIVING THROUGH THEIR NEIGHBORHOOD. The visibility is bad when cars are parked on the street there.

3) The slope and egress visibility for a connector to Cumberland Road will be hazardous.

4) The reason for most accidents at 116th and Klotz Farm Blvd is the "dip" that makes oncoming traffic disappear for a second or two. You have to look to the left TWICE to safely cross, unless you are in a tall vehicle. I predict that Spyglass Falls residents will still use the116th street exit, and the accidents will continue.

5) The "stoplight criteria" don't really capture our situation because of 4) and because of the speeders on 116th street. I suggest this is one time the criteria should be flexed for public safety.

Therefore, I recommend a stoplight at 116th and Klotz Farm as the best answer for these reasons:

A) Accidents will drop to near zero. We have all been praying no one dies trying to turn left onto 116th.

B) Eastbound traffic will have gaps for Spyglass Hills residents to make it safer to cross.

C) Traffic will be slowed a bit with another light, which benefits all

neighborhoods.

A partial answer would be a "halfway lane" like Spyglass Hills has so that we could go across eastbound lanes and wait in a safe place for westbound traffic to clear. This still does not solve the blind spot issue, however.

A "Michigan Left" would be safer than what we have today and avoid traffic through Spyglass Hills. I know it was not successful at Allisonville and 116th but that was an entirely different situation.

Thank you for your consideration,

Ellen Jones

Form Name:	Public Meeting Comment Form
Submission Time:	February 22, 2025 10:25 am
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	68.57.232.44
Unique ID:	1317322115
Location:	40.0565, -86.0159

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	Feb 25, 2025
Project Name/Resolution Number	R022525K

Comment	In the 2016 review of this situation the city elected to take no action stating that "sound engineering recommendations must be made based upon actual reported crash history and data". They elected to take the time to collect additional data in order to substantiate taking action. So after 9 years of additional monitoring the city now states "The crash numbers and data support the need to provide an alternate for Spyglass Falls" and that "taking no action is no longer a viable option". While this clearly implies the data supports a worsening of the issue, this simply isn't true. Let me explain. The Cities sates its "main goal and concern" is "reducing vehicle accidents and providing a safe exit". The newly updated data since 2016 actually shows that this has already been accomplished. The crash rate for accidents happening in the intersection of the Spyglass Falls exit went from 1.3 per year in the period prior to 2016 to 1.1 per year in the most recent period. And this improvement was realized with 116th street traffic increasing by 53%! Despite this improvement in intersection safety, the City appears determined to label this as a problem intersection citing a NEW safety metric, the relative crash rate comparison to other intersections on 116th street. If the NEW goal is to continue to make this an even safer intersection in the future (less than one crash per year) then the road proposal is the wrong alternative. Let me explain. The engineering traffic flow study estimates that about 650 cars turn left out of Spyglass Falls everyday with only about 25% of this volume expected to utilize the newly proposed connector. That leaves about 500 cars a day STILL USING this unsafe intersection to turn left. The proposed solution does nothing to address the inherent intersection safety, it merely diverts a small fraction somewhere else. If you want to increase the safety for those exiting Spyglass Falls, you MUST address the intersection itself with either a traffic light or a roundabout. The benefit of these alternatives would extend to the 3 other intersections within that 0.2 mile section of 116th as well. I'd ask that really think about what you are trying to improve. Avoid the allure of a cheap, quick, and misdirected fix and address the safety of the intersection directly.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 22, 2025 10:28 am
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	68.57.232.44
Unique ID:	1317322681
Location:	40.0565, -86.0159

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	Feb 25, 2025
Project Name/Resolution Number	R022525K

Comment	While the primary focus of this effort is appropriately aligned with the City's main goal of "reducing vehicle accidents and providing a safe exit", references to "bring Spyglass Falls up to code" with respect to an ingress / egress standard is often cited as well. I want to share my thoughts on this and why I believe the current Spyglass Falls access in fact meets both the historical and current standards. Ensuring access to our neighborhoods in emergency situations is an important aspect of safety and was the basis for the Fire Department Access city ordinance that was passed in Dec 2005 (Ordinance 121905A, Section 92.06.01). This stated that moving forward, neighborhoods having more than 49 homes would need a secondary entrance to address emergency access needs. Even though Spyglass Falls was built before this ordinance was passed, this neighborhood fortunately satisfies this secondary access requirement with the existing paved path between the neighborhoods. As we know, this paved path is flexible in that quick removal of the wooden posts can readily open the access point to emergency vehicles and emergency exiting by residents. In 2016, this was validated by The City of Fishers Fire Chief who indicated that "the current pedestrian/emergency access point adjacent to Knightsbridge Lane is acceptable as a secondary emergency access point". It has been used successfully in this capacity several times in the recent past, validating it's intended utility and design. In fact, the city continues to approve new large neighborhoods with this exact same flexible secondary access approach currently in place for Spyglass Falls. The 80 home Pulte Homes development called The Haven on the NW corner of 96th and Cumberland is one example. While Spyglass Falls and The Haven do have this flexible secondary access point in place, there are over 20 other neighborhoods in Fishers with over 49 homes that have only one ingress / egress point (with no flexible secondary option). Many of these also exit onto busy roads like 116th, 106th, Fall Creek, 131st, and 126th. If there is indeed a focus on bring neighborhoods "up to code", resources might be better spent focusing on the large number of other neighborhoods truly in need of additional emergency access.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 22, 2025 12:09 pm
Browser:	Mobile Safari 18.3 / iOS
IP Address:	174.182.69.161
Unique ID:	1317341666
Location:	39.8996, -86.1692

Name	Amanda Johnston
Address	10367 Seagrave Dr Fishers, IN 46037
Email	amanduhh_kay@yahoo.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	Spyglass Falls - Spyglass Hill connector road
Comment	We have lived in Spyglass Hill since 2015. We have 2 children, both of which have spent their golden years of youth riding their bikes thru our neighborhood. The thrill seekers imbedded within them LOVE the hills in our neighborhood. As parents, we feel like the traffic in our neighborhood is low enough for them to venture out alone. It's almost equally important to note that in the summer, we take daily walks - right down Knightsbridge Lane. To be honest, the thought of a road connecting the 2 neighborhoods is a terrifying thought. The increased traffic is one thing, BUT THE LOCATION is reckless. That is at the near peak of a high hill, making it totally blind. Add families walking, children playing and it's a recipe for disaster. We STRONGLY OPPOSE THIS PLAN. Amanda Johnston
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 22, 2025 12:19 pm
Browser:	Mobile Safari 18.3 / iOS
IP Address:	174.182.69.161
Unique ID:	1317343681
Location:	39.8996, -86.1692

Name	Kyle Johnston
Address	10367 Seagrave Drive Fishers, IN 46037
Email	kylemjohnston@icloud.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	Spyglass Hill-Spyglass Fall connector road
Comment	If we are a "true city of growth and investment into the future", the decision should be to put in more safety measures, ie lights or roundabouts OUTSIDE of the entrance of either Spyglass Falls or Spyglass Hill. This will make it safer for EVERY traveler on 116th while the connector route plan is only decreasing safety. Nothing is safe about this concept, which is against what government is supposed to do. Listen to the people opposing this
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 23, 2025 4:52 am
Browser:	Safari 18.3 / OS X
IP Address:	149.154.20.107
Unique ID:	1317469330
Location:	39.9564, -85.9651

Name	Marsha Baer
Address	9973 Deering Street Fishers, IN 46037
Email	mombaer70@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	Road between Spyglass Falls and Spyglass Hills
Comment	Traffic will not be improved by increasing the amount of traffic exiting out of Deering Street. There is already back up of vehicles turning left from Deering between 7am and 9am and between 3 pm and 7pm. With the round about at 106 and Cumberland it has allowed increased speed of vehicles. With the planned Cumberland road improvement speed will increase. Plus vehicles using Cumberland to reach the Event center does not help traffic. Traffic on 116 needs to slow down. Not unusual for vehicles to travel 50-60 miles a hour. A traffic signal at Spyglass Falls would help to slow traffic down. The number of parked cars on Knightsbridge and Deering is not safe for increased traffic.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 23, 2025 9:13 am
Browser:	Chrome Mobile 133.0.6943.117 / Android
IP Address:	195.252.198.183
Unique ID:	1317490890
Location:	39.9714, -86.1295

Name	Bidusha Neupane
Address	Knightsbridge ln Fishers , IN 46037
Email	bidushaneupane121@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	Spyglass hill road opening
Comment	Opening the road would increase the traffic flow in the neighborhood which may be risky for residents especially to the children, inturn increase the number of accidents rather than helping improve the crash condition. We don't think it is a good idea.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 23, 2025 9:07 pm
Browser:	Mobile Safari 18.3 / iOS
IP Address:	149.154.20.100
Unique ID:	1317613552
Location:	39.9564, -85.9651

Name	Natalie Drury
Address	11168 niagara dr Fishers , IN 46037
Email	natalie.b.drury@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass falls second exit
Comment	A second exit option is extremely important for our neighborhood. Our current only exit can be extremely dangerous due to its location at the top of the hill and the speed and volume of cars on 116th st. As fishers continues to grow this issue will only get worse so an alternate option is necessary for our neighbors but also everyone traveling down 116th

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 7:03 am
Browser:	Mobile Safari 18.3 / iOS
IP Address:	75.114.229.101
Unique ID:	1317682477
Location:	39.786, -86.1589

Name	Kyle Davis
Address	10494 brixton lane Fishers, IN 46037-8700
Email	kd1032@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	Feb 25, 2025
Project Name/Resolution Number	R022525K
Comment	If a connection road is built, utilize a 3 way stop

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 8:19 am
Browser:	Mobile Safari 18.3 / iOS
IP Address:	195.252.198.56
Unique ID:	1317696395
Location:	39.9714, -86.1295

Name	Jane Lodde
Address	10192 Seagrave Dr Fishers, IN 46037
Email	jlodde@icloud.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 from Laurel Falls to Knightsbridge Lane)
Comment	The spot where the city is wanting to open into Spyglass Hills is a blind spot. It is very dangerous now and in the past when the city has discussed opens up the two neighborhoods, it was framed too dangerous. Nothing has changed. This will cause many accidents inside Spyglass Hills neighborhood and also might kill somebody who is walking or riding their bike. I have lived in this neighborhood 22 years and this has been discussed several times and has always been closed down because of the dangers to the public. Nothing has changed so it is still dangerous and not the solution.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 8:49 am
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	68.44.146.183
Unique ID:	1317703574
Location:	39.8655, -86.122

Name	Sandra Farrell
Address	11385 MAINSAIL CT FISHERS, IN 46037
Email	sandyf@birchinc.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	RO22525K - Laurel Falls/ Knightsbridge Cut Thru
Comment	I would like to add my displeasure that this issue is once again "on the table". We have lived in Spyglass Hills for 30 years. At the time Spyglass Falls was built we were promised that the cut through was for emergency use only. Anyone deciding to build or buy there are aware of the inconvenience of needing to turn right to exit their neighborhood. We don't expect our city government to break the promise of our town government. Please keep your promise.

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 9:38 am
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	149.20.198.203
Unique ID:	1317718747
Location:	37.751, -97.822

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	Feb 25, 2025
Project Name/Resolution Number	R022525K

Comment

Good morning,

My name is Mary Pape-Orlowski, and I have lived on Deering Street for the last 30 years.

When the emergency access road between Spyglass Falls and Spyglass Hills was installed in the 1990s, the then Town of Fishers assured Spyglass Hills residents that it would only be used in the event of an emergency. The City now seeks to go back on that promise.

This morning, my neighbors have already outlined a number of reasons why opening the emergency access road to public traffic is dangerous and misguided. I would, however, like to direct your attention to the additional problems it would cause with respect to the traffic on Cumberland Road.

In the thirty years I have lived in Fishers, Cumberland Road has gone from a sleepy side road to a main thoroughfare. And traffic continues to get busier. Ever since the stoplight at Cumberland Road and 106th Street was converted to a roundabout, there is no break in traffic-particularly during peak rush hour-making it is difficult to safely turn right or left out of our subdivision from Deering Street to Cumberland Road. It gets even worse during the frequent occasions traffic from the new Event Center is routed down Cumberland. At times, it can take five minutes or more before I'm safely able to turn out of our neighborhood.

There are also already serious traffic issues at the intersection of Cumberland Road and 116th Street. Because the timing of the light is so short, only about 3 cars can turn from Cumberland Road onto 116th Street per light cycle.

This problem is exacerbated by the fact that the stoplight on 116th Street no longer has a dedicated left turn arrow from 116th to Cumberland Road. As a result, people frequently run the redlight when it is supposed to be time for Cumberland Road to turn onto 116th Street, meaning even fewer people can get through the light. During peak times, there can easily be 20 or more cars backed up on Cumberland Road waiting to turn onto 116th Street, meaning that it is not unusual to have to wait 4 or 5 light cycles before you can turn.

Routing additional traffic from Spyglass Falls through Spyglass Hills will only make these problems worse.

Finally, even if routing additional traffic from Spyglass Falls through Spyglass Hills to Cumberland Road were the answer here-and it is not-the timing is wrong. As you know, Cumberland

Road is scheduled for a major construction project to convert the road to a boulevard. Now is not the time to increase traffic on Cumberland Road.

The real issue causing the problem is the City's failure to enforce the speed limit on 116th Street. The best solution here is to install a stoplight at 116th and Klotz Farm Blvd., providing a break in the traffic and an opportunity for Spyglass Falls, Spyglass Hills, Archer Farms, and Sand Creek residents to safely turn onto 116th.

Thank you.

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 9:40 am
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	149.20.198.203
Unique ID:	1317719525
Location:	37.751, -97.822

Name	Larry Orlowski
Address	9933 Deering Street Fishers, IN 46037
Email	lfo221@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	Feb 25, 2025
Project Name/Resolution Number	R022525K

Comment

Good morning,

My name is Larry Orlowski, and I have lived on Deering Street in Spyglass Hills since 1995. Like my neighbors, I'm here to oppose opening the emergency vehicle access to public traffic.

While I agree with the reasons expressed by my neighbors, as a resident of Deering Street, I would like to discuss the additional problems this proposal would cause on Deering Street.

Deering Street serves as the exit from Spyglass Hills onto Cumberland Road. In case you have never been down Deering Street, I would encourage you to do so. Deering Street is only 22 feet wide. By comparison, the roads in Spyglass Falls are 28 feet wide. Even when there are no cars parked on Deering Street, it is extremely narrow. When there are cars parked on the side of the road, it is impossible for traffic to pass in both directions.

Despite the narrow width, Deering Street sees a high volume of traffic-often traveling at a high rate of speed. It is not uncommon to see cars speed by going 40mph or more. Deering Street also sees a high volume of traffic.

Since the City of Fishers has not conducted a traffic study before making the present decision, I recently conducted my own, unscientific study. On February 12th, between 4pm and 6pm, a total of 179 vehicles drove down Deering Street, about 1 car every 40 seconds. I found similar traffic volumes during the evening of February 13th and during the morning hours of February 18th. Each of the 5 hours I observed the flow of traffic on these days, traffic on Deering Street averaged between 75 and 90 vehicles an hour.

All of this creates a very dangerous situation for the families with young children that live on our street. Opening the emergency access road to direct traffic from Spyglass Falls through Spyglass Hills will only make things worse. We know this to be a fact. Several years ago, the emergency access road was temporarily opened to allow Spyglass Falls residents to drive through Spyglass Hills because their entrance was blocked by a gas line break. During the few hours the emergency access was opened, there was non-stop, speeding traffic up and down Deering Street.

If the City Engineer's recommendation is adopted, this temporary headache will become a permanent nightmare for residents of Deering Street.

In my opinion, the best solution for everybody involved is to put a stoplight on 116th Street at Klotz Farm Blvd., outside the

entrance to Spyglass Falls. This will provide Spyglass Falls residents, as well as residents of other area neighborhoods, with a safe opportunity to turn onto 116th Street.

The real problem here is a lack of traffic control on 116th. We urge the City to address the real problem, rather than simply shifting the burden and safety issues from one neighborhood to another.

Thank you for your time.

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 12:13 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	50.212.130.153
Unique ID:	1317783847
Location:	39.903, -86.0636

Name	Mark Lewis
Address	9960 Rainbow Falls Ln FISHERS, IN 46037
Email	mdl225@yahoo.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	Feb 25, 2025
Project Name/Resolution Number	R022525K connection road from Spyglass Falls to Spyglass Hill
Comment	I am in favor of this connection road. Living in Spyglass Falls for 20 years now, I have seen the results of all the growth and development in Fishers, specifically east of 116th and Cumberland Rd. For Spyglass Falls, we only have one way to enter and more importantly exit the neighborhood. During heavy traffic hours and sometimes randomly throughout the day, it is very difficult to exit and head west. Crossing 2 lanes of traffic with vehicles going 50+mph is extremely dangerous. Furthermore, my interests have increased regarding this safety concern as my son is 16 and driving and my daughter is 15 and heading towards her license and driving soon. Both have voiced their concerns to me about being scared to leave the neighborhood, which is understandable. The connection road allows another option to leave more safely by heading through Spyglass Hill to exit out over on Cumberland Rd. I see this a very good thing for the safety of all, but especially the younger, less experienced drivers.

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 1:07 pm
Browser:	Mobile Safari 18.3 / iOS
IP Address:	76.238.173.81
Unique ID:	1317806963
Location:	39.8291, -86.0859

Name	Court Maple
Address	10317 Seagrave Dr Fishers , IN 46037
Email	court.maple@att.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	Feb 25, 2025
Project Name/Resolution Number	R022525k

Comment	The ability of turning left (west) safely out of Spyglass Falls & Hills is predicated on excessive speed on 116th St and line of site -specifically for Spyglass Falls. 1. Enforce the existing speed limit; radar speed limit signs were deemed necessary for downtown Fishers. So too for East of I-69 to Olio Rd. 2. Infrastructure design changes to slow speed on 116th St. Example is that of 96th St & Sargent Rd roundabout. Or double roundabout in front of Spyglass Hills & Falls to enable both sides of 116th St to enter and exit 116th St safely. 3. There is a reason a light was installed for Fresh Thyme, based on traffic demand & safety. We should also be concerned about young drivers, elderly drivers, and all Fishers residents safety facing the same predicament. 4. Designating a cut-through to Spyglass Hills doesn't solve the safety issue of the youth sports leagues turning left from the church property just east of Spyglass Ridge. You are forcing parents to play frogger with their children during the week & weekend peak traffic. 5. The safety of turning left (South) from Deering St has now been reduced as more people will exit aggressively rather than wait due to excessive speed currently on Cumberland Rd. Shifting the risk from 116th St to Cumberland Rd is still a considerable risk with more home owners & families put at unnecessary risk of speeding neighborhood traffic. 6. What, if any, road design enhancements will be made to Cumberland Rd & Deering ? Or Cumberland Rd in general with additional Event Center traffic.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 2:07 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	149.154.20.104
Unique ID:	1317833607
Location:	39.9564, -85.9651

Name	Kelly Sutter
Address	11560 KLOTZ FARM BLVD Fishers, IN 46037
Email	kelly_sutter@yahoo.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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls 2nd Exit

Comment

As a Spyglass Falls resident, I believe that approving the current second exit proposal is a mistake. While I do not object to connecting to Spyglass Hill, this proposal does not address the real issue: 116th Street is too dangerous as it currently stands.

Here is a summary of my concerns:

1. **Flawed Data**: The last road volume study was conducted four years ago during the COVID-19 pandemic. In 2025, more people are working in an office than in 2021, and our city's population has grown and will continue to grow. It is clear that traffic has significantly increased, but we lack current data to reflect this. Without factoring in higher traffic numbers, a proper decision cannot be made.

2. **Limited Impact of a One-Way Exit**: A small, one-way exit will not be used frequently and will therefore have little impact on reducing accidents. Our neighborhood experiences 4-5 times more accidents than other areas along 116th Street. What do we expect this exit to achieve? If we still experience 3-4 times the number of accidents, is that acceptable? What will it take for the city to take further action? How will you respond when a car full of teenagers is involved in a fatal accident due to this issue being overlooked?

3. **Unpredictable Traffic Patterns**: There are mornings at 7 AM when there are hardly any cars on the road, and others when it takes me five minutes just to exit the neighborhood. Additionally, there are times at 2 PM when I feel it's safe to exit, but other times when I must turn right and make a U-turn because it's too dangerous to do so. As a homeowner, I have no way of knowing when it is safest to use each exit. If I choose to use 116th Street, thinking it will be less busy, but I'm wrong, I face a dilemma as there is often a long line of cars, making it challenging to switch to the other exit.

The one-way exit into Spyglass Hill merely serves as a superficial solution rather than addressing the true safety concerns. If these safety issues are not resolved, the likelihood of more accidents, injuries, and even fatalities will increase. I urge you to find a real solution to this problem, rather than simply check a box.

Thank you for your time and attention to this important issue.

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

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 2:27 pm
Browser:	Mobile Safari 18.0.1 / iOS
IP Address:	65.49.31.244
Unique ID:	1317842361
Location:	39.9955, -85.7518

Name	Caleb Rothenberger
Address	11392 Niagara dr Fishers, IN 46037
Email	cjrothenberg@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls exit improvements

Comment

Dear [Council/Committee Members],

As a resident of Spyglass Falls, I strongly believe that the current second exit proposal is an inadequate response to our neighborhood's safety concerns. While I do not oppose a connection to Spyglass Hill, this proposal fails to address the true issue: 116th Street is far too dangerous in its current state.

Here are my primary concerns:

Outdated and Incomplete Traffic Data
The last road volume study was conducted four years ago, during the COVID-19 pandemic. Since then, office work has rebounded, and our city's population has continued to grow. We know traffic has increased significantly, yet we lack updated data to reflect this reality. Without an accurate assessment, any decision made now is based on flawed and outdated information.
Minimal Impact of a One-Way Exit
A small, one-way exit will do little to reduce accidents. Spyglass Falls experiences four to five times the number of accidents compared to other areas along 116th Street. What measurable impact will this exit have? If we still see three to four times the accidents, is that an acceptable outcome? What action will the city take when a fatal accident occurs because this issue wasn't properly addressed?
Unpredictable and Unsafe Traffic Patterns
Traffic conditions on 116th Street are highly inconsistent. Some mornings at 7 AM, the road is nearly empty; other times, it takes five minutes just to exit the neighborhood. At 2 PM, conditions can be either safe or dangerously unpredictable. Homeowners are forced to guess when it is safest to leave-often leading to unsafe maneuvers or lengthy detours. A one-way exit does not resolve this fundamental problem.
Rather than implementing a superficial fix, we need a solution that truly improves safety. Updated traffic studies, intersection improvements, and better traffic control measures should all be explored before moving forward with an inadequate plan. I urge you to reconsider this proposal and take meaningful action to protect the residents of Spyglass Falls.

Thank you for your time and attention to this critical issue.

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

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 2:35 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	163.116.133.70
Unique ID:	1317845803
Location:	41.8835, -87.6305

Name	Lauren Young
Address	10894 Knightsbridge Ln FISHERS, IN 46037
Email	layoung1979@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	R022525K

Comment	This is in regards to the connection Road from Laurel Falls to Knightsbridge Lane in the Spyglass Falls and Spyglass Hills neighborhoods. I have been a resident of Spyglass Hill since 2014, and I have seen the growing amount of traffic in this neighborhood get worse. This is a neighborhood with a LOT of kids, pets and active people, always walking or riding bicycles. The roads in this neighborhood are tough to navigate now, with people parking on the street. This neighborhood is older and not built to withstand cars on the street and the heavy traffic. People never stop at the stop sign on Deering and Knightsbridge Lane. I have come close to having multiple accidents myself when someone doesn't stop on Deering as they are entering Knightsbridge Lane, and I am coming from the north on Knightsbridge. This is the EXACT direction that the traffic from Spyglass Falls will come from. Not to mention the hill and the curve at this connection point are already dangerous enough. And now you want to add additional traffic to it? It is a danger to our children, the active people in the neighborhood and their pets. The speeding, the growing numbers of apartments and the rapid expansion of Fishers is the bigger issue as to why residents of Spyglass Falls are finding it hard to exit their subdivision onto 116th Street going west. Our infrastructure in Fishers is not equipped for the rapid growth. Allowing residents a cut through into Spyglass Hill is dangerous, and will cause a traffic problem to be added in the exit of our neighborhood. This is not solving the bigger issue of traffic in our community that was once a town, and is now a city. If you have not been to Spyglass Hill, and you are a decision maker, I implore you to come to this neighborhood and make observations throughout the day. Specifically, during school pick up times between 7-845am, and drop off times between 330-5pm, these are some of the worst times already for traffic. Come visit us and observe at 430-530pm on any given day and you will see the speeding, the running of stop signs, the jams that happen as a result of parked cars on the street. It's already an issue, and you will be adding to this issue if you allow this connection road to happen.

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 5:51 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	149.154.20.57
Unique ID:	1317925092
Location:	39.9564, -85.9651

Name	Sarah Lange
Address	10068 Kingston Ct Fishers, IN 46037
Email	Sarah@Langes.us
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	R022525K

Comment

This isn't a neighborhood skirmish or turf battle. The Spyglass neighborhoods both seek the same goal: for 116th Street traffic controlled to allow SAFE turning left/west out of our neighborhoods onto 116th Street. Neither neighborhood wants to create or maintain a situation that isn't safe for anyone. A cut-thru isn't Spyglass Falls' first choice, either.

Cut-thrus created after-the-fact in existing neighborhoods are different from neighborhoods designed from the beginning to be connected, which Fishers is doing now, and something cities all over the country are facing as navigation apps route more people thru neighborhoods during times of congestion on the main streets. Cut-thrus drastically change the streets receiving the additional traffic, often beyond what professionals in the road design field recommend. The #1 solution cities use is remedy this to close the cut-thru to all traffic except pedestian and bicyclists, perhaps keeping it available to emergency vehicles, exactly what we have now.

The receiving neighborhood residents are impacted by the increased volume of traffic, the higher speeds of the cut-thru traffic, the increased risk of accident including to pedistrians and bicyclists, severity of accident this creates, and the resulting home devaluation. Children in the area are especially more likely to be injured or killed as a result of cut-thru traffic.

Many cities with overall neighborhood traffic management plans, including Ft Wayne, won't even entertain a request from residents to create a cut-thru because of the dangers it creates and the negative impact on property values.

Cut-thru requests and traffic issues need to be part of overal City planning to address the congestion on main arterial streets. Shifting traffic from one neighborhood to another by means of a cut-thru is likely to simply move the problem to another spot without actually addressing the main issue. These one-off fixes often have very little measurable benefit to the real problem, thus aren't part of a Real Solution, and that's the case with this cut-thru. Addressing individual issues prior to making a plan to effectively calm traffic on the main streets is premature and very likely to result in significant taxpayer money wasted on an issue that will be remedied anyways when the real issue is corrected. Given that there are safer, faster ways for drivers trying to turn left onto 116th Street from Spyglass Falls now to remedy the issue in the near-term (turn right onto 116th St, circle around the boulevard at the front of Sand Creek Woods entrance and turn right onto 116th St from there, takes less than 30 seconds, doesn't impact any homes), opening the cut-thru should not be done until the larger plan for taming traffic on 116th Street

between Cumberland and Hoosier Roads is made, which will remedy the issue for all neighborhoods, churches and homes the turn onto 116th Street in that mile rather than just 1 spot.

A printed copy of this along with supporting documentation will be provided at the meeting in the morning.

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

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 7:27 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	149.154.20.62
Unique ID:	1317952456
Location:	39.9564, -85.9651

Name	Amanda Lumpkin
Address	10089 Kingston Court Fishers, IN 46037
Email	lumpkinhome@att.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	Feb 23, 2025
Project Name/Resolution Number	R022525K (Connection Road from Laurel Falls to Knightsbridge Lane)

Comment	as a 10 year resident of Spyglass Hill I feel its my duty as a homeowner to appeal the connection "road" of Laurel Falls to Knightsbridge Lane Lets first tackle the two homes on either side of the path. Either of these homeowners moved to those homes to have a road between them. The home on the south has a pool, trampoline and small children, the home to the north is an elderly couple. I really do for see traffic going through front and side yards as safe thing to do. Also the home directly across from the path on Knightsbridge would not appreciate having to wait any longer than the already do to back out of their driveway due to traffic wanted to turn left or right. Secondly, the amount of traffic that Spyglass Hill already has from the number of people that cut through from Cumberland is insane. Also the Lake Stonebridge neighborhood using the Deering cut through to Cumberland is another amount of traffic coming in and out. There are plenty of parked vehicles on our roads as it is and adding extra traffic is only going to make matters worse with getting around. Heck rescue teams have a hard time getting around with all the parked cars. Spyglass hill has a lot of walkers, runners, bikers. Having to always watch for traffic will make the quite neighborhood more congested I think that the city of Fishers should consider putting a one way traffic light at Klotz Farm & 116th, just like as they did at Fresh Thyme on 116th. The traffic that comes between Cumberland Road and Hoosier Road on 116th is a drag strip so something like a stop light that changes ever so often could be an added plus to slow the traffic down to reasonable speed. Spend the $450K on a stop light not a small road expansion through a neighborhood. This road expansion even being considerate is superficial at best. There at more things to put time, and money into than this. Spyglass Hill Resident
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 8:03 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	73.102.94.53
Unique ID:	1317962457
Location:	40.0365, -86.1339

Name	Christopher Egan
Address	9903 Rainbow Falls Ln Fishers, IN 46037-4292
Email	chris_egan525@yahoo.com
Subdivision or business name	Spyglass Falls HOA
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	Spyglass Falls subdivision exits
Comment	To Whom It May Concern: I write to share my support for the completion of an additional exit for the Spyglass Falls subdivision. Regards, Christopher Egan
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 8:57 pm
Browser:	Mobile Safari / iOS
IP Address:	99.49.60.105
Unique ID:	1317975661
Location:	39.9594, -86.0199

Name	Amber Helm
Address	10117 Niagara Dr Fishers, IN 46037
Email	amberlee.helm@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	Feb 25, 2025
Project Name/Resolution Number	Spyglass Falls Exit
Comment	The study is showing that the main reason to add this exit is due to safety concerns at Klotz Farm/116th, yet there's a very small number of cars that is expected to use this exit rather than Klotz Farm/116th. It doesn't seem like a cost effective solution nor addressing the safety concerns if not many people are even expected to use it. Additionally, is the true reason for the exit really safety and not just a check mark to show that the neighborhood has 2 exit points? If this is the best we can do, I would just assume do nothing.
Would you like to receive email communications and updates from the City of Fishers?	Yes

Form Name:	Public Meeting Comment Form
Submission Time:	February 24, 2025 9:30 pm
Browser:	Chrome 133.0.0.0 / Windows
IP Address:	216.37.21.126
Unique ID:	1317982639
Location:	40.0565, -86.0159

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	Feb 25, 2025
Project Name/Resolution Number	R022525K

Comment

02.25.25 City of Fishers Board of Public Works & Safety Meeting
Resolution Number R022525K
Spyglass Hill & Spyglass Falls Connection

I am not minimizing the importance of the connector road issue, but please do not get distracted by it because the real issue to focus on and solve is the access for Spyglass Falls and Spyglass Hill residents to and from 116th Street which is difficult and dangerous.

Why, because the primary entrance and exit for both Spyglass Falls and Spyglass Hill neighborhoods is and will continue to be 116th Street.

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

This is evidenced by the crash, injury, and property damage data that the City of Fishers' Engineering Department has raised and is concerned about along 116th Street between Spyglass Falls and Spyglass Hill neighborhood entrances.

Regardless of whether the crash data is interpreted to be high or low or persuasive or not, one crash is one accident to many, and all would agree that each neighborhoods access to and from 116th Street is difficult and dangerous.

If there is a problem, the obvious solution would be to construct a traffic signal at 116th Street and Spyglass Ridge Drive, which is the entrance to Spyglass Hill neighborhood, or at 116th Street and Klotz Farm Boulevard, which is the entrance to Spyglass Falls neighborhood, because a traffic signal at either location would improve the overall safety and operation of both intersections and would not seriously disrupt traffic flow on 116th Street, BUT the City of Fishers apparently does not want to construct a traffic signal at either location arguing (i) that it would be detrimental to traffic flow on 116th Street, and (ii) that a traffic signal at either location does not meet any of the signal warrants as defined by the Indiana Manual on Uniform Traffic Control Devices and, the City of Fishers further states, tellingly, that even if a traffic signal was warranted, that does not automatically mean a traffic signal should be installed.

In response to the City of Fishers first argument that a traffic signal would be detrimental to traffic flow on 116th Street, the City of Fishers Director of Engineering's own presentation slide on "Spyglass Falls - Spyglass Hills Access Proposal Alternatives" contradicts that argument and expressly lists "slows traffic on 116th Street" as a "Pro" or an advantage for the option of

installing a traffic signal.

In response to the City of Fishers second argument that a traffic signal at either location does not meet any of the signal warrant criteria set forth in the Indiana Manual on Uniform Traffic Control Devices, the Indiana Manual on Uniform Traffic Control Devices that the City of Fishers references specifically states that:

- "This Manual describes the application of traffic control devices, but shall not be a legal requirement for their installation."

- "The decision to use a particular device at a particular location should be made on the basis of either an engineering study or the application of engineering judgment."

- "While providing Standards, Guidance, and Options for design and application of traffic control devices, this Manual should not be considered a substitute for engineering judgment."

- The Manual defines "engineering judgment" as "the evaluation of available pertinent information, and the application of appropriate principles, provisions, and practices as contained in this Manual and other sources, for the purpose of deciding upon the applicability, design, operation, or installation of a traffic control device. Engineering judgment shall be exercised by an engineer, or by an individual working under the supervision of an engineer, through the application of procedures and criteria established by the engineer. Documentation of engineering judgment is not required."

So, in other words, the City of Fishers has and can use its engineering judgment to support the installation of a traffic signal that would improve the safety of Spyglass Hill and Spyglass Falls residents access from and to 116th Street, but the City apparently does not want to apply or exercise its engineering judgment discretion and is sending a message that it does not value and want to prioritize the safety and lives of Spyglass Hill and Spyglass Falls residents along 116th Street, but instead is citing the Indiana Manual on Uniform Traffic Control Devices and is using an "unwarranted" traffic signal as an excuse not to install a traffic signal just because the City does not want to deal with similar requests from other neighborhoods. However, unlike the circumstances or conditions for other neighborhoods, this requested traffic signal would uniquely benefit the safety of 4 neighborhoods: (i) Spyglass Falls, (ii) Spyglass Hill, (iii) Archer Estates, which is directly across 116th Street from Spyglass Hill, and (iv) Sand Creek Woods, which lies between the 2 tenths of a mile (approximately 354 yards) stretch of the road along 116th Street between Spyglass Falls and Spyglass Hill neighborhood

entrances.

The City of Fishers also says that even if a traffic signal is warranted, that does not automatically mean that a traffic signal should be installed. But the opposite is also quite true, that a traffic signal that does not satisfy the warrant criteria set forth in the Indiana Manual on Uniform Traffic Control Devices does not automatically mean that a traffic signal should not be installed.

The City of Fishers should use common sense and its engineering judgment in support of a feasible request from its constituents when it comes to traffic safety needs that benefits all and not just some.

Regarding constructing a connector road between the 2 neighborhoods, I have a couple of questions and comments.

Please raise your hand in response to the question, "who on the Board of Public Works & Safety believes that a connector road between Spyglass Falls to Spyglass Hill for more vehicles to travel through Spyglass Hill would enhance traffic flow and safety in Spyglass Hill?"

Please raise your hand in response to the question, "who on the Board of Public Works & Safety would want an increase in traffic, instead of a reduction in traffic, through their neighborhood?"

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

Importantly, Option 2, the "Extension of Laurel Falls Lane to Knightsbridge Lane - One Way" that is the City of Fishers Director of Engineer's recommended option and that is highlighted in red in the City's presentation slide on "Spyglass Falls - Spyglass Hills Access Proposal Alternatives" is misleading because it incorrectly states that the option "doesn't increase traffic into Spyglass Hills neighborhood" and because it incompletely states that the "connection [will be] made in [the] existing platted right of way" without taking into consideration and disclosing that the existing right of way was limited and platted only for "pedestrian and emergency access" and that it was never intended and shouldn't and can't be used for regular vehicular traffic use.

Nevertheless, if you do vote to allow a connector road between the 2 neighborhoods to be built, then you have ignored and not addressed the existing traffic safety issue that you should have been focusing on which is, as I first mentioned, the difficult and

dangerous ingress and egress for Spyglass Falls and Spyglass Hill residents through their main entrance and exit on 116th Street.

Even if you do vote to allow a connector road between the 2 neighborhoods to be built, the real issue will still exist and there will be more crashes and injuries at the neighborhoods primary entrance and exit on 116th Street which will continue to be used, UNLESS you take action and support the Spyglass Falls and Spyglass Hill residents concern about busy and dangerous intersections where numerous and enough accidents have occurred and where more accidents will unnecessarily continue to occur due to the lack of a traffic signal.

Respectfully,
Peter Greco
Spyglass Hill Resident

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

Form Name:	Public Meeting Comment Form
Submission Time:	February 25, 2025 7:53 am
Browser:	Mobile Safari 18.3 / iOS
IP Address:	107.119.41.23
Unique ID:	1318065628
Location:	39.7924, -86.2875

Name	Lori Puckett
Address	11079 Knightsbridge Lane Fishers, IN 46037
Email	lorialockhart@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	R022525K

Comment	Hello, My name is Lori Puckett and I live at 11079 Knightsbridge Lane. The proposed road will be 1 home away from our driveway. We have 3 young boys. We purchased this home when we decided to move from Indianapolis, on a busy road, for the schools and safety in this neighborhood. We have to cross the street at this intersection to get to our bus stop everyday. This proposed road will significantly increase morning traffic when me and my children are walking in the dark to get to our bus stop. We also observe children, families and dog walkers walking on this trail constantly throughout the day. Many children play in this area and around the open grassy common area and pond directly next to this road. Lastly, there is already enough of an issue with the blind curve that exists at the top of the hill. I am nearly hit almost daily coming out of our driveway as cars speed around that turn and can't see us backing out and we can't see them until they are nearly approaching us. With the increased traffic all turning towards our home to exit the neighborhood, I can only assume we will have trouble exiting our own driveway with safety everyday. This also is extremely concerning for the traffic that would be approaching the turn from Knightsbridge. Our children play outside of our home. The last thing I want is to have to keep them inside due to traffic and unpredictable drivers right outside our home. Thank you for your consideration in the neighbors safety in this matter.
Would you like to receive email communications and updates from the City of Fishers?	Yes

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	February 25, 2025	**RESOLUTION NO.**	R022525
TITLE OF AGENDA ITEM	Request to approve the 2025 Fishers Arts & Culture Commission Grants		
PRESENTER/DEPARTMENT	Christy Cashin / Planning & Zoning		
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 Fishers Arts & Culture Commission (FACC) received 13 applications for the 2025 Fishers Arts & Culture Grant program. On February 6, 2025 the commission approved grants for 11 local organizations awarding them $57,600 in funding. The grant program supports local nonprofits and organizations that uplift the arts community within Fishers. Recipients of the 2025 Fishers Arts & Culture Commission Grant Program include: Forward Motion ($5,400) Noblesville Creates ($2,500) Lantern Islamic Theater Company ($7,500) Emerging Pearls Foundation ($7,500) Hamilton County Artist's Association ($2,000) Fishers Music Works ($7,500) Art By Johnson Simon LLC ($7,500) Brandon Meeks Music ($7,500) Ji-Eun Lee Music Acadamy ($4,000) Indianapolis Children's Choir ($1,700) HSE Staff-International Fair ($4,500)		
EXPENDITURE $	57600.00		
BUDGETED $	57600.00		
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:	Operating Budget - Planning & Zoning 75,000.00	

Form Revised 01/14/2025

RESOLUTION NO. R022525

A RESOLUTION OF THE CITY OF FISHERS, HAMILTON COUNTY, INDIANA BOARD OF PUBLIC WORKS & SAFETY APPROVING THE 2025 FISHERS ARTS & CULTURE COMMISSION GRANT PROGRAM

WHEREAS, the Fishers Arts & Culture Commission (Commission), a body of the City of Fishers, Hamilton County, Indiana ("City") previously created the Fishers Arts & Culture Commission Grant Program (the "Grant"), to be administered by the Department of Planning and Zoning;

WHEREAS, the Commission desires to invest in artists, art organizations, and cultural events that foster a city where arts and culture activities are a vital component of community life and;

WHEREAS, Fishers is a community where arts and culture are valued, promoted for their economic benefit, and are an integral facet in our vibrant community while encouraging lifelong learning;

WHEREAS, the Grant project can be exhibits, events, programs, displays, or other artistic or cultural expressions;

WHEREAS, the projects must be accomplished in 2025 and take place within the City and are encouraged to take place with the Nickel Plate District, a statewide designated cultural district;

WHEREAS, the Commission received thirteen (13) applications for the Grant; and

WHEREAS, after careful review of the applications, the Commission now desires to award eleven (11) Grants as further described in Exhibit A, attached hereto and incorporated herein.

NOW, THEREFORE, BE IT RESOLVED by the City of Fishers, Hamilton County, Indiana Board of Public Works & Safety meeting in regular session as follows:

Section 1. The Board hereby approves the 2025 Fishers Arts & Culture Commission Grant Program as further described in Exhibit A, attached hereto and incorporated herein.

Section 2. The Board hereby authorizes the Director of Planning & Zoning or their designee to execute the grants 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 25TH DAY OF FEBRUARY 2025.

BOARD OF PUBLIC WORKS &
SAFETY, CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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 Bennett

Exhibit A

2025 FACC Grant Applications		
Application	**Organization**	**Proposed Amount Awarded**
FACC-24-4	**Forward Motion**	**$5,400.00**
FACC-24-5	**Noblesville Creates**	**$2,500.00**
FACC-24-6	**Lantern Islamic Theater Company**	**$7,500.00**
FACC-24-7	**Emerging Pearls Foundation, Inc.**	**$7,500.00**
FACC-24-8	**Hamilton County Artists' Association**	**$2,000.00**
FACC-25-1	**Fishers Music Works**	**$7,500.00**
FACC-25-2	**Art By Johnson Simon LLC**	**$7,500.00**
FACC-25-3	**Brandon Meeks Music**	**$7,500.00**
FACC-25-4	**Ji-Eun Lee Music Academy**	**$4,000.00**
FACC-25-5	**Indianapolis Children's Choir**	**$1,700.00**
FACC-25-6	**HSE Staff – International Fair**	**$4,500.00**
		$57,600.00

RESOLUTION NO. R022525

A RESOLUTION OF THE CITY OF FISHERS, HAMILTON COUNTY, INDIANA BOARD OF PUBLIC WORKS & SAFETY APPROVING THE 2025 FISHERS ARTS & CULTURE COMMISSION GRANT PROGRAM

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WHEREAS, the Commission desires to invest in artists, art organizations, and cultural events that foster a city where arts and culture activities are a vital component of community life and;

WHEREAS, Fishers is a community where arts and culture are valued, promoted for their economic benefit, and are an integral facet in our vibrant community while encouraging lifelong learning;

WHEREAS, the Grant project can be exhibits, events, programs, displays, or other artistic or cultural expressions;

WHEREAS, the projects must be accomplished in 2025 and take place within the City and are encouraged to take place with the Nickel Plate District, a statewide designated cultural district;

WHEREAS, the Commission received thirteen (13) applications for the Grant; and

WHEREAS, after careful review of the applications, the Commission now desires to award eleven (11) Grants as further described in Exhibit A, attached hereto and incorporated herein.

NOW, THEREFORE, BE IT RESOLVED by the City of Fishers, Hamilton County, Indiana Board of Public Works & Safety meeting in regular session as follows:

Section 1. The Board hereby approves the 2025 Fishers Arts & Culture Commission Grant Program as further described in Exhibit A, attached hereto and incorporated herein.

Section 2. The Board hereby authorizes the Director of Planning & Zoning or their designee to execute the grants 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 25TH DAY OF FEBRUARY 2025.

BOARD OF PUBLIC WORKS & SAFETY, CITY OF FISHERS HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: Kari Adriano
Kari Adriano, Board Clerk

DATE: 4/25/25

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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 Bennett

Exhibit A

2025 FACC Grant Applications		
Application	**Organization**	**Proposed Amount Awarded**
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FACC-24-7	**Emerging Pearls Foundation, Inc.**	**$7,500.00**
FACC-24-8	**Hamilton County Artists' Association**	**$2,000.00**
FACC-25-1	**Fishers Music Works**	**$7,500.00**
FACC-25-2	**Art By Johnson Simon LLC**	**$7,500.00**
FACC-25-3	**Brandon Meeks Music**	**$7,500.00**
FACC-25-4	**Ji-Eun Lee Music Academy**	**$4,000.00**
FACC-25-5	**Indianapolis Children's Choir**	**$1,700.00**
FACC-25-6	**HSE Staff – International Fair**	**$4,500.00**
		$57,600.00

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	2/25/25	**RESOLUTION NO.**	R022525A
TITLE OF AGENDA ITEM	Request to Approve 2025 Workers Compensation 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 insurance broker, MJ Insurance, has presented the attached option for the renewal of the City's 2025 Workers Compensation Insurance for the fiscal year March 1, 2025 to February 28, 2026. MJ Insurance recommends the City continue to stay with Indiana Public Employers' Plan, "IPEP", as we have down in prior years. The City has looked at other workers compensation carriers and options in prior years and IPEP has continued to be the best fiscal option along with offering a more specialized understanding of the needs of the City. Total renewal is estimated at $581,696.96 for the 2025 plan year. There have been a some minor reductions in the classification rates which have helped decrease the overall premium but those have been offset by the slight increases in the experience mod. Overall premium cost is consistent based upon estimated 2025 payroll.		
EXPENDITURE $	$581,697		
BUDGETED $	Total Insurance $2,160,000 (includes property and casualty)		
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	

Form Revised 01/14/2025

RESOLUTION NO. R022525A

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING THE CITY'S 2025 WORKER'S COMPENSATION INSURANCE

WHEREAS, in October 2018, the City of Fishers, Hamilton County, Indiana ("City") engaged MJ Insurance for insurance brokerage services with the objective of obtaining the most efficient, high quality insurance brokerage services at the most reasonable cost;

WHEREAS, the Indiana Public Employer Plan ("IPEP") has provided the City with worker's compensation insurance for several years;

WHEREAS, MJ Insurance has proposed that the City renew its worker's compensation coverage with IPEP for the 2025 Plan Year (March l, 2025-February 28, 2026), as further specified in Exhibit A, which is attached hereto and incorporated herein; and

WHEREAS, the Board of Public Works & Safety ("Board") now desires to renew its worker's compensation coverage with IPEP for the 2025 Plan Year.

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 worker's compensation coverage provided by IPEP, as further specified in Exhibit A, attached hereto and incorporated herein, in an amount not to exceed Five Hundred Eighty-One Thousand Six Hundred Ninety-Six dollars and 96/100 Dollars ($581,696.96) for the 2025 Plan Year (March 1, 2025 - February 28, 2026).

Section 2. The Board hereby authorizes the Mayor or his designee to execute any and all documents necessary to execute the City's workers compensation insurance with IPEP for the 2025 Plan Year.

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 on the 25th day of February, 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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
WORKERS COMPENSATION COMPARISON
3/1/2025 to 3/1/2026

Code	Classification	2025 Payrolls	Rate	Premium
8820	Attorney	$162,445	0.12	$195
7725	Police **- Medical Only**	$11,798,135	1.96	$231,243
7720	Police - Med & Indemnity (18 in 2025)	$1,201,377	2.16	$25,950
8380	Auto Service - Mechanics	$701,257	2.01	$14,095
5506	Streets	$1,812,850	5.21	$94,449
7580	Sewer	$1,666,744	2.3	$38,335
7699	Firemen **- Med Only (PERF)**	$14,466,101	1.84	$266,176
7710	Firemen - Med & Indemnity (Civilian Perf - Fire Chief/Deputy Fire Chief)	$289,505	2.96	$8,569
8810	Clerical	$5,802,004	0.15	$8,703
9015	Buildings-Maintenance	$661,517	3.09	$20,441
9102	Parks (excl Lifeguards)	$2,385,921	2.52	$60,125
9102	Lifeguards/Aquatics Mgr	$71,642	2.52	$1,805
9410	Municipal Employees	$2,709,224	1.83	$49,579
8742	Outside Education*	$957,578	0.27	$2,585
7732	Reserve Police Officer **- REMOVED**	$0		$0
7698	Rostered Volunteers - 20 (min prem charge)	20	25	$500
8831	Humane Officer	$69,724	1.24	$865
8832	Health Dept/incl clerical	$1,257,716	0.23	$2,893
	TOTAL PAYROLL:	**$46,013,760**	1.80	**$826,509**
	Experience Mod	0.85	0.15	-123,976
				702,533
	Scheduled Credit		**0.10**	-70,254
	GROSS PREMIUM:			**632,279**
	Less Commission:			**-50,582.40**
	TOTAL:			**581,696.96**

* Newly added code in 2019; IPEP rates increased July 2022
(employees providing outside training to public)

FIRE CHIEF and DUTY FIRE CHIEF IN CODE 7710 - PER AUDITOR
LIFEGUARD CODE 9102 (Parks)
POLICE RESERVE OFFICER DELETED 3/1/2024

RESOLUTION NO. R022525A

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING THE CITY'S 2025 WORKER'S COMPENSATION INSURANCE

WHEREAS, in October 2018, the City of Fishers, Hamilton County, Indiana ("City") engaged MJ Insurance for insurance brokerage services with the objective of obtaining the most efficient, high quality insurance brokerage services at the most reasonable cost;

WHEREAS, the Indiana Public Employer Plan ("IPEP") has provided the City with worker's compensation insurance for several years;

WHEREAS, MJ Insurance has proposed that the City renew its worker's compensation coverage with IPEP for the 2025 Plan Year (March l, 2025-February 28, 2026), as further specified in Exhibit A, which is attached hereto and incorporated herein; and

WHEREAS, the Board of Public Works & Safety ("Board") now desires to renew its worker's compensation coverage with IPEP for the 2025 Plan Year.

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 worker's compensation coverage provided by IPEP, as further specified in Exhibit A, attached hereto and incorporated herein, in an amount not to exceed Five Hundred Eighty-One Thousand Six Hundred Ninety-Six dollars and 96/100 Dollars ($581,696.96) for the 2025 Plan Year (March 1, 2025 - February 28, 2026).

Section 2. The Board hereby authorizes the Mayor or his designee to execute any and all documents necessary to execute the City's workers compensation insurance with IPEP for the 2025 Plan Year.

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 on the 25th day of February, 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: Kari Adriano DATE: 2/25/25
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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
WORKERS COMPENSATION COMPARISON
3/1/2025 to 3/1/2026

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8820	Attorney	$162,445	0.12	$195
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7710	Firemen - Med & Indemnity (Civilian Perf - Fire Chief/Deputy Fire Chief)	$289,505	2.96	$8,569
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9102	Lifeguards/Aquatics Mgr	$71,642	2.52	$1,805
9410	Municipal Employees	$2,709,224	1.83	$49,579
8742	Outside Education*	$957,578	0.27	$2,585
7732	Reserve Police Officer **- REMOVED**	$0		$0
7698	Rostered Volunteers - 20 (min prem charge)	20	25	$500
8831	Humane Officer	$69,724	1.24	$865
8832	Health Dept/incl clerical	$1,257,716	0.23	$2,893
	TOTAL PAYROLL:	**$46,013,760**	1.80	**$826,509**
	Experience Mod	0.85	0.15	-123,976
				702,533
	Scheduled Credit		**0.10**	-70,254
	GROSS PREMIUM:			**632,279**
	Less Commission:			**-50,582.40**
	TOTAL:			**581,696.96**

* Newly added code in 2019; IPEP rates increased July 2022
(employees providing outside training to public)

FIRE CHIEF and DUTY FIRE CHIEF IN CODE 7710 - PER AUDITOR
LIFEGUARD CODE 9102 (Parks)
POLICE RESERVE OFFICER DELETED 3/1/2024

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	February 25, 2025	**RESOLUTION NO.**	R022525B
TITLE OF AGENDA ITEM	Request to approve the purchase of a 2026 Freightliner 108SD Chassis		
PRESENTER/DEPARTMENT	Tabatha Miller/ Fleet Management		
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 Department of Fleet Management is requesting the authorization to purchase a 2026 Freightliner 108SD chassis for the Department of Publicworks unitizing the Sourcewell Cooperative purchasing contract, 032824-DAI. By utilizing this contract the City will realize a savings of $54,568.00		
EXPENDITURE $	$120,500.00		
BUDGETED $	$280,000.00		
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:	2024 GO Bond $280,000.00	

Form Revised 01/14/2025

RESOLUTION NO. R022525B

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A SPECIAL PURCHASE OF A 2026 FREIGHTLINER 108SD CHASSIS

WHEREAS, the City of Fishers, through its Fleet Department, seeks to purchase a 2026 Freightliner 108SD Chassis from Stoops Freightliner., by and through the Sourcewell Cooperative, a service cooperative (Contract # 032824-DAI, Sourcewell # 50009), which will allow the City to recognize a savings of approximately Fifty-Four Thousand, Five Hundred, Sixty-Eight and no/100 Dollars ($54,568.00), 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 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 Stoops Freightliner, as more specifically described in Exhibit A, attached hereto and incorporated herein.

Section 2. The Board hereby designates the Mayor and/or Fleet Director to execute the Special Purchase 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 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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

Prepared for:
TABATHA MILLER
FISHERS CITY OF
1 MUNICIPAL DR

FISHERS, IN 46038
Phone: 317-595-3252

Prepared by:
Jamie Haskett
Stoops Freightliner - Indianapolis
1851 W. THOMPSON RD
INDIANAPOLIS, IN 46217
Phone: 317-788-1533

Q U O T A T I O N

108SD PLUS CONVENTIONAL CHASSIS

SET BACK AXLE - TRUCK

CUM L9 350 HP @ 2200 RPM; 2200 GOV RPM, 1050 LB-FT @ 1200 RPM

ALLISON 3000 RDS AUTOMATIC TRANSMISSION WITH PTO PROVISION

MERITOR MT-44-14X 44,000# R-SERIES TANDEM REAR AXLE

HENDRICKSON HAULMAAX EX 46,000# REAR SUSPENSION

DETROIT DA-F-20.0-5 20,000# FL1 71.0 KPI/3.74 DROP SINGLE FRONT AXLE

9,500# LEFT, 10,500# RIGHT MIXER/PLOW FLAT LEAF FRONT SUSPENSION (20,000#)

108 INCH BBC FLAT ROOF ALUMINUM CONVENTIONAL CAB

4525MM (178 INCH) WHEELBASE

NO FIFTH WHEEL

7/16X3-9/16X11-1/8 INCH STEEL FRAME (11.11MMX282.6MM/0.437X11.13 INCH) 120KSI

1525MM (60 INCH) REAR FRAME OVERHANG

TEM TO EVALUATE AND INSTALL FRAME RAIL REINFORCEMENT AS NEEDED FOR FRONT FRAME MOUNTED EQUIPMENT

			PER UNIT		TOTAL
VEHICLE PRICE	**TOTAL # OF UNITS (1)**	$	120,500	$	120,500
EXTENDED WARRANTY		$	0	$	0
DEALER INSTALLED OPTIONS		$	0	$	0
CUSTOMER PRICE BEFORE TAX		**$**	***120,500***	**$**	***120,500***
TAXES AND FEES					
TAXES AND FEES		$	0	$	0
OTHER CHARGES		$	0	$	0
TRADE-IN					
TRADE-IN ALLOWANCE		$	(0)	$	(0)
BALANCE DUE	**(LOCAL CURRENCY)**	**$**	**120,500**	**$**	**120,500**

COMMENTS:

Projected delivery on ___ / ___ / ___ provided the order is received before ___ / ___ / ___.

APPROVAL:

Please indicate your acceptance of this quotation by signing below:

Customer: X_____ Date: ___ / ___ / ___.

Prepared for:
TABATHA MILLER
FISHERS CITY OF
1 MUNICIPAL DR

FISHERS, IN 46038
Phone: 317-595-3252

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S P E C I F I C A T I O N P R O P O S A L

	Description	Weight Front	Weight Rear
Price Level			
	SD PRL-29D (EFF:MY26 ORDERS)		
Data Version			
	SPECPRO21 DATA RELEASE VER 026		
Vehicle Configuration			
	108SD PLUS CONVENTIONAL CHASSIS	6,829	3,748
	2026 MODEL YEAR SPECIFIED		
	SET BACK AXLE - TRUCK		
	TRAILER TOWING PROVISION AT END OF FRAME WITH SAE J560	10	10
	LH PRIMARY STEERING LOCATION		
General Service			
	TRUCK/TRAILER CONFIGURATION		
	DOMICILED, USA (EXCLUDING CALIFORNIA AND CARB OPT-IN STATES)		
	EPA CLEAN IDLE LABEL FOR INITIAL REGISTRATION IN EPA OR ACT STATES - (INCLUDES 6X4 INCH LABEL ON LOWER FORWARD OF DRIVER DOOR)		
	UTILITY/REPAIR/MAINTENANCE SERVICE		
	LEASE/FINANCE BUSINESS SEGMENT		
	DIRT/SAND/ROCK COMMODITY		
	TERRAIN/DUTY: 100% (ALL) OF THE TIME, IN TRANSIT, IS SPENT ON PAVED ROADS		
	MAXIMUM 8% EXPECTED GRADE		
	SMOOTH CONCRETE OR ASPHALT PAVEMENT - MOST SEVERE IN-TRANSIT (BETWEEN SITES) ROAD SURFACE		
	FREIGHTLINER SD VOCATIONAL WARRANTY		
	EXPECTED FRONT AXLE(S) LOAD : 20000.0 lbs		
	EXPECTED REAR DRIVE AXLE(S) LOAD : 44000.0 lbs		

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	Description	Weight Front	Weight Rear
	EXPECTED GROSS VEHICLE WEIGHT CAPACITY : 64000.0 lbs		
	EXPECTED GROSS COMBINATION WEIGHT : 80000.0 lbs		
Truck Service			
	FRONT PLOW/END DUMP BODY		
	HENDERSON		
Engine			
	CUM L9 350 HP @ 2200 RPM; 2200 GOV RPM, 1050 LB-FT @ 1200 RPM		
Electronic Parameters			
	75 MPH ROAD SPEED LIMIT		
	CRUISE CONTROL SPEED LIMIT SAME AS ROAD SPEED LIMIT		
	PTO MINIMUM RPM - 700		
	REGEN INHIBIT SPEED THRESHOLD - 0 MPH		
	PTO MODE SPEED CONTROL ACTIVATION REQUEST FOR REMOTE ENGINE INTERFACE		
Engine Equipment			
	EPA 2010/GHG 2024 CONFIGURATION		
	STANDARD OIL PAN		
	ENGINE MOUNTED OIL CHECK AND FILL		
	SIDE OF HOOD AIR INTAKE WITH FIREWALL MOUNTED DONALDSON AIR CLEANER WITH SAFETY ELEMENT AND INSIDE/OUTSIDE AIR WITH SNOW DOOR	10	
	DR 12V 160 AMP 28-SI QUADRAMOUNT PAD ALTERNATOR WITH REMOTE BATTERY VOLT SENSE		
	(2) DTNA GENUINE, FLOODED STARTING, MIN 2000CCA, 370RC, THREADED STUD BATTERIES		
	BATTERY BOX FRAME MOUNTED		
	STANDARD BATTERY JUMPERS		
	SINGLE BATTERY BOX FRAME MOUNTED LH SIDE UNDER CAB		
	WIRE GROUND RETURN FOR BATTERY CABLES WITH ADDITIONAL FRAME GROUND RETURN		
	NON-POLISHED BATTERY BOX COVER		
	NON-ESSENTIAL POSITIVE LOAD DISCONNECT, LOCKING IN CAB CONTROL SWITCH MOUNTED OUTBOARD OF DRIVER SEAT	2	
	PROGRESSIVE LOW VOLTAGE DISCONNECT AT 12.3 VOLTS FOR DESIGNATED CIRCUITS	2	

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Description	Weight Front	Weight Rear
CUMMINS TURBOCHARGED 18.7 CFM AIR COMPRESSOR WITH INTERNAL SAFETY VALVE		
ELECTRONIC ENGINE INTEGRAL SHUTDOWN PROTECTION SYSTEM		
CUMMINS ENGINE INTEGRAL BRAKE WITH VARIABLE GEOMETRY TURBO ON/OFF	20	
RH OUTBOARD UNDER STEP MOUNTED HORIZONTAL AFTERTREATMENT SYSTEM ASSEMBLY WITH RH B-PILLAR MOUNTED VERTICAL TAILPIPE	30	25
ENGINE AFTERTREATMENT DEVICE, AUTOMATIC OVER THE ROAD REGENERATION AND VIRTUAL REGENERATION REQUEST SWITCH IN CLUSTER		
10 FOOT 06 INCH (126 INCH+0/-5.9 INCH) EXHAUST SYSTEM HEIGHT		
RH CURVED VERTICAL TAILPIPE B-PILLAR MOUNTED ROUTED FROM STEP		
6 GALLON DIESEL EXHAUST FLUID TANK	-35	-10
100 PERCENT DIESEL EXHAUST FLUID FILL		
STANDARD DIESEL EXHAUST FLUID PUMP MOUNTING		
LH MEDIUM DUTY STANDARD DIESEL EXHAUST FLUID TANK LOCATION		
STANDARD DIESEL EXHAUST FLUID TANK CAP		
ALUMINUM AFTERTREATMENT DEVICE/MUFFLER/TAILPIPE SHIELD(S)		
AIR POWERED ON/OFF ENGINE FAN CLUTCH		
AUTOMATIC FAN CONTROL WITHOUT DASH SWITCH, NON ENGINE MOUNTED		
CUMMINS SPIN ON FUEL FILTER		
COMBINATION FULL FLOW/BYPASS OIL FILTER		
1115 SQUARE INCH ALUMINUM RADIATOR		
ANTIFREEZE TO -34F, OAT (NITRITE AND SILICATE FREE) EXTENDED LIFE COOLANT		
GATES BLUE STRIPE COOLANT HOSES OR EQUIVALENT		
CONSTANT TENSION HOSE CLAMPS FOR COOLANT HOSES		
RADIATOR DRAIN VALVE		
PHILLIPS-TEMRO 1000 WATT/115 VOLT BLOCK HEATER	4	
BLACK PLASTIC ENGINE HEATER RECEPTACLE MOUNTED UNDER LH DOOR		
ELECTRIC GRID AIR INTAKE WARMER		

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	Description	Weight Front	Weight Rear
	DELCO 12V 38MT HD STARTER WITH INTEGRATED MAGNETIC SWITCH		
Transmission			
	ALLISON 3000 RDS AUTOMATIC TRANSMISSION WITH PTO PROVISION		
Transmission Equipment			
	ALLISON VOCATIONAL PACKAGE 223 - AVAILABLE ON 3000/4000 PRODUCT FAMILIES WITH VOCATIONAL MODELS RDS, HS, MH AND TRV		
	ALLISON VOCATIONAL RATING FOR ON/OFF HIGHWAY APPLICATIONS AVAILABLE WITH ALL PRODUCT FAMILIES		
	PRIMARY MODE GEARS, LOWEST GEAR 1, START GEAR 1, HIGHEST GEAR 6, AVAILABLE FOR 3000/4000 PRODUCT FAMILIES ONLY		
	SECONDARY MODE GEARS, LOWEST GEAR 1, START GEAR 1, HIGHEST GEAR 6, AVAILABLE FOR 3000/4000 PRODUCT FAMILIES ONLY		
	PRIMARY SHIFT SCHEDULE RECOMMENDED BY DTNA AND ALLISON, THIS DEFINED BY ENGINE AND VOCATIONAL USAGE		
	SECONDARY SHIFT SCHEDULE RECOMMENDED BY DTNA AND ALLISON, THIS DEFINED BY ENGINE AND VOCATIONAL USAGE		
	PRIMARY SHIFT SPEED RECOMMENDED BY DTNA AND ALLISON, THIS DEFINED BY ENGINE AND VOCATIONAL USAGE		
	SECONDARY SHIFT SPEED RECOMMENDED BY DTNA AND ALLISON, THIS DEFINED BY ENGINE AND VOCATIONAL USAGE		
	2ND GEAR ENGINE BRAKE ALTERNATE PRESELECT WITH MODERATE DOWNSHIFT STRATEGY		
	NEUTRAL AT STOP ENABLED		
	DRIVER SWITCH INPUT - DEFAULT - NO SWITCHES		
	DIRECTION CHANGE ENABLED WITH MULTIPLEXED SERVICE BRAKES - ALLISON 5TH GEN TRANSMISSIONS		
	QUICKFIT BODY LIGHTING CONNECTOR UNDER CAB, WITH CAP		
	CUSTOMER INSTALLED CHELSEA 281 SERIES PTO		
	PTO MOUNTING, LH SIDE OF MAIN TRANSMISSION ALLISON		

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	Description	Weight Front	Weight Rear
	MAGNETIC PLUGS, ENGINE DRAIN, TRANSMISSION DRAIN, AXLE(S) FILL AND DRAIN		
	HEAVY DUTY ELECTRONIC TRANSMISSION SHIFT CONTROL, COLUMN MOUNTED		
	TRANSMISSION PROGNOSTICS - ENABLED 2013		
	WATER TO OIL TRANSMISSION COOLER, IN RADIATOR END TANK	15	
	TRANSMISSION OIL CHECK AND FILL WITH ELECTRONIC OIL LEVEL CHECK		
	SYNTHETIC TRANSMISSION FLUID (TES-295 COMPLIANT)		
Front Axle and Equipment			
	DETROIT DA-F-20.0-5 20,000# FL1 71.0 KPI/3.74 DROP SINGLE FRONT AXLE	190	
	MERITOR EX-L AIR DISC FRONT BRAKES		
	NON-ASBESTOS FRONT BRAKE LINING		
	FRONT DISC BRAKE ROTORS		
	FRONT BRAKE DUST SHIELDS	5	
	FRONT OIL SEALS		
	VENTED FRONT HUB CAPS WITH WINDOW, CENTER AND SIDE PLUGS - OIL		
	STANDARD SPINDLE NUTS FOR ALL AXLES		
	FRONT AIR DISC BRAKE INTERNAL ADJUSTERS		
	STANDARD KING PIN BUSHINGS		
	TRW THP-60 POWER STEERING WITH RCH45 AUXILIARY GEAR	130	
	POWER STEERING PUMP		
	4 QUART POWER STEERING RESERVOIR		
	OIL/AIR POWER STEERING COOLER		
	CURRENT AVAILABLE SYNTHETIC 75W-90 FRONT AXLE LUBE		
Front Suspension			
	9,500# LEFT, 10,500# RIGHT MIXER/PLOW FLAT LEAF FRONT SUSPENSION (20,000#)	330	
	GRAPHITE BRONZE BUSHINGS WITH SEALS - FRONT SUSPENSION		
	FRONT SHOCK ABSORBERS		
Rear Axle and Equipment			
	MERITOR MT-44-14X 44,000# R-SERIES TANDEM REAR AXLE		2,580
	4.33 REAR AXLE RATIO		

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	Description	Weight Front	Weight Rear
	IRON REAR AXLE CARRIER WITH STANDARD AXLE HOUSING		
	MXL 17T MERITOR EXTENDED LUBE MAIN DRIVELINE WITH HALF ROUND YOKES	20	20
	MXL 17T MERITOR EXTENDED LUBE INTERAXLE DRIVELINE WITH HALF ROUND YOKES		
	(1) INTERAXLE LOCK VALVE FOR TANDEM DRIVE AXLES		
	INDICATOR LIGHT FOR EACH INTERAXLE LOCKOUT SWITCH		
	MERITOR EX-L OPTIMIZED AXIAL AIR DISC REAR BRAKES		-80
	NON-ASBESTOS REAR BRAKE LINING		
	STANDARD BRAKE CHAMBER LOCATION		
	REAR DISC BRAKE ROTORS		
	REAR BRAKE DUST SHIELDS		10
	REAR OIL SEALS		
	AIR DISC LONGSTROKE 2-DRIVE AXLES SPRING PARKING CHAMBERS		20
	REAR AIR DISC BRAKE INTERNAL ADJUSTERS		
	CURRENT AVAILABLE SYNTHETIC 75W-90 REAR AXLE LUBE		
	STANDARD REAR AXLE BREATHER(S)		
Rear Suspension			
	HENDRICKSON HAULMAAX EX 46,000# REAR SUSPENSION		50
	HENDRICKSON HAULMAAX/ULTIMAAX - 9.50" RIDE HEIGHT		
	54 INCH AXLE SPACING		
	HENDRICKSON HN, HAULMAAX AND ULTIMAAX SERIES STEEL BEAMS WITH BAR PIN		
	STANDARD DUTY FORE/AFT AND HEAVY DUTY TRANSVERSE CONTROL RODS		
	DOUBLE REBOUND STRAP - INBOARD AND OUTBOARD		13
Pusher / Tag Equipment			
	NO PUSHER/TAG BRAKE DUST SHIELDS		
Brake System			
	WABCO 4S/4M ABS WITH TRACTION CONTROL		
	REINFORCED NYLON, FABRIC BRAID AND WIRE BRAID CHASSIS AIR LINES		
	FIBER BRAID PARKING BRAKE HOSE		
	STANDARD BRAKE SYSTEM VALVES		

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	Description	Weight Front	Weight Rear
	STANDARD AIR SYSTEM PRESSURE PROTECTION SYSTEM		
	STD U.S. FRONT BRAKE VALVE		
	RELAY VALVE WITH 5-8 PSI CRACK PRESSURE, NO REAR PROPORTIONING VALVE		
	WABCO SYSTEM SAVER HP WITH INTEGRAL AIR GOVERNOR AND HEATER		
	AIR DRYER FRAME MOUNTED		
	STEEL AIR BRAKE RESERVOIRS		
	BW DV-2 AUTO DRAIN VALVE WITH HEATER TO WET TANK; DRAIN VALVE CABLES ON ALL OTHER TANKS		
Trailer Connections			
	NO TRAILER AIR HOSE		
	NO AIR HOSE HANGER		
	AIR CONNECTIONS TO END OF FRAME WITH GLAD HANDS FOR TRUCK AND DUST COVERS		
	PRIMARY CONNECTOR/RECEPTACLE WIRED FOR COMBINATION STOP/TURN, CENTER PIN ABS		
	SAE J560 7-WAY PRIMARY TRAILER CABLE RECEPTACLE MOUNTED END OF FRAME		
	NO TRAILER ELECTRICAL CABLE		
Wheelbase & Frame			
	4525MM (178 INCH) WHEELBASE		
	7/16X3-9/16X11-1/8 INCH STEEL FRAME (11.11MMX282.6MM/0.437X11.13 INCH) 120KSI	240	130
	TEM TO EVALUATE AND INSTALL FRAME RAIL REINFORCEMENT AS NEEDED FOR FRONT FRAME MOUNTED EQUIPMENT		
	1525MM (60 INCH) REAR FRAME OVERHANG		
	FRAME OVERHANG RANGE: 51 INCH TO 60 INCH	10	-50
	24 INCH INTEGRAL FRONT FRAME EXTENSION	140	-20
	CALC'D BACK OF CAB TO REAR SUSP C/L (CA) : 112.6 in		
	CALCULATED EFFECTIVE BACK OF CAB TO REAR SUSPENSION C/L (CA) : 109.6 in		
	CALC'D FRAME LENGTH - OVERALL : 303.31 in		
	CALCULATED FRAME SPACE LH SIDE : 53.34 in		
	CALCULATED FRAME SPACE RH SIDE : 57.48 in		
	CALC'D SPACE AVAILABLE FOR DECKPLATE : 0.0 in		
	SQUARE END OF FRAME		

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	Description	Weight Front	Weight Rear
	FRONT CLOSING CROSSMEMBER		
	LIGHTWEIGHT HEAVY DUTY ALUMINUM ENGINE CROSSMEMBER	-12	
	STANDARD MIDSHIP #1 CROSSMEMBER(S)		
	STANDARD REARMOST CROSSMEMBER		
	STANDARD SUSPENSION CROSSMEMBER		
Chassis Equipment			
	OMIT FRONT BUMPER, CUSTOMER INSTALLED SPECIAL BUMPER, DOES NOT COMPLY WITH FMCSR 393.203	-110	
	FRONT TOW HOOKS - FRAME MOUNTED	15	
	NO MUDFLAP BRACKETS		
	NO REAR MUDFLAPS		
	GRADE 8 THREADED HEX HEADED FRAME FASTENERS		
	EXTERIOR HARNESSES WRAPPED IN ABRASION TAPE		
	CLEAR FRAME RAILS FROM BACK OF CAB TO FRONT REAR SUSPENSION BRACKET, BOTH RAILS OUTBOARD		
Fifth Wheel			
	NO FIFTH WHEEL		
Fuel Tanks			
	60 GALLON/227 LITER ALUMINUM FUEL TANK - LH		
	25 INCH DIAMETER FUEL TANK(S)		
	PLAIN ALUMINUM/PAINTED STEEL FUEL/HYDRAULIC TANK(S) WITH PAINTED BANDS		
	FUEL TANK(S) FORWARD		
	PLAIN STEP FINISH		
	FUEL TANK CAP(S)		
	DETROIT FUEL/WATER SEPARATOR WITH WATER IN FUEL SENSOR AND 12 VOLT PREHEATER	-5	
	EQUIFLO INBOARD FUEL SYSTEM		
	HIGH TEMPERATURE REINFORCED NYLON FUEL LINE		
Tires			
	CONTINENTAL HAU 3 WT 315/80R22.5 20 PLY RADIAL FRONT TIRES	100	
	CONTINENTAL INTELLIGENT HDC3 11R22.5 16 PLY RADIAL REAR TIRES		192

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	Description	Weight Front	Weight Rear
Hubs			
	CONMET PRESET PLUS PREMIUM IRON FRONT HUBS		
	CONMET PRESET PLUS PREMIUM IRON REAR HUBS		
Wheels			
	ACCURIDE 29039 22.5X9.00 10-HUB PILOT 5.25 INSET 5-HAND STEEL DISC FRONT WHEELS	66	
	ACCURIDE 28828 22.5X8.25 10-HUB PILOT 2-HAND HD STEEL DISC REAR WHEELS		104
	FRONT WHEEL MOUNTING NUTS		
	REAR WHEEL MOUNTING NUTS		
Cab Exterior			
	108 INCH BBC FLAT ROOF ALUMINUM CONVENTIONAL CAB		
	AIR CAB MOUNTING		
	NONREMOVABLE BUGSCREEN MOUNTED BEHIND GRILLE		
	SHORT FENDER WITH MUDFLAP		
	BOLT-ON MOLDED FLEXIBLE FENDER EXTENSIONS	10	
	LH AND RH GRAB HANDLES		
	STATIONARY BLACK GRILLE		
	BLACK HOOD MOUNTED AIR INTAKE GRILLE		
	FIBERGLASS HOOD		
	FREIGHTLINER NAME PLATES		
	TUNNEL/FIREWALL LINER		
	SINGLE 14 INCH ROUND POLISHED AIR HORN ROOF MOUNTED		
	SINGLE ELECTRIC HORN		
	SINGLE HORN SHIELD		
	REAR LICENSE PLATE MOUNT END OF FRAME		
	HALOGEN COMPOSITE HEADLAMPS WITH BLACK BEZELS		
	LED AERODYNAMIC MARKER LIGHTS		
	WIRING AND SWITCH FOR CUSTOMER FURNISHED SNOW PLOW LAMPS WITH DUAL CONNECTIONS AT BUMPER		
	NO DAYTIME RUNNING LIGHTS		
	INTEGRAL STOP/TAIL/BACKUP LIGHTS		
	STANDARD FRONT TURN SIGNAL LAMPS		

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	Description	Weight Front	Weight Rear
	DUAL WEST COAST MOLDED-IN COLOR HEATED MIRRORS WITH LH AND RH REMOTE		
	DOOR MOUNTED MIRRORS		
	102 INCH EQUIPMENT WIDTH		
	LH AND RH 8 INCH MOLDED-IN COLOR CONVEX MIRRORS M0UNTED UNDER PRIMARY MIRRORS		
	RH AND LH 8 INCH HEATED STAINLESS STEEL FENDER MOUNTED CONVEX MIRRORS WITH QUADPOD BRACKETS	8	
	STANDARD SIDE/REAR REFLECTORS		
	63X14 INCH TINTED REAR WINDOW		
	TINTED DOOR GLASS LH AND RH WITH TINTED OPERATING WING WINDOWS		
	RH AND LH ELECTRIC POWERED WINDOWS		
	1-PIECE SOLAR GREEN GLASS WINDSHELD		
	8 LITER (2 GAL) WINDSHIELD WASHER RESERVOIR, CAB MOUNTED, WITHOUT FLUID LEVEL INDICATOR		
Cab Interior			
	RUGGED TRIM PACKAGE		
	GRAY & CARBON VINYL INTERIOR "RUGGED"		
	CARBON WITH PREMIUM GUNMETAL ACCENT (RUGGED)		
	MOLDED DOOR PANEL		
	MOLDED PLASTIC DOOR PANEL		
	BLACK MATS WITH SINGLE INSULATION		
	(1)DASH MOUNTED 12V POWER OUTLET, (1)DASH MOUNTED DUAL USB-C OUTLET		
	FORWARD ROOF MOUNTED CONSOLE		
	LH AND RH DOOR STORAGE POCKETS INTEGRATED INTO MOLDED DOOR PANELS		
	DIGITAL ALARM CLOCK IN DRIVER DISPLAY		
	(2) CUP HOLDERS LH AND RH DASH		
	M2/SD DASH		
	2-1/2 LB. FIRE EXTINGUISHER	5	
	HEATER, DEFROSTER AND AIR CONDITIONER		
	STANDARD HVAC DUCTING		
	MAIN HVAC CONTROLS WITH RECIRCULATION SWITCH		
	STANDARD HEATER PLUMBING		
	VALEO HEAVY DUTY A/C REFRIGERANT COMPRESSOR		

	Description	Weight Front	Weight Rear
	BINARY CONTROL, R-134A		
	STANDARD INSULATION		
	SOLID-STATE CIRCUIT PROTECTION AND FUSES		
	12V NEGATIVE GROUND ELECTRICAL SYSTEM		
	STANDARD LED CAB LIGHTING		
	NO SECURITY DEVICE		
	DOOR LOCKS AND IGNITION SWITCH KEYED THE SAME		
	KEY QUANTITY OF 4		
	LH AND RH ELECTRIC DOOR LOCKS		
	NO MATTRESS	-20	-15
	TRIANGULAR REFLECTORS KIT WITHOUT FLARES SHIPPED LOOSE IN CAB	10	
	BASIC ISRI HIGH BACK NON SUSPENSION DRIVERS SEAT W/FORE & AFT ADJUSTMENT		
	BASIC ISRI HIGH BACK NON SUSPENSION PASSENGER SEAT		
	DUAL DRIVER SEAT ARMRESTS, NO PASSENGER SEAT ARMRESTS	4	
	LH AND RH INTEGRAL DOOR PANEL ARMRESTS		
	BLACK VINYL DRIVER SEAT COVER		
	BLACK VINYL PASSENGER SEAT COVER		
	BLACK SEAT BELTS		
	ADJUSTABLE TILT AND TELESCOPING STEERING COLUMN		
	4-SPOKE 18 INCH (450MM) LEATHER WRAPPED STEERING WHEEL WITH CHROME SWITCH BEZELS		
	DRIVER AND PASSENGER INTERIOR SUN VISORS		
Instruments & Controls			
	ELECTRONIC ACCELERATOR CONTROL		
	NO INSTRUMENT PANEL-DRIVER		
	FULLY CONFIGURABLE CENTER INSTRUMENT PANELS		
	BRIGHT ARGENT FINISH GAUGE BEZELS		
	LOW AIR PRESSURE INDICATOR LIGHT AND AUDIBLE ALARM		
	DUAL NEEDLE PRIMARY AND SECONDARY AIR PRESSURE GAUGE		
	DASH MOUNTED AIR RESTRICTION INDICATOR WITH GRADUATIONS		

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Description	Weight Front	Weight Rear
ELECTRONIC CRUISE CONTROL WITH CONTROLS ON STEERING WHEEL SPOKES		
KEY OPERATED IGNITION SWITCH AND INTEGRAL START POSITION; 4 POSITION OFF/RUN/START/ACCESSORY		
PREMIUM INSTRUMENT CLUSTER WITH 5.0 INCH TFT COLOR DISPLAY		
DIGITAL PANEL LAMP DIMMER SWITCH IN DRIVER DISPLAY		
HEAVY DUTY ONBOARD DIAGNOSTICS INTERFACE CONNECTOR LOCATED BELOW LH DASH		
2 INCH ELECTRIC FUEL GAUGE		
ELECTRICAL ENGINE COOLANT TEMPERATURE GAUGE		
ELECTRIC ENGINE OIL PRESSURE GAUGE		
DIGITAL TRANSMISSION OIL TEMPERATURE IN DRIVER DISPLAY		
ELECTRONIC OUTSIDE TEMPERATURE SENSOR DISPLAY IN DRIVER MESSAGE CENTER		
ENGINE AND TRIP HOUR METERS INTEGRAL WITHIN DRIVER DISPLAY		
PTO CONTROLS FOR ENHANCED VEHICLE ELECTRIC/ELECTRONIC ARCHITECTURE		
NO OBSTACLE DETECTION SYSTEM		
NO DR ASSIST SYSTEM		
NO VEHICLE STABILITY ADVISOR OR CONTROL		
NO LANE DEPARTURE WARNING SYSTEM		
NO REVERSE PROXIMITY SENSOR		
NO OVERHEAD INSTRUMENT PANEL		
7" B-PANEL INTERACTIVE TOUCHSCREEN DISPLAY RADIO W/ USB-C, APPLE CARPLAY, ANDROID AUTO, BLUETOOTH/AM/FM/SXM/WB, WITH MICROPHONE		
DASH MOUNTED RADIO		
(2) RADIO SPEAKERS IN CAB		
AM/FM ANTENNA MOUNTED ON FORWARD LH ROOF	2	
NO CB RADIO MOUNTING PROVISION		
NO MULTIBAND ANTENNA		
INTEROPERABLE SDAR ANTENNA, SHIP LOOSE		
ELECTRONIC MPH SPEEDOMETER WITH SECONDARY KPH SCALE, WITHOUT ODOMETER		

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	Description	Weight Front	Weight Rear
	STANDARD VEHICLE SPEED SENSOR		
	ELECTRONIC 3000 RPM TACHOMETER		
	DETROIT CONNECT PLATFORM HARDWARE		
	3 YEARS DAIMLER CONNECTIVITY BASE PACKAGE ON (FEATURES VARY BY MODEL) POWERED BY DETROIT CONNECT ON CUMMINS ENGINES		
	NO ASE DATA SVCE EXTENSION		
	TMC RP1226 ACCESSORY CONNECTOR LOCATED BEHIND PASSENGER SIDE REMOVEABLE DASH PANEL		
	IGNITION SWITCH CONTROLLED ENGINE STOP		
	FOUR EXTRA HARDWIRED SWITCHES IN DASH, INPUT POWER, NO OUTPUT WIRING		
	HARDWIRE SWITCH #1, ON/OFF LATCHING, 10 AMPS BATTERY POWER		
	HARDWIRE SWITCH #2, ON/OFF LATCHING, 10 AMPS BATTERY POWER		
	HARDWIRE SWITCH #3,ON/OFF LATCHING, 10 AMPS BATTERY POWER		
	HARDWIRE SWITCH #4,ON/OFF LATCHING, 10 AMPS BATTERY POWER		
	(1) OVERHEAD MOUNTED LANYARD CONTROL FOR DRIVER AIR HORN		
	BW TRACTOR PROTECTION VALVE		
	TRAILER HAND CONTROL BRAKE VALVE		
	DIGITAL VOLTAGE DISPLAY INTEGRAL WITH DRIVER DISPLAY		
	SINGLE ELECTRIC WINDSHIELD WIPER MOTOR WITH DELAY		
	ROTARY HEADLAMP SWITCH, MARKER LIGHTS/HEADLIGHTS SWITCH WITH PULL OUT FOR OPTIONAL FOG/ROAD LAMPS		
	TWO VALVE PARKING BRAKE SYSTEM WITH WARNING INDICATOR		
	SELF CANCELING TURN SIGNAL SWITCH WITH DIMMER, HEADLAMP FLASH, WASH/WIPE/INTERMITTENT		
	INTEGRAL ELECTRONIC TURN SIGNAL FLASHER WITH 40 AMP (20 AMP PER SIDE) TRAILER LAMP CAPACITY		
	NO WRG/SW-OPTL #2,CHAS,AIR		
Design			
	PAINT: ONE SOLID COLOR		
Color			

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	Description	Weight Front	Weight Rear
	CAB COLOR A: L0006EY WHITE ELITE EY		
	BLACK, HIGH SOLIDS POLYURETHANE CHASSIS PAINT		
	POWDER WHITE (N0006EA) FRONT WHEELS/RIMS (PKWHT21, TKWHT21, W, TW)		
	POWDER WHITE (N0006EA) REAR WHEELS/RIMS (PKWHT21, TKWHT21, W, TW)		
	STANDARD E COAT/UNDERCOATING		
Certification / Compliance			
	U.S. FMVSS CERTIFICATION, EXCEPT SALES CABS AND GLIDER KITS		
Sales Programs			
	SD QUOTE SALES PROGRAM		

T O T A L V E H I C L E S U M M A R Y

Weight Summary

	Weight Front	Weight Rear	Total Weight
Factory Weight+	8025 lbs	6727 lbs	14752 lbs
Total Weight+	8025 lbs	6727 lbs	14752 lbs

(+) Weights shown are estimates only.
If weight is critical, contact Customer Application Engineering.

(***) All cost increases for major components (Engines, Transmissions, Axles, Front and Rear Tires) and government mandated requirements, tariffs, and raw material surcharges will be passed through and added to factory invoices.

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Q U O T A T I O N

108SD PLUS CONVENTIONAL CHASSIS

SET BACK AXLE - TRUCK

CUM L9 350 HP @ 2200 RPM; 2200 GOV RPM, 1050 LB-FT @ 1200 RPM

ALLISON 3000 RDS AUTOMATIC TRANSMISSION WITH PTO PROVISION

MERITOR MT-44-14X 44,000# R-SERIES TANDEM REAR AXLE

HENDRICKSON HAULMAAX EX 46,000# REAR SUSPENSION

DETROIT DA-F-20.0-5 20,000# FL1 71.0 KPI/3.74 DROP SINGLE FRONT AXLE

9,500# LEFT, 10,500# RIGHT MIXER/PLOW FLAT LEAF FRONT SUSPENSION (20,000#)

108 INCH BBC FLAT ROOF ALUMINUM CONVENTIONAL CAB

4525MM (178 INCH) WHEELBASE

NO FIFTH WHEEL

7/16X3-9/16X11-1/8 INCH STEEL FRAME (11.11MMX282.6MM/0.437X11.13 INCH) 120KSI

1525MM (60 INCH) REAR FRAME OVERHANG

TEM TO EVALUATE AND INSTALL FRAME RAIL REINFORCEMENT AS NEEDED FOR FRONT FRAME MOUNTED EQUIPMENT

			PER UNIT		TOTAL
VEHICLE PRICE	**TOTAL # OF UNITS (1)**	$	120,500	$	120,500
EXTENDED WARRANTY		$	0	$	0
DEALER INSTALLED OPTIONS		$	0	$	0
CUSTOMER PRICE BEFORE TAX		**$**	***120,500***	**$**	***120,500***
TAXES AND FEES					
TAXES AND FEES		$	0	$	0
OTHER CHARGES		$	0	$	0
TRADE-IN					
TRADE-IN ALLOWANCE		$	(0)	$	(0)
BALANCE DUE	**(LOCAL CURRENCY)**	**$**	**120,500**	**$**	**120,500**

COMMENTS:

Projected delivery on ___ / ___ / ___ provided the order is received before ___ / ___ / ___.

APPROVAL:

Please indicate your acceptance of this quotation by signing below:

Customer: X_____ Date: 2 / 25 / 25.

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S P E C I F I C A T I O N P R O P O S A L

	Description	Weight Front	Weight Rear
Price Level			
	SD PRL-29D (EFF:MY26 ORDERS)		
Data Version			
	SPECPRO21 DATA RELEASE VER 026		
Vehicle Configuration			
	108SD PLUS CONVENTIONAL CHASSIS	6,829	3,748
	2026 MODEL YEAR SPECIFIED		
	SET BACK AXLE - TRUCK		
	TRAILER TOWING PROVISION AT END OF FRAME WITH SAE J560	10	10
	LH PRIMARY STEERING LOCATION		
General Service			
	TRUCK/TRAILER CONFIGURATION		
	DOMICILED, USA (EXCLUDING CALIFORNIA AND CARB OPT-IN STATES)		
	EPA CLEAN IDLE LABEL FOR INITIAL REGISTRATION IN EPA OR ACT STATES - (INCLUDES 6X4 INCH LABEL ON LOWER FORWARD OF DRIVER DOOR)		
	UTILITY/REPAIR/MAINTENANCE SERVICE		
	LEASE/FINANCE BUSINESS SEGMENT		
	DIRT/SAND/ROCK COMMODITY		
	TERRAIN/DUTY: 100% (ALL) OF THE TIME, IN TRANSIT, IS SPENT ON PAVED ROADS		
	MAXIMUM 8% EXPECTED GRADE		
	SMOOTH CONCRETE OR ASPHALT PAVEMENT - MOST SEVERE IN-TRANSIT (BETWEEN SITES) ROAD SURFACE		
	FREIGHTLINER SD VOCATIONAL WARRANTY		
	EXPECTED FRONT AXLE(S) LOAD : 20000.0 lbs		
	EXPECTED REAR DRIVE AXLE(S) LOAD : 44000.0 lbs		

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	Description	Weight Front	Weight Rear
	EXPECTED GROSS VEHICLE WEIGHT CAPACITY : 64000.0 lbs		
	EXPECTED GROSS COMBINATION WEIGHT : 80000.0 lbs		
Truck Service			
	FRONT PLOW/END DUMP BODY		
	HENDERSON		
Engine			
	CUM L9 350 HP @ 2200 RPM; 2200 GOV RPM, 1050 LB-FT @ 1200 RPM		
Electronic Parameters			
	75 MPH ROAD SPEED LIMIT		
	CRUISE CONTROL SPEED LIMIT SAME AS ROAD SPEED LIMIT		
	PTO MINIMUM RPM - 700		
	REGEN INHIBIT SPEED THRESHOLD - 0 MPH		
	PTO MODE SPEED CONTROL ACTIVATION REQUEST FOR REMOTE ENGINE INTERFACE		
Engine Equipment			
	EPA 2010/GHG 2024 CONFIGURATION		
	STANDARD OIL PAN		
	ENGINE MOUNTED OIL CHECK AND FILL		
	SIDE OF HOOD AIR INTAKE WITH FIREWALL MOUNTED DONALDSON AIR CLEANER WITH SAFETY ELEMENT AND INSIDE/OUTSIDE AIR WITH SNOW DOOR	10	
	DR 12V 160 AMP 28-SI QUADRAMOUNT PAD ALTERNATOR WITH REMOTE BATTERY VOLT SENSE		
	(2) DTNA GENUINE, FLOODED STARTING, MIN 2000CCA, 370RC, THREADED STUD BATTERIES		
	BATTERY BOX FRAME MOUNTED		
	STANDARD BATTERY JUMPERS		
	SINGLE BATTERY BOX FRAME MOUNTED LH SIDE UNDER CAB		
	WIRE GROUND RETURN FOR BATTERY CABLES WITH ADDITIONAL FRAME GROUND RETURN		
	NON-POLISHED BATTERY BOX COVER		
	NON-ESSENTIAL POSITIVE LOAD DISCONNECT, LOCKING IN CAB CONTROL SWITCH MOUNTED OUTBOARD OF DRIVER SEAT	2	
	PROGRESSIVE LOW VOLTAGE DISCONNECT AT 12.3 VOLTS FOR DESIGNATED CIRCUITS	2	

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Description	Weight Front	Weight Rear
CUMMINS TURBOCHARGED 18.7 CFM AIR COMPRESSOR WITH INTERNAL SAFETY VALVE		
ELECTRONIC ENGINE INTEGRAL SHUTDOWN PROTECTION SYSTEM		
CUMMINS ENGINE INTEGRAL BRAKE WITH VARIABLE GEOMETRY TURBO ON/OFF	20	
RH OUTBOARD UNDER STEP MOUNTED HORIZONTAL AFTERTREATMENT SYSTEM ASSEMBLY WITH RH B-PILLAR MOUNTED VERTICAL TAILPIPE	30	25
ENGINE AFTERTREATMENT DEVICE, AUTOMATIC OVER THE ROAD REGENERATION AND VIRTUAL REGENERATION REQUEST SWITCH IN CLUSTER		
10 FOOT 06 INCH (126 INCH+0/-5.9 INCH) EXHAUST SYSTEM HEIGHT		
RH CURVED VERTICAL TAILPIPE B-PILLAR MOUNTED ROUTED FROM STEP		
6 GALLON DIESEL EXHAUST FLUID TANK	-35	-10
100 PERCENT DIESEL EXHAUST FLUID FILL		
STANDARD DIESEL EXHAUST FLUID PUMP MOUNTING		
LH MEDIUM DUTY STANDARD DIESEL EXHAUST FLUID TANK LOCATION		
STANDARD DIESEL EXHAUST FLUID TANK CAP		
ALUMINUM AFTERTREATMENT DEVICE/MUFFLER/TAILPIPE SHIELD(S)		
AIR POWERED ON/OFF ENGINE FAN CLUTCH		
AUTOMATIC FAN CONTROL WITHOUT DASH SWITCH, NON ENGINE MOUNTED		
CUMMINS SPIN ON FUEL FILTER		
COMBINATION FULL FLOW/BYPASS OIL FILTER		
1115 SQUARE INCH ALUMINUM RADIATOR		
ANTIFREEZE TO -34F, OAT (NITRITE AND SILICATE FREE) EXTENDED LIFE COOLANT		
GATES BLUE STRIPE COOLANT HOSES OR EQUIVALENT		
CONSTANT TENSION HOSE CLAMPS FOR COOLANT HOSES		
RADIATOR DRAIN VALVE		
PHILLIPS-TEMRO 1000 WATT/115 VOLT BLOCK HEATER	4	
BLACK PLASTIC ENGINE HEATER RECEPTACLE MOUNTED UNDER LH DOOR		
ELECTRIC GRID AIR INTAKE WARMER		

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	Description	Weight Front	Weight Rear
	DELCO 12V 38MT HD STARTER WITH INTEGRATED MAGNETIC SWITCH		
Transmission			
	ALLISON 3000 RDS AUTOMATIC TRANSMISSION WITH PTO PROVISION		
Transmission Equipment			
	ALLISON VOCATIONAL PACKAGE 223 - AVAILABLE ON 3000/4000 PRODUCT FAMILIES WITH VOCATIONAL MODELS RDS, HS, MH AND TRV		
	ALLISON VOCATIONAL RATING FOR ON/OFF HIGHWAY APPLICATIONS AVAILABLE WITH ALL PRODUCT FAMILIES		
	PRIMARY MODE GEARS, LOWEST GEAR 1, START GEAR 1, HIGHEST GEAR 6, AVAILABLE FOR 3000/4000 PRODUCT FAMILIES ONLY		
	SECONDARY MODE GEARS, LOWEST GEAR 1, START GEAR 1, HIGHEST GEAR 6, AVAILABLE FOR 3000/4000 PRODUCT FAMILIES ONLY		
	PRIMARY SHIFT SCHEDULE RECOMMENDED BY DTNA AND ALLISON, THIS DEFINED BY ENGINE AND VOCATIONAL USAGE		
	SECONDARY SHIFT SCHEDULE RECOMMENDED BY DTNA AND ALLISON, THIS DEFINED BY ENGINE AND VOCATIONAL USAGE		
	PRIMARY SHIFT SPEED RECOMMENDED BY DTNA AND ALLISON, THIS DEFINED BY ENGINE AND VOCATIONAL USAGE		
	SECONDARY SHIFT SPEED RECOMMENDED BY DTNA AND ALLISON, THIS DEFINED BY ENGINE AND VOCATIONAL USAGE		
	2ND GEAR ENGINE BRAKE ALTERNATE PRESELECT WITH MODERATE DOWNSHIFT STRATEGY		
	NEUTRAL AT STOP ENABLED		
	DRIVER SWITCH INPUT - DEFAULT - NO SWITCHES		
	DIRECTION CHANGE ENABLED WITH MULTIPLEXED SERVICE BRAKES - ALLISON 5TH GEN TRANSMISSIONS		
	QUICKFIT BODY LIGHTING CONNECTOR UNDER CAB, WITH CAP		
	CUSTOMER INSTALLED CHELSEA 281 SERIES PTO		
	PTO MOUNTING, LH SIDE OF MAIN TRANSMISSION ALLISON		

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	Description	Weight Front	Weight Rear
	MAGNETIC PLUGS, ENGINE DRAIN, TRANSMISSION DRAIN, AXLE(S) FILL AND DRAIN		
	HEAVY DUTY ELECTRONIC TRANSMISSION SHIFT CONTROL, COLUMN MOUNTED		
	TRANSMISSION PROGNOSTICS - ENABLED 2013		
	WATER TO OIL TRANSMISSION COOLER, IN RADIATOR END TANK	15	
	TRANSMISSION OIL CHECK AND FILL WITH ELECTRONIC OIL LEVEL CHECK		
	SYNTHETIC TRANSMISSION FLUID (TES-295 COMPLIANT)		
Front Axle and Equipment			
	DETROIT DA-F-20.0-5 20,000# FL1 71.0 KPI/3.74 DROP SINGLE FRONT AXLE	190	
	MERITOR EX-L AIR DISC FRONT BRAKES		
	NON-ASBESTOS FRONT BRAKE LINING		
	FRONT DISC BRAKE ROTORS		
	FRONT BRAKE DUST SHIELDS	5	
	FRONT OIL SEALS		
	VENTED FRONT HUB CAPS WITH WINDOW, CENTER AND SIDE PLUGS - OIL		
	STANDARD SPINDLE NUTS FOR ALL AXLES		
	FRONT AIR DISC BRAKE INTERNAL ADJUSTERS		
	STANDARD KING PIN BUSHINGS		
	TRW THP-60 POWER STEERING WITH RCH45 AUXILIARY GEAR	130	
	POWER STEERING PUMP		
	4 QUART POWER STEERING RESERVOIR		
	OIL/AIR POWER STEERING COOLER		
	CURRENT AVAILABLE SYNTHETIC 75W-90 FRONT AXLE LUBE		
Front Suspension			
	9,500# LEFT, 10,500# RIGHT MIXER/PLOW FLAT LEAF FRONT SUSPENSION (20,000#)	330	
	GRAPHITE BRONZE BUSHINGS WITH SEALS - FRONT SUSPENSION		
	FRONT SHOCK ABSORBERS		
Rear Axle and Equipment			
	MERITOR MT-44-14X 44,000# R-SERIES TANDEM REAR AXLE		2,580
	4.33 REAR AXLE RATIO		

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	Description	Weight Front	Weight Rear
	IRON REAR AXLE CARRIER WITH STANDARD AXLE HOUSING		
	MXL 17T MERITOR EXTENDED LUBE MAIN DRIVELINE WITH HALF ROUND YOKES	20	20
	MXL 17T MERITOR EXTENDED LUBE INTERAXLE DRIVELINE WITH HALF ROUND YOKES		
	(1) INTERAXLE LOCK VALVE FOR TANDEM DRIVE AXLES		
	INDICATOR LIGHT FOR EACH INTERAXLE LOCKOUT SWITCH		
	MERITOR EX-L OPTIMIZED AXIAL AIR DISC REAR BRAKES		-80
	NON-ASBESTOS REAR BRAKE LINING		
	STANDARD BRAKE CHAMBER LOCATION		
	REAR DISC BRAKE ROTORS		
	REAR BRAKE DUST SHIELDS		10
	REAR OIL SEALS		
	AIR DISC LONGSTROKE 2-DRIVE AXLES SPRING PARKING CHAMBERS		20
	REAR AIR DISC BRAKE INTERNAL ADJUSTERS		
	CURRENT AVAILABLE SYNTHETIC 75W-90 REAR AXLE LUBE		
	STANDARD REAR AXLE BREATHER(S)		
Rear Suspension			
	HENDRICKSON HAULMAAX EX 46,000# REAR SUSPENSION		50
	HENDRICKSON HAULMAAX/ULTIMAAX - 9.50" RIDE HEIGHT		
	54 INCH AXLE SPACING		
	HENDRICKSON HN, HAULMAAX AND ULTIMAAX SERIES STEEL BEAMS WITH BAR PIN		
	STANDARD DUTY FORE/AFT AND HEAVY DUTY TRANSVERSE CONTROL RODS		
	DOUBLE REBOUND STRAP - INBOARD AND OUTBOARD		13
Pusher / Tag Equipment			
	NO PUSHER/TAG BRAKE DUST SHIELDS		
Brake System			
	WABCO 4S/4M ABS WITH TRACTION CONTROL		
	REINFORCED NYLON, FABRIC BRAID AND WIRE BRAID CHASSIS AIR LINES		
	FIBER BRAID PARKING BRAKE HOSE		
	STANDARD BRAKE SYSTEM VALVES		

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	Description	Weight Front	Weight Rear
	STANDARD AIR SYSTEM PRESSURE PROTECTION SYSTEM		
	STD U.S. FRONT BRAKE VALVE		
	RELAY VALVE WITH 5-8 PSI CRACK PRESSURE, NO REAR PROPORTIONING VALVE		
	WABCO SYSTEM SAVER HP WITH INTEGRAL AIR GOVERNOR AND HEATER		
	AIR DRYER FRAME MOUNTED		
	STEEL AIR BRAKE RESERVOIRS		
	BW DV-2 AUTO DRAIN VALVE WITH HEATER TO WET TANK; DRAIN VALVE CABLES ON ALL OTHER TANKS		
Trailer Connections			
	NO TRAILER AIR HOSE		
	NO AIR HOSE HANGER		
	AIR CONNECTIONS TO END OF FRAME WITH GLAD HANDS FOR TRUCK AND DUST COVERS		
	PRIMARY CONNECTOR/RECEPTACLE WIRED FOR COMBINATION STOP/TURN, CENTER PIN ABS		
	SAE J560 7-WAY PRIMARY TRAILER CABLE RECEPTACLE MOUNTED END OF FRAME		
	NO TRAILER ELECTRICAL CABLE		
Wheelbase & Frame			
	4525MM (178 INCH) WHEELBASE		
	7/16X3-9/16X11-1/8 INCH STEEL FRAME (11.11MMX282.6MM/0.437X11.13 INCH) 120KSI	240	130
	TEM TO EVALUATE AND INSTALL FRAME RAIL REINFORCEMENT AS NEEDED FOR FRONT FRAME MOUNTED EQUIPMENT		
	1525MM (60 INCH) REAR FRAME OVERHANG		
	FRAME OVERHANG RANGE: 51 INCH TO 60 INCH	10	-50
	24 INCH INTEGRAL FRONT FRAME EXTENSION	140	-20
	CALC'D BACK OF CAB TO REAR SUSP C/L (CA) : 112.6 in		
	CALCULATED EFFECTIVE BACK OF CAB TO REAR SUSPENSION C/L (CA) : 109.6 in		
	CALC'D FRAME LENGTH - OVERALL : 303.31 in		
	CALCULATED FRAME SPACE LH SIDE : 53.34 in		
	CALCULATED FRAME SPACE RH SIDE : 57.48 in		
	CALC'D SPACE AVAILABLE FOR DECKPLATE : 0.0 in		
	SQUARE END OF FRAME		

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	Description	Weight Front	Weight Rear
	FRONT CLOSING CROSSMEMBER		
	LIGHTWEIGHT HEAVY DUTY ALUMINUM ENGINE CROSSMEMBER	-12	
	STANDARD MIDSHIP #1 CROSSMEMBER(S)		
	STANDARD REARMOST CROSSMEMBER		
	STANDARD SUSPENSION CROSSMEMBER		
Chassis Equipment			
	OMIT FRONT BUMPER, CUSTOMER INSTALLED SPECIAL BUMPER, DOES NOT COMPLY WITH FMCSR 393.203	-110	
	FRONT TOW HOOKS - FRAME MOUNTED	15	
	NO MUDFLAP BRACKETS		
	NO REAR MUDFLAPS		
	GRADE 8 THREADED HEX HEADED FRAME FASTENERS		
	EXTERIOR HARNESSES WRAPPED IN ABRASION TAPE		
	CLEAR FRAME RAILS FROM BACK OF CAB TO FRONT REAR SUSPENSION BRACKET, BOTH RAILS OUTBOARD		
Fifth Wheel			
	NO FIFTH WHEEL		
Fuel Tanks			
	60 GALLON/227 LITER ALUMINUM FUEL TANK - LH		
	25 INCH DIAMETER FUEL TANK(S)		
	PLAIN ALUMINUM/PAINTED STEEL FUEL/HYDRAULIC TANK(S) WITH PAINTED BANDS		
	FUEL TANK(S) FORWARD		
	PLAIN STEP FINISH		
	FUEL TANK CAP(S)		
	DETROIT FUEL/WATER SEPARATOR WITH WATER IN FUEL SENSOR AND 12 VOLT PREHEATER	-5	
	EQUIFLO INBOARD FUEL SYSTEM		
	HIGH TEMPERATURE REINFORCED NYLON FUEL LINE		
Tires			
	CONTINENTAL HAU 3 WT 315/80R22.5 20 PLY RADIAL FRONT TIRES	100	
	CONTINENTAL INTELLIGENT HDC3 11R22.5 16 PLY RADIAL REAR TIRES		192

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	Description	Weight Front	Weight Rear
Hubs			
	CONMET PRESET PLUS PREMIUM IRON FRONT HUBS		
	CONMET PRESET PLUS PREMIUM IRON REAR HUBS		
Wheels			
	ACCURIDE 29039 22.5X9.00 10-HUB PILOT 5.25 INSET 5-HAND STEEL DISC FRONT WHEELS	66	
	ACCURIDE 28828 22.5X8.25 10-HUB PILOT 2-HAND HD STEEL DISC REAR WHEELS		104
	FRONT WHEEL MOUNTING NUTS		
	REAR WHEEL MOUNTING NUTS		
Cab Exterior			
	108 INCH BBC FLAT ROOF ALUMINUM CONVENTIONAL CAB		
	AIR CAB MOUNTING		
	NONREMOVABLE BUGSCREEN MOUNTED BEHIND GRILLE		
	SHORT FENDER WITH MUDFLAP		
	BOLT-ON MOLDED FLEXIBLE FENDER EXTENSIONS	10	
	LH AND RH GRAB HANDLES		
	STATIONARY BLACK GRILLE		
	BLACK HOOD MOUNTED AIR INTAKE GRILLE		
	FIBERGLASS HOOD		
	FREIGHTLINER NAME PLATES		
	TUNNEL/FIREWALL LINER		
	SINGLE 14 INCH ROUND POLISHED AIR HORN ROOF MOUNTED		
	SINGLE ELECTRIC HORN		
	SINGLE HORN SHIELD		
	REAR LICENSE PLATE MOUNT END OF FRAME		
	HALOGEN COMPOSITE HEADLAMPS WITH BLACK BEZELS		
	LED AERODYNAMIC MARKER LIGHTS		
	WIRING AND SWITCH FOR CUSTOMER FURNISHED SNOW PLOW LAMPS WITH DUAL CONNECTIONS AT BUMPER		
	NO DAYTIME RUNNING LIGHTS		
	INTEGRAL STOP/TAIL/BACKUP LIGHTS		
	STANDARD FRONT TURN SIGNAL LAMPS		

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	Description	Weight Front	Weight Rear
	DUAL WEST COAST MOLDED-IN COLOR HEATED MIRRORS WITH LH AND RH REMOTE		
	DOOR MOUNTED MIRRORS		
	102 INCH EQUIPMENT WIDTH		
	LH AND RH 8 INCH MOLDED-IN COLOR CONVEX MIRRORS M0UNTED UNDER PRIMARY MIRRORS		
	RH AND LH 8 INCH HEATED STAINLESS STEEL FENDER MOUNTED CONVEX MIRRORS WITH QUADPOD BRACKETS	8	
	STANDARD SIDE/REAR REFLECTORS		
	63X14 INCH TINTED REAR WINDOW		
	TINTED DOOR GLASS LH AND RH WITH TINTED OPERATING WING WINDOWS		
	RH AND LH ELECTRIC POWERED WINDOWS		
	1-PIECE SOLAR GREEN GLASS WINDSHELD		
	8 LITER (2 GAL) WINDSHIELD WASHER RESERVOIR, CAB MOUNTED, WITHOUT FLUID LEVEL INDICATOR		
Cab Interior			
	RUGGED TRIM PACKAGE		
	GRAY & CARBON VINYL INTERIOR "RUGGED"		
	CARBON WITH PREMIUM GUNMETAL ACCENT (RUGGED)		
	MOLDED DOOR PANEL		
	MOLDED PLASTIC DOOR PANEL		
	BLACK MATS WITH SINGLE INSULATION		
	(1)DASH MOUNTED 12V POWER OUTLET, (1)DASH MOUNTED DUAL USB-C OUTLET		
	FORWARD ROOF MOUNTED CONSOLE		
	LH AND RH DOOR STORAGE POCKETS INTEGRATED INTO MOLDED DOOR PANELS		
	DIGITAL ALARM CLOCK IN DRIVER DISPLAY		
	(2) CUP HOLDERS LH AND RH DASH		
	M2/SD DASH		
	2-1/2 LB. FIRE EXTINGUISHER	5	
	HEATER, DEFROSTER AND AIR CONDITIONER		
	STANDARD HVAC DUCTING		
	MAIN HVAC CONTROLS WITH RECIRCULATION SWITCH		
	STANDARD HEATER PLUMBING		
	VALEO HEAVY DUTY A/C REFRIGERANT COMPRESSOR		

	Description	Weight Front	Weight Rear
	BINARY CONTROL, R-134A		
	STANDARD INSULATION		
	SOLID-STATE CIRCUIT PROTECTION AND FUSES		
	12V NEGATIVE GROUND ELECTRICAL SYSTEM		
	STANDARD LED CAB LIGHTING		
	NO SECURITY DEVICE		
	DOOR LOCKS AND IGNITION SWITCH KEYED THE SAME		
	KEY QUANTITY OF 4		
	LH AND RH ELECTRIC DOOR LOCKS		
	NO MATTRESS	-20	-15
	TRIANGULAR REFLECTORS KIT WITHOUT FLARES SHIPPED LOOSE IN CAB	10	
	BASIC ISRI HIGH BACK NON SUSPENSION DRIVERS SEAT W/FORE & AFT ADJUSTMENT		
	BASIC ISRI HIGH BACK NON SUSPENSION PASSENGER SEAT		
	DUAL DRIVER SEAT ARMRESTS, NO PASSENGER SEAT ARMRESTS	4	
	LH AND RH INTEGRAL DOOR PANEL ARMRESTS		
	BLACK VINYL DRIVER SEAT COVER		
	BLACK VINYL PASSENGER SEAT COVER		
	BLACK SEAT BELTS		
	ADJUSTABLE TILT AND TELESCOPING STEERING COLUMN		
	4-SPOKE 18 INCH (450MM) LEATHER WRAPPED STEERING WHEEL WITH CHROME SWITCH BEZELS		
	DRIVER AND PASSENGER INTERIOR SUN VISORS		
Instruments & Controls			
	ELECTRONIC ACCELERATOR CONTROL		
	NO INSTRUMENT PANEL-DRIVER		
	FULLY CONFIGURABLE CENTER INSTRUMENT PANELS		
	BRIGHT ARGENT FINISH GAUGE BEZELS		
	LOW AIR PRESSURE INDICATOR LIGHT AND AUDIBLE ALARM		
	DUAL NEEDLE PRIMARY AND SECONDARY AIR PRESSURE GAUGE		
	DASH MOUNTED AIR RESTRICTION INDICATOR WITH GRADUATIONS		

Prepared for:
TABATHA MILLER
FISHERS CITY OF
1 MUNICIPAL DR

FISHERS, IN 46038
Phone: 317-595-3252

Prepared by:
Jamie Haskett
Stoops Freightliner - Indianapolis
1851 W. THOMPSON RD
INDIANAPOLIS, IN 46217
Phone: 317-788-1533

	Description	Weight Front	Weight Rear
	ELECTRONIC CRUISE CONTROL WITH CONTROLS ON STEERING WHEEL SPOKES		
	KEY OPERATED IGNITION SWITCH AND INTEGRAL START POSITION; 4 POSITION OFF/RUN/START/ACCESSORY		
	PREMIUM INSTRUMENT CLUSTER WITH 5.0 INCH TFT COLOR DISPLAY		
	DIGITAL PANEL LAMP DIMMER SWITCH IN DRIVER DISPLAY		
	HEAVY DUTY ONBOARD DIAGNOSTICS INTERFACE CONNECTOR LOCATED BELOW LH DASH		
	2 INCH ELECTRIC FUEL GAUGE		
	ELECTRICAL ENGINE COOLANT TEMPERATURE GAUGE		
	ELECTRIC ENGINE OIL PRESSURE GAUGE		
	DIGITAL TRANSMISSION OIL TEMPERATURE IN DRIVER DISPLAY		
	ELECTRONIC OUTSIDE TEMPERATURE SENSOR DISPLAY IN DRIVER MESSAGE CENTER		
	ENGINE AND TRIP HOUR METERS INTEGRAL WITHIN DRIVER DISPLAY		
	PTO CONTROLS FOR ENHANCED VEHICLE ELECTRIC/ELECTRONIC ARCHITECTURE		
	NO OBSTACLE DETECTION SYSTEM		
	NO DR ASSIST SYSTEM		
	NO VEHICLE STABILITY ADVISOR OR CONTROL		
	NO LANE DEPARTURE WARNING SYSTEM		
	NO REVERSE PROXIMITY SENSOR		
	NO OVERHEAD INSTRUMENT PANEL		
	7" B-PANEL INTERACTIVE TOUCHSCREEN DISPLAY RADIO W/ USB-C, APPLE CARPLAY, ANDROID AUTO, BLUETOOTH/AM/FM/SXM/WB, WITH MICROPHONE		
	DASH MOUNTED RADIO		
	(2) RADIO SPEAKERS IN CAB		
	AM/FM ANTENNA MOUNTED ON FORWARD LH ROOF	2	
	NO CB RADIO MOUNTING PROVISION		
	NO MULTIBAND ANTENNA		
	INTEROPERABLE SDAR ANTENNA, SHIP LOOSE		
	ELECTRONIC MPH SPEEDOMETER WITH SECONDARY KPH SCALE, WITHOUT ODOMETER		

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	Description	Weight Front	Weight Rear
	STANDARD VEHICLE SPEED SENSOR		
	ELECTRONIC 3000 RPM TACHOMETER		
	DETROIT CONNECT PLATFORM HARDWARE		
	3 YEARS DAIMLER CONNECTIVITY BASE PACKAGE ON (FEATURES VARY BY MODEL) POWERED BY DETROIT CONNECT ON CUMMINS ENGINES		
	NO ASE DATA SVCE EXTENSION		
	TMC RP1226 ACCESSORY CONNECTOR LOCATED BEHIND PASSENGER SIDE REMOVEABLE DASH PANEL		
	IGNITION SWITCH CONTROLLED ENGINE STOP		
	FOUR EXTRA HARDWIRED SWITCHES IN DASH, INPUT POWER, NO OUTPUT WIRING		
	HARDWIRE SWITCH #1, ON/OFF LATCHING, 10 AMPS BATTERY POWER		
	HARDWIRE SWITCH #2, ON/OFF LATCHING, 10 AMPS BATTERY POWER		
	HARDWIRE SWITCH #3,ON/OFF LATCHING, 10 AMPS BATTERY POWER		
	HARDWIRE SWITCH #4,ON/OFF LATCHING, 10 AMPS BATTERY POWER		
	(1) OVERHEAD MOUNTED LANYARD CONTROL FOR DRIVER AIR HORN		
	BW TRACTOR PROTECTION VALVE		
	TRAILER HAND CONTROL BRAKE VALVE		
	DIGITAL VOLTAGE DISPLAY INTEGRAL WITH DRIVER DISPLAY		
	SINGLE ELECTRIC WINDSHIELD WIPER MOTOR WITH DELAY		
	ROTARY HEADLAMP SWITCH, MARKER LIGHTS/HEADLIGHTS SWITCH WITH PULL OUT FOR OPTIONAL FOG/ROAD LAMPS		
	TWO VALVE PARKING BRAKE SYSTEM WITH WARNING INDICATOR		
	SELF CANCELING TURN SIGNAL SWITCH WITH DIMMER, HEADLAMP FLASH, WASH/WIPE/INTERMITTENT		
	INTEGRAL ELECTRONIC TURN SIGNAL FLASHER WITH 40 AMP (20 AMP PER SIDE) TRAILER LAMP CAPACITY		
	NO WRG/SW-OPTL #2,CHAS,AIR		
Design			
	PAINT: ONE SOLID COLOR		
Color			

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	Description	Weight Front	Weight Rear
	CAB COLOR A: L0006EY WHITE ELITE EY		
	BLACK, HIGH SOLIDS POLYURETHANE CHASSIS PAINT		
	POWDER WHITE (N0006EA) FRONT WHEELS/RIMS (PKWHT21, TKWHT21, W, TW)		
	POWDER WHITE (N0006EA) REAR WHEELS/RIMS (PKWHT21, TKWHT21, W, TW)		
	STANDARD E COAT/UNDERCOATING		
Certification / Compliance			
	U.S. FMVSS CERTIFICATION, EXCEPT SALES CABS AND GLIDER KITS		
Sales Programs			
	SD QUOTE SALES PROGRAM		

T O T A L V E H I C L E S U M M A R Y

Weight Summary

	Weight Front	Weight Rear	Total Weight
Factory Weight+	8025 lbs	6727 lbs	14752 lbs
Total Weight+	8025 lbs	6727 lbs	14752 lbs

(+) Weights shown are estimates only.
If weight is critical, contact Customer Application Engineering.

(***) All cost increases for major components (Engines, Transmissions, Axles, Front and Rear Tires) and government mandated requirements, tariffs, and raw material surcharges will be passed through and added to factory invoices.

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	February 25, 2025	**RESOLUTION NO.**	R022525C
TITLE OF AGENDA ITEM	Resolution Approving Predestrian Trail Operation, Use And Maintenan		
PRESENTER/DEPARTMENT	Megan Baumgartner, Director Economic and Community Development		
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.**	This Easement Agreement concerns the use, operation and maintenance of a pedestrian trail extending from Gristone Drive southeast to the Fishers Event Center. Pursuant to a 2021 Land Acquisition Agreement, Thompson Thrift was required to design and construct the trail and then dedicate it to the City. Now, the City and Watermark At Fishers USA Pkwy IN LLC, Thompson Thrift ' s sister company, desire to enter into a maintenance and operation easement that obligates the City to repair and maintain the hard surface of the trail and Watermark to maintain and repair the adjacent landscaping and grass. The Trail will be conveyed to the City in approximately Spring, 2025. The subject Eaesement Agreement will go into effect upon transfer of the trail to the City.		
EXPENDITURE $	none		
BUDGETED $	none		
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: Recorded by Title Company	
BUDGET INFORMATION	Expense Account: Current Available Budget: Controller's Office Approval:	None	

Form Revised 01/14/2025

RESOLUTION NO. R022525C

RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING PEDESTRAIN TRAIL OPERATION, USE AND MAINTENANCE EASEMENT AGREEMENT (GRISTONE DRIVE TO FISHERS EVENT CENTER)

WHEREAS, pursuant to that certain June 1, 2021, Land Acquisition and Economic Development Agreement (the "LAA") by and among Thompson Thrift Development, Inc. ("TT"), the City of Fishers, Hamilton County, Indiana ("City"), City of Fishers, Redevelopment Commission ("Commission") and Fishers Town Hall Building Corporation ("Building Corp."), TT designed and constructed a pedestrian trail extending southeast from Gristone Drive to an area immediately north of the Fishers Event Center (the "Trail") as depicted on Exhibit A attached hereto and incorporated herein;

WHEREAS, the LAA requires TT to transfer and convey the Trail to the City upon completion of construction;

WHEREAS, TT has caused the design and construction of the pedestrian Trail, and now, its sister company, Watermark At Fishers USA Pkwy IN LLC ("Watermark"), desires to convey the Trail to the City, all consistent with and pursuant to the LAA;

WHEREAS, to provide for the continued maintenance and repair of the Trail, Watermark and the City desire to enter into an easement agreement substantially similar to the Pedestrian Trail Operation, Use And Maintenance Easement Agreement attached hereto and incorporated herein as Exhibit B (the "Easement Agreement"); and

WHEREAS, pursuant to the Easement Agreement, among other rights and responsibilities, Watermark and its successors in interest will be responsible for maintaining the landscaping and grass along the Trail, and the City and its successors in interest will be responsible for maintaining the hard surface of the Trail.

NOW, THEREFORE, BE IT RESOLVED by the City of Fishers Board of Public Works & Safety meeting in a duly noticed and regularly scheduled meeting as follows:

Section 1. The Trail Maintenance Agreement in Exhibit A is hereby approved.

Section 2. The Board hereby authorizes the Mayor or his designee to execute any and all documents necessary to execute the City's Maintenance and operation easement.

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 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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

Cross Reference Nos. 2024-1258
2021-8429

PEDESTRIAN TRAIL OPERATION, USE AND MAINTENANCE EASEMENT AGREEMENT

This Pedestrian Trail Operation, Use and Maintenance Easement Agreement (this "Easement Agreement") is executed as of the ___ day of February, 2025 (the "Effective Date"), by and between the CITY OF FISHERS, HAMILTON COUNTY, INDIANA, an Indiana municipal corporation ("City") and WATERMARK AT FISHERS USA PKWY IN, LLC, a Delaware limited liability company ("Watermark" and together with City, the "Parties" and each a "Party"), on the following terms and conditions:

RECITALS

WHEREAS, City is the owner of that certain parcel of real property described and depicted in **Exhibit A** that is approximately 1 acre in size (the "Easement Area");

WHEREAS, Watermark owns a multi-family development located on the real property described and depicted in **Exhibit B** (the "Watermark Property") that is adjacent to the Easement Area; and

WHEREAS, the Parties desire to enter into this Easement Agreement to set forth their respective rights and responsibilities concerning the Easement Area.

NOW, THEREFORE, in consideration of the forgoing premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, City and Watermark agree as follows:

1. Recitals. The representations, covenants and recitations set forth in the foregoing recitals are material to this Easement Agreement and are hereby incorporated into and made a part of this Easement Agreement as though they were fully set forth in this Section 1.

2. Mutual Assistance. The Parties agree, subject to further proceedings required by the Laws, to take such actions, including the execution and delivery of such documents, instruments, petitions and certifications, as may be necessary or appropriate, from time to time, to carry out the terms, provisions and intent of this Easement Agreement and to aid and assist each other in carrying out said terms, provisions and intent of this Easement Agreement.

3. Definitions. The following capitalized terms shall be used with the meaning ascribed to such term in this Section 3:

Adjacent Property Owners shall mean TTH Fishers Pkwy IN, LLC, and TTRG IN Fishers Swordfish, LLC, and their successors and assigns, residents, employees, visitors, invitees, contractors and consultants.

Beneficiaries shall mean Watermark, its successors and assigns, residents, employees, visitors, invitees, contractors and consultants.

Burdened Property shall mean the Easement Area.

City shall have the meaning ascribed in the preamble.

Claims shall mean claims, liabilities, damages, injuries, losses, liens, costs, and/or expenses (including, without limitation, reasonable attorneys' fees); provided that in no event shall Claims include consequential or punitive damages.

Cure Period shall mean a period of: (a) five (5) days after Notice of such default in the case of any monetary default; and (b) twenty (20) days after a party failing to perform or observe any other term or condition of this Easement Agreement to be performed or observed by it receives Notice specifying the nature of the default; provided that, if such default is of such a nature that it cannot be remedied within twenty (20) days, despite reasonably diligent efforts, then the twenty (20) day cure period shall be extended as may be reasonably necessary for the defaulting party to remedy the default, so long as the defaulting party: (i) commences to cure the default within the twenty (20)) day period; and (ii) diligently pursues such cure to completion; provided that in no event shall a Cure Period extend more than ninety (90) days after the date of the default.

Easement shall have the meaning ascribed to it in Section 4.

Easement Agreement shall have the meaning ascribed to it in the preamble.

Easement Area shall have the meaning set forth in the recitals.

Effective Date shall have the meaning ascribed to it in the preamble.

Event of Default shall have the meaning set forth in Section 21.

Hazardous Substances shall mean those substances included within the definitions of "hazardous substances," "hazardous materials," "toxic substances," "solid waste" or "infectious waste" under Environmental Laws and petroleum products.

Laws shall mean all applicable laws, statutes, and/or ordinances, and any applicable governmental or judicial rules, regulations, guidelines, judgments, orders, decrees and/or the Trail Rules.

Maintenance and Operation Standards shall mean a standard requiring management, maintenance, and operation of the Easement Area, or any portion thereof: (a) in a first-class manner; (b) in the interest, and for the benefit, of the City and the Beneficiaries; and (c) in such a manner that promotes the interest and welfare of, and fosters favorable goodwill for, Watermark and City.

City shall have the meaning ascribed to it in the preamble together with any successors and assigns to the Burdened Property.

Party or **Parties** shall have the meaning ascribed to it in the preamble.

Pedestrian Trail shall mean the paved asphalt and/or concrete hard-surface area within the Easement Area and all benches, trash receptacles and other improvements installed on or around the Easement Area.

Permitted Purposes shall have the meaning ascribed to it in Section 5.

Recorder's Office shall mean the Office of the Hamilton County Recorder.

Trail Rules shall mean those rules governing use of the Easement Area attached as **Exhibit C**.

Self Help shall have the meaning ascribed to it in Section 22.

Signage Area have the meaning set forth in Section 5(d).

Watermark shall have the meaning ascribed to it in the preamble and shall include any successors and assigns to the Watermark Property.

Watermark Property shall have the meaning set forth in the recitals.

4. Terms Of Easement. Pursuant to this Section 4, City hereby declares, creates and conveys to Watermark and/or the Adjacent Property Owners, as applicable, an irrevocable, non-exclusive, perpetual easement for pedestrian access, ingress and egress on and over and use of the Easement Area for the Permitted Purposes, and no other (the "Easement").

5. Purpose of Easement. The foregoing Easement shall be for the following exclusive purposes:

(a) making available to the Beneficiaries and the Adjacent Property Owners use of the Easement Area, including, without limitation, the Pedestrian Trail, consistent with the Trail Rules and the Laws;

(b) providing Watermark access to and use of the Easement Area to cause the performance of landscaping and mowing within the Easement Area and adjacent to the Pedestrian Trail as required by this Section 5 and as otherwise required by this Easement Agreement;

(c) providing Watermark access to and use of the Easement Area to exercise its rights provided in Section 22(a).

(d) providing the Adjoining Property Owners access to and use of the Easement Area to operate, maintain and repair the Signage Area depicted on **Exhibit D** (the "Signage Area").

(e) providing Watermark the right of ingress, egress and access to and from the adjacent Blocks B and D in the State at Fishers District, Secondary Plat, recorded November 16, 2021 as Instrument No. 2021082544 and Certificate of Plat Correction recorded April 15, 2024 as Instrument No. 2024012588, over and across the Easement Area using the private streets, easements, and roads set forth on the Plat.

6. The City's and Watermark's Obligations.

(a) The City. Unless otherwise specifically stated, the City shall, at its sole cost and expense, cause all maintenance (including snow removal to the extent the City provides such service to other, similar trails within the City) operation, repairs and replacements to be performed to the Pedestrian Trail pursuant to and consistent with the Maintenance and Operation Standards, including, without limitation, routinely cleaning, maintaining and repairing the asphalt, concrete and structural improvements that comprise the Pedestrian Trail so that they are: (i) in a good, working, safe, clean, and sightly condition; and (ii) suitable for safe use and enjoyment of the Beneficiaries and the public. Additionally, the City shall, at its sole cost and expense, pay all water, electric and gas costs associated with the Pedestrian Trail (individually or jointly, the "Utilities"), if any.

(b) Watermark Obligations. Watermark, , at its sole cost and expense, shall be responsible for all landscaping and mowing within the Easement Area and adjacent to the Pedestrian Trail, all of which shall be fulfilled by Watermark, consistent with the Maintenance and Operation Standards.

7. Nature of Easement. The Easement, and the benefits thereof, are perpetual, and (a) are non-revocable by City or any successor in interest to the Burdened Property or any portion thereof; and (b) shall inure to the benefit of Watermark provided, however, members of the public shall not have any right to make a claim under this Easement Agreement with respect to Easement.

8. **Conveyance.** Any document used to convey interest in the Watermark Property, portion thereof or Easement Area shall be deemed, without further action of the Parties to impose, as an encumbrance upon such interest, the burden and restriction of the Easement and this Easement Agreement, regardless of whether the conveyance instrument expressly imposes such encumbrance and restriction.

9. Trail Rules. The Parties hereby expressly acknowledge and agree that the Trail Rules govern use of the Easement Area, which Trail Rules may be amended in writing upon mutual

agreement of the Parties. Upon mutual agreement, the Parties shall have the right and power, from time to time and at any time, to promulgate additional rules and/or amend, modify, or supplement the existing Trail Rules, so long as the same are reasonable and do not materially affect the rights or obligations set forth in this Easement Agreement.

10. Pedestrian Trail and Alterations. The City shall continuously hold open the Easement Area as a pedestrian path and trail similar to other pedestrian trails within the City. The City may make alterations or improvements to the Easement Area in accordance with the Laws, so long as the design and use of the Pedestrian Trail is not materially modified and so long as the rights of the City or Watermark are not materially affected by the same. Moreover, City, at its sole cost and expense, may install public art on and within the Easement Area, and, if City elects to install any such public art, then City shall, at its sole cost and expense, maintain any such art in a manner consistent with the Maintenance and Operation Standards. Without the express, written approval of the City, Watermark shall not alter the Pedestrian Trail.

11. Environmental Indemnity. The Parties shall not cause or permit the use, generation, release, manufacture, refining, production, processing, storage or disposal of any Hazardous Substances on, under or about the Easement Area, or the transportation to or from the Easement Area of any Hazardous Substances, except as necessary and appropriate for its use as provided for in this Declaration, in which case the use, storage or disposal of such Hazardous Substances shall be performed in compliance with the Environmental Laws and the standards prevailing in the industry. Each Party shall immediately (a) notify the other Party of (i) any violation by it, its tenants or visitors or invitees of any Environmental Laws on, under or about the Easement Area, or (ii) the presence or suspected presence of any Hazardous Substances on, under or about the Easement Area, and (b) deliver to the other Party any notice received relating to (a)(i) and (a)(ii) above from any source. Each of the Parties shall indemnify the other Party from all Claims, including costs of testing and remediation costs incurred by such Party in connection with any breach by the indemnifying Party of its obligations under this Section.

12. Mutual Indemnification.

a. City. To the extent permitted by applicable Laws, City shall indemnify and hold harmless Watermark from and against any and all Claims arising from or connected with: (i) the breach by City of any term or condition of this Easement Agreement; (ii) injury to, or death of, persons or loss of, or damage to, property, occurring on or resulting out of or in connection with the rights granted to, or obligations assumed by, City with respect to this Easement Agreement; provided that such injury, death or loss is not caused by the negligence or willful misconduct of Watermark; (iii) the negligence or willful misconduct of City related to this Easement Agreement or work at or about the Easement Area; or (iv) a City Body suffering or causing the filing of any mechanic's or materialmen's lien against the Watermark Property.

b. Watermark. City shall indemnify and hold harmless City from and against any and all Claims arising from or connected with: (i) breaches by Watermark under contracts to which Watermark is a party, to the extent that such contracts relate to the performance of any work within the Easement Area, including, without limitation, any party acting by, under, through, or on behalf of Watermark; (ii) injury to, or death of, persons or loss of, or damage to, property, suffered in connection with performance of any work within the Easement Area by Watermark or any party

acting by, under, through, or on behalf of Watermark; (iii) the breach by Watermark of any term or condition of this Easement Agreement; or (v) Watermark suffering or causing the filing of any mechanic's or materialmen's lien against the Easement Area.

Notwithstanding anything to the contrary set forth herein, City's and Watermark's obligations under this Section shall survive the termination of this Easement Agreement. Moreover, Watermark hereby acknowledges and agrees that City's financial exposure for certain claims, including, without limitation, claims regarding environmental issues as described in Section 11, is limited by the Indiana Tort Claims Act, and City's obligation to indemnify and save Watermark, its agents and employees harmless from and against any and all claims, damages, demands, penalties, costs, liabilities, losses, and expenses (including reasonable attorneys' fees and expenses at the trial and appellate levels) arising out of or related to claims subject to the Indiana Tort Claims Act shall be limited to the amount of damages available pursuant to Ind. Code § 34-13-3-4, as amended.

13. No Right To Charge, Assign Or Sublet. Neither City nor Watermark shall have the right to charge for, assign, lease or provide licenses or other use rights to the Easement Area or any portion thereof without the prior, express written consent of the other Party, which consent may be granted or withheld in each Party's sole discretion.

14. Successors And Assigns. this Easement Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors and permitted assigns.

15. Amendment. this Easement Agreement may only be amended by a document executed by the Parties to this Easement Agreement or their successors or permitted assigns.

16. Waiver. No waiver of, acquiescence in, or consent to any breach of any term, covenant or condition of this Easement Agreement shall be construed as a waiver of or acquiescence in, or consent to any other, further, or succeeding breach of the same or any other term, covenant or condition.

17. Severability. If any provision of this Easement Agreement or application to any party or circumstances shall be determined by any court of competent jurisdiction to be invalid and unenforceable to any extent, the remainder of this Easement Agreement or the application of such provision to such person or circumstances, other than those as to which it is so determined invalid or unenforceable, shall not be affected thereby, and each provision hereof shall be valid and shall be enforced to the fullest extent permitted by law; provided that, in lieu of such invalid or unenforceable provision, there will be added to this Easement Agreement a provision as similar to the invalid or unenforceable provision as is possible to reflect the intent of the parties and still be valid and enforceable.

18. Notice. Any notice required or permitted to be given by any party to this Easement Agreement shall be in writing, and shall be given (and deemed to have been given) when: (a) delivered in person to the other party; (b) three (3) days after being sent by U.S. Certified Mail, Return Receipt Requested; or (c) the following business day after being sent by national overnight

delivery service, with confirmation of receipt, addressed as follows: to City at 1 Municipal Drive, Fishers, Indiana 46038, Attn: Scott Fadness, Mayor, with copies to: Lindsey Bennett, City Attorney, 1 Municipal Drive, Fishers, Indiana 46038 and to Jennifer Messer by email only at jennifercmesserlawthisgmail.com; and to Watermark at 901 Wabash Avenue, Suite 300, Terre Haute, IN 47807, Attn: Timothy E. Fears. Each of the parties may change its address for notice from time to time by delivering notice to the other party as provided above.

19. Merger. All prior agreements, understandings, and commitments are hereby superseded, terminated, and merged herein, and shall be of no further force or effect.

20. Insurance.

(a) At all times, City shall maintain the following types of insurance on the Easement Area, in the amounts specified below:

(i) Liability Insurance. Commercial General Liability Insurance (which insurance shall not exclude blanket, contractual liability, broad form property damage, personal injury, or fire damage coverage) covering the Easement Area and City's use thereof against claims for bodily injury or death and property damage, which insurance shall provide coverage on an occurrence basis with a per occurrence limit of not less than **$2,000,000**, for each policy year, which limit may be satisfied by any combination of primary and excess or umbrella per occurrence policies.

(ii) Property Insurance. Special Form Insurance (which insurance shall not exclude flood or earthquake) in the amount of the full replacement cost of improvements on the Easement Area and betterments, which insurance shall include an agreed amount endorsement waiving coinsurance limitations.

All insurance required to be carried by City hereunder shall (i) be issued by one or more insurance companies licensed to do business in the State in which the Easement Area is located and having an AM Best's rating of A IX or better, and (ii) provide that said insurance shall not be materially changed, canceled or permitted to lapse on less than thirty (30) days' prior written notice to Watermark. In addition, City's insurance shall protect City and Watermark as their interests may appear, naming Watermark as additional insureds under its commercial general liability policies. On or before the Effective Date (or the date of any earlier entry or occupancy by City), and thereafter, within thirty (30) days prior to the expiration of each such policy, City shall furnish Watermark with certificates of insurance in the form of ACORD 25 or ACORD 25-S (or other evidence of insurance reasonably acceptable to Watermark), evidencing all required coverages, together with a copy of the endorsements to City's commercial general liability policy evidencing primary and non-contributory coverage offered to the appropriate additional insureds. Upon City's receipt of a request from Watermark, City shall provide Watermark with copies of all insurance policies, including all endorsements, evidencing the coverages required hereunder. If City fails to carry such insurance and furnish Watermark with such certificates of insurance or copies of insurance policies (if applicable), Watermark may obtain such insurance on City's behalf and City shall reimburse Watermark upon demand for the cost thereof.

(b) Watermark's Insurance. At all times, Watermark shall maintain commercial

general liability insurance on the Watermark Property (which insurance shall not exclude blanket, contractual liability, broad form property damage, personal injury, or fire damage coverage) covering claims for bodily injury or death and property damage, which insurance shall provide coverage on an occurrence basis with aper occurrence limit of not less than **$2,000,000**, for each policy year, which limit may be satisfied by any combination of primary and excess or umbrella per occurrence policies.

All insurance required to be carried by Watermark hereunder shall (i) be issued by one or more insurance companies licensed to do business in the State in which the Easement Area is located and having an AM Best's rating of A IX or better, and (ii) provide that said insurance shall not be materially changed, canceled or permitted to lapse on less than thirty (30) days' prior written notice to City. In addition, Watermark's insurance shall protect City and Watermark as their interests may appear, naming City as additional insureds under its commercial general liability policies. On or before the Effective Date (or the date of any earlier entry or occupancy by City), and thereafter, within thirty (30) days prior to the expiration of each such policy, Watermark shall furnish City with certificates of insurance in the form of ACORD 25 or ACORD 25-S (or other evidence of insurance reasonably acceptable to City), evidencing all required coverages, together with a copy of the endorsements to Watermark's commercial general liability policy evidencing primary and non-contributory coverage offered to the appropriate additional insureds. Upon Watermark's receipt of a request from City, Watermark shall provide City with copies of all insurance policies, including all endorsements, evidencing the coverages required hereunder. If Watermark fails to carry such insurance and furnish City with such certificates of insurance or copies of insurance policies (if applicable), City may obtain such insurance on Watermark's behalf and Watermark shall reimburse City upon demand for the cost thereof.

21. Casualty and Condemnation. If any improvements on the Easement Area are damaged by fire or other event of casualty, City shall promptly, at its sole cost, (a) restore such improvements to the condition existing prior to such damage or destruction; or (b) raze and remove such improvements and replace them with other, substantially similar improvements.

22. Events Of Default. It shall be an "Event of Default" if any Party hereto fails to perform or observe any term or condition of this Easement Agreement to be performed or observed by it, if such default or failure is not cured within the applicable Cure Period.

(a) General Remedies. Whenever an Event of Default occurs, the non-defaulting party may take whatever actions at law or in equity are necessary or appropriate to: (i) collect any payments due under this Easement Agreement; (ii) protect the rights granted to the non-defaulting party under this Easement Agreement; (iii) enforce the performance or observance by the defaulting party of any term or condition of this Easement Agreement (including, without limitation, the right to specifically enforce any such term or condition); or (iv) cure, for the account of the defaulting party, any failure of the defaulting party to perform or observe a material term or condition of this Easement Agreement to be performed or observed by it. The terms and condition of this Section 22(a) include the right of (A) Watermark to enter the Easement Area to perform any and all self-help rights to maintain the Pedestrian Trail in the event of a default by the City hereunder concerning its operation, maintenance and repair of the Pedestrian Trail consistent with the Maintenance and Operation Standards; and (B) City, in the event of default by Watermark, to perform any and all self-help rights to maintain the

landscaping and mow the grass within the Easement Area and adjacent to the Pedestrian Trail consistent with the Maintenance and Operation Standards (in either instance, "Self-Help"). A party-exercising the right of Self-Help shall be entitled to collect from the defaulting party the reasonable and documented cost of such Self-Help, which amount shall be paid within thirty (30) days' of receipt of an invoice and documentation of such Self-Help costs; provided, however, with regard to snow removal, Watermark (Y) shall be entitled to exercise Self-Help immediately upon providing the City written notice (via email only to Megan Baumgartner (baumgartnerm@fishers.in.us), Elliott Hultgren (hultgrene@fishers.in.us) or Jennifer Messer (jennifercmesserlaw@gmail.com)) of its intent to exercise Self-Help; and (Z) shall not be entitled to reimbursement for the cost of Self-Help performed within seventy-two (72) hours of the snow event for which written notice was provided.

(b) No Remedy Exclusive; Limitation. No right or remedy herein conferred upon, or reserved to, a non-defaulting party is intended to be exclusive of any other available right or remedy, unless otherwise expressly stated; instead, each and every such right or remedy shall be cumulative and in addition to every other right or remedy given under this Easement Agreement or now or hereafter existing at law or in equity. No delay or omission by a non-defaulting party to exercise any right or remedy upon any Event of Default shall impair any such right or remedy, or be construed to be a waiver thereof, and any such right or remedy may be exercised from time to time, and as often as may be deemed to be expedient. To entitle a non-defaulting party to exercise any of its rights or remedies, it shall not be necessary for the non-defaulting party to give Notice to the defaulting party, other than such Notice as may be required by this Easement Agreement or by the Laws. In no event shall any party hereunder be liable to the other for punitive or consequential damages as a consequence of an Event of Default by such party. In the event either party hereto employs an attorney in connection with Claims by one party against the other arising from the operation of this Easement Agreement, the non-prevailing Party shall pay the prevailing party all reasonable fees and expenses, including attorneys' fees, incurred in connection with such Claims. The term "prevailing party" as used in this Easement Agreement shall include, but not be limited to, a party who obtains legal counsel or brings an action against the other by reason of the other's breach or default and obtains substantially the relief sought whether by compromise, mediation, settlement, judgment or otherwise.

23. Miscellaneous. This Easement Agreement may be signed in one or more counterparts, each of which shall constitute one and the same instrument. This Easement Agreement shall be governed by, and construed in accordance with, the laws of the State of Indiana. All proceedings arising in connection with this Easement Agreement shall be tried and litigated only in the state courts in Hamilton County, Indiana, or the federal courts with venue that includes Hamilton County, Indiana. Each Party waives, to the extent permitted under applicable law: (a) the right to a trial by jury; and (b) any right a Party may have to: (i) assert the doctrine of "forum non conveniens"; or (ii) object to venue. All Exhibits to this Easement Agreement are attached hereto and incorporated herein by reference. Time is of the essence in this Easement Agreement. The captions in this Easement Agreement are inserted only as a matter of convenience and for reference and in no way define, limit, or describe the scope of this Easement Agreement or the scope or content of any of its provisions. Nothing contained in this Easement Agreement shall be construed to create a partnership, employment relationship or joint venture between City and Watermark or their successors in interest. Unless otherwise specified, in computing any period of time described

herein, the day of the act or event after which the designated period of time begins to run is not to be included and the last day of the period so computed is to be included, unless such last day is a Saturday, Sunday or legal holiday for national banks in the location where the Easement Area is located, in which event the period shall run until the end of the next day which is neither a Saturday, Sunday, or legal holiday. Unless otherwise specifically stated, any amounts owed pursuant to this Easement Agreement shall accrue interest at rate published in the Wall Street Journal plus eight percent (8%) per annum from the date due until paid. City shall cause this Easement Agreement to be recorded in the Hamilton County Recorder's office upon execution of the Parties.

23. EXHIBITS

Exhibit A Pedestrian Trail Easement Area
Exhibit B Watermark Property
Exhibit C Trail Rules
Exhibit D Signage Area

[separate signature pages follow]

"CITY"

CITY OF FISHERS, HAMILTON COUNTY, INDIANA

By:_____
Scott Fadness, Mayor

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

Before me, a Notary Public in and for said County and State, personally appeared Scott Fadness, the Mayor of the City of Fishers, an Indiana municipal corporation, who having been duly sworn acknowledged the execution of the foregoing Easement Agreement for and on behalf of said entity.

Witness my hand and Notarial Seal this _____ day of _____, 2025.

_____
Written Signature

_____
Printed Signature

NOTARY PUBLIC

My Commission Expires:

_____

My County of Residence is:

_____

WATERMARK:

WATERMARK AT FISHERS USA PKWY IN, LLC,
a Delaware limited liability company

By: _____
Name: _____
Title: _____

STATE OF INDIANA)
) SS
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of January, 2025, by _____ its _____ of WATERMARK AT FISHERS USA PKWY IN, LLC, a Delaware limited liability company, on behalf of the company.

My Commission Expires_____ _____
Notary Public (signature)

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/ Jennifer C. Messer

This instrument prepared by: Jennifer C. Messer, Jennifer C. Messer Law, 202. E. 71st Street, Indianapolis, Indiana 46220.

EXHIBIT A

Pedestrian Trail Easement Area

BLOCK C IN THE SLATE AT FISHERS DISTRICT, SECONDARY PLAT, AN ADDITION IN THE CITY OF FISHERS, INDIANA, AS PER PLAT THEREOF RECORDED NOVEMBER 16, 2021 IN PLAT CABINET 6, SLIDE 194, AS INSTRUMENT NO. 2021082544 AND CERTIFICATE OF PLAT CORRECTION RECORDED APRIL 15, 2024 AS INSTRUMENT NO. 2024012588 IN THE OFFICE OF THE RECORDER OF HAMILTON COUNTY, INDIANA

EXHIBIT B

Watermark Property

BLOCKS B AND D IN THE SLATE AT FISHERS DISTRICT, SECONDARY PLAT, AN ADDITION IN THE CITY OF FISHERS, INDIANA, AS PER PLAT THEREOF RECORDED NOVEMBER 16, 2021 IN PLAT CABINET 6, SLIDE 194, AS INSTRUMENT NO. 2021082544 AND CERTIFICATE OF PLAT CORRECTION RECORDED APRIL 15, 2024 AS INSTRUMENT NO. 2024012588 IN THE OFFICE OF THE RECORDER OF HAMILTON COUNTY, INDIANA.

EXHIBIT C
Trail Rules

1. No motorized vehicles. The trail is intended for pedestrian and bicycle traffic only.

2. Trail open from dawn to dusk. Users of the trail do so at their own risk.

3. If you stop, get off the trail. Always allow other users to pass on the left.

4. Keep animals under control. Keep pets on a 6′ leash, walk your pets on the trail shoulder, and clean up their waste.

5. Wear a helmet for bicycle safety.

6. Do not trespass on private property. Park and access the trail from established trailheads only.

7. Obey all trail signs and rules.

8. Cyclist and skaters must yield to pedestrians. Warn trail users as you approach from behind, for example, “On your left.”

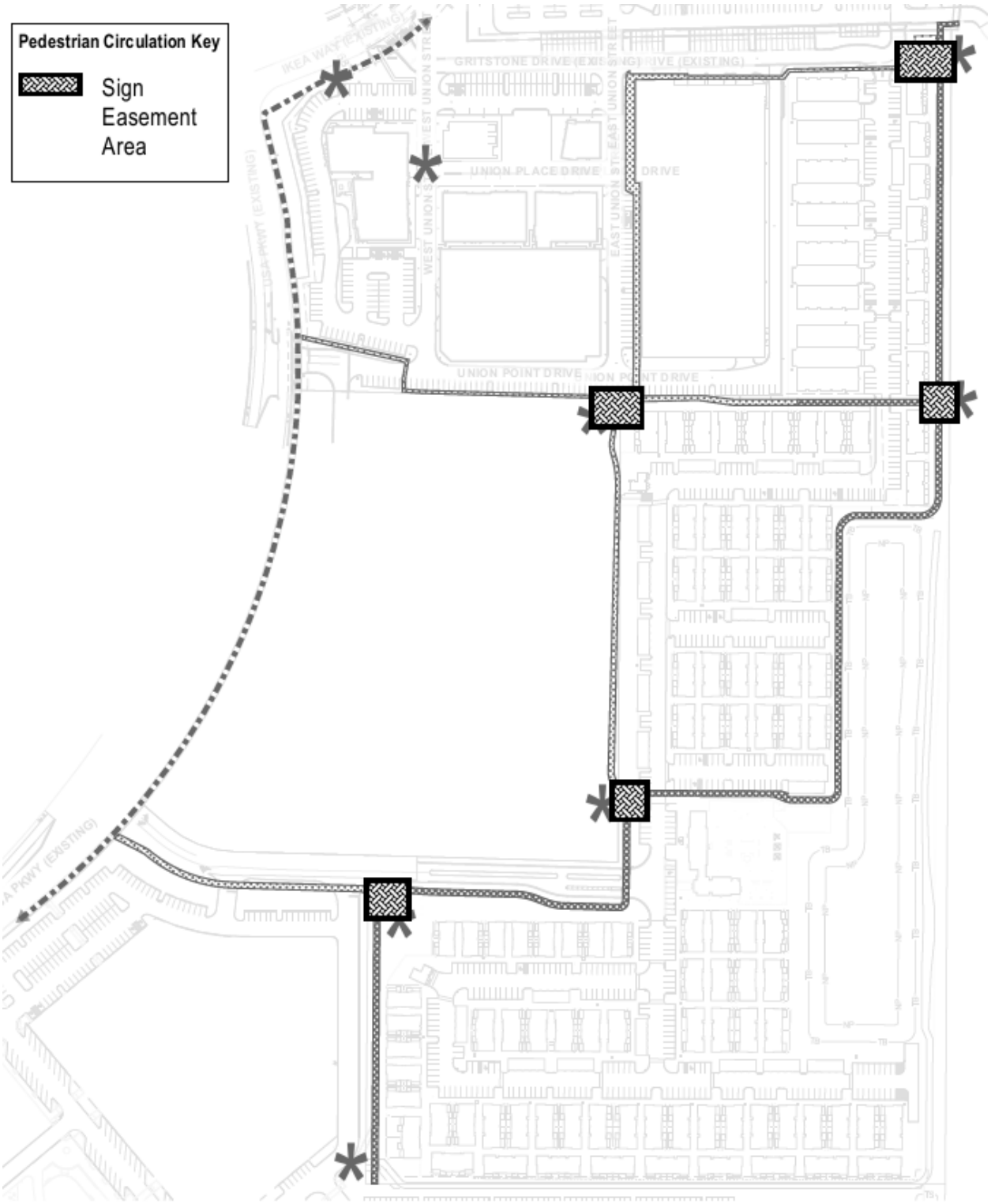
9. Respect private property and other trail users. Stay on the trail.

10. Adjust speed for path conditions and other trail users. Be especially careful while passing pedestrians, children, and dogs. Always maintain safe speed and control. The downtown core of the trail has a maximum speed limit of 10 mph.

11. Do not litter, remove plants, disturb wildlife, graffiti, or damage the trail or surroundings. Stay on the trail to help reduce erosion.

12. Smoking and alcohol use are not permitted while on the trail.

EXHIBIT D
Signage Area



RESOLUTION NO. R022525C

RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING PEDESTRAIN TRAIL OPERATION, USE AND MAINTENANCE EASEMENT AGREEMENT (GRISTONE DRIVE TO FISHERS EVENT CENTER)

WHEREAS, pursuant to that certain June 1, 2021, Land Acquisition and Economic Development Agreement (the "LAA") by and among Thompson Thrift Development, Inc. ("TT"), the City of Fishers, Hamilton County, Indiana ("City"), City of Fishers, Redevelopment Commission ("Commission") and Fishers Town Hall Building Corporation ("Building Corp."), TT designed and constructed a pedestrian trail extending southeast from Gristone Drive to an area immediately north of the Fishers Event Center (the "Trail") as depicted on Exhibit A attached hereto and incorporated herein;

WHEREAS, the LAA requires TT to transfer and convey the Trail to the City upon completion of construction;

WHEREAS, TT has caused the design and construction of the pedestrian Trail, and now, its sister company, Watermark At Fishers USA Pkwy IN LLC ("Watermark"), desires to convey the Trail to the City, all consistent with and pursuant to the LAA;

WHEREAS, to provide for the continued maintenance and repair of the Trail, Watermark and the City desire to enter into an easement agreement substantially similar to the Pedestrian Trail Operation, Use And Maintenance Easement Agreement attached hereto and incorporated herein as Exhibit B (the "Easement Agreement"); and

WHEREAS, pursuant to the Easement Agreement, among other rights and responsibilities, Watermark and its successors in interest will be responsible for maintaining the landscaping and grass along the Trail, and the City and its successors in interest will be responsible for maintaining the hard surface of the Trail.

NOW, THEREFORE, BE IT RESOLVED by the City of Fishers Board of Public Works & Safety meeting in a duly noticed and regularly scheduled meeting as follows:

Section 1. The Trail Maintenance Agreement in Exhibit A is hereby approved.

Section 2. The Board hereby authorizes the Mayor or his designee to execute any and all documents necessary to execute the City's Maintenance and operation easement.

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 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: Kari Adriano
Kari Adriano, Board Clerk

DATE: 2/25/25

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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

Cross Reference Nos. 2024-1258
2021-8429

PEDESTRIAN TRAIL OPERATION, USE AND MAINTENANCE EASEMENT AGREEMENT

This Pedestrian Trail Operation, Use and Maintenance Easement Agreement (this "Easement Agreement") is executed as of the ___ day of February, 2025 (the "Effective Date"), by and between the CITY OF FISHERS, HAMILTON COUNTY, INDIANA, an Indiana municipal corporation ("City") and WATERMARK AT FISHERS USA PKWY IN, LLC, a Delaware limited liability company ("Watermark" and together with City, the "Parties" and each a "Party"), on the following terms and conditions:

RECITALS

WHEREAS, City is the owner of that certain parcel of real property described and depicted in **Exhibit A** that is approximately 1 acre in size (the "Easement Area");

WHEREAS, Watermark owns a multi-family development located on the real property described and depicted in **Exhibit B** (the "Watermark Property") that is adjacent to the Easement Area; and

WHEREAS, the Parties desire to enter into this Easement Agreement to set forth their respective rights and responsibilities concerning the Easement Area.

NOW, THEREFORE, in consideration of the forgoing premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, City and Watermark agree as follows:

1. Recitals. The representations, covenants and recitations set forth in the foregoing recitals are material to this Easement Agreement and are hereby incorporated into and made a part of this Easement Agreement as though they were fully set forth in this Section 1.

2. Mutual Assistance. The Parties agree, subject to further proceedings required by the Laws, to take such actions, including the execution and delivery of such documents, instruments, petitions and certifications, as may be necessary or appropriate, from time to time, to carry out the terms, provisions and intent of this Easement Agreement and to aid and assist each other in carrying out said terms, provisions and intent of this Easement Agreement.

3. Definitions. The following capitalized terms shall be used with the meaning ascribed to such term in this Section 3:

Adjacent Property Owners shall mean TTH Fishers Pkwy IN, LLC, and TTRG IN Fishers Swordfish, LLC, and their successors and assigns, residents, employees, visitors, invitees, contractors and consultants.

Beneficiaries shall mean Watermark, its successors and assigns, residents, employees, visitors, invitees, contractors and consultants.

Burdened Property shall mean the Easement Area.

City shall have the meaning ascribed in the preamble.

Claims shall mean claims, liabilities, damages, injuries, losses, liens, costs, and/or expenses (including, without limitation, reasonable attorneys' fees); provided that in no event shall Claims include consequential or punitive damages.

Cure Period shall mean a period of: (a) five (5) days after Notice of such default in the case of any monetary default; and (b) twenty (20) days after a party failing to perform or observe any other term or condition of this Easement Agreement to be performed or observed by it receives Notice specifying the nature of the default; provided that, if such default is of such a nature that it cannot be remedied within twenty (20) days, despite reasonably diligent efforts, then the twenty (20) day cure period shall be extended as may be reasonably necessary for the defaulting party to remedy the default, so long as the defaulting party: (i) commences to cure the default within the twenty (20)) day period; and (ii) diligently pursues such cure to completion; provided that in no event shall a Cure Period extend more than ninety (90) days after the date of the default.

Easement shall have the meaning ascribed to it in Section 4.

Easement Agreement shall have the meaning ascribed to it in the preamble.

Easement Area shall have the meaning set forth in the recitals.

Effective Date shall have the meaning ascribed to it in the preamble.

Event of Default shall have the meaning set forth in Section 21.

Hazardous Substances shall mean those substances included within the definitions of "hazardous substances," "hazardous materials," "toxic substances," "solid waste" or "infectious waste" under Environmental Laws and petroleum products.

Laws shall mean all applicable laws, statutes, and/or ordinances, and any applicable governmental or judicial rules, regulations, guidelines, judgments, orders, decrees and/or the Trail Rules.

Maintenance and Operation Standards shall mean a standard requiring management, maintenance, and operation of the Easement Area, or any portion thereof: (a) in a first-class manner; (b) in the interest, and for the benefit, of the City and the Beneficiaries; and (c) in such a manner that promotes the interest and welfare of, and fosters favorable goodwill for, Watermark and City.

City shall have the meaning ascribed to it in the preamble together with any successors and assigns to the Burdened Property.

Party or **Parties** shall have the meaning ascribed to it in the preamble.

Pedestrian Trail shall mean the paved asphalt and/or concrete hard-surface area within the Easement Area and all benches, trash receptacles and other improvements installed on or around the Easement Area.

Permitted Purposes shall have the meaning ascribed to it in Section 5.

Recorder's Office shall mean the Office of the Hamilton County Recorder.

Trail Rules shall mean those rules governing use of the Easement Area attached as **Exhibit C**.

Self Help shall have the meaning ascribed to it in Section 22.

Signage Area have the meaning set forth in Section 5(d).

Watermark shall have the meaning ascribed to it in the preamble and shall include any successors and assigns to the Watermark Property.

Watermark Property shall have the meaning set forth in the recitals.

4. Terms Of Easement. Pursuant to this Section 4, City hereby declares, creates and conveys to Watermark and/or the Adjacent Property Owners, as applicable, an irrevocable, non-exclusive, perpetual easement for pedestrian access, ingress and egress on and over and use of the Easement Area for the Permitted Purposes, and no other (the "Easement").

5. Purpose of Easement. The foregoing Easement shall be for the following exclusive purposes:

(a) making available to the Beneficiaries and the Adjacent Property Owners use of the Easement Area, including, without limitation, the Pedestrian Trail, consistent with the Trail Rules and the Laws;

(b) providing Watermark access to and use of the Easement Area to cause the performance of landscaping and mowing within the Easement Area and adjacent to the Pedestrian Trail as required by this Section 5 and as otherwise required by this Easement Agreement;

(c) providing Watermark access to and use of the Easement Area to exercise its rights provided in Section 22(a).

(d) providing the Adjoining Property Owners access to and use of the Easement Area to operate, maintain and repair the Signage Area depicted on **Exhibit D** (the "Signage Area").

(e) providing Watermark the right of ingress, egress and access to and from the adjacent Blocks B and D in the State at Fishers District, Secondary Plat, recorded November 16, 2021 as Instrument No. 2021082544 and Certificate of Plat Correction recorded April 15, 2024 as Instrument No. 2024012588, over and across the Easement Area using the private streets, easements, and roads set forth on the Plat.

6. The City's and Watermark's Obligations.

(a) The City. Unless otherwise specifically stated, the City shall, at its sole cost and expense, cause all maintenance (including snow removal to the extent the City provides such service to other, similar trails within the City) operation, repairs and replacements to be performed to the Pedestrian Trail pursuant to and consistent with the Maintenance and Operation Standards, including, without limitation, routinely cleaning, maintaining and repairing the asphalt, concrete and structural improvements that comprise the Pedestrian Trail so that they are: (i) in a good, working, safe, clean, and sightly condition; and (ii) suitable for safe use and enjoyment of the Beneficiaries and the public. Additionally, the City shall, at its sole cost and expense, pay all water, electric and gas costs associated with the Pedestrian Trail (individually or jointly, the "Utilities"), if any.

(b) Watermark Obligations. Watermark, , at its sole cost and expense, shall be responsible for all landscaping and mowing within the Easement Area and adjacent to the Pedestrian Trail, all of which shall be fulfilled by Watermark, consistent with the Maintenance and Operation Standards.

7. Nature of Easement. The Easement, and the benefits thereof, are perpetual, and (a) are non-revocable by City or any successor in interest to the Burdened Property or any portion thereof; and (b) shall inure to the benefit of Watermark provided, however, members of the public shall not have any right to make a claim under this Easement Agreement with respect to Easement.

8. **Conveyance.** Any document used to convey interest in the Watermark Property, portion thereof or Easement Area shall be deemed, without further action of the Parties to impose, as an encumbrance upon such interest, the burden and restriction of the Easement and this Easement Agreement, regardless of whether the conveyance instrument expressly imposes such encumbrance and restriction.

9. Trail Rules. The Parties hereby expressly acknowledge and agree that the Trail Rules govern use of the Easement Area, which Trail Rules may be amended in writing upon mutual

agreement of the Parties. Upon mutual agreement, the Parties shall have the right and power, from time to time and at any time, to promulgate additional rules and/or amend, modify, or supplement the existing Trail Rules, so long as the same are reasonable and do not materially affect the rights or obligations set forth in this Easement Agreement.

10. Pedestrian Trail and Alterations. The City shall continuously hold open the Easement Area as a pedestrian path and trail similar to other pedestrian trails within the City. The City may make alterations or improvements to the Easement Area in accordance with the Laws, so long as the design and use of the Pedestrian Trail is not materially modified and so long as the rights of the City or Watermark are not materially affected by the same. Moreover, City, at its sole cost and expense, may install public art on and within the Easement Area, and, if City elects to install any such public art, then City shall, at its sole cost and expense, maintain any such art in a manner consistent with the Maintenance and Operation Standards. Without the express, written approval of the City, Watermark shall not alter the Pedestrian Trail.

11. Environmental Indemnity. The Parties shall not cause or permit the use, generation, release, manufacture, refining, production, processing, storage or disposal of any Hazardous Substances on, under or about the Easement Area, or the transportation to or from the Easement Area of any Hazardous Substances, except as necessary and appropriate for its use as provided for in this Declaration, in which case the use, storage or disposal of such Hazardous Substances shall be performed in compliance with the Environmental Laws and the standards prevailing in the industry. Each Party shall immediately (a) notify the other Party of (i) any violation by it, its tenants or visitors or invitees of any Environmental Laws on, under or about the Easement Area, or (ii) the presence or suspected presence of any Hazardous Substances on, under or about the Easement Area, and (b) deliver to the other Party any notice received relating to (a)(i) and (a)(ii) above from any source. Each of the Parties shall indemnify the other Party from all Claims, including costs of testing and remediation costs incurred by such Party in connection with any breach by the indemnifying Party of its obligations under this Section.

12. Mutual Indemnification.

a. City. To the extent permitted by applicable Laws, City shall indemnify and hold harmless Watermark from and against any and all Claims arising from or connected with: (i) the breach by City of any term or condition of this Easement Agreement; (ii) injury to, or death of, persons or loss of, or damage to, property, occurring on or resulting out of or in connection with the rights granted to, or obligations assumed by, City with respect to this Easement Agreement; provided that such injury, death or loss is not caused by the negligence or willful misconduct of Watermark; (iii) the negligence or willful misconduct of City related to this Easement Agreement or work at or about the Easement Area; or (iv) a City Body suffering or causing the filing of any mechanic's or materialmen's lien against the Watermark Property.

b. Watermark. City shall indemnify and hold harmless City from and against any and all Claims arising from or connected with: (i) breaches by Watermark under contracts to which Watermark is a party, to the extent that such contracts relate to the performance of any work within the Easement Area, including, without limitation, any party acting by, under, through, or on behalf of Watermark; (ii) injury to, or death of, persons or loss of, or damage to, property, suffered in connection with performance of any work within the Easement Area by Watermark or any party

acting by, under, through, or on behalf of Watermark; (iii) the breach by Watermark of any term or condition of this Easement Agreement; or (v) Watermark suffering or causing the filing of any mechanic's or materialmen's lien against the Easement Area.

Notwithstanding anything to the contrary set forth herein, City's and Watermark's obligations under this Section shall survive the termination of this Easement Agreement. Moreover, Watermark hereby acknowledges and agrees that City's financial exposure for certain claims, including, without limitation, claims regarding environmental issues as described in Section 11, is limited by the Indiana Tort Claims Act, and City's obligation to indemnify and save Watermark, its agents and employees harmless from and against any and all claims, damages, demands, penalties, costs, liabilities, losses, and expenses (including reasonable attorneys' fees and expenses at the trial and appellate levels) arising out of or related to claims subject to the Indiana Tort Claims Act shall be limited to the amount of damages available pursuant to Ind. Code § 34-13-3-4, as amended.

13. No Right To Charge, Assign Or Sublet. Neither City nor Watermark shall have the right to charge for, assign, lease or provide licenses or other use rights to the Easement Area or any portion thereof without the prior, express written consent of the other Party, which consent may be granted or withheld in each Party's sole discretion.

14. Successors And Assigns. this Easement Agreement shall be binding upon and inure to the benefit of the Parties and their respective successors and permitted assigns.

15. Amendment. this Easement Agreement may only be amended by a document executed by the Parties to this Easement Agreement or their successors or permitted assigns.

16. Waiver. No waiver of, acquiescence in, or consent to any breach of any term, covenant or condition of this Easement Agreement shall be construed as a waiver of or acquiescence in, or consent to any other, further, or succeeding breach of the same or any other term, covenant or condition.

17. Severability. If any provision of this Easement Agreement or application to any party or circumstances shall be determined by any court of competent jurisdiction to be invalid and unenforceable to any extent, the remainder of this Easement Agreement or the application of such provision to such person or circumstances, other than those as to which it is so determined invalid or unenforceable, shall not be affected thereby, and each provision hereof shall be valid and shall be enforced to the fullest extent permitted by law; provided that, in lieu of such invalid or unenforceable provision, there will be added to this Easement Agreement a provision as similar to the invalid or unenforceable provision as is possible to reflect the intent of the parties and still be valid and enforceable.

18. Notice. Any notice required or permitted to be given by any party to this Easement Agreement shall be in writing, and shall be given (and deemed to have been given) when: (a) delivered in person to the other party; (b) three (3) days after being sent by U.S. Certified Mail, Return Receipt Requested; or (c) the following business day after being sent by national overnight

delivery service, with confirmation of receipt, addressed as follows: to City at 1 Municipal Drive, Fishers, Indiana 46038, Attn: Scott Fadness, Mayor, with copies to: Lindsey Bennett, City Attorney, 1 Municipal Drive, Fishers, Indiana 46038 and to Jennifer Messer by email only at jennifercmesserlawthisgmail.com; and to Watermark at 901 Wabash Avenue, Suite 300, Terre Haute, IN 47807, Attn: Timothy E. Fears. Each of the parties may change its address for notice from time to time by delivering notice to the other party as provided above.

19. Merger. All prior agreements, understandings, and commitments are hereby superseded, terminated, and merged herein, and shall be of no further force or effect.

20. Insurance.

(a) At all times, City shall maintain the following types of insurance on the Easement Area, in the amounts specified below:

(i) Liability Insurance. Commercial General Liability Insurance (which insurance shall not exclude blanket, contractual liability, broad form property damage, personal injury, or fire damage coverage) covering the Easement Area and City's use thereof against claims for bodily injury or death and property damage, which insurance shall provide coverage on an occurrence basis with a per occurrence limit of not less than **$2,000,000**, for each policy year, which limit may be satisfied by any combination of primary and excess or umbrella per occurrence policies.

(ii) Property Insurance. Special Form Insurance (which insurance shall not exclude flood or earthquake) in the amount of the full replacement cost of improvements on the Easement Area and betterments, which insurance shall include an agreed amount endorsement waiving coinsurance limitations.

All insurance required to be carried by City hereunder shall (i) be issued by one or more insurance companies licensed to do business in the State in which the Easement Area is located and having an AM Best's rating of A IX or better, and (ii) provide that said insurance shall not be materially changed, canceled or permitted to lapse on less than thirty (30) days' prior written notice to Watermark. In addition, City's insurance shall protect City and Watermark as their interests may appear, naming Watermark as additional insureds under its commercial general liability policies. On or before the Effective Date (or the date of any earlier entry or occupancy by City), and thereafter, within thirty (30) days prior to the expiration of each such policy, City shall furnish Watermark with certificates of insurance in the form of ACORD 25 or ACORD 25-S (or other evidence of insurance reasonably acceptable to Watermark), evidencing all required coverages, together with a copy of the endorsements to City's commercial general liability policy evidencing primary and non-contributory coverage offered to the appropriate additional insureds. Upon City's receipt of a request from Watermark, City shall provide Watermark with copies of all insurance policies, including all endorsements, evidencing the coverages required hereunder. If City fails to carry such insurance and furnish Watermark with such certificates of insurance or copies of insurance policies (if applicable), Watermark may obtain such insurance on City's behalf and City shall reimburse Watermark upon demand for the cost thereof.

(b) Watermark's Insurance. At all times, Watermark shall maintain commercial

general liability insurance on the Watermark Property (which insurance shall not exclude blanket, contractual liability, broad form property damage, personal injury, or fire damage coverage) covering claims for bodily injury or death and property damage, which insurance shall provide coverage on an occurrence basis with aper occurrence limit of not less than **$2,000,000**, for each policy year, which limit may be satisfied by any combination of primary and excess or umbrella per occurrence policies.

All insurance required to be carried by Watermark hereunder shall (i) be issued by one or more insurance companies licensed to do business in the State in which the Easement Area is located and having an AM Best's rating of A IX or better, and (ii) provide that said insurance shall not be materially changed, canceled or permitted to lapse on less than thirty (30) days' prior written notice to City. In addition, Watermark's insurance shall protect City and Watermark as their interests may appear, naming City as additional insureds under its commercial general liability policies. On or before the Effective Date (or the date of any earlier entry or occupancy by City), and thereafter, within thirty (30) days prior to the expiration of each such policy, Watermark shall furnish City with certificates of insurance in the form of ACORD 25 or ACORD 25-S (or other evidence of insurance reasonably acceptable to City), evidencing all required coverages, together with a copy of the endorsements to Watermark's commercial general liability policy evidencing primary and non-contributory coverage offered to the appropriate additional insureds. Upon Watermark's receipt of a request from City, Watermark shall provide City with copies of all insurance policies, including all endorsements, evidencing the coverages required hereunder. If Watermark fails to carry such insurance and furnish City with such certificates of insurance or copies of insurance policies (if applicable), City may obtain such insurance on Watermark's behalf and Watermark shall reimburse City upon demand for the cost thereof.

21. Casualty and Condemnation. If any improvements on the Easement Area are damaged by fire or other event of casualty, City shall promptly, at its sole cost, (a) restore such improvements to the condition existing prior to such damage or destruction; or (b) raze and remove such improvements and replace them with other, substantially similar improvements.

22. Events Of Default. It shall be an "Event of Default" if any Party hereto fails to perform or observe any term or condition of this Easement Agreement to be performed or observed by it, if such default or failure is not cured within the applicable Cure Period.

(a) General Remedies. Whenever an Event of Default occurs, the non-defaulting party may take whatever actions at law or in equity are necessary or appropriate to: (i) collect any payments due under this Easement Agreement; (ii) protect the rights granted to the non-defaulting party under this Easement Agreement; (iii) enforce the performance or observance by the defaulting party of any term or condition of this Easement Agreement (including, without limitation, the right to specifically enforce any such term or condition); or (iv) cure, for the account of the defaulting party, any failure of the defaulting party to perform or observe a material term or condition of this Easement Agreement to be performed or observed by it. The terms and condition of this Section 22(a) include the right of (A) Watermark to enter the Easement Area to perform any and all self-help rights to maintain the Pedestrian Trail in the event of a default by the City hereunder concerning its operation, maintenance and repair of the Pedestrian Trail consistent with the Maintenance and Operation Standards; and (B) City, in the event of default by Watermark, to perform any and all self-help rights to maintain the

landscaping and mow the grass within the Easement Area and adjacent to the Pedestrian Trail consistent with the Maintenance and Operation Standards (in either instance, "Self-Help"). A party-exercising the right of Self-Help shall be entitled to collect from the defaulting party the reasonable and documented cost of such Self-Help, which amount shall be paid within thirty (30) days' of receipt of an invoice and documentation of such Self-Help costs; provided, however, with regard to snow removal, Watermark (Y) shall be entitled to exercise Self-Help immediately upon providing the City written notice (via email only to Megan Baumgartner (baumgartnerm@fishers.in.us), Elliott Hultgren (hultgrene@fishers.in.us) or Jennifer Messer (jennifercmesserlaw@gmail.com)) of its intent to exercise Self-Help; and (Z) shall not be entitled to reimbursement for the cost of Self-Help performed within seventy-two (72) hours of the snow event for which written notice was provided.

(b) No Remedy Exclusive; Limitation. No right or remedy herein conferred upon, or reserved to, a non-defaulting party is intended to be exclusive of any other available right or remedy, unless otherwise expressly stated; instead, each and every such right or remedy shall be cumulative and in addition to every other right or remedy given under this Easement Agreement or now or hereafter existing at law or in equity. No delay or omission by a non-defaulting party to exercise any right or remedy upon any Event of Default shall impair any such right or remedy, or be construed to be a waiver thereof, and any such right or remedy may be exercised from time to time, and as often as may be deemed to be expedient. To entitle a non-defaulting party to exercise any of its rights or remedies, it shall not be necessary for the non-defaulting party to give Notice to the defaulting party, other than such Notice as may be required by this Easement Agreement or by the Laws. In no event shall any party hereunder be liable to the other for punitive or consequential damages as a consequence of an Event of Default by such party. In the event either party hereto employs an attorney in connection with Claims by one party against the other arising from the operation of this Easement Agreement, the non-prevailing Party shall pay the prevailing party all reasonable fees and expenses, including attorneys' fees, incurred in connection with such Claims. The term "prevailing party" as used in this Easement Agreement shall include, but not be limited to, a party who obtains legal counsel or brings an action against the other by reason of the other's breach or default and obtains substantially the relief sought whether by compromise, mediation, settlement, judgment or otherwise.

23. Miscellaneous. This Easement Agreement may be signed in one or more counterparts, each of which shall constitute one and the same instrument. This Easement Agreement shall be governed by, and construed in accordance with, the laws of the State of Indiana. All proceedings arising in connection with this Easement Agreement shall be tried and litigated only in the state courts in Hamilton County, Indiana, or the federal courts with venue that includes Hamilton County, Indiana. Each Party waives, to the extent permitted under applicable law: (a) the right to a trial by jury; and (b) any right a Party may have to: (i) assert the doctrine of "forum non conveniens"; or (ii) object to venue. All Exhibits to this Easement Agreement are attached hereto and incorporated herein by reference. Time is of the essence in this Easement Agreement. The captions in this Easement Agreement are inserted only as a matter of convenience and for reference and in no way define, limit, or describe the scope of this Easement Agreement or the scope or content of any of its provisions. Nothing contained in this Easement Agreement shall be construed to create a partnership, employment relationship or joint venture between City and Watermark or their successors in interest. Unless otherwise specified, in computing any period of time described

herein, the day of the act or event after which the designated period of time begins to run is not to be included and the last day of the period so computed is to be included, unless such last day is a Saturday, Sunday or legal holiday for national banks in the location where the Easement Area is located, in which event the period shall run until the end of the next day which is neither a Saturday, Sunday, or legal holiday. Unless otherwise specifically stated, any amounts owed pursuant to this Easement Agreement shall accrue interest at rate published in the Wall Street Journal plus eight percent (8%) per annum from the date due until paid. City shall cause this Easement Agreement to be recorded in the Hamilton County Recorder's office upon execution of the Parties.

23. EXHIBITS

Exhibit A Pedestrian Trail Easement Area
Exhibit B Watermark Property
Exhibit C Trail Rules
Exhibit D Signage Area

[separate signature pages follow]

"CITY"

CITY OF FISHERS, HAMILTON COUNTY, INDIANA

By: _____
Scott Fadness, Mayor

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

Before me, a Notary Public in and for said County and State, personally appeared Scott Fadness, the Mayor of the City of Fishers, an Indiana municipal corporation, who having been duly sworn acknowledged the execution of the foregoing Easement Agreement for and on behalf of said entity.

Witness my hand and Notarial Seal this 25 day of February, 2025.

Kari E Adriano
Written Signature

Kari E Adriano
Printed Signature

NOTARY PUBLIC

KARI E ADRIANO
Notary Public, State of Indiana
Hamilton County
Commission Number NP0738198
My Commission Expires
January 02, 2030

My Commission Expires:
January 2, 2030

My County of Residence is:
Hamilton

WATERMARK:

WATERMARK AT FISHERS USA PKWY IN, LLC,
a Delaware limited liability company

By: _____
Name: _____
Title: _____

STATE OF INDIANA)
) SS
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of January, 2025, by _____ its _____ of WATERMARK AT FISHERS USA PKWY IN, LLC, a Delaware limited liability company, on behalf of the company.

My Commission Expires_____ _____
Notary Public (signature)

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/ Jennifer C. Messer

This instrument prepared by: Jennifer C. Messer, Jennifer C. Messer Law, 202. E. 71st Street, Indianapolis, Indiana 46220.

EXHIBIT A

Pedestrian Trail Easement Area

BLOCK C IN THE SLATE AT FISHERS DISTRICT, SECONDARY PLAT, AN ADDITION IN THE CITY OF FISHERS, INDIANA, AS PER PLAT THEREOF RECORDED NOVEMBER 16, 2021 IN PLAT CABINET 6, SLIDE 194, AS INSTRUMENT NO. 2021082544 AND CERTIFICATE OF PLAT CORRECTION RECORDED APRIL 15, 2024 AS INSTRUMENT NO. 2024012588 IN THE OFFICE OF THE RECORDER OF HAMILTON COUNTY, INDIANA

EXHIBIT B

Watermark Property

BLOCKS B AND D IN THE SLATE AT FISHERS DISTRICT, SECONDARY PLAT, AN ADDITION IN THE CITY OF FISHERS, INDIANA, AS PER PLAT THEREOF RECORDED NOVEMBER 16, 2021 IN PLAT CABINET 6, SLIDE 194, AS INSTRUMENT NO. 2021082544 AND CERTIFICATE OF PLAT CORRECTION RECORDED APRIL 15, 2024 AS INSTRUMENT NO. 2024012588 IN THE OFFICE OF THE RECORDER OF HAMILTON COUNTY, INDIANA.

EXHIBIT C
Trail Rules

1. No motorized vehicles. The trail is intended for pedestrian and bicycle traffic only.

2. Trail open from dawn to dusk. Users of the trail do so at their own risk.

3. If you stop, get off the trail. Always allow other users to pass on the left.

4. Keep animals under control. Keep pets on a 6′ leash, walk your pets on the trail shoulder, and clean up their waste.

5. Wear a helmet for bicycle safety.

6. Do not trespass on private property. Park and access the trail from established trailheads only.

7. Obey all trail signs and rules.

8. Cyclist and skaters must yield to pedestrians. Warn trail users as you approach from behind, for example, “On your left.”

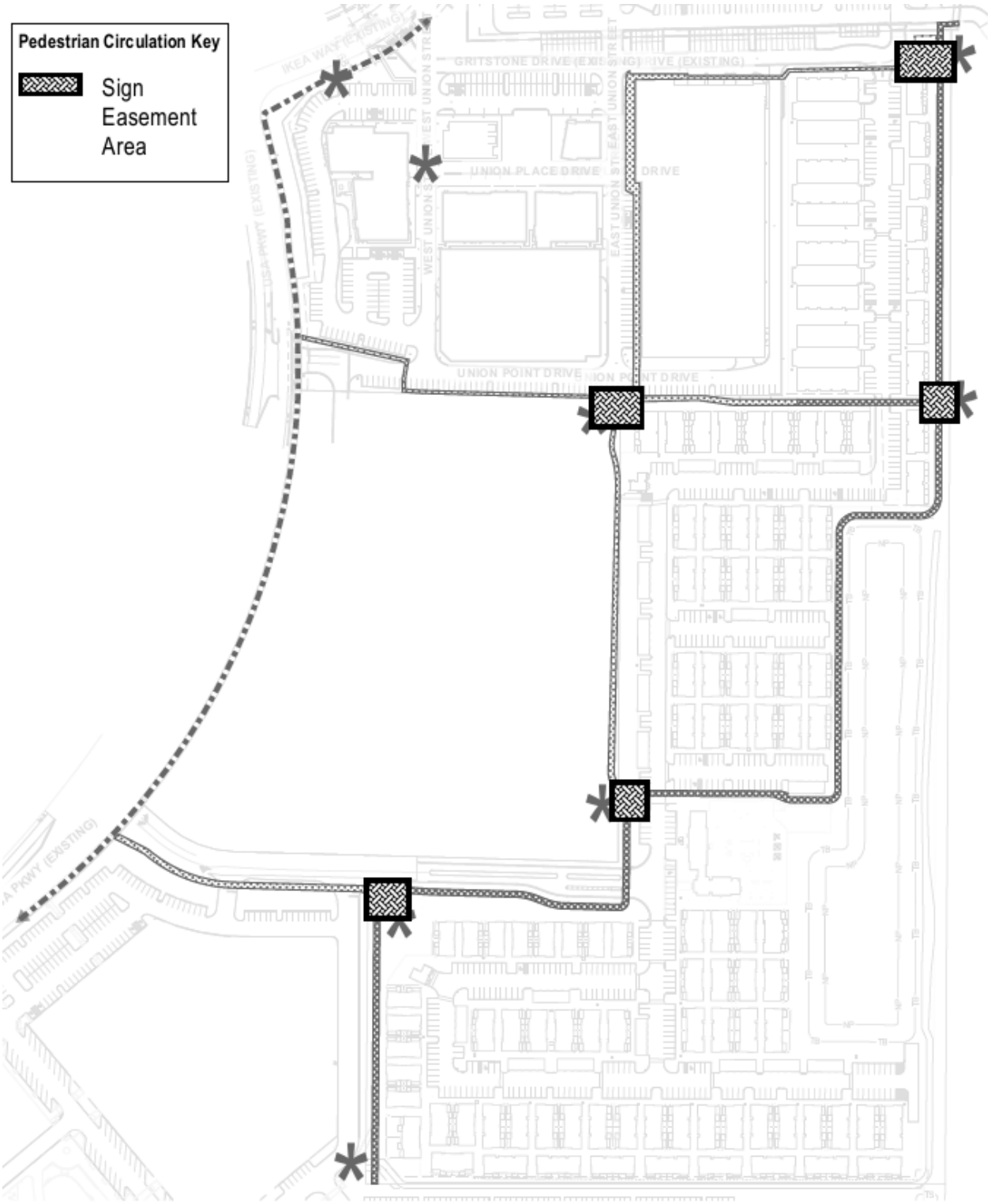
9. Respect private property and other trail users. Stay on the trail.

10. Adjust speed for path conditions and other trail users. Be especially careful while passing pedestrians, children, and dogs. Always maintain safe speed and control. The downtown core of the trail has a maximum speed limit of 10 mph.

11. Do not litter, remove plants, disturb wildlife, graffiti, or damage the trail or surroundings. Stay on the trail to help reduce erosion.

12. Smoking and alcohol use are not permitted while on the trail.

EXHIBIT D
Signage Area



City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	February 25, 2025	**RESOLUTION NO.**	R022525D
TITLE OF AGENDA ITEM	Request to Approve Access Easement (Indiana Airport Authority)		
PRESENTER/DEPARTMENT	Megan Baumgartner/Director of Economic Development		
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 Indiana Airport Authority (IAA) owns and operates the Indianapolis Metropolitan Airport in the southwest part of Fishers. The IAA and the City have agreed to allow the City to construct and operate a second Agripark location on a portion of property located north of 106th Street and west of Allisonville Road. This Grant of Access Easement will allow the City to enter onto the IAA property and begin clearing and grubbing while the parties work on a long term agreement.		
EXPENDITURE $			
BUDGETED $			
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 City ☐ Document **does not need** recorded with the County Recorder's Office by the City	☐ Document will be recorded by another party. Who is recording the document? _____	
BUDGET INFORMATION	Expense Account: Current Available Budget: Controller's Office Approval:	N/A N/A N/A	

Form Revised 01/14/2025

RESOLUTION NO. R022525D

RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING GRANT OF ACCESS EASEMENT (INDIANA AIRPORT AUTHORITY)

WHEREAS, Indiana Airport Authority ("IAA") owns and operates the Indianapolis Metropolitan Airport on certain property located around 106th Street and Hague Road ("Property");

WHEREAS, the City of Fishers ("City") desires to utilize a portion of the Property situated north of 106th Street and west of Allisonville Road to create and add a second Agripark to the City's park system;

WHEREAS, IAA has reviewed the plans and states that the Facilities will not adversely affect the capacity, security, safety or operations of the Airport; and

WHEREAS, IAA and the City desire to enter into the Grant of Access Easement, attached hereto as Exhibit A and Exhibit B, incorporated herein, to allow the City to enter onto and begin clearing on the Property while the parties work on a long term arrangement to facilitate the Agripark's construction and operation.

NOW, THEREFORE, BE IT RESOLVED by the City of Fishers Board of Public Works & Safety meeting in a duly noticed and regularly scheduled meeting as follows:

Section 1. The Grant of Access Easement is hereby approved in a form substantially similar to Exhibit A

Section 2. The Board hereby authorizes the Mayor to execute the final Grant of Access Easement and any other documents necessary to implement the Grant of Access Easement.

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 25th day of February 2025.

BOARD OF PUBLIC WORKS &
SAFETY, CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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 Bennett

GRANT OF ACCESS EASEMENT

with the City of Fishers

(Metropolitan Airport)

This Grant of Access Easement (the "Easement") is made as of the _____ day of February, 2024 (the "Effective Date") by and between the Indianapolis Airport Authority, an Indiana Municipal Corporation (the "Grantor" or "IAA") and the City of Fishers, an Indiana Municipal Corporation (the "Grantee" or "City"). City and IAA may be referred to individually as "Party" or collectively as "Parties":

RECITALS:

WHEREAS, Grantor is a municipal corporation duly authorized to conduct business within the State of Indiana, pursuant to IC § 8-22-3; and

WHEREAS, the Grantee is an Indiana municipal corporation and unit of local government pursuant to IC § 36-1; and

WHEREAS, Grantor owns and operates the Indianapolis Metropolitan Airport ("the Airport") and is the owner of certain real estate in Hamilton County, Indiana, identified on the attached "Exhibit A", incorporated herein by reference (sometimes referred to herein as "Grantor's Land"); and

WHEREAS, Grantee desires to utilize a parcel of Grantor's Land situated north of 106th Street / west of Allisonville Road and as shown on Exhibit "A" to create an "AgriPark" on a parcel of Grantor's Land; and

WHEREAS, Grantor has submitted information to the Federal Aviation Administration (the "FAA") seeking a "change of use" to the parcel of land as shown on Exhibit "A"; and

WHEREAS, Grantor has reviewed Exhibit "A" accordingly and agrees to move forward with this Easement as Grantor awaits FAA approval and architectural plan set(s) from Grantee for Grantor's review and approval; and

WHEREAS, Grantee desires access to the area as noted on Exhibit "A" prior to entering into a Lease Agreement and prior to sending the Grantor a stamped plan set to perform clearing and grubbing of said parcel;

1. Recitals. The foregoing recitals are hereby affirmed by the Parties as true and correct and each such recital and each Exhibit is attached hereto and incorporated herein by reference.

2. Grant of Easement. Grantor hereby grants and conveys a non-perpetual easement, including the right, privilege and authority (but subject to limitations hereinafter stated) to

clear, grub, control, maintain, repair, and inspect a parcel of Grantor's Land as shown on Exhibit "A".

All of the approximate real estate described and as shown in Exhibit "A" which is attached hereto and made a part hereof.

Grantor and Grantee agree the Easement will be replaced by a Lease Agreement between the Parties once Grantor has received the necessary, required approvals from the FAA which Lease Agreement will include a legal description and boundary survey to be completed by Grantee or its designee at the sole cost of Grantee or its designee and to the satisfaction of the Grantor.

The Easement shall provide Grantee non-perpetual access for Grantee's employees and their respective contractors, with the right to enter at-will along, in, under, across and through said Easement Area for the purposes set forth in Section 2. of this Easement. Grantor shall not be restricted from use of and access to the Easement Area. Grantor and Grantee agree there shall be no access to the runway protection zone area (the "RPZ") as is shown on Exhibit "A" and Grantor and Grantee further agree, the RPZ will need to be surveyed and staked to the extent that Grantee and its invitees will remain outside of the RPZ. Grantor and Grantee agree, said survey and staking fee(s) costs shall be shared at 50% each. Grantor shall coordinate the surveying company to perform the necessary work.

Grantee, at its sole expense, shall promptly repair any damage that may occur to Grantor's property as the result of the exercise of Grantee's easement rights. This Easement and the rights granted herein, together with the burdens thereof and obligations associated therewith, shall run with the land and burden the Easement Area and be binding on the Grantee.

3. Right to Relocate. Grantor, at Grantee's sole cost and expense, reserves the right to relocate the AgriPark area as shown on Exhibit "A", including any improvements to the parcel of land shown on Exhibit "A" to another generally comparable location whether on or off the Airport whether owned by the Grantor or not in order to accommodate future development of the Airport. In the case of a relocation at the request of the Grantor, any and all costs, including but not limited to, associated with the design, construction, relocation, and land purchase or lease of the AgriPark shall be at the sole cost of the Grantee.

4. Maintenance. Grantor and Grantee acknowledge and agree that Grantee shall be solely responsible for any ongoing maintenance (the "Maintenance Obligation").

5. Construction. Prior to the construction of any improvements upon the parcel of Grantor's Land as shown on Exhibit "A", beyond the scope of work found in Section 2. above, Grantee must submit its construction plans and specifications to Grantor for review and approval. Such approval shall not be unreasonably withheld or delayed by Grantor. Grantee must also comply with all local and state governing laws and regulations; and compliance with the applicable portions of the Federal Aviation Administration

Regulations and Guidelines including but not limited to, the submission and approval of FAA Form 7460.

6. No Obstructions. Neither Grantee nor any other person or entity shall install any above-ground improvements within the Easement Area that interfere with the landing and take-off of aircraft at Indianapolis Metropolitan Airport or exceed the height and obstruction standards of 14 CFR Part 77 and the Hamilton County, Indiana, Consolidated Zoning, Subdivision Ordinance now in force or as hereafter amended, or any similar Federal, State, City of Fishers, or Grantor regulations, that may be in effect or hereafter be enacted. Grantor reserves the right, upon written notice to Grantee, to remove any above-ground improvement erected in violation of this Paragraph 6, which removal will be at Grantee's sole cost and expense.

7. Owner. Grantor represents and warrants that (a) it is the fee simple owner of the Easement Area; and, (b) it has the right to grant and convey the easement herein and all necessary organizational consents and requirements to execute this instrument have been obtained and that the person executing and delivering this instrument has been fully empowered by proper resolutions and that all necessary corporate action has been taken and done.

8. Grantor Liability. Grantor shall not have any legal or financial liability with respect to the exercise of the rights granted to Grantee by this Easement and Grantee agrees to fully indemnify, and save forever harmless the Indianapolis Airport Authority ("Indemnified Party"), from and against all claims and actions and all reasonable expenses, including attorney fees, incidental to the investigation and defenses thereof, based on or arising out of claims for damages or injuries to third persons, including wrongful death, and arising out of Grantee's use or occupancy of the Easement Area; provided, however, that Grantor shall give to Grantee prompt and reasonable notice of any such claims or actions, and Grantee shall have the right to investigate, compromise and defend the same; and provided further that Grantee shall not be liable for any claims, actions, injury, damage or loss occasioned by the sole negligent or intentional acts of the Indemnified Party, its respective agents or employees.

9. Governing Law. This Easement shall be governed in accordance with the laws of the State of Indiana.

10. Real Estate Taxes. To the extent assessed and owed, Grantee shall be responsible for and pay all real estate taxes or any fees relating to the Easement Area. Grantor and Grantee assert that they are both tax exempt, and nothing in this Agreement should be construed by any taxing agency as requiring the improvements to be taxed.

11. Assignment. This is an Easement in gross and the rights, privileges and obligations of the Grantee pursuant to the terms of this Grant of Easement may be alienated, transferred and assigned by Grantee, its successors, assigns and transferees, in a document referring to this Grant of Easement subject, however, to Grantor's prior approval and consent, which approval and consent shall not be unreasonably withheld.

12. Binding Upon Heirs. The grants, covenants, stipulations, rights and obligations hereof shall extend to and be binding upon the respective heirs, successors, assigns and transferees of the Grantor and Grantee.

13. Condition. Grantee shall observe and comply with any and all requirements of the constituted public authorities and with all Federal, State or Local statutes, ordinances, regulations and standards applicable to Grantee for its use of the Easement Area, including but not limited to, rules and regulations promulgated from time to time by the Executive Director for the administration of the Airport.

14. Termination. Either Party reserves the right to terminate this Easement upon thirty (30) days written notice to the other Party.

Remainder of this page is intentionally left blank

IN WITNESS WHEREOF, the parties hereto have executed this Grant of Easement as to the Effective Date first above mentioned.

"GRANTOR"

By: _____

Name Printed: _____

Title: _____

Date: _____
*Signature authorized by IAA Resolution No. 11-2021

Approved as to Form and Legality:

By: _____
Office of the General Counsel

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, on behalf of Grantor, who acknowledged the execution of the foregoing instrument and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this _____ day of _____, 2025.

My Commission Expires: Signature_____

_____ Printed_____
Notary Public

County of Residence:_____

GRANTEE:

By: _____

Printed: _____

Title: _____

Date: _____

STATE OF INDIANA)
)SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, _____, on behalf of Grantee, who acknowledged the execution of the foregoing instrument and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this _____ day of _____, 2025.

My Commission Expires: Signature_____

_____ Printed_____
Notary Public

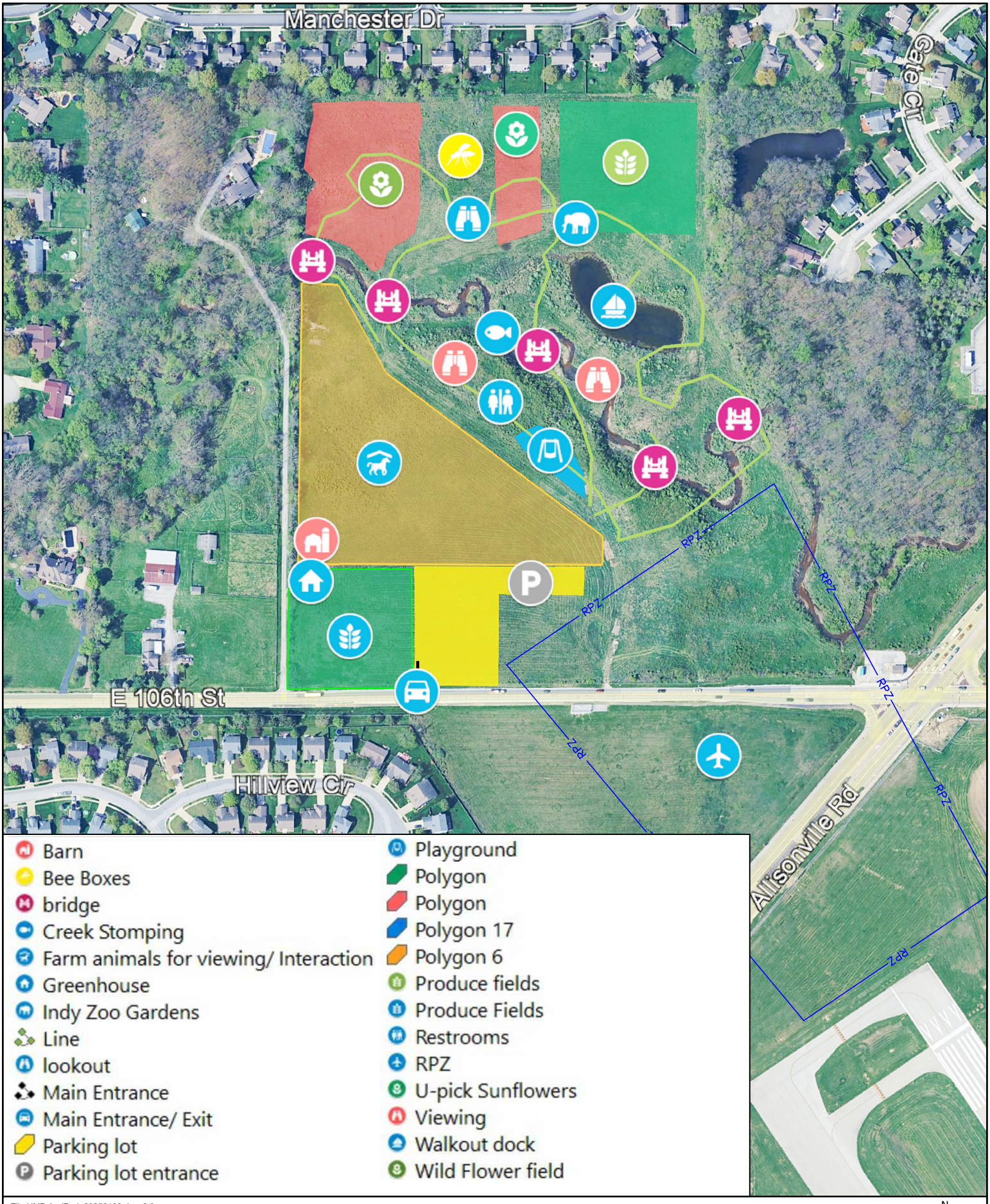
County of Residence:

_____

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.

This instrument prepared by Eric B. Anderson, Director of Properties.

EXHIBIT “A”



File:UMP AgriPark 20250130.dwg 2.0
Print Date: 2025/01/31

INDIANAPOLIS METROPOLITAN AIRPORT (UMP)

AGRIPARK 2.0 EXHIBIT
JANUARY 30, 2025

Indianapolis Airport Authority

N
W E
S
NO SCALE

RESOLUTION NO. R022525D

RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING GRANT OF ACCESS EASEMENT (INDIANA AIRPORT AUTHORITY)

WHEREAS, Indiana Airport Authority ("IAA") owns and operates the Indianapolis Metropolitan Airport on certain property located around 106th Street and Hague Road ("Property");

WHEREAS, the City of Fishers ("City") desires to utilize a portion of the Property situated north of 106th Street and west of Allisonville Road to create and add a second Agripark to the City's park system;

WHEREAS, IAA has reviewed the plans and states that the Facilities will not adversely affect the capacity, security, safety or operations of the Airport; and

WHEREAS, IAA and the City desire to enter into the Grant of Access Easement, attached hereto as Exhibit A and Exhibit B, incorporated herein, to allow the City to enter onto and begin clearing on the Property while the parties work on a long term arrangement to facilitate the Agripark's construction and operation.

NOW, THEREFORE, BE IT RESOLVED by the City of Fishers Board of Public Works & Safety meeting in a duly noticed and regularly scheduled meeting as follows:

Section 1. The Grant of Access Easement is hereby approved in a form substantially similar to Exhibit A

Section 2. The Board hereby authorizes the Mayor to execute the final Grant of Access Easement and any other documents necessary to implement the Grant of Access Easement.

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 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY, CITY OF FISHERS HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: Kari Adriano DATE: 2/25/25

Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

This instrument prepared by: Lindsey 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 Bennett

GRANT OF ACCESS EASEMENT

with the City of Fishers

(Metropolitan Airport)

This Grant of Access Easement (the "Easement") is made as of the _25___ day of February, 2024 (the "Effective Date") by and between the Indianapolis Airport Authority, an Indiana Municipal Corporation (the "Grantor" or "IAA") and the City of Fishers, an Indiana Municipal Corporation (the "Grantee" or "City"). City and IAA may be referred to individually as "Party" or collectively as "Parties":

RECITALS:

WHEREAS, Grantor is a municipal corporation duly authorized to conduct business within the State of Indiana, pursuant to IC § 8-22-3; and

WHEREAS, the Grantee is an Indiana municipal corporation and unit of local government pursuant to IC § 36-1; and

WHEREAS, Grantor owns and operates the Indianapolis Metropolitan Airport ("the Airport") and is the owner of certain real estate in Hamilton County, Indiana, identified on the attached "Exhibit A", incorporated herein by reference (sometimes referred to herein as "Grantor's Land"); and

WHEREAS, Grantee desires to utilize a parcel of Grantor's Land situated north of 106th Street / west of Allisonville Road and as shown on Exhibit "A" to create an "AgriPark" on a parcel of Grantor's Land; and

WHEREAS, Grantor has submitted information to the Federal Aviation Administration (the "FAA") seeking a "change of use" to the parcel of land as shown on Exhibit "A"; and

WHEREAS, Grantor has reviewed Exhibit "A" accordingly and agrees to move forward with this Easement as Grantor awaits FAA approval and architectural plan set(s) from Grantee for Grantor's review and approval; and

WHEREAS, Grantee desires access to the area as noted on Exhibit "A" prior to entering into a Lease Agreement and prior to sending the Grantor a stamped plan set to perform clearing and grubbing of said parcel;

1. Recitals. The foregoing recitals are hereby affirmed by the Parties as true and correct and each such recital and each Exhibit is attached hereto and incorporated herein by reference.

2. Grant of Easement. Grantor hereby grants and conveys a non-perpetual easement, including the right, privilege and authority (but subject to limitations hereinafter stated) to

clear, grub, control, maintain, repair, and inspect a parcel of Grantor's Land as shown on Exhibit "A".

All of the approximate real estate described and as shown in Exhibit "A" which is attached hereto and made a part hereof.

Grantor and Grantee agree the Easement will be replaced by a Lease Agreement between the Parties once Grantor has received the necessary, required approvals from the FAA which Lease Agreement will include a legal description and boundary survey to be completed by Grantee or its designee at the sole cost of Grantee or its designee and to the satisfaction of the Grantor.

The Easement shall provide Grantee non-perpetual access for Grantee's employees and their respective contractors, with the right to enter at-will along, in, under, across and through said Easement Area for the purposes set forth in Section 2. of this Easement. Grantor shall not be restricted from use of and access to the Easement Area. Grantor and Grantee agree there shall be no access to the runway protection zone area (the "RPZ") as is shown on Exhibit "A" and Grantor and Grantee further agree, the RPZ will need to be surveyed and staked to the extent that Grantee and its invitees will remain outside of the RPZ. Grantor and Grantee agree, said survey and staking fee(s) costs shall be shared at 50% each. Grantor shall coordinate the surveying company to perform the necessary work.

Grantee, at its sole expense, shall promptly repair any damage that may occur to Grantor's property as the result of the exercise of Grantee's easement rights. This Easement and the rights granted herein, together with the burdens thereof and obligations associated therewith, shall run with the land and burden the Easement Area and be binding on the Grantee.

3. Right to Relocate. Grantor, at Grantee's sole cost and expense, reserves the right to relocate the AgriPark area as shown on Exhibit "A", including any improvements to the parcel of land shown on Exhibit "A" to another generally comparable location whether on or off the Airport whether owned by the Grantor or not in order to accommodate future development of the Airport. In the case of a relocation at the request of the Grantor, any and all costs, including but not limited to, associated with the design, construction, relocation, and land purchase or lease of the AgriPark shall be at the sole cost of the Grantee.

4. Maintenance. Grantor and Grantee acknowledge and agree that Grantee shall be solely responsible for any ongoing maintenance (the "Maintenance Obligation").

5. Construction. Prior to the construction of any improvements upon the parcel of Grantor's Land as shown on Exhibit "A", beyond the scope of work found in Section 2. above, Grantee must submit its construction plans and specifications to Grantor for review and approval. Such approval shall not be unreasonably withheld or delayed by Grantor. Grantee must also comply with all local and state governing laws and regulations; and compliance with the applicable portions of the Federal Aviation Administration

Regulations and Guidelines including but not limited to, the submission and approval of FAA Form 7460.

6. No Obstructions. Neither Grantee nor any other person or entity shall install any above-ground improvements within the Easement Area that interfere with the landing and take-off of aircraft at Indianapolis Metropolitan Airport or exceed the height and obstruction standards of 14 CFR Part 77 and the Hamilton County, Indiana, Consolidated Zoning, Subdivision Ordinance now in force or as hereafter amended, or any similar Federal, State, City of Fishers, or Grantor regulations, that may be in effect or hereafter be enacted. Grantor reserves the right, upon written notice to Grantee, to remove any above-ground improvement erected in violation of this Paragraph 6, which removal will be at Grantee's sole cost and expense.

7. Owner. Grantor represents and warrants that (a) it is the fee simple owner of the Easement Area; and, (b) it has the right to grant and convey the easement herein and all necessary organizational consents and requirements to execute this instrument have been obtained and that the person executing and delivering this instrument has been fully empowered by proper resolutions and that all necessary corporate action has been taken and done.

8. Grantor Liability. Grantor shall not have any legal or financial liability with respect to the exercise of the rights granted to Grantee by this Easement and Grantee agrees to fully indemnify, and save forever harmless the Indianapolis Airport Authority ("Indemnified Party"), from and against all claims and actions and all reasonable expenses, including attorney fees, incidental to the investigation and defenses thereof, based on or arising out of claims for damages or injuries to third persons, including wrongful death, and arising out of Grantee's use or occupancy of the Easement Area; provided, however, that Grantor shall give to Grantee prompt and reasonable notice of any such claims or actions, and Grantee shall have the right to investigate, compromise and defend the same; and provided further that Grantee shall not be liable for any claims, actions, injury, damage or loss occasioned by the sole negligent or intentional acts of the Indemnified Party, its respective agents or employees.

9. Governing Law. This Easement shall be governed in accordance with the laws of the State of Indiana.

10. Real Estate Taxes. To the extent assessed and owed, Grantee shall be responsible for and pay all real estate taxes or any fees relating to the Easement Area. Grantor and Grantee assert that they are both tax exempt, and nothing in this Agreement should be construed by any taxing agency as requiring the improvements to be taxed.

11. Assignment. This is an Easement in gross and the rights, privileges and obligations of the Grantee pursuant to the terms of this Grant of Easement may be alienated, transferred and assigned by Grantee, its successors, assigns and transferees, in a document referring to this Grant of Easement subject, however, to Grantor's prior approval and consent, which approval and consent shall not be unreasonably withheld.

12. Binding Upon Heirs. The grants, covenants, stipulations, rights and obligations hereof shall extend to and be binding upon the respective heirs, successors, assigns and transferees of the Grantor and Grantee.

13. Condition. Grantee shall observe and comply with any and all requirements of the constituted public authorities and with all Federal, State or Local statutes, ordinances, regulations and standards applicable to Grantee for its use of the Easement Area, including but not limited to, rules and regulations promulgated from time to time by the Executive Director for the administration of the Airport.

14. Termination. Either Party reserves the right to terminate this Easement upon thirty (30) days written notice to the other Party.

Remainder of this page is intentionally left blank

IN WITNESS WHEREOF, the parties hereto have executed this Grant of Easement as to the Effective Date first above mentioned.

"GRANTOR"

By: _____

Name Printed: _____

Title: _____

Date: _____
*Signature authorized by IAA Resolution No. 11-2021

Approved as to Form and Legality:

By: _____
Office of the General Counsel

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, on behalf of Grantor, who acknowledged the execution of the foregoing instrument and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this _____ day of _____, 2025.

My Commission Expires: Signature_____

_____ Printed_____
Notary Public

County of Residence:_____

GRANTEE:

By: _____

Printed: Scott Fadness

Title: Mayor

Date: 2-25-2025

STATE OF INDIANA)
)SS:
COUNTY OF Hamilton)

Before me, a Notary Public in and for said County and State, personally appeared Scott Fadness, Mayor, on behalf of Grantee, who acknowledged the execution of the foregoing instrument and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 25 day of February, 2025.

My Commission Expires:

January 2, 2030

Signature Kari E Adriano

Printed Kari E. Adriano
Notary Public

County of Residence:

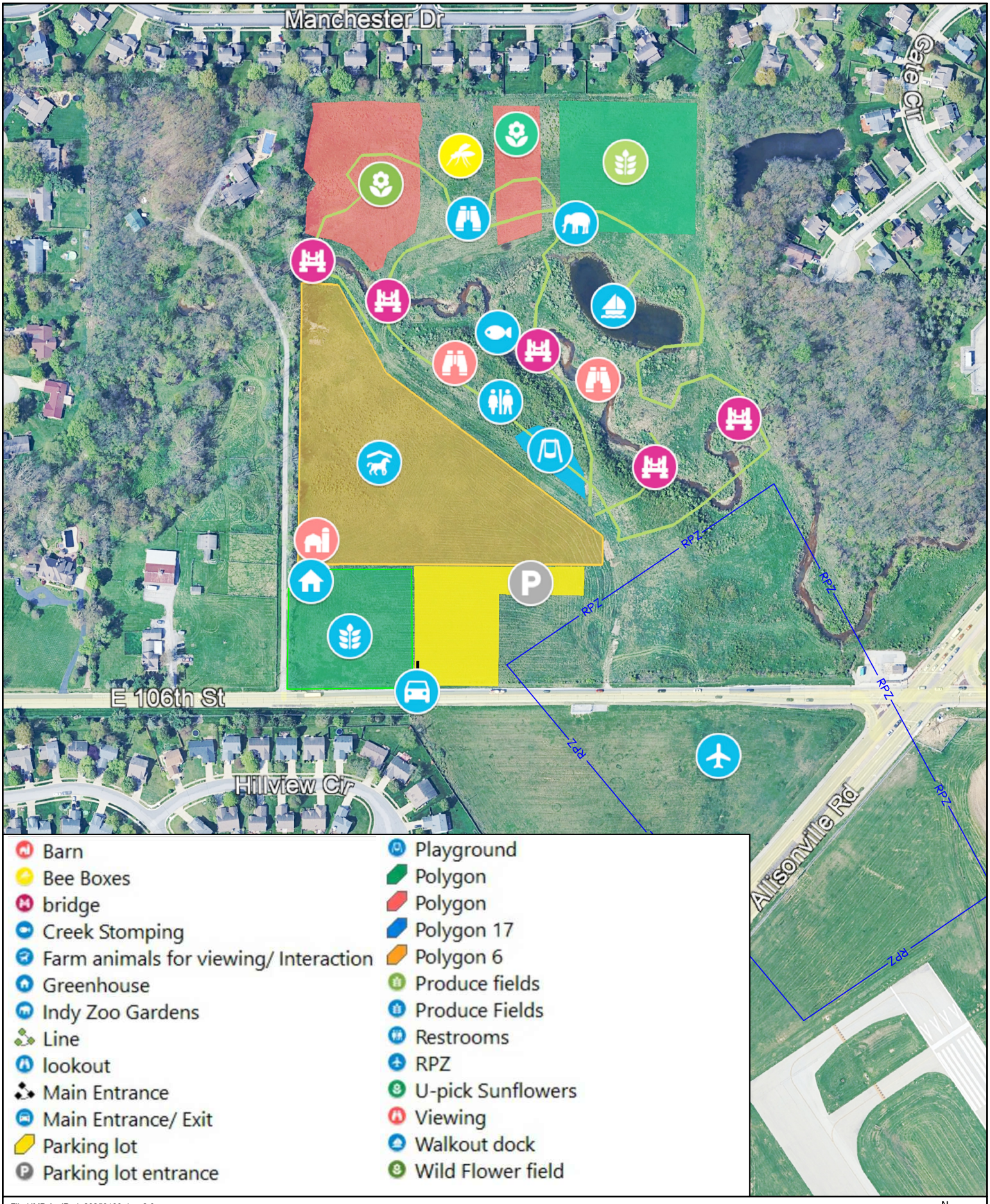
Hamilton

KARI E ADRIANO
Notary Public, State of Indiana
Hamilton County
Commission Number NP0738198
My Commission Expires
January 02, 2030

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.

This instrument prepared by Eric B. Anderson, Director of Properties.

EXHIBIT “A”



File:UMP AgriPark 20250130.dwg 2.0
Print Date: 2025/01/31

INDIANAPOLIS METROPOLITAN AIRPORT (UMP)

AGRIPARK 2.0 EXHIBIT
JANUARY 30, 2025

Indianapolis Airport Authority

N
W E
S
NO SCALE

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	February 25, 2025	**RESOLUTION NO.**	R022525E
TITLE OF AGENDA ITEM	Request to Approve Sanitary Sewer Service Agreement for IU Health Fishers		
PRESENTER/DEPARTMENT	Jeremy Schmitt/ 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.**	This is a sanitary sewer service agreement for the sewer extended to serve the pediatric emergency medicine (PEM) expansion of the IU Health Fishers Hospital (formerly IU Health Saxony). The PEM expansion was a part of the addition of a second tower to the hospital. This sewer will serve additional undeveloped land owned by IU Health and is also the intended connection for the proposed Target at Southeastern Parkway and Olio Road. There are not sewer impact fees being assessed within this agreement because it is a commercial development. Those are assessed when building permits are submitted. Developer: Clarian Health Partners This sewer will be public, therefore this agreement requires an inspection fee of 8% of the sewer construction cost.		
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: Clarian Health Partners, Inc	
BUDGET INFORMATION	Expense Account: Current Available Budget: Controller's Office Approval:	N/A N/A N/A	

Form Revised 01/14/2025

RESOLUTION NO. R022525E

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A SANITARY SEWER AGREEMENT WITH CLARIAN HEALTH PARTNERS (PEDIATRIC EMERGENCY MEDICINE EXPANSION OF THE IU HEALTH FISHERS HOSPITAL)

WHEREAS, Clarian Health Partners, Inc. ("Developer"), is developing a new commercial development to be generally located at 13000 E 136th Street, 13100 E 136th Street, and 0 E 136th Street, Fishers, Indiana, 46037, Parcel Nos.:19-11-23-00-05-001.000, 19-11-26-00-48-001.000, and 19-11-23-00-05-002.000, containing approximately 95.044 acres (the "Property");

WHEREAS, Developer plans to construct a Pediatric Emergency Medicine (PEM) expansion as well as potential additional facilities at IU Health Fishers Hospital;

WHEREAS, Developer desires sanitary sewer service for the Property;

WHEREAS, in order to receive the desired service from the City of Fishers, by and through its municipal sewer utility ("Fishers"), the Developer will extend collection facilities to and on the Property and thereafter dedicate such facilities to Fishers;

WHEREAS, once the Developer completes the extensions, Fishers will be able to provide adequate capacity in Fishers' sewer systems to serve the Property;

WHEREAS, Developer desires to obtain a specific assignment of capacity within Fishers' sewer facilities; and

WHEREAS, Fishers desires to provide sanitary service to the Property subject to the execution of a certain Sanitary Sewer Service Agreement ("Service Agreement"), attached hereto and incorporated herein as Exhibit A.

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 Service Agreement in substantially similar form as Exhibit A, which is attached hereto and incorporated herein.

Section 2. The Board hereby authorizes the Mayor and/or the Fishers Sewer Utility Director to enter into and execute the Service Agreement and any and all documents in furtherance of the Service Agreement.

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 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY, CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

SANITARY SEWER SERVICE AGREEMENT

(IU HEALTH FISHERS PEM EXPANSION)

City of Fishers Sewer Utility

This Sanitary Sewer Service Agreement ("Agreement"), made and entered into this ___ day of_____, 20___ ("Effective Date"), is between the City of Fishers, Hamilton County, Indiana, acting by and through its municipal sewer utility ("Fishers"), and Clarian Health Partners, Inc. ("Developer"), and is regarding the provision of sewer service to a commercial development to be generally located at 13000 E 136th Street, 13100 E 136th Street, and 0 E 136th Street, Fishers, Indiana, 46037, Parcel Nos.:19-11-23-00-05-001.000, 19-11-26-00-48-001.000, and 19-11-23-00-05-002.000.

RECITALS

A. Developer owns and/or controls approximately 95.044 acres legally described in Exhibit A attached hereto and incorporated herein (the "Property").

B. Developer plans to construct a Pediatric Emergency Medicine (PEM) expansion. In addition, Developer has future plans to construct additional facilities for the medical campus generally known as IU Health Fishers Hospital. These facilities will be constructed in the future along the proposed alignment of the sanitary sewer main through the medical campus.

C. The Developer desires sanitary sewer service for the Property.

D. In order to receive the desired service from Fishers, the Developer will extend collection facilities to and on the Property and thereafter dedicate such facilities to Fishers.

E. Once the Developer completes the extensions, Fishers will be able to provide adequate capacity in Fishers' sewer systems to serve the Property.

F. Developer desires to obtain a specific assignment of capacity within Fishers' sewer facilities.

NOW, THEREFORE, in consideration of the mutual agreement and covenants set forth below, and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, the parties agree as follows:

ARTICLE I
RIGHTS AND RESPONSIBILITIES OF FISHERS

Section 1.1. Specifications for Sewage Facilities. Prior to the beginning of construction, Fishers will provide the Developer with: (i) the locations, at Fishers' sole discretion, for the Property's connection to Fishers' sewer facilities; and (ii) a copy of Fishers' construction specifications for the construction of applicable and necessary distribution, collection, or other special sewer facilities to be constructed for connection and service to the Property (collectively, the "Utility Facilities").

Section 1.2. Approval of Plans for and Construction of Utility Facilities. Where applicable, Fishers may review and approve or reject any plans for the Utility Facilities.

Section 1.3. Compliance with Fishers' Specifications. Fishers shall have the authority during all phases of construction and inspection of any applicable Utility Facilities to enter upon the Property to inspect the Utility Facilities (with or without notice) and notify the Developer of any failure of materials or workmanship to meet Fishers' specifications and halt construction of Utility Facilities if Fishers' specifications are not being met. Fishers, in its sole discretion, shall also have the right to direct the Developer to submit change orders to the Developer's contractor to cure any defects in material or workmanship revealed by Fishers' inspection. Fishers may not accept waste from or provide service to the Property until such facilities are completed and any defects cured in accordance with Fishers' construction specifications.

Section 1.4. Provision of Service. Fishers agrees to accept up to three hundred (300) gallons per day of wastewater and provide service to the Property for each purchased equivalent dwelling unit ("EDU") of capacity, subject to: (i) timely and full payment by the Developer of all applicable rates and charges; (ii) all ordinances of the City of Fishers, and rules, regulations, and directives within the authority of Fishers; and (iii) compliance by the Developer with all provisions of this Agreement. Fishers will serve the Property following construction of any required facilities, connection, approval by Fishers, and payment of all applicable fees. The Developer's use of Fishers' services must be in conformance with all other applicable agreements and City of Fishers ordinances, rules, regulations, and directives relating to utility service. Fishers shall have the right to terminate this Agreement and use any capacity allocated herein for other customers if the Developer does not complete construction of waste producing structures and connect the Property within ten (10) years, or otherwise breaches the Agreement.

Section 1.5. Rates and Charges. Fishers will impose all of Fishers' prevailing rates and charges, including, but not limited to, the following:

a. Capacity fees;

b. Tap fees;

c. Monthly user rates;

d. Inspections and plan review fees; and

e. Any other fees that are subsequently enacted by ordinance.

Regardless of the name on the utility service account, the property owner is and may be held responsible for all rates and charges, including late fees and penalties, for utility service to any property.

Section 1.6. Right to Impose Additional Capacity Fees. Fishers reserves the right to impose additional capacity and other applicable fees in the event the Developer and/or any future owner/tenant changes its anticipated use, expands the Property or use thereof, adds additional structures, and/or hires additional employees which will result in wastewater flows in an amount in excess of the amounts anticipated herein. The amount of the additional fees shall be based upon the increased flows that are anticipated to be generated by the new use, expansion, and/or addition of new employees, and such fees shall be imposed at the rate and charge in effect at that time. Fishers reserves the right to require the

Developer and/or any future owner/tenant to install flow meters and/or provide usage data from any and all sources of water supply to the Property.

Section 1.7. Construction and Maintenance of Utility Facilities. Fishers will not be responsible for any portion or cost of the construction and installation of the Utility Facilities, and the parties agree that Fishers will not collect fees or reimburse the Developer for any portion of such costs (including but not limited to subsequent connector fees or other fees from users connecting to the Utility Facilities). Following dedication of any Utility Facilities and acceptance of such dedication by Fishers, Fishers will maintain and operate the accepted Utility Facilities subject to the other terms herein. The Developer (or subsequent property owner, where applicable) will own, maintain, and operate the Utility Facilities not dedicated to Fishers (including but not limited to service laterals).

Section 1.8. Right to Enter the Property. Fishers shall have the right to enter upon the Property and premises at all reasonable times to inspect, repair, and/or replace any equipment used in connection with, or which has an impact on, Fishers' service, provided that, except in the event of an emergency, Fishers will provide reasonable notice to Developer or any primary occupant of any inspection, repair or replacement prior to entry upon the Property. However, Fishers does not, in any way, have or assume any obligation to maintain any facilities on the Property or not owned by Fishers.

Section 1.9. Fishers' Liability. Absent gross negligence, Fishers will not be liable for any damage resulting from Fishers' sewer service on and around the Property, including, without limitation, damage caused by events of force majeure. For purposes of this Agreement, an event of force majeure means a strike, vandalism, power failure, pipe failure or breakage, lockout, labor dispute, embargo, flood, earthquake, storm, dust storm, lightning, fire, epidemic, act of God or nature, war, national emergency, civil disturbance, riot, act of sabotage or terrorism, restraint by court order or order of another governmental authority, or any other unexpected and/or uncontrollable events. Fishers shall further not be liable for service interruptions, which can and do occur. Fishers shall further not be liable for any indirect, special, incidental, or consequential damages.

Section 1.10. Recovery of Attorney Fees. Fishers is entitled to recover its costs including, but not limited to, reasonable attorneys' fees and court costs in any action brought to enforce the terms of this Agreement.

ARTICLE II
RIGHTS AND RESPONSIBILITIES OF THE DEVELOPER

Section 2.1. Cost of Installation and Facilities. The Developer shall be responsible for paying the cost of installing any and all facilities that are necessary for the provision of sanitary sewer service to the Property. When required by Fishers, the property owner shall also install grease traps that are in accordance with Fishers' specifications. The Developer or future property owner/tenant shall further take any other measures Fishers determines to be necessary to prevent excessive strength effluent from entering into Fishers' wastewater collection system. At Fishers' option, any Utility Facilities constructed pursuant to this Agreement may be oversized to meet future demands for service from areas outside the Property. Developer agrees to construct all Utility Facilities to a size or capacity as requested by Fishers. Developer further agrees, at Developer's expense, to terminate the above Utility Facilities at locations within and/or on the perimeter of the Property, as specified by Fishers, to facilitate access for said future service. Developer shall install, at Developer's expense, lateral stubs at locations within the Property specified by Fishers to facilitate access for said future service. Fishers agrees to pay, in accordance with

its guidelines, as applicable in the year in which any phase of construction commences, the costs required to oversize any gravity main, or in the situation where a force main system is utilized and permitted by Fishers, any force main and related pump station, to a size larger than that necessary to serve the Property, as determined by Fishers; provided, however, Developer agrees to pay, if requested by Fishers, the costs required to oversize gravity mains to a maximum size of ten inches (10'') in diameter or, in the situation where a force main system is utilized and permitted by Fishers, a size (both force main and pump station) equivalent in capacity to a ten inch (10") gravity sewer main. A copy of Fishers' oversizing guidelines are available upon request. The above oversizing costs shall be paid by Fishers upon the Developer's completion of construction or any respective phase thereof. However, notwithstanding the above, Fishers shall not pay for oversizing costs for an increase in pipe size due to grade or slope requirements as determined by Fishers Sewer Utility Director.

Section 2.2. Payment of Rates and Charges. The Developer shall be responsible for timely payment of Fishers' prevailing rates and charges, including: (i) a sewer capacity fee of Four Thousand Four Hundred Seventy-One and no/100 Dollars ($4,471) per EDU; (ii) a sewer tap fee of Three Hundred Five and no/100 Dollars ($305.00) per tap, exclusive of excavation, and a plan review fee of One Hundred and no/100 Dollars ($100.00) per EDU. Since this is a commercial development, the final sewer fees will be assessed with the commercial building permit and not as part of this Agreement. The Property owner, user, or customer at the time service is provided will be responsible for the respective monthly user fees, or other costs and fees that accrue.

The Developer (or ultimate property owner, user, or customer) will further pay additional tap or capacity fees if applicable based upon then prevailing rates if the Developer and/or any future owner/tenant adds additional taps and/or modifies, expands, or changes its use of the Property so as to discharge more sewage into Fishers' system, or Fishers otherwise determines that the Property is utilizing more capacity than was anticipated for purposes of this Agreement (See also Section 1.6). The Developer (or ultimate property owner, user, or customer) must also pay additional capacity and regional improvement fees if the strength of its sewage exceeds the limits set forth in Fishers' ordinances. If the Developer places an additional structure on the Property, additional capacity and tap fees will be owed for such structure at the then prevailing rates. Nothing contained herein shall prevent Fishers from prospectively adjusting its rates and charges as allowed under Indiana law.

Section 2.3. Plan Review and Construction of Utility Facilities. Prior to initiating construction of applicable Utility Facilities, the Developer must provide the plans and specifications for the Utility Facilities to Fishers (and/or its engineer) for review and approval or rejection. Once Fishers (and/or its engineer) approves the plans for the proposed Utility Facilities, the Developer shall install the Utility Facilities in accordance with Fishers' construction specifications and ordinances and pay the cost of any modifications or revisions that are required to any existing Fishers facilities. The Developer shall pay Fishers' cost of reviewing the Developer's plans for the Utility Facilities (as required by Section 2.2 above), inspecting the installation of the Utility Facilities, and performing the testing (as required in Section 2.5 below). The Developer covenants and agrees to pay Fishers' inspection fees equal to eight percent (8%) of the actual documented costs of constructing the Utility Facilities, or respective phase thereof, which inspection fees shall be paid upon completion of construction of the Utility Facilities. To allow Fishers to determine inspection fees due and to properly account for the costs of the Utility Facilities, Developer shall provide Fishers with copies of all contracts, invoices, statements, material lists, payment requests, and any and all other documents pertaining to the construction of the Utility Facilities or phase thereof. The construction cost documentation shall be provided by the Developer on a monthly basis, or as otherwise approved by Fishers, as construction proceeds. The Developer will also

be responsible for obtaining all applicable easements, permits, approvals, and consents required and in a form approved by Fishers for the construction of the Utility Facilities.

Section 2.4. Sampling and Flow Measuring Manholes. The Developer will install sampling and flow measuring manholes ("Manholes") at locations on the Property that are easily accessible by Fishers. Fishers will have access to the Manholes to sample and measure the flow from the Property.

Section 2.5. Testing and As-Built Drawings. The Developer will test any Utility Facilities as required by Fishers' construction standards and remedy any deficiencies as required by Fishers. Upon completion of the testing (and remediation of all deficiencies), the Developer will provide Fishers with three (3) sets of as-built drawings and copy of the electronic CAD files at a scale of 1'' = 100' showing the location of any Utility Facilities, including the taps.

Section 2.6. Bond and Developer Ownership of Utility Facilities During Maintenance Period. Prior to the dedication of any applicable Utility Facilities, the Developer must provide a three (3) year maintenance bond covering material and labor in an amount equal to twenty percent (20%) of the total cost of the Utility Facilities with a surety in terms that are acceptable to Fishers. During the three (3) year maintenance bond period, the Developer shall own the Utility Facilities or the respective phase thereof. Fishers shall, during that three (3) year period, be responsible for the operation, inspection, and routine and emergency maintenance of the Utility Facilities or the respective phase thereof. The Developer, as the owner, shall be responsible for all costs and expenses associated with repairing, replacing and non-routine maintenance of any portion of the Utility Facilities or the respective phase thereof, including but not limited to labor, materials and taxes. For so long as the Developer owns the Utility Facilities or any respective phase or any portions thereof, Developer shall remain obligated for all costs to repair and/or replace the Utility Facilities in accordance with Fishers' construction specifications, as may be amended from time to time. During such period, any necessary repairs and/or replacements for which Developer is obligated hereunder, shall be performed by Fishers or its contractor and the documents costs thereof reimbursed to Fishers by Developer. To the extent any repairs are not covered by the maintenance bond, the Developer shall be responsible for the expense of repair, replacement, and/or maintenance that occurs, either prior to acceptance of the Utility Facilities by Fishers or within the three (3) years the maintenance bond is in effect.

Section 2.7. Dedication of Utility Facilities and Easements. After the completion of the three (3) year maintenance bond period, the Developer agrees to dedicate the applicable distribution and transmission Utility Facilities, exclusive of any service laterals, to Fishers after final inspection by Fishers, interconnection of the Utility Facilities to Fishers' facilities, and acceptance of the same in Fishers' sole discretion. The dedication of Utility Facilities shall occur by the execution of a Bill of Sale in the form required by Fishers, a copy of which is attached as Exhibit B. The Developer shall also provide adequate and necessary easements for all Utility Facilities and related facilities in a form required by Fishers and shall record all necessary documents in the Hamilton County Recorder's Office in Fishers' name. The Developer shall ensure that all facilities are located within the easements as approved by Fishers (and not within the right-of-way except for road crossings) and shall be responsible for indemnifying Fishers and all costs associated with relocating facilities and/or easements in the event the facilities are not located within the easements.

Section 2.8. Indemnification of Fishers. Prior to beginning construction, the Developer must provide Fishers with certification that Fishers is an additional named insured on a policy insuring Fishers against any and all claims for personal injury or property damage resulting from construction of any

utility facilities. The Developer shall further indemnify and hold harmless Fishers against any and all such claims; and indemnify Fishers for all reasonable costs, including but not limited to reasonable attorneys' fees, incurred by Fishers as a result of any and all such claims.

Section 2.9. Use of Fishers' System. The Developer agrees to obtain sanitary sewer service only from Fishers; however, the Developer will refrain from discharging or using Fishers' sewer systems in any way which inhibits Fishers from providing service or causes damage to Fishers' facilities. The Developer is prohibited from working on or altering Fishers' facilities and the Developer will not permit or allow the unauthorized connection or extension of its facilities or any part of Fishers' system.

Section 2.10. Additional Easements. The Developer (and its successors and assigns) agrees to provide additional sanitary sewer easements (in, over, and across the Property) without additional compensation, and in a form reasonably acceptable to Fishers, to facilitate the provision of sewer service to future users in and around the Property to the extent such is necessary or appropriate for the use by future users. The exact location of the easements will be determined at a future date by the parties so as to minimally impact the reasonable use and/or anticipated development of the Property.

Section 2.11. Waiver of Annexation. In exchange for the benefits bestowed upon the Property by Fishers' provision of the desired service, the Developer hereby releases and waives all rights to remonstrate against any annexation(s) by Fishers, for itself and its successors and assigns.

ARTICLE III
MISCELLANEOUS

Section 3.1. Legal Description for Property. The Developer represents that the legal description attached hereto as Exhibit A and incorporated herein by reference is a true and accurate legal description of the Property.

Section 3.2. Binding on Successors and Assigns. The parties agree that Fishers' service touches and concerns the land, and the terms of this Agreement shall be binding upon and inure to the benefit of the parties hereto, as well as their grantees, successors, and assigns.

Section 3.3. Entire Agreement. This Agreement sets forth the entire agreement between the parties hereto, and fully supersedes any prior agreements or understandings between the parties pertaining to the subject matter hereof.

Section 3.4. Amendment and Waiver. Neither this Agreement, nor any term hereof, may be changed, modified, altered, waived, discharged, or terminated, except by written instrument. Failure to insist upon strict adherence to any term of this Agreement shall not be considered a waiver or deprive that party of the right thereafter to insist upon strict adherence to that term or any other term of this Agreement.

Section 3.5. Counterparts. This Agreement may be executed in counterparts, including facsimile or photocopy counterparts, each of which shall be deemed an original, but all of which taken together shall constitute a single document.

Section 3.6. Recordation. Developer and Fishers shall execute a memorandum of this Agreement, attached as Exhibit C, which shall be recorded by Developer. Fishers may further record

this Agreement at Fishers' option, and Developer will execute all documents reasonably requested by Fishers for such recording.

Section 3.7. Authority of Parties. Each party and signatory hereto has the authority to enter into this Agreement and at all times has full authority to perform this Agreement. No further approval or consent by any other person or authority is required.

Section 3.8. Captions. The captions to this Agreement are for convenience of reference only and shall not be given any effect in the interpretation of this Agreement.

Section 3.9. Notices. All notices, consents and other communications (collectively, "Notices") shall be given to Fishers or the Developer in writing to the addresses set forth below:

Fishers:	City of Fishers, City Hall 1 Municipal Drive Fishers, IN 46038 Attn: Sewer Utility Director
With Copy To:	Fishers City Attorney City of Fishers, Administration 1 Municipal Drive Fishers, IN 46038
Developer:	Clarian Health Partners, Inc. Attn: Contact Name 950 N Meridian St., Ste 1200 Indianapolis, IN 46204

Either party may change its address for Notices by giving written notice to the other party in accordance with this provision.

Section 3.10. Severability. If any provision of this Agreement is found by a court of competent jurisdiction to be illegal, invalid, or unenforceable, the remaining terms hereof will not be affected, and in lieu of each provision that is found to be illegal, invalid, or unenforceable, a provision will be added as part of this Agreement that is as similar to the illegal, invalid, or unenforceable provision as may be possible and be legal, valid, and enforceable.

Section 3.11. Governing Law. This Agreement shall be governed by and construed under the laws of the State of Indiana.

[*Signatures on Following Pages*]

"FISHERS"

CITY OF FISHERS, HAMILTON COUNTY, INDIANA, ACTING BY AND THROUGH ITS MUNICIPAL SEWER UTILITY

By:_____
Jonathan Valenta,
Fishers Sewer Utility Director

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared Jonathan Valenta, by me known to be the Sewer Utility Director for Fishers Sewer Utility, who acknowledged the execution of the foregoing "Sanitary Sewer Service Agreement" on behalf of the Fishers Sewer Utility.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

"**DEVELOPER"**

Clarian Health Partners, Inc.

By:_____

Printed:_____

Title:_____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of Clarian Health Partners, Inc., who acknowledged the execution of the foregoing "Sanitary Sewer Service Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this ___ day of _____, 20__.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

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. Lindsey M. Bennett

This instrument was prepared by and after recording return to: Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

Exhibit A

[*Legal Description of the Property*]

Saxony Medical Park Secondary Plat

Instrument No. 2009064869

OVERALL PLAT LAND DESCRIPTION:

Part of the South Half of Section 23 and part of the North Half of Section 26 all in Township 18 North, Range 5 East of the Second Principal Meridian, Hamilton County, Indiana described as follows:

Commencing at a Harrison monument found at the Southeast corner of said Section 23, which point is also the Northeast corner of said Section 26, (the basis of bearing is the East line of the North Half of said Section 26, which line is described based upon a Harrison monument found at the Southeast corner, located South 00 degrees 13 minutes 21 seconds East 2662.10 feet from the point of commencement as located and established by survey); thence along the East line of the Southeast quarter of Section 23 North 00 degrees 07 minutes 33 seconds West 27.50 feet; thence South 89 degrees 19 minutes 17 West 31.07 feet to the POINT OF BEGINNING; thence South 89 degrees 19 minutes 17 seconds West 365.86 feet; thence North 55 degrees 56 minutes 50 seconds East 47.26 feet to the North right-of-way line of 136th Street as described in Instrument No. 9539034, also being the South line of Clarian Health Partners, Inc. described in Instrument No. 2008051613 in the Office of the Recorder of Hamilton County, Indiana; thence along said right-of-way South 89 degrees 19 minutes 17 seconds West 837.73 feet; thence South 00 degrees 40 minutes 43 seconds East 40.00 feet; thence South 89 degrees 19 minutes 17 seconds West 667.71 feet to the Northerly extension of the centerline of Minden Drive as described in the 'Saxony Right of Way' plat in Instrument No. 2004-064440 in said Recorder's Office; thence along said Northerly extension of the centerline South 00 degrees 00 minutes 12 seconds East 655.61 feet; thence South 89 degrees 45 minutes 30 seconds West 2084.39 feet to the West line of the East half of the Northwest quarter of said Section 26; thence along said West line North 00 degrees 14 minutes 30 seconds West 629.48 feet to an iron pin with cap "Cripe" found at the Northwest corner of said East Half Quarter section, which point is the Southwest corner of the East Half of the Southwest Quarter of said Section 23; thence along the West line of the East Half of said Southwest Quarter Section, North 00 degrees 06 minutes 36 seconds West 412.00 feet to the Southerly Limited Access Right of Way line of Interstate Highway #69 and to a non-tangent curve to the right having a radius of 7683.45 feet, the radius point of which bears South 28 degrees 59 minutes 56 seconds East; thence along said right-of-way for the next ten (10) calls, (1) Northeasterly along said curve an arc length of 831.95 feet to a point which bears North 22 degrees 47 minutes 42 seconds West from said radius point; (2) thence North 72 degrees 49 minutes 26 seconds East 671.74 feet to a non-tangent curve to the right having a radius of 1362.40 feet, the radius point of which bears South 12 degrees 10 minutes 56 seconds East; thence (3) Easterly along said curve an arc length of 618.40 feet to a point which bears North 13 degrees 49 minutes 29 seconds East from said radius point; (4) thence South 66 degrees 58 minutes 53 seconds East 363.27 feet to a non-tangent curve to the left having a radius of 587.47 feet, the radius point of which bears North 08 degrees 54 minutes 35 East; (5) thence Easterly and Northeasterly along said curve an arc length of 414.53 feet to a point which bears South 31 degrees 31 minutes 09 seconds East from said radius point; (6) thence North 57 degrees 42 minutes 12 seconds East 16.11 feet; (7) thence South 57 degrees 07 minutes 49 seconds East 343.10 feet to an iron pin with cap found "LS S0083"; (8) thence South 61 degrees 37 minutes 42 seconds East 313.03 feet to a non-tangent curve to the left having a radius of 1697.02 feet, the radius point of which bears North 26 degrees 46 minutes 10 seconds East; (9) thence Southeasterly along said curve an arc length of 568.58 feet to a point which bears South 07 degrees 34 minutes 22 seconds West from said radius point; (10) thence South 57 degrees 30 minutes 10 seconds East 37.37 feet; thence South 00 degrees 07 minutes 08 seconds East 114.01 feet; thence South 57 degrees 21 minutes 03 seconds East 31.48 feet; thence South 05 degrees 34 minutes 24 seconds East 76.72 feet; thence South 00 degrees 11 minutes 17 seconds East 110.82 feet to the POINT OF BEGINNING, containing 95.044 acres more or less.

Exhibit B

[*Bill of Sale*]

Deed Cross-Reference: _____

BILL OF SALE AND EASEMENT DEDICATION

(IU Health Fishers PEM Expansion)

THIS BILL OF SALE AND EASEMENT DEDICATION (the "Bill of Sale") is executed and delivered as of the ____ day of _____, 20___, by Clarian Health Partners, Inc. ("Developer"), to and in favor of the City of Fishers, Hamilton County, Indiana ("City").

RECITALS:

A. Developer is the owner of and/or controls certain real property located in Hamilton County, Indiana, that is more particularly described on Exhibit 1 attached hereto and incorporated herein by reference (the "Property").

B. Developer and City entered into a Sanitary Sewer Service Agreement dated _____ ___, _____ (the "Agreement"), pursuant to which City agreed to provide sanitary sewer service to Developer's proposed development.

C. In order to receive service for the Property, Developer agreed in the Agreement to extend the City's sewage collection facilities ("Utility Facilities") to the Property.

D. As part of the Agreement, Developer also agreed to dedicate the Utility Facilities to the City upon their completion and satisfactory inspection by the City.

E. Developer now desires to dedicate and transfer the Utility Facilities to the City.

NOW, THEREFORE, for Ten and No/100 Dollars ($10.00) paid Developer by City and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Developer agrees as follows:

1. Defined Terms. All capitalized terms used but not defined in this Bill of Sale, shall have the meaning ascribed in the Agreement.

2. Transfers. Developer hereby sells, transfers, and conveys the Utility Facilities to the City and its successors and assigns. Developer represents and warrants to the City that: (i) it has the right, power, and authority to transfer the Utility Facilities to the City, without obtaining the consent of any third party whose consent has not been obtained and written evidence thereof furnished to the City; (ii) the Utility Facilities are free of all liens and encumbrances of any nature whatsoever; and (iii) Developer has received

all necessary permits and approvals for the Utility Facilities, and such permits and approvals are final and no longer subject to appeal.

3. Easements. To the extent that the Utility Facilities are not located within the Easements dedicated to the City as required by the Agreement, Developer hereby gives, grants, warrants, and conveys to the City, its successors and assigns, a permanent easement lying 7 ½ feet along either side of the Utility Facilities (i.e., for a total of 15 feet) to construct, operate, inspect, maintain, and remove mains, ducts, or other related utility structures that are part of the Utility Facilities ("Easement Grant"). The Easement Grant shall include the right of the City, its employees, agents, and contractors to ingress and egress over the Property to accomplish the purposes set forth herein. Developer further represents and warrants to the City that it has the right and necessary authorization to enter into this Easement Grant, and that there are no encumbrances, liens, contracts, or options of any kind or character upon the Property which would prevent Developer from granting, warranting, and conveying to the City this Easement Grant.

4. Further Representations and Warranties. Developer hereby represents and warrants to the City that the City hereby has and will have the necessary access to operate, maintain, replace, and/or expand the Utility Facilities. To the extent necessary, Developer agrees to execute whatever documents necessary to ensure that the City has the requisite access to operate and maintain the Utility Facilities. The certified original cost of the Utility Facilities to be dedicated to the City under this Bill of Sale is _____ ($_____).

5. Binding on Successors and Assigns. The parties agree that the City's service touches and concerns the land and the terms of this Bill of Sale shall be binding upon and inure to the benefit of the parties hereto, as well as their successors and assigns.

IN WITNESS WHEREOF, Developer has caused this Bill of Sale to be executed as of the day and year first above written.

[*Signature on Following Page*]

Clarian Health Partners, Inc.

By:_____

Printed:_____

Its:_____

STATE OF INDIANA)
)SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of Clarian Health Partners, Inc., who acknowledged the execution of the foregoing "Bill of Sale and Easement Dedication" on behalf of said entity.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires:
_____

_____
(Printed Signature)

My County of Residence:
_____

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. Lindsey M. Bennett

This instrument was prepared by and after recording return to: Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

Exhibit C

[*Memorandum of Agreement*]

MEMORANDUM OF AGREEMENT

(IU Health Fishers PEM Expansion)

This MEMORANDUM OF AGREEMENT ("Memorandum"), made and entered into this ____ day of _____, 20___, is by and between the City of Fishers, Hamilton County, Indiana, acting by and through its municipal sewer utility ("Fishers"), and Clarian Health Partners, Inc. ("Developer").

RECITALS:

A. Fishers and Developer have entered into a Sanitary Sewer Service Agreement dated as of an even date herewith ("Service Agreement").

B. Developer represents that it owns or controls certain real estate consisting of approximately 95.044 as described on the attached Exhibit 1 (the "Development").

C. The Service Agreement describes the terms and conditions upon which Fishers will provide sewer service to the Development.

D. Fishers and Developer desire to enter into and record this Memorandum acknowledging the existence of the rights and obligations of Fishers and Developer, and their grantees, successors, and assigns, with respect to the provision of sewer service to the Development.

NOW, THEREFORE, in consideration of the mutual promises set forth below, and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, the parties agree as follows:

1. Incorporation. The above and foregoing Recitals, including any defined term set forth therein, are hereby incorporated into and made a part of this Memorandum as if more fully restated herein.

2. Recordation. Upon final execution of this Memorandum, Developer will record this Memorandum at its cost in the chain-of-title for the Development.

3. Binding on Successors and Assigns. This Memorandum and the Service Agreement touch and concern the Development and shall be binding on Fishers and Developer's successors and assigns, including, without limitation, any future tenants or purchasers of the respective properties. Regardless of the name on the utility service account, the property owner is and may be held responsible for all rates and charges, including late fees and penalties, for utility service to the property.

4. Annexation Waiver. The Service Agreement expressly includes the waiver of any right to remonstrate against future annexation(s) by Fishers, which runs with the land and is binding upon Developer and its successors and assigns.

5. Easements. In addition to the other terms and conditions in the Service Agreement, the Service Agreement includes a requirement that the Developer and its successors and assigns agree to provide additional sewer easements (in, over, and across the Development) to facilitate the provision of sewer service to future users in and around the Development. The exact location of the easements will be determined at a future date by the parties so as to minimally impact the reasonable use and/or anticipated development of the Development.

6. Information. Any person or entity desiring to obtain additional information about the terms and conditions upon which Fishers and Developer have agreed to extend sewer and water service to the Development may contact:

Fishers:	City of Fishers, City Hall 1 Municipal Drive Fishers, IN 46038 Attn: Sewer Utility Director
With Copy To:	Fishers City Attorney City of Fishers, Administration 1 Municipal Drive Fishers, IN 46038
Developer:	Clarian Health Partners, Inc. Attn: Contact Name 950 N Meridian St., Ste 1200 Indianapolis, IN 46204

7. Memorandum. This Memorandum is prepared for recording to put all persons on notice of the existence of the Service Agreement and the rights and obligations of Fishers and Developer under such Service Agreement. Nothing contained herein shall be deemed to amend or modify the Service Agreement, and all terms set forth herein are subject to the terms and conditions of the Service Agreement.

IN WITNESS WHEREOF, the parties have caused this Memorandum of Agreement to be executed by its duly authorized representatives the day and year first written above.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

"**FISHERS"**

CITY OF FISHERS, HAMILTON COUNTY, INDIANA, ACTING BY AND THROUGH ITS MUNICIPAL SEWER UTILITY

By:_____
Jonathan Valenta,
Fishers Sewer Utility Director

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared Jonathan Valenta, by me known to be the Sewer Utility Director of the City of Fishers, who acknowledged the execution of the foregoing "Memorandum of Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

"**DEVELOPER"**

Clarian Health Partners, Inc.

By: _____

Printed: _____

Its: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of Clarian Health Partners, Inc., who acknowledged the execution of the foregoing "Memorandum of Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

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. Lindsey M. Bennett

This instrument was prepared by and after recording return to: Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

EXHIBIT 1

[*Legal Description of the Property*]
Saxony Medical Park Secondary Plat
Instrument No. 2009064869

OVERALL PLAT LAND DESCRIPTION:

Part of the South Half of Section 23 and part of the North Half of Section 26 all in Township 18 North, Range 5 East of the Second Principal Meridian, Hamilton County, Indiana described as follows:

Commencing at a Harrison monument found at the Southeast corner of said Section 23, which point is also the Northeast corner of said Section 26, (the basis of bearing is the East line of the North Half of said Section 26, which line is described based upon a Harrison monument found at the Southeast corner, located South 00 degrees 13 minutes 21 seconds East 2662.10 feet from the point of commencement as located and established by survey); thence along the East line of the Southeast quarter of Section 23 North 00 degrees 07 minutes 33 seconds West 27.50 feet; thence South 89 degrees 19 minutes 17 West 31.07 feet to the POINT OF BEGINNING; thence South 89 degrees 19 minutes 17 seconds West 365.86 feet; thence North 55 degrees 56 minutes 50 seconds East 47.26 feet to the North right-of-way line of 136th Street as described in Instrument No. 9539034, also being the South line of Clarion Health Partners, Inc. described in Instrument No. 2008051613 in the Office of the Recorder of Hamilton County, Indiana; thence along said right-of-way South 89 degrees 19 minutes 17 seconds West 837.73 feet; thence South 00 degrees 40 minutes 43 seconds East 40.00 feet; thence South 89 degrees 19 minutes 17 seconds West 667.71 feet to the Northerly extension of the centerline of Minden Drive as described in the 'Saxony Right of Way' plat in Instrument No. 2004-064440 in said Recorder's Office; thence along said Northerly extension of the centerline South 00 degrees 00 minutes 12 seconds East 655.61 feet; thence South 89 degrees 45 minutes 30 seconds West 2084.39 feet to the West line of the East half of the Northwest quarter of said Section 26; thence along said West line North 00 degrees 14 minutes 30 seconds West 629.48 feet to an iron pin with cap "Cripe" found at the Northwest corner of said East Half Quarter section, which point is the Southwest corner of the East Half of the Southwest Quarter of said Section 23; thence along the West line of the East Half of said Southwest Quarter Section, North 00 degrees 06 minutes 36 seconds West 412.00 feet to the Southerly Limited Access Right of Way line of Interstate Highway #69 and to a non-tangent curve to the right having a radius of 7683.45 feet, the radius point of which bears South 28 degrees 59 minutes 56 seconds East; thence along said right-of-way for the next ten (10) calls, (1) Northeasterly along said curve an arc length of 831.95 feet to a point which bears North 22 degrees 47 minutes 42 seconds West from said radius point; (2) thence North 72 degrees 49 minutes 26 seconds East 671.74 feet to a non-tangent curve to the right having a radius of 1362.40 feet, the radius point of which bears South 12 degrees 10 minutes 56 seconds East; thence (3) Easterly along said curve an arc length of 618.40 feet to a point which bears North 13 degrees 49 minutes 29 seconds East from said radius point; (4) thence South 66 degrees 58 minutes 53 seconds East 363.27 feet to a non-tangent curve to the left having a radius of 587.47 feet, the radius point of which bears North 08 degrees 54 minutes 35 East; (5) thence Easterly and Northeasterly along said curve an arc length of 414.53 feet to a point which bears South 31 degrees 31 minutes 09 seconds East from said radius point; (6) thence North 57 degrees 42 minutes 12 seconds East 16.11 feet; (7) thence South 57 degrees 07 minutes 49 seconds East 343.10 feet to an iron pin with cap found "LS S0083"; (8) thence South 61 degrees 37 minutes 42 seconds East 313.03 feet to a non-tangent curve to the left having a radius of 1697.02 feet, the radius point of which bears North 26 degrees 46 minutes 10 seconds East; (9) thence Southeasterly along said curve an arc length of 568.58 feet to a point which bears South 07 degrees 34 minutes 22 seconds West from said radius point; (10) thence South 57 degrees 30 minutes 10 seconds East 37.37 feet; thence South 00 degrees 07 minutes 08 seconds East 114.01 feet; thence South 57 degrees 21 minutes 03 seconds East 31.48 feet; thence South 05 degrees 34 minutes 24 seconds East 76.72 feet; thence South 00 degrees 11 minutes 17 seconds East 110.82 feet to the POINT OF BEGINNING, containing 95.044 acres more or less.

RESOLUTION NO. R022525E

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A SANITARY SEWER AGREEMENT WITH CLARIAN HEALTH PARTNERS (PEDIATRIC EMERGENCY MEDICINE EXPANSION OF THE IU HEALTH FISHERS HOSPITAL)

WHEREAS, Clarian Health Partners, Inc. ("Developer"), is developing a new commercial development to be generally located at 13000 E 136th Street, 13100 E 136th Street, and 0 E 136th Street, Fishers, Indiana, 46037, Parcel Nos.:19-11-23-00-05-001.000, 19-11-26-00-48-001.000, and 19-11-23-00-05-002.000, containing approximately 95.044 acres (the "Property");

WHEREAS, Developer plans to construct a Pediatric Emergency Medicine (PEM) expansion as well as potential additional facilities at IU Health Fishers Hospital;

WHEREAS, Developer desires sanitary sewer service for the Property;

WHEREAS, in order to receive the desired service from the City of Fishers, by and through its municipal sewer utility ("Fishers"), the Developer will extend collection facilities to and on the Property and thereafter dedicate such facilities to Fishers;

WHEREAS, once the Developer completes the extensions, Fishers will be able to provide adequate capacity in Fishers' sewer systems to serve the Property;

WHEREAS, Developer desires to obtain a specific assignment of capacity within Fishers' sewer facilities; and

WHEREAS, Fishers desires to provide sanitary service to the Property subject to the execution of a certain Sanitary Sewer Service Agreement ("Service Agreement"), attached hereto and incorporated herein as Exhibit A.

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 Service Agreement in substantially similar form as Exhibit A, which is attached hereto and incorporated herein.

Section 2. The Board hereby authorizes the Mayor and/or the Fishers Sewer Utility Director to enter into and execute the Service Agreement and any and all documents in furtherance of the Service Agreement.

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 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY, CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa Member		

ATTEST: _____ DATE: 2/25/25
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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 Board of Public Works & Safety
Board Action Form

MEETING DATE	February 25, 2025	**RESOLUTION NO.**	R022525F
TITLE OF AGENDA ITEM	Request to Approve Sanitary Sewer Service Agreement for Howe Campus Cc		
PRESENTER/DEPARTMENT	Jeremy Schmitt/ 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.**	This is a sanitary sewer service agreement for a commercial development located at the southwestern corner of 146th Street and Howe Road known as Howe Campus Corner. It is expected to serve a gas station with convenience store and a small professional building. Howe Campus Corner is a Noblesville development located in Fishers sewer territory. There are not sewer impact fees being assessed within this agreement because it is a commercial development. Those will be assessed when building permits are submitted. Developer: JDF Greenfield, LLC This sewer will be public, therefore this agreement will require an inspection fee of 8% of the sewer construction cost.		
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: JDF Greenfield, LLC	
BUDGET INFORMATION	Expense Account: Current Available Budget: Controller's Office Approval:	N/A N/A N/A	

Form Revised 01/14/2025

RESOLUTION NO. R022525F

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A SANITARY SEWER AGREEMENT (HOWE CAMPUS CORNER)

WHEREAS, JDF Greenfield, LLC ("Developer"), is developing a new commercial development to be generally located at the corner of 146th Street and Howe Road in Noblesville, IN, Parcel No. 13-11-20-00-00-006.000containing approximately 4.459 acres (the "Property");

WHEREAS, Developer plans to construct a gas station, convenience store, and professional building known as Howe Campus Corner on the Property;

WHEREAS, Developer desires sanitary sewer service for the Property;

WHEREAS, in order to receive the desired service from the City of Fishers, by and through its municipal sewer utility ("Fishers"), the Developer will extend collection facilities to and on the Property and thereafter dedicate such facilities to Fishers;

WHEREAS, once the Developer completes the extensions, Fishers will be able to provide adequate capacity in Fishers' sewer systems to serve the Property;

WHEREAS, Developer desires to obtain a specific assignment of capacity within Fishers' sewer facilities; and

WHEREAS, Fishers desires to provide sanitary service to the Property subject to the execution of a certain Sanitary Sewer Service Agreement ("Service Agreement"), attached hereto and incorporated herein as Exhibit A.

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 in substantially similar form as Exhibit A, which is attached hereto and incorporated herein.

Section 2. The Board hereby authorizes Mayor to enter into and execute the Agreement and any and all documents in furtherance of the Agreement.

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 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____ DATE: _____

Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

SANITARY SEWER SERVICE AGREEMENT

(HOWE CAMPUS CORNER)

City of Fishers Sewer Utility

This Sanitary Sewer Service Agreement ("Agreement"), made and entered into this ___ day of_____, 20___ ("Effective Date"), is between the City of Fishers, Hamilton County, Indiana, acting by and through its municipal sanitary sewer utility ("Fishers"), and JDF Greenfield, LLC ("Developer"), and is regarding the provision of sewer service to a new development to be generally located at the southwestern corner of East 146th Street and Howe Road in Noblesville, Indiana, 46038, Parcel No. 13-11-20-00-00-006.000.

RECITALS

A. Developer owns and/or controls approximately 4.459 acres legally described in Exhibit A attached hereto and incorporated herein (the "Property").

B. Developer plans to construct a gas station, convenience store, and professional building known as Howe Campus Corner.

C. The Developer desires sanitary sewer service for the Property.

D. In order to receive the desired service from Fishers, the Developer will extend collection facilities to and on the Property and thereafter dedicate such facilities to Fishers.

E. Once the Developer completes the extensions, Fishers will be able to provide adequate capacity in Fishers' sewer systems to serve the Property.

F. Developer desires to obtain a specific assignment of capacity within Fishers' sewer facilities.

NOW, THEREFORE, in consideration of the mutual agreement and covenants set forth below, and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, the parties agree as follows:

ARTICLE I
RIGHTS AND RESPONSIBILITIES OF FISHERS

Section 1.1. Specifications for Sewage Facilities. Prior to the beginning of construction, Fishers will provide the Developer with: (i) the locations, at Fishers' sole discretion, for the Property's connection to Fishers' sewer facilities; and (ii) a copy of Fishers' construction specifications for the construction of applicable and necessary distribution, collection, or other special sewer facilities to be constructed for connection and service to the Property (collectively, the "Utility Facilities").

Section 1.2. Approval of Plans for and Construction of Utility Facilities. Where applicable, Fishers may review and approve or reject any plans for the Utility Facilities.

Section 1.3. Compliance with Fishers' Specifications. Fishers shall have the authority during all phases of construction and inspection of any applicable Utility Facilities to enter upon the Property to inspect the Utility Facilities (with or without notice) and notify the Developer of any failure of materials or workmanship to meet Fishers' specifications and halt construction of Utility Facilities if Fishers' specifications are not being met. Fishers, in its sole discretion, shall also have the right to direct the Developer to submit change orders to the Developer's contractor to cure any defects in material or workmanship revealed by Fishers' inspection. Fishers may not accept waste from or provide service to the Property until such facilities are completed and any defects cured in accordance with Fishers' construction specifications.

Section 1.4. Provision of Service. Fishers agrees to accept up to three hundred (300) gallons per day of wastewater and provide service to the Property for each purchased equivalent dwelling unit ("EDU") of capacity, subject to: (i) timely and full payment by the Developer of all applicable rates and charges; (ii) all ordinances of the City of Fishers, and rules, regulations, and directives within the authority of Fishers; and (iii) compliance by the Developer with all provisions of this Agreement. Fishers will serve the Property following construction of any required facilities, connection, approval by Fishers, and payment of all applicable fees. The Developer's use of Fishers' services must be in conformance with all other applicable agreements and City of Fishers ordinances, rules, regulations, and directives relating to utility service. Fishers shall have the right to terminate this Agreement and use any capacity allocated herein for other customers if the Developer does not complete construction of waste producing structures and connect the Property within ten (10) years, or otherwise breaches the Agreement.

Section 1.5. Rates and Charges. Fishers will impose all of Fishers' prevailing rates and charges, including, but not limited to, the following:

a. Capacity fees;

b. Tap fees;

c. Monthly user rates;

d. Inspections and plan review fees; and

e. Any other fees that are subsequently enacted by ordinance.

Regardless of the name on the utility service account, the property owner is and may be held responsible for all rates and charges, including late fees and penalties, for utility service to any property.

Section 1.6. Right to Impose Additional Capacity Fees. Fishers reserves the right to impose additional capacity and other applicable fees in the event the Developer and/or any future owner/tenant changes its anticipated use, expands the Property or use thereof, adds additional structures, and/or hires additional employees which will result in wastewater flows in an amount in excess of the amounts anticipated herein. The amount of the additional fees shall be based upon the increased flows that are anticipated to be generated by the new use, expansion, and/or addition of new employees, and such fees shall be imposed at the rate and charge in effect at that time. Fishers reserves the right to require the Developer and/or any future owner/tenant to install flow meters and/or provide usage data from any and all sources of water supply to the Property.

Section 1.7. Construction and Maintenance of Utility Facilities. Fishers will not be responsible for any portion or cost of the design, construction, or installation of the Utility Facilities, and the parties agree that Fishers will not collect fees or reimburse the Developer for any portion of such costs (including but not limited to subsequent connector fees or other fees from users connecting to the Utility Facilities). Following dedication of any Utility Facilities and acceptance of such dedication by Fishers, Fishers will maintain and operate the accepted Utility Facilities subject to the other terms herein. The Developer (or subsequent property owner, where applicable) will own, maintain, and operate the Utility Facilities not dedicated to Fishers (including but not limited to service laterals).

Section 1.8. Right to Enter the Property. Fishers shall have the right to enter upon the Property and premises at all reasonable times to inspect, repair, and/or replace any equipment used in connection with, or which has an impact on, Fishers' service, provided that, except in the event of an emergency, Fishers will provide reasonable notice to Developer or any primary occupant of any inspection, repair or replacement prior to entry upon the Property. However, Fishers does not, in any way, have or assume any obligation to maintain any facilities on the Property or not owned by Fishers.

Section 1.9. Fishers' Liability. Absent gross negligence, Fishers will not be liable for any damage resulting from Fishers' sewer service on and around the Property, including, without limitation, damage caused by events of force majeure. For purposes of this Agreement, an event of force majeure means a strike, vandalism, power failure, pipe failure or breakage, lockout, labor dispute, embargo, flood, earthquake, storm, dust storm, lightning, fire, epidemic, act of God or nature, war, national emergency, civil disturbance, riot, act of sabotage or terrorism, restraint by court order or order of another governmental authority, or any other unexpected and/or uncontrollable events. Fishers shall further not be liable for service interruptions, which can and do occur. Fishers shall further not be liable for any indirect, special, incidental, or consequential damages.

Section 1.10. Recovery of Attorney Fees. Fishers is entitled to recover its costs including, but not limited to, reasonable attorneys' fees and court costs in any action brought to enforce the terms of this Agreement.

ARTICLE II
RIGHTS AND RESPONSIBILITIES OF THE DEVELOPER

Section 2.1. Cost of Installation and Facilities. The Developer shall be responsible for paying the cost of installing any and all facilities that are necessary for the provision of sanitary sewer service to the Property. When required by Fishers, the property owner shall also install grease traps that are in accordance with Fishers' specifications. The Developer or future property owner/tenant shall further take any other measures Fishers determines to be necessary to prevent excessive strength effluent from entering into Fishers' wastewater collection system. At Fishers' option, any Utility Facilities constructed pursuant to this Agreement may be oversized to meet future demands for service from areas outside the Property. Developer agrees to construct all Utility Facilities to a size or capacity as requested by Fishers. Developer further agrees, at Developer's expense, to terminate the above Utility Facilities at locations within and/or on the perimeter of the Property, as specified by Fishers, to facilitate access for said future service. Developer shall install, at Developer's expense, lateral stubs at locations within the Property specified by Fishers to facilitate access for said future service. Fishers agrees to pay, in accordance with its guidelines, as applicable in the year in which any phase of construction commences, the costs required to oversize any gravity main, or in the situation where a force main system is utilized and permitted by Fishers, any force main and related pump station, to a size larger than that necessary to serve the Property,

as determined by Fishers; provided, however, Developer agrees to pay, if requested by Fishers, the costs required to oversize gravity mains to a maximum size of ten inches (10'') in diameter or, in the situation where a force main system is utilized and permitted by Fishers, a size (both force main and pump station) equivalent in capacity to a ten inch (10") gravity sewer main. A copy of Fishers' oversizing guidelines are available upon request. The above oversizing costs shall be paid by Fishers upon the Developer's completion of construction or any respective phase thereof. However, notwithstanding the above, Fishers shall not pay for oversizing costs for an increase in pipe size due to grade or slope requirements as determined by Fishers Sewer Utility Director.

Section 2.2. Payment of Rates and Charges. The Developer shall be responsible for timely payment of Fishers' prevailing rates and charges, including: (i) a sewer capacity fee of Four Thousand Four Hundred Seventy-One and no/100 Dollars ($4,471) per EDU; (ii) a sewer tap fee of Three Hundred Five and no/100 Dollars ($305.00) per tap, exclusive of excavation, and a plan review fee of One Hundred and no/100 Dollars ($100.00) per EDU. Since this is a commercial development, the final sewer fees will be assessed with the commercial building permit and not as part of this Agreement. The Property owner, user, or customer at the time service is provided will be responsible for the respective monthly user fees, or other costs and fees that accrue.

The Developer (or ultimate property owner, user, or customer) will further pay additional tap or capacity fees or deduct from available credits, if applicable, based upon then prevailing rates if the Developer and/or any future owner/tenant adds additional taps and/or modifies, expands, or changes its use of the Property so as to discharge more sewage into Fishers' system, or Fishers otherwise determines that the Property is utilizing more capacity than was anticipated for purposes of this Agreement (See also Section 1.6). The Developer (or ultimate property owner, user, or customer) must also pay additional capacity and regional improvement fees if the strength of its sewage exceeds the limits set forth in Fishers' ordinances. If the Developer places an additional structure on the Property, additional capacity and tap fees will be owed for such structure at the then prevailing rates. Nothing contained herein shall prevent Fishers from prospectively adjusting its rates and charges as allowed under Indiana law.

Section 2.3. Plan Review and Construction of Utility Facilities. Prior to initiating construction of applicable Utility Facilities, the Developer must provide the plans and specifications for the Utility Facilities to Fishers (and/or its engineer) for review and approval or rejection. Once Fishers (and/or its engineer) approves the plans for the proposed Utility Facilities, the Developer shall install the Utility Facilities in accordance with Fishers' construction specifications and ordinances and pay the cost of any modifications or revisions that are required to any existing Fishers facilities. The Developer shall pay Fishers' cost of reviewing the Developer's plans for the Utility Facilities, inspecting the installation of the Utility Facilities, and performing the testing (as required in Section 2.5 below). The Developer covenants and agrees to pay Fishers' inspection fees equal to eight percent (8%) of the actual documented costs of constructing the Utility Facilities, or respective phase thereof, which inspection fees shall be paid upon completion of construction of the Utility Facilities. To allow Fishers to determine inspection fees due and to properly account for the costs of the Utility Facilities, Developer shall provide Fishers with copies of all contracts, invoices, statements, material lists, payment requests, and any and all other documents pertaining to the construction of the Utility Facilities or phase thereof. The construction cost documentation shall be provided by the Developer on a monthly basis, or as otherwise approved by Fishers, as construction proceeds. The Developer will also be responsible for obtaining all applicable easements, permits, approvals, and consents required and in a form approved by Fishers for the construction of the Utility Facilities.

Section 2.4. Sampling and Flow Measuring Manholes. The Developer will install sampling and flow measuring manholes ("Manholes") at locations on the Property that are easily accessible by Fishers. Fishers will have access to the Manholes to sample and measure the flow from the Property.

Section 2.5. Testing and As-Built Drawings. The Developer will test any Utility Facilities as required by Fishers' construction standards and remedy any deficiencies as required by Fishers. Upon completion of the testing (and remediation of all deficiencies), the Developer will provide Fishers with three (3) sets of as-built drawings and copy of the electronic CAD files at a scale of 1'' = 100' showing the location of any Utility Facilities, including the taps.

Section 2.6. Bond and Developer Ownership of Utility Facilities During Maintenance Period. Prior to the dedication of any applicable Utility Facilities, the Developer must provide a three (3) year maintenance bond covering material and labor in an amount equal to twenty percent (20%) of the total cost of the Utility Facilities with a surety in terms that are acceptable to Fishers. During the three (3) year maintenance bond period, the Developer shall own the Utility Facilities or the respective phase thereof. Fishers shall, during that three (3) year period, be responsible for the operation, inspection, and routine and emergency maintenance of the Utility Facilities or the respective phase thereof. The Developer, as the owner, shall be responsible for all costs and expenses associated with repairing, replacing and non-routine maintenance of any portion of the Utility Facilities or the respective phase thereof, including but not limited to labor, materials and taxes (if applicable). For so long as the Developer owns the Utility Facilities or any respective phase or any portions thereof, Developer shall remain obligated for all costs to repair and/or replace the Utility Facilities in accordance with Fishers' construction specifications effective at the sanitary sewer construction plan approval. During such period, any necessary repairs and/or replacements for which Developer is obligated hereunder, shall be performed. Developer, or their contractor, shall have the right to perform the repairs and/or replacement if they choose. Otherwise, repairs and/or replacements shall be performed by Fishers or its contractor and the documented costs thereof reimbursed to Fishers by Developer. To the extent any repairs are not covered by the maintenance bond, the Developer shall be responsible for the expense of repair, replacement, and/or maintenance that occurs, either prior to acceptance of the Utility Facilities by Fishers or within the three (3) years the maintenance bond is in effect.

Section 2.7. Dedication of Utility Facilities and Easements. After the completion of the three (3) year maintenance bond period, the Developer agrees to dedicate the applicable distribution and transmission Utility Facilities, exclusive of any service laterals, to Fishers after final inspection by Fishers, interconnection of the Utility Facilities to Fishers' facilities, and acceptance of the same in Fishers' sole discretion. The dedication of Utility Facilities shall occur by the execution of a Bill of Sale in the form required by Fishers, a copy of which is attached as Exhibit B. The Developer shall also provide adequate and necessary easements for all Utility Facilities and related facilities in a form required by Fishers and shall record all necessary documents in the Hamilton County Recorder's Office. It is understood a portion of the easements shall be joint easements for sanitary and storm sewer. It is also understood the joint easements shall be acquired by Developer as the grantee who will then assign rights for the sanitary portion of the joint easement to Fishers. The Developer shall ensure that all facilities are located within the easements or right-of-way as approved by Fishers and shall be responsible for indemnifying Fishers and all costs associated with relocating facilities and/or easements in the event the facilities are not located within the easements or right-of-way.

Section 2.8. Indemnification of Fishers. Prior to beginning construction, the Developer must provide Fishers with certification that Fishers is an additional named insured on a policy insuring Fishers

against any and all claims for personal injury or property damage resulting from construction of any utility facilities. The Developer shall further indemnify and hold harmless Fishers against any and all such claims; and indemnify Fishers for all reasonable costs, including but not limited to reasonable attorneys' fees, incurred by Fishers as a result of any and all such claims.

Section 2.9. Use of Fishers' System. The Developer agrees to obtain sanitary sewer service only from Fishers; however, the Developer will refrain from discharging or using Fishers' sewer systems in any way which inhibits Fishers from providing service or causes damage to Fishers' facilities. The Developer is prohibited from working on or altering Fishers' facilities and the Developer will not permit or allow the unauthorized connection or extension of its facilities or any part of Fishers' system.

Section 2.10. Additional Easements. The Developer (and its successors and assigns) agrees to provide additional sanitary sewer easements (in, over, and across the Property) without additional compensation, and in a form reasonably acceptable to Fishers, to facilitate the provision of sewer service to future users in and around the Property to the extent such is necessary or appropriate for the use by future users. The exact location of the easements will be determined at a future date by the parties so as to minimally impact the reasonable use and/or anticipated development of the Property.

Section 2.11. Waiver of Annexation. This section is not applicable for projects located within the City of Noblesville.

ARTICLE III
MISCELLANEOUS

Section 3.1. Legal Description for Property. The Developer represents that the legal description attached hereto as Exhibit A and incorporated herein by reference is a true and accurate legal description of the Property.

Section 3.2. Binding on Successors and Assigns. The parties agree that Fishers' service touches and concerns the land, and the terms of this Agreement shall be binding upon and inure to the benefit of the parties hereto, as well as their grantees, successors, and assigns.

Section 3.3. Entire Agreement. This Agreement sets forth the entire agreement between the parties hereto, and fully supersedes any prior agreements or understandings between the parties pertaining to the subject matter hereof.

Section 3.4. Amendment and Waiver. Neither this Agreement, nor any term hereof, may be changed, modified, altered, waived, discharged, or terminated, except by written instrument. Failure to insist upon strict adherence to any term of this Agreement shall not be considered a waiver or deprive that party of the right thereafter to insist upon strict adherence to that term or any other term of this Agreement.

Section 3.5. Counterparts. This Agreement may be executed in counterparts, including facsimile or photocopy counterparts, each of which shall be deemed an original, but all of which taken together shall constitute a single document.

Section 3.6. Recordation. Developer and Fishers shall execute a memorandum of this Agreement, attached as Exhibit C, which shall be recorded by Developer. Fishers may further record this Agreement at Fishers' option, and Developer will execute all documents reasonably requested by Fishers for such recording.

Section 3.7. Authority of Parties. Each party and signatory hereto has the authority to enter into this Agreement and at all times has full authority to perform this Agreement. No further approval or consent by any other person or authority is required.

Section 3.8. Captions. The captions to this Agreement are for convenience of reference only and shall not be given any effect in the interpretation of this Agreement.

Section 3.9. Notices. All notices, consents and other communications (collectively, "Notices") shall be given to Fishers or the Developer in writing to the addresses set forth below:

Fishers:	City of Fishers, City Hall 1 Municipal Drive Fishers, IN 46038 Attn: Sewer Utility Director
With Copy To:	Lindsey M. Bennett City of Fishers, Administration 1 Municipal Drive Fishers, IN 46038
Developer:	JDF Greenfield, LLC Attn: Joe Farr 14074 Trade Center Drive, Suite 229 Fishers, IN 46038

Either party may change its address for Notices by giving written notice to the other party in accordance with this provision.

Section 3.10. Severability. If any provision of this Agreement is found by a court of competent jurisdiction to be illegal, invalid, or unenforceable, the remaining terms hereof will not be affected, and in lieu of each provision that is found to be illegal, invalid, or unenforceable, a provision will be added as part of this Agreement that is as similar to the illegal, invalid, or unenforceable provision as may be possible and be legal, valid, and enforceable.

Section 3.11. Governing Law. This Agreement shall be governed by and construed under the laws of the State of Indiana.

[*Signatures on Following Pages*]

"FISHERS"

CITY OF FISHERS, HAMILTON COUNTY, INDIANA, ACTING BY AND THROUGH ITS MUNICIPAL SEWER UTILITY

By:_____
Jonathan Valenta,
Fishers Sewer Utility Director

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared Jonathan Valenta, by me known to be the Sewer Utility Director for Fishers Sewer Utility, who acknowledged the execution of the foregoing " Sanitary Sewer Service Agreement" on behalf of the Fishers Sewer Utility.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

"**DEVELOPER"**

JDF Greenfield, LLC

By:_____

Printed:_____

Title:_____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of JDF Greenfield, LLC, who acknowledged the execution of the foregoing " Sanitary Sewer Service Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this ___ day of _____, 20__.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

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. Lindsey M. Bennett

This instrument was prepared by and after recording return to: Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

Exhibit A

[*Legal Description of the Property*]

Howe Campus Corner Secondary Plat

A part of the West half of the Northeast quarter of Section 20, Township 18 North, Range 5 East of the Second Principal Meridian, particularly described as follows: Beginning at the Northeast corner of the West half of the Northeast quarter of said Section 20, which is at the center of the public highway, and running thence North 89 degrees 45 minutes West along the North line of said Section 20, Township 18 North, Range 5 East, a distance of 481 feet to an iron pipe driven in the ground; thence South parallel with the East line of said Section 466 feet to an iron pipe driven in the ground; thence South 89 degrees 45 minutes East 481 feet to the East line of the West half of said Section, which is the center line of a county road; thence North along the East line of the West half of said Quarter section, and the center line of said road 466 feet to the place of beginning, containing 5.145 acres, more or less, in Hamilton County, Indiana.

EXCEPTING those rights of way conveyed to the City of Noblesville in Warranty Deed recorded as Instrument No. 200600016496 and subsequently conveyed to the Noblesville Redevelopment Authority in Quit-Claim Deed recorded as Instrument No. 200643187, in the Office of the Recorder of Hamilton County, Indiana, more particularly described as follows:
A part of the West half of the Northeast quarter of Section 20, Township 18 North, Range 5 East, Hamilton County, Indiana, and being part of the grantor's land, described as follows: Beginning at the Northeast corner of said half-quarter section; thence South 0 degrees 23 minutes 34 seconds East 466.00 feet along the East line of said half-quarter section to the Southeast corner of grantor's land; thence South 89 degrees 49 minutes 15 seconds West 60.00 feet along the South line of grantor's land to a point; thence South 0 degrees 23 minutes West 406.79 feet to a point; thence North 46 degrees 48 minutes 22 seconds West 84.20 feet to a point; thence Westerly 128.12 feet along an arc to the left having a radius of 5,900.00 feet and subtended by a long chord having a bearing of North 89 degrees 33 minutes 25 seconds West and a length 128.12 feet to a point on the North line of said half-quarter section; thence North 89 degrees 49 minutes 15 seconds East 249.10 feet along said North line to the point of beginning and containing 0.686 acres, more or less, inclusive of the presently existing right of way of Howe Road which contains 0.176 acres, more or less, for a net additional taking of 0.510 acres, more or less.

Exhibit B

[*Bill of Sale*]

Deed Cross-Reference: _____

BILL OF SALE AND EASEMENT DEDICATION

(Howe Campus Corner)

THIS BILL OF SALE AND EASEMENT DEDICATION (the "Bill of Sale") is executed and delivered as of the ____ day of _____, 20___, by JDF Greenfield, LLC ("Developer"), to and in favor of the City of Fishers, Hamilton County, Indiana ("City").

RECITALS:

A. Developer is the owner of and/or controls certain real property located in Hamilton County, Indiana, that is more particularly described on Exhibit 1 attached hereto and incorporated herein by reference (the "Property").

B. Developer and City entered into a Sanitary Sewer Service Agreement dated _____ ___, _____ (the "Agreement"), pursuant to which City agreed to provide sanitary sewer service to Developer's proposed development.

C. In order to receive service for the Property, Developer agreed in the Agreement to extend the City's sewage collection facilities ("Utility Facilities") to the Property.

D. As part of the Agreement, Developer also agreed to dedicate the Utility Facilities to the City upon their completion and satisfactory inspection by the City.

E. Developer agreed to assign the rights of the sanitary portion of any joint easement in which Utility Facilities have been installed to City.

F. Developer now desires to dedicate and transfer the Utility Facilities to the City.

NOW, THEREFORE, for Ten and No/100 Dollars ($10.00) paid Developer by City and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Developer agrees as follows:

1. Defined Terms. All capitalized terms used but not defined in this Bill of Sale, shall have the meaning ascribed in the Agreement.

2. Transfers. Developer hereby sells, transfers, and conveys the Utility Facilities to the City and its successors and assigns. Developer represents and warrants to the City that: (i) it has the right, power, and authority to transfer the Utility Facilities to the City, without obtaining the consent of any third party whose consent has not been obtained and written evidence thereof furnished to the City; (ii) the Utility Facilities are free of

all liens and encumbrances of any nature whatsoever; and (iii) Developer has received all necessary permits and approvals for the Utility Facilities, and such permits and approvals are final and no longer subject to appeal.

3. Easements. To the extent that the Utility Facilities are not located within the Easements dedicated to the City as required by the Agreement, Developer hereby gives, grants, warrants, and conveys to the City, its successors and assigns, a permanent easement lying 7 ½ feet along either side of the Utility Facilities (i.e., for a total of 15 feet) to construct, operate, inspect, maintain, and remove mains, ducts, or other related utility structures that are part of the Utility Facilities ("Easement Grant"). The Easement Grant shall include the right of the City, its employees, agents, and contractors to ingress and egress over the Property to accomplish the purposes set forth herein. Developer further represents and warrants to the City that it has the right and necessary authorization to enter into this Easement Grant, and that there are no encumbrances, liens, contracts, or options of any kind or character upon the Property which would prevent Developer from granting, warranting, and conveying to the City this Easement Grant.

4. Further Representations and Warranties. Developer hereby represents and warrants to the City that the City hereby has and will have the necessary access to operate, maintain, replace, and/or expand the Utility Facilities. To the extent necessary, Developer agrees to execute whatever documents necessary to ensure that the City has the requisite access to operate and maintain the Utility Facilities. The certified original cost of the Utility Facilities to be dedicated to the City under this Bill of Sale is _____ ($_____).

5. Binding on Successors and Assigns. The parties agree that the City's service touches and concerns the land and the terms of this Bill of Sale shall be binding upon and inure to the benefit of the parties hereto, as well as their successors and assigns.

IN WITNESS WHEREOF, Developer has caused this Bill of Sale to be executed as of the day and year first above written.

[*Signature on Following Page*]

JDF Greenfield, LLC

By:_____

Printed:_____

Title:_____

STATE OF INDIANA)
)SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of JDF Greenfield, LLC, who acknowledged the execution of the foregoing "Bill of Sale and Easement Dedication" on behalf of said entity.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires:
_____

_____
(Printed Signature)

My County of Residence:
_____

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. Lindsey M. Bennett

This instrument prepared by and after recording return to Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

Exhibit C

[*Memorandum of Agreement*]

MEMORANDUM OF AGREEMENT

(Howe Campus Corner)

This MEMORANDUM OF AGREEMENT ("Memorandum"), made and entered into this ____ day of _____, 20___, is by and between the City of Fishers, Hamilton County, Indiana, acting by and through its municipal sewer utility ("Fishers"), and JDF Greenfield, LLC ("Developer").

RECITALS:

A. Fishers and Developer have entered into a Sanitary Sewer Service Agreement dated as of an even date herewith ("Service Agreement").

B. Developer represents that it owns or controls certain real estate consisting of approximately 4.459 acres as described on the attached Exhibit 1 (the "Development").

C. The Service Agreement describes the terms and conditions upon which Fishers will provide sewer service to the Development.

D. Fishers and Developer desire to enter into and record this Memorandum acknowledging the existence of the rights and obligations of Fishers and Developer, and their grantees, successors, and assigns, with respect to the provision of sewer service to the Development.

NOW, THEREFORE, in consideration of the mutual promises set forth below, and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, the parties agree as follows:

1. Incorporation. The above and foregoing Recitals, including any defined term set forth therein, are hereby incorporated into and made a part of this Memorandum as if more fully restated herein.

2. Recordation. Upon final execution of this Memorandum, Developer will record this Memorandum at its cost in the chain-of-title for the Development.

3. Binding on Successors and Assigns. This Memorandum and the Service Agreement touch and concern the Development and shall be binding on Fishers and Developer's successors and assigns, including, without limitation, any future tenants or purchasers of the respective properties. Regardless of the name on the utility service account, the property owner is and may be held responsible for all rates and charges, including late fees and penalties, for utility service to the property.

4. Easements. In addition to the other terms and conditions in the Service Agreement, the Service Agreement includes a requirement that the Developer and its successors and assigns agree to provide additional sewer easements (in, over, and across the Development) to facilitate the provision of sewer service to future users in and around the Development. The exact location of the easements will be determined at a future date by the parties so as to minimally impact the reasonable use and/or anticipated development of the Development.

5. Information. Any person or entity desiring to obtain additional information about the terms and conditions upon which Fishers and Developer have agreed to extend sewer and water service to the Development may contact:

Fishers:	City of Fishers, City Hall 1 Municipal Drive Fishers, IN 46038 Attn: Sewer Utility Director
With Copy To:	Lindsey M. Bennett City of Fishers, Administration 1 Municipal Drive Fishers, IN 46038
Developer:	JDF Greenfield, LLC Attn: Joe Farr 14074 Trade Center Drive, Suite 229 Fishers, IN 46038

6. Memorandum. This Memorandum is prepared for recording to put all persons on notice of the existence of the Service Agreement and the rights and obligations of Fishers and Developer under such Service Agreement. Nothing contained herein shall be deemed to amend or modify the Service Agreement, and all terms set forth herein are subject to the terms and conditions of the Service Agreement.

IN WITNESS WHEREOF, the parties have caused this Memorandum of Agreement to be executed by its duly authorized representatives the day and year first written above.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

"**FISHERS"**

CITY OF FISHERS, HAMILTON COUNTY, INDIANA, ACTING BY AND THROUGH ITS MUNICIPAL SEWER UTILITY

By:_____
Jonathan Valenta,
Fishers Sewer Utility Director

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared Jonathan Valenta, by me known to be the Sewer Utility Director of the City of Fishers, who acknowledged the execution of the foregoing "Memorandum of Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

"**DEVELOPER"**

JDF Greenfield, LLC

By: _____

Printed: _____

Title: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of JDF Greenfield, LLC, who acknowledged the execution of the foregoing "Memorandum of Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

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. Lindsey M. Bennett

This instrument prepared by and after recording return to Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

EXHIBIT 1

[*Legal Description of Property*]

Howe Campus Corner Secondary Plat

A part of the West half of the Northeast quarter of Section 20, Township 18 North, Range 5 East of the Second Principal Meridian, particularly described as follows: Beginning at the Northeast corner of the West half of the Northeast quarter of said Section 20, which is at the center of the public highway, and running thence North 89 degrees 45 minutes West along the North line of said Section 20, Township 18 North, Range 5 East, a distance of 481 feet to an iron pipe driven in the ground; thence South parallel with the East line of said Section 466 feet to an iron pipe driven in the ground; thence South 89 degrees 45 minutes East 481 feet to the East line of the West half of said Section, which is the center line of a county road; thence North along the East line of the West half of said Quarter section, and the center line of said road 466 feet to the place of beginning, containing 5.145 acres, more or less, in Hamilton County, Indiana.

EXCEPTING those rights of way conveyed to the City of Noblesville in Warranty Deed recorded as Instrument No. 200600016496 and subsequently conveyed to the Noblesville Redevelopment Authority in Quit-Claim Deed recorded as Instrument No. 200643187, in the Office of the Recorder of Hamilton County, Indiana, more particularly described as follows:
A part of the West half of the Northeast quarter of Section 20, Township 18 North, Range 5 East, Hamilton County, Indiana, and being part of the grantor's land, described as follows: Beginning at the Northeast corner of said half-quarter section; thence South 0 degrees 23 minutes 34 seconds East 466.00 feet along the East line of said half-quarter section to the Southeast corner of grantor's land; thence South 89 degrees 49 minutes 15 seconds West 60.00 feet along the South line of grantor's land to a point; thence South 0 degrees 23 minutes West 406.79 feet to a point; thence North 46 degrees 48 minutes 22 seconds West 84.20 feet to a point; thence Westerly 128.12 feet along an arc to the left having a radius of 5,900.00 feet and subtended by a long chord having a bearing of North 89 degrees 33 minutes 25 seconds West and a length 128.12 feet to a point on the North line of said half-quarter section; thence North 89 degrees 49 minutes 15 seconds East 249.10 feet along said North line to the point of beginning and containing 0.686 acres, more or less, inclusive of the presently existing right of way of Howe Road which contains 0.176 acres, more or less, for a net additional taking of 0.510 acres, more or less.

RESOLUTION NO. R022525F

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A SANITARY SEWER AGREEMENT (HOWE CAMPUS CORNER)

WHEREAS, JDF Greenfield, LLC ("Developer"), is developing a new commercial development to be generally located at the corner of 146th Street and Howe Road in Noblesville, IN, Parcel No. 13-11-20-00-00-006.000containing approximately 4.459 acres (the "Property");

WHEREAS, Developer plans to construct a gas station, convenience store, and professional building known as Howe Campus Corner on the Property;

WHEREAS, Developer desires sanitary sewer service for the Property;

WHEREAS, in order to receive the desired service from the City of Fishers, by and through its municipal sewer utility ("Fishers"), the Developer will extend collection facilities to and on the Property and thereafter dedicate such facilities to Fishers;

WHEREAS, once the Developer completes the extensions, Fishers will be able to provide adequate capacity in Fishers' sewer systems to serve the Property;

WHEREAS, Developer desires to obtain a specific assignment of capacity within Fishers' sewer facilities; and

WHEREAS, Fishers desires to provide sanitary service to the Property subject to the execution of a certain Sanitary Sewer Service Agreement ("Service Agreement"), attached hereto and incorporated herein as Exhibit A.

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 in substantially similar form as Exhibit A, which is attached hereto and incorporated herein.

Section 2. The Board hereby authorizes Mayor to enter into and execute the Agreement and any and all documents in furtherance of the Agreement.

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 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: Kari Adriano DATE: 2/25/25

Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

SANITARY SEWER SERVICE AGREEMENT

(HOWE CAMPUS CORNER)

City of Fishers Sewer Utility

This Sanitary Sewer Service Agreement ("Agreement"), made and entered into this 25 day of February, 2025 ("Effective Date"), is between the City of Fishers, Hamilton County, Indiana, acting by and through its municipal sanitary sewer utility ("Fishers"), and JDF Greenfield, LLC ("Developer"), and is regarding the provision of sewer service to a new development to be generally located at the southwestern corner of East 146th Street and Howe Road in Noblesville, Indiana, 46038, Parcel No. 13-11-20-00-00-006.000.

RECITALS

A. Developer owns and/or controls approximately 4.459 acres legally described in Exhibit A attached hereto and incorporated herein (the "Property").

B. Developer plans to construct a gas station, convenience store, and professional building known as Howe Campus Corner.

C. The Developer desires sanitary sewer service for the Property.

D. In order to receive the desired service from Fishers, the Developer will extend collection facilities to and on the Property and thereafter dedicate such facilities to Fishers.

E. Once the Developer completes the extensions, Fishers will be able to provide adequate capacity in Fishers' sewer systems to serve the Property.

F. Developer desires to obtain a specific assignment of capacity within Fishers' sewer facilities.

NOW, THEREFORE, in consideration of the mutual agreement and covenants set forth below, and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, the parties agree as follows:

ARTICLE I
RIGHTS AND RESPONSIBILITIES OF FISHERS

Section 1.1. Specifications for Sewage Facilities. Prior to the beginning of construction, Fishers will provide the Developer with: (i) the locations, at Fishers' sole discretion, for the Property's connection to Fishers' sewer facilities; and (ii) a copy of Fishers' construction specifications for the construction of applicable and necessary distribution, collection, or other special sewer facilities to be constructed for connection and service to the Property (collectively, the "Utility Facilities").

Section 1.2. Approval of Plans for and Construction of Utility Facilities. Where applicable, Fishers may review and approve or reject any plans for the Utility Facilities.

Section 1.3. Compliance with Fishers' Specifications. Fishers shall have the authority during all phases of construction and inspection of any applicable Utility Facilities to enter upon the Property to inspect the Utility Facilities (with or without notice) and notify the Developer of any failure of materials or workmanship to meet Fishers' specifications and halt construction of Utility Facilities if Fishers' specifications are not being met. Fishers, in its sole discretion, shall also have the right to direct the Developer to submit change orders to the Developer's contractor to cure any defects in material or workmanship revealed by Fishers' inspection. Fishers may not accept waste from or provide service to the Property until such facilities are completed and any defects cured in accordance with Fishers' construction specifications.

Section 1.4. Provision of Service. Fishers agrees to accept up to three hundred (300) gallons per day of wastewater and provide service to the Property for each purchased equivalent dwelling unit ("EDU") of capacity, subject to: (i) timely and full payment by the Developer of all applicable rates and charges; (ii) all ordinances of the City of Fishers, and rules, regulations, and directives within the authority of Fishers; and (iii) compliance by the Developer with all provisions of this Agreement. Fishers will serve the Property following construction of any required facilities, connection, approval by Fishers, and payment of all applicable fees. The Developer's use of Fishers' services must be in conformance with all other applicable agreements and City of Fishers ordinances, rules, regulations, and directives relating to utility service. Fishers shall have the right to terminate this Agreement and use any capacity allocated herein for other customers if the Developer does not complete construction of waste producing structures and connect the Property within ten (10) years, or otherwise breaches the Agreement.

Section 1.5. Rates and Charges. Fishers will impose all of Fishers' prevailing rates and charges, including, but not limited to, the following:

a. Capacity fees;

b. Tap fees;

c. Monthly user rates;

d. Inspections and plan review fees; and

e. Any other fees that are subsequently enacted by ordinance.

Regardless of the name on the utility service account, the property owner is and may be held responsible for all rates and charges, including late fees and penalties, for utility service to any property.

Section 1.6. Right to Impose Additional Capacity Fees. Fishers reserves the right to impose additional capacity and other applicable fees in the event the Developer and/or any future owner/tenant changes its anticipated use, expands the Property or use thereof, adds additional structures, and/or hires additional employees which will result in wastewater flows in an amount in excess of the amounts anticipated herein. The amount of the additional fees shall be based upon the increased flows that are anticipated to be generated by the new use, expansion, and/or addition of new employees, and such fees shall be imposed at the rate and charge in effect at that time. Fishers reserves the right to require the Developer and/or any future owner/tenant to install flow meters and/or provide usage data from any and all sources of water supply to the Property.

Section 1.7. Construction and Maintenance of Utility Facilities. Fishers will not be responsible for any portion or cost of the design, construction, or installation of the Utility Facilities, and the parties agree that Fishers will not collect fees or reimburse the Developer for any portion of such costs (including but not limited to subsequent connector fees or other fees from users connecting to the Utility Facilities). Following dedication of any Utility Facilities and acceptance of such dedication by Fishers, Fishers will maintain and operate the accepted Utility Facilities subject to the other terms herein. The Developer (or subsequent property owner, where applicable) will own, maintain, and operate the Utility Facilities not dedicated to Fishers (including but not limited to service laterals).

Section 1.8. Right to Enter the Property. Fishers shall have the right to enter upon the Property and premises at all reasonable times to inspect, repair, and/or replace any equipment used in connection with, or which has an impact on, Fishers' service, provided that, except in the event of an emergency, Fishers will provide reasonable notice to Developer or any primary occupant of any inspection, repair or replacement prior to entry upon the Property. However, Fishers does not, in any way, have or assume any obligation to maintain any facilities on the Property or not owned by Fishers.

Section 1.9. Fishers' Liability. Absent gross negligence, Fishers will not be liable for any damage resulting from Fishers' sewer service on and around the Property, including, without limitation, damage caused by events of force majeure. For purposes of this Agreement, an event of force majeure means a strike, vandalism, power failure, pipe failure or breakage, lockout, labor dispute, embargo, flood, earthquake, storm, dust storm, lightning, fire, epidemic, act of God or nature, war, national emergency, civil disturbance, riot, act of sabotage or terrorism, restraint by court order or order of another governmental authority, or any other unexpected and/or uncontrollable events. Fishers shall further not be liable for service interruptions, which can and do occur. Fishers shall further not be liable for any indirect, special, incidental, or consequential damages.

Section 1.10. Recovery of Attorney Fees. Fishers is entitled to recover its costs including, but not limited to, reasonable attorneys' fees and court costs in any action brought to enforce the terms of this Agreement.

ARTICLE II
RIGHTS AND RESPONSIBILITIES OF THE DEVELOPER

Section 2.1. Cost of Installation and Facilities. The Developer shall be responsible for paying the cost of installing any and all facilities that are necessary for the provision of sanitary sewer service to the Property. When required by Fishers, the property owner shall also install grease traps that are in accordance with Fishers' specifications. The Developer or future property owner/tenant shall further take any other measures Fishers determines to be necessary to prevent excessive strength effluent from entering into Fishers' wastewater collection system. At Fishers' option, any Utility Facilities constructed pursuant to this Agreement may be oversized to meet future demands for service from areas outside the Property. Developer agrees to construct all Utility Facilities to a size or capacity as requested by Fishers. Developer further agrees, at Developer's expense, to terminate the above Utility Facilities at locations within and/or on the perimeter of the Property, as specified by Fishers, to facilitate access for said future service. Developer shall install, at Developer's expense, lateral stubs at locations within the Property specified by Fishers to facilitate access for said future service. Fishers agrees to pay, in accordance with its guidelines, as applicable in the year in which any phase of construction commences, the costs required to oversize any gravity main, or in the situation where a force main system is utilized and permitted by Fishers, any force main and related pump station, to a size larger than that necessary to serve the Property,

as determined by Fishers; provided, however, Developer agrees to pay, if requested by Fishers, the costs required to oversize gravity mains to a maximum size of ten inches (10'') in diameter or, in the situation where a force main system is utilized and permitted by Fishers, a size (both force main and pump station) equivalent in capacity to a ten inch (10") gravity sewer main. A copy of Fishers' oversizing guidelines are available upon request. The above oversizing costs shall be paid by Fishers upon the Developer's completion of construction or any respective phase thereof. However, notwithstanding the above, Fishers shall not pay for oversizing costs for an increase in pipe size due to grade or slope requirements as determined by Fishers Sewer Utility Director.

Section 2.2. Payment of Rates and Charges. The Developer shall be responsible for timely payment of Fishers' prevailing rates and charges, including: (i) a sewer capacity fee of Four Thousand Four Hundred Seventy-One and no/100 Dollars ($4,471) per EDU; (ii) a sewer tap fee of Three Hundred Five and no/100 Dollars ($305.00) per tap, exclusive of excavation, and a plan review fee of One Hundred and no/100 Dollars ($100.00) per EDU. Since this is a commercial development, the final sewer fees will be assessed with the commercial building permit and not as part of this Agreement. The Property owner, user, or customer at the time service is provided will be responsible for the respective monthly user fees, or other costs and fees that accrue.

The Developer (or ultimate property owner, user, or customer) will further pay additional tap or capacity fees or deduct from available credits, if applicable, based upon then prevailing rates if the Developer and/or any future owner/tenant adds additional taps and/or modifies, expands, or changes its use of the Property so as to discharge more sewage into Fishers' system, or Fishers otherwise determines that the Property is utilizing more capacity than was anticipated for purposes of this Agreement (See also Section 1.6). The Developer (or ultimate property owner, user, or customer) must also pay additional capacity and regional improvement fees if the strength of its sewage exceeds the limits set forth in Fishers' ordinances. If the Developer places an additional structure on the Property, additional capacity and tap fees will be owed for such structure at the then prevailing rates. Nothing contained herein shall prevent Fishers from prospectively adjusting its rates and charges as allowed under Indiana law.

Section 2.3. Plan Review and Construction of Utility Facilities. Prior to initiating construction of applicable Utility Facilities, the Developer must provide the plans and specifications for the Utility Facilities to Fishers (and/or its engineer) for review and approval or rejection. Once Fishers (and/or its engineer) approves the plans for the proposed Utility Facilities, the Developer shall install the Utility Facilities in accordance with Fishers' construction specifications and ordinances and pay the cost of any modifications or revisions that are required to any existing Fishers facilities. The Developer shall pay Fishers' cost of reviewing the Developer's plans for the Utility Facilities, inspecting the installation of the Utility Facilities, and performing the testing (as required in Section 2.5 below). The Developer covenants and agrees to pay Fishers' inspection fees equal to eight percent (8%) of the actual documented costs of constructing the Utility Facilities, or respective phase thereof, which inspection fees shall be paid upon completion of construction of the Utility Facilities. To allow Fishers to determine inspection fees due and to properly account for the costs of the Utility Facilities, Developer shall provide Fishers with copies of all contracts, invoices, statements, material lists, payment requests, and any and all other documents pertaining to the construction of the Utility Facilities or phase thereof. The construction cost documentation shall be provided by the Developer on a monthly basis, or as otherwise approved by Fishers, as construction proceeds. The Developer will also be responsible for obtaining all applicable easements, permits, approvals, and consents required and in a form approved by Fishers for the construction of the Utility Facilities.

Section 2.4. Sampling and Flow Measuring Manholes. The Developer will install sampling and flow measuring manholes ("Manholes") at locations on the Property that are easily accessible by Fishers. Fishers will have access to the Manholes to sample and measure the flow from the Property.

Section 2.5. Testing and As-Built Drawings. The Developer will test any Utility Facilities as required by Fishers' construction standards and remedy any deficiencies as required by Fishers. Upon completion of the testing (and remediation of all deficiencies), the Developer will provide Fishers with three (3) sets of as-built drawings and copy of the electronic CAD files at a scale of 1'' = 100' showing the location of any Utility Facilities, including the taps.

Section 2.6. Bond and Developer Ownership of Utility Facilities During Maintenance Period. Prior to the dedication of any applicable Utility Facilities, the Developer must provide a three (3) year maintenance bond covering material and labor in an amount equal to twenty percent (20%) of the total cost of the Utility Facilities with a surety in terms that are acceptable to Fishers. During the three (3) year maintenance bond period, the Developer shall own the Utility Facilities or the respective phase thereof. Fishers shall, during that three (3) year period, be responsible for the operation, inspection, and routine and emergency maintenance of the Utility Facilities or the respective phase thereof. The Developer, as the owner, shall be responsible for all costs and expenses associated with repairing, replacing and non-routine maintenance of any portion of the Utility Facilities or the respective phase thereof, including but not limited to labor, materials and taxes (if applicable). For so long as the Developer owns the Utility Facilities or any respective phase or any portions thereof, Developer shall remain obligated for all costs to repair and/or replace the Utility Facilities in accordance with Fishers' construction specifications effective at the sanitary sewer construction plan approval. During such period, any necessary repairs and/or replacements for which Developer is obligated hereunder, shall be performed. Developer, or their contractor, shall have the right to perform the repairs and/or replacement if they choose. Otherwise, repairs and/or replacements shall be performed by Fishers or its contractor and the documented costs thereof reimbursed to Fishers by Developer. To the extent any repairs are not covered by the maintenance bond, the Developer shall be responsible for the expense of repair, replacement, and/or maintenance that occurs, either prior to acceptance of the Utility Facilities by Fishers or within the three (3) years the maintenance bond is in effect.

Section 2.7. Dedication of Utility Facilities and Easements. After the completion of the three (3) year maintenance bond period, the Developer agrees to dedicate the applicable distribution and transmission Utility Facilities, exclusive of any service laterals, to Fishers after final inspection by Fishers, interconnection of the Utility Facilities to Fishers' facilities, and acceptance of the same in Fishers' sole discretion. The dedication of Utility Facilities shall occur by the execution of a Bill of Sale in the form required by Fishers, a copy of which is attached as Exhibit B. The Developer shall also provide adequate and necessary easements for all Utility Facilities and related facilities in a form required by Fishers and shall record all necessary documents in the Hamilton County Recorder's Office. It is understood a portion of the easements shall be joint easements for sanitary and storm sewer. It is also understood the joint easements shall be acquired by Developer as the grantee who will then assign rights for the sanitary portion of the joint easement to Fishers. The Developer shall ensure that all facilities are located within the easements or right-of-way as approved by Fishers and shall be responsible for indemnifying Fishers and all costs associated with relocating facilities and/or easements in the event the facilities are not located within the easements or right-of-way.

Section 2.8. Indemnification of Fishers. Prior to beginning construction, the Developer must provide Fishers with certification that Fishers is an additional named insured on a policy insuring Fishers

against any and all claims for personal injury or property damage resulting from construction of any utility facilities. The Developer shall further indemnify and hold harmless Fishers against any and all such claims; and indemnify Fishers for all reasonable costs, including but not limited to reasonable attorneys' fees, incurred by Fishers as a result of any and all such claims.

Section 2.9. Use of Fishers' System. The Developer agrees to obtain sanitary sewer service only from Fishers; however, the Developer will refrain from discharging or using Fishers' sewer systems in any way which inhibits Fishers from providing service or causes damage to Fishers' facilities. The Developer is prohibited from working on or altering Fishers' facilities and the Developer will not permit or allow the unauthorized connection or extension of its facilities or any part of Fishers' system.

Section 2.10. Additional Easements. The Developer (and its successors and assigns) agrees to provide additional sanitary sewer easements (in, over, and across the Property) without additional compensation, and in a form reasonably acceptable to Fishers, to facilitate the provision of sewer service to future users in and around the Property to the extent such is necessary or appropriate for the use by future users. The exact location of the easements will be determined at a future date by the parties so as to minimally impact the reasonable use and/or anticipated development of the Property.

Section 2.11. Waiver of Annexation. This section is not applicable for projects located within the City of Noblesville.

ARTICLE III
MISCELLANEOUS

Section 3.1. Legal Description for Property. The Developer represents that the legal description attached hereto as Exhibit A and incorporated herein by reference is a true and accurate legal description of the Property.

Section 3.2. Binding on Successors and Assigns. The parties agree that Fishers' service touches and concerns the land, and the terms of this Agreement shall be binding upon and inure to the benefit of the parties hereto, as well as their grantees, successors, and assigns.

Section 3.3. Entire Agreement. This Agreement sets forth the entire agreement between the parties hereto, and fully supersedes any prior agreements or understandings between the parties pertaining to the subject matter hereof.

Section 3.4. Amendment and Waiver. Neither this Agreement, nor any term hereof, may be changed, modified, altered, waived, discharged, or terminated, except by written instrument. Failure to insist upon strict adherence to any term of this Agreement shall not be considered a waiver or deprive that party of the right thereafter to insist upon strict adherence to that term or any other term of this Agreement.

Section 3.5. Counterparts. This Agreement may be executed in counterparts, including facsimile or photocopy counterparts, each of which shall be deemed an original, but all of which taken together shall constitute a single document.

Section 3.6. Recordation. Developer and Fishers shall execute a memorandum of this Agreement, attached as Exhibit C, which shall be recorded by Developer. Fishers may further record this Agreement at Fishers' option, and Developer will execute all documents reasonably requested by Fishers for such recording.

Section 3.7. Authority of Parties. Each party and signatory hereto has the authority to enter into this Agreement and at all times has full authority to perform this Agreement. No further approval or consent by any other person or authority is required.

Section 3.8. Captions. The captions to this Agreement are for convenience of reference only and shall not be given any effect in the interpretation of this Agreement.

Section 3.9. Notices. All notices, consents and other communications (collectively, "Notices") shall be given to Fishers or the Developer in writing to the addresses set forth below:

Fishers:	City of Fishers, City Hall 1 Municipal Drive Fishers, IN 46038 Attn: Sewer Utility Director
With Copy To:	Lindsey M. Bennett City of Fishers, Administration 1 Municipal Drive Fishers, IN 46038
Developer:	JDF Greenfield, LLC Attn: Joe Farr 14074 Trade Center Drive, Suite 229 Fishers, IN 46038

Either party may change its address for Notices by giving written notice to the other party in accordance with this provision.

Section 3.10. Severability. If any provision of this Agreement is found by a court of competent jurisdiction to be illegal, invalid, or unenforceable, the remaining terms hereof will not be affected, and in lieu of each provision that is found to be illegal, invalid, or unenforceable, a provision will be added as part of this Agreement that is as similar to the illegal, invalid, or unenforceable provision as may be possible and be legal, valid, and enforceable.

Section 3.11. Governing Law. This Agreement shall be governed by and construed under the laws of the State of Indiana.

[*Signatures on Following Pages*]

"FISHERS"

CITY OF FISHERS, HAMILTON COUNTY, INDIANA, ACTING BY AND THROUGH ITS MUNICIPAL SEWER UTILITY

By:_____
Jonathan Valenta,
Fishers Sewer Utility Director

STATE OF INDIANA)
) SS:
COUNTY OF Hamilton)

Before me, a Notary Public in and for said County and State, personally appeared Jonathan Valenta, by me known to be the Sewer Utility Director for Fishers Sewer Utility, who acknowledged the execution of the foregoing " Sanitary Sewer Service Agreement" on behalf of the Fishers Sewer Utility.

WITNESS my hand and Notarial Seal this 25 day of February, 2025

KARI E ADRIANO
Notary Public, State of Indiana
Hamilton County
Commission Number NP0738198
My Commission Expires
January 02, 2030

Kari E Adriano
Notary Public

Kari E. Adriano
(Printed Signature)

My Commission Expires:
January 2, 2030

My County of Residence:
Hamilton

"**DEVELOPER"**

JDF Greenfield, LLC

By:_____

Printed:_____

Title:_____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of JDF Greenfield, LLC, who acknowledged the execution of the foregoing " Sanitary Sewer Service Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this ___ day of _____, 20__.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

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. Lindsey M. Bennett

This instrument was prepared by and after recording return to: Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

Exhibit A

[*Legal Description of the Property*]

Howe Campus Corner Secondary Plat

A part of the West half of the Northeast quarter of Section 20, Township 18 North, Range 5 East of the Second Principal Meridian, particularly described as follows: Beginning at the Northeast corner of the West half of the Northeast quarter of said Section 20, which is at the center of the public highway, and running thence North 89 degrees 45 minutes West along the North line of said Section 20, Township 18 North, Range 5 East, a distance of 481 feet to an iron pipe driven in the ground; thence South parallel with the East line of said Section 466 feet to an iron pipe driven in the ground; thence South 89 degrees 45 minutes East 481 feet to the East line of the West half of said Section, which is the center line of a county road; thence North along the East line of the West half of said Quarter section, and the center line of said road 466 feet to the place of beginning, containing 5.145 acres, more or less, in Hamilton County, Indiana.

EXCEPTING those rights of way conveyed to the City of Noblesville in Warranty Deed recorded as Instrument No. 200600016496 and subsequently conveyed to the Noblesville Redevelopment Authority in Quit-Claim Deed recorded as Instrument No. 200643187, in the Office of the Recorder of Hamilton County, Indiana, more particularly described as follows:
A part of the West half of the Northeast quarter of Section 20, Township 18 North, Range 5 East, Hamilton County, Indiana, and being part of the grantor's land, described as follows: Beginning at the Northeast corner of said half-quarter section; thence South 0 degrees 23 minutes 34 seconds East 466.00 feet along the East line of said half-quarter section to the Southeast corner of grantor's land; thence South 89 degrees 49 minutes 15 seconds West 60.00 feet along the South line of grantor's land to a point; thence South 0 degrees 23 minutes West 406.79 feet to a point; thence North 46 degrees 48 minutes 22 seconds West 84.20 feet to a point; thence Westerly 128.12 feet along an arc to the left having a radius of 5,900.00 feet and subtended by a long chord having a bearing of North 89 degrees 33 minutes 25 seconds West and a length 128.12 feet to a point on the North line of said half-quarter section; thence North 89 degrees 49 minutes 15 seconds East 249.10 feet along said North line to the point of beginning and containing 0.686 acres, more or less, inclusive of the presently existing right of way of Howe Road which contains 0.176 acres, more or less, for a net additional taking of 0.510 acres, more or less.

Exhibit B

[*Bill of Sale*]

Deed Cross-Reference: _____

BILL OF SALE AND EASEMENT DEDICATION

(Howe Campus Corner)

THIS BILL OF SALE AND EASEMENT DEDICATION (the "Bill of Sale") is executed and delivered as of the ____ day of _____, 20___, by JDF Greenfield, LLC ("Developer"), to and in favor of the City of Fishers, Hamilton County, Indiana ("City").

RECITALS:

A. Developer is the owner of and/or controls certain real property located in Hamilton County, Indiana, that is more particularly described on Exhibit 1 attached hereto and incorporated herein by reference (the "Property").

B. Developer and City entered into a Sanitary Sewer Service Agreement dated _____ ___, _____ (the "Agreement"), pursuant to which City agreed to provide sanitary sewer service to Developer's proposed development.

C. In order to receive service for the Property, Developer agreed in the Agreement to extend the City's sewage collection facilities ("Utility Facilities") to the Property.

D. As part of the Agreement, Developer also agreed to dedicate the Utility Facilities to the City upon their completion and satisfactory inspection by the City.

E. Developer agreed to assign the rights of the sanitary portion of any joint easement in which Utility Facilities have been installed to City.

F. Developer now desires to dedicate and transfer the Utility Facilities to the City.

NOW, THEREFORE, for Ten and No/100 Dollars ($10.00) paid Developer by City and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Developer agrees as follows:

1. Defined Terms. All capitalized terms used but not defined in this Bill of Sale, shall have the meaning ascribed in the Agreement.

2. Transfers. Developer hereby sells, transfers, and conveys the Utility Facilities to the City and its successors and assigns. Developer represents and warrants to the City that: (i) it has the right, power, and authority to transfer the Utility Facilities to the City, without obtaining the consent of any third party whose consent has not been obtained and written evidence thereof furnished to the City; (ii) the Utility Facilities are free of

all liens and encumbrances of any nature whatsoever; and (iii) Developer has received all necessary permits and approvals for the Utility Facilities, and such permits and approvals are final and no longer subject to appeal.

3. Easements. To the extent that the Utility Facilities are not located within the Easements dedicated to the City as required by the Agreement, Developer hereby gives, grants, warrants, and conveys to the City, its successors and assigns, a permanent easement lying 7 ½ feet along either side of the Utility Facilities (i.e., for a total of 15 feet) to construct, operate, inspect, maintain, and remove mains, ducts, or other related utility structures that are part of the Utility Facilities ("Easement Grant"). The Easement Grant shall include the right of the City, its employees, agents, and contractors to ingress and egress over the Property to accomplish the purposes set forth herein. Developer further represents and warrants to the City that it has the right and necessary authorization to enter into this Easement Grant, and that there are no encumbrances, liens, contracts, or options of any kind or character upon the Property which would prevent Developer from granting, warranting, and conveying to the City this Easement Grant.

4. Further Representations and Warranties. Developer hereby represents and warrants to the City that the City hereby has and will have the necessary access to operate, maintain, replace, and/or expand the Utility Facilities. To the extent necessary, Developer agrees to execute whatever documents necessary to ensure that the City has the requisite access to operate and maintain the Utility Facilities. The certified original cost of the Utility Facilities to be dedicated to the City under this Bill of Sale is _____ ($_____).

5. Binding on Successors and Assigns. The parties agree that the City's service touches and concerns the land and the terms of this Bill of Sale shall be binding upon and inure to the benefit of the parties hereto, as well as their successors and assigns.

IN WITNESS WHEREOF, Developer has caused this Bill of Sale to be executed as of the day and year first above written.

[*Signature on Following Page*]

JDF Greenfield, LLC

By:_____

Printed:_____

Title:_____

STATE OF INDIANA)
)SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of JDF Greenfield, LLC, who acknowledged the execution of the foregoing "Bill of Sale and Easement Dedication" on behalf of said entity.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires:
_____

_____
(Printed Signature)

My County of Residence:
_____

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. Lindsey M. Bennett

This instrument prepared by and after recording return to Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

Exhibit C

[*Memorandum of Agreement*]

MEMORANDUM OF AGREEMENT

(Howe Campus Corner)

This MEMORANDUM OF AGREEMENT ("Memorandum"), made and entered into this ____ day of _____, 20___, is by and between the City of Fishers, Hamilton County, Indiana, acting by and through its municipal sewer utility ("Fishers"), and JDF Greenfield, LLC ("Developer").

RECITALS:

A. Fishers and Developer have entered into a Sanitary Sewer Service Agreement dated as of an even date herewith ("Service Agreement").

B. Developer represents that it owns or controls certain real estate consisting of approximately 4.459 acres as described on the attached Exhibit 1 (the "Development").

C. The Service Agreement describes the terms and conditions upon which Fishers will provide sewer service to the Development.

D. Fishers and Developer desire to enter into and record this Memorandum acknowledging the existence of the rights and obligations of Fishers and Developer, and their grantees, successors, and assigns, with respect to the provision of sewer service to the Development.

NOW, THEREFORE, in consideration of the mutual promises set forth below, and other good and valuable consideration, the receipt and sufficiency of which are hereby mutually acknowledged, the parties agree as follows:

1. Incorporation. The above and foregoing Recitals, including any defined term set forth therein, are hereby incorporated into and made a part of this Memorandum as if more fully restated herein.

2. Recordation. Upon final execution of this Memorandum, Developer will record this Memorandum at its cost in the chain-of-title for the Development.

3. Binding on Successors and Assigns. This Memorandum and the Service Agreement touch and concern the Development and shall be binding on Fishers and Developer's successors and assigns, including, without limitation, any future tenants or purchasers of the respective properties. Regardless of the name on the utility service account, the property owner is and may be held responsible for all rates and charges, including late fees and penalties, for utility service to the property.

4. Easements. In addition to the other terms and conditions in the Service Agreement, the Service Agreement includes a requirement that the Developer and its successors and assigns agree to provide additional sewer easements (in, over, and across the Development) to facilitate the provision of sewer service to future users in and around the Development. The exact location of the easements will be determined at a future date by the parties so as to minimally impact the reasonable use and/or anticipated development of the Development.

5. Information. Any person or entity desiring to obtain additional information about the terms and conditions upon which Fishers and Developer have agreed to extend sewer and water service to the Development may contact:

Fishers:	City of Fishers, City Hall 1 Municipal Drive Fishers, IN 46038 Attn: Sewer Utility Director
With Copy To:	Lindsey M. Bennett City of Fishers, Administration 1 Municipal Drive Fishers, IN 46038
Developer:	JDF Greenfield, LLC Attn: Joe Farr 14074 Trade Center Drive, Suite 229 Fishers, IN 46038

6. Memorandum. This Memorandum is prepared for recording to put all persons on notice of the existence of the Service Agreement and the rights and obligations of Fishers and Developer under such Service Agreement. Nothing contained herein shall be deemed to amend or modify the Service Agreement, and all terms set forth herein are subject to the terms and conditions of the Service Agreement.

IN WITNESS WHEREOF, the parties have caused this Memorandum of Agreement to be executed by its duly authorized representatives the day and year first written above.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

"FISHERS"

CITY OF FISHERS, HAMILTON COUNTY, INDIANA, ACTING BY AND THROUGH ITS MUNICIPAL SEWER UTILITY

By:_____
Jonathan Valenta,
Fishers Sewer Utility Director

STATE OF INDIANA)
) SS:
COUNTY OF Hamilton)

Before me, a Notary Public in and for said County and State, personally appeared Jonathan Valenta, by me known to be the Sewer Utility Director of the City of Fishers, who acknowledged the execution of the foregoing "Memorandum of Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this 25 day of February, 2025.

KARI E ADRIANO
Notary Public, State of Indiana
Hamilton County
Commission Number NP0738198
My Commission Expires
January 02, 2030

Kari E Adriano
Notary Public

Kari E. Adriano
(Printed Signature)

My Commission Expires:
January 2, 2030

My County of Residence:
Hamilton

"**DEVELOPER"**

JDF Greenfield, LLC

By: _____

Printed: _____

Title: _____

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, by me known to be the _____ of JDF Greenfield, LLC, who acknowledged the execution of the foregoing "Memorandum of Agreement" on behalf of said entity.

WITNESS my hand and Notarial Seal this _____ day of _____, 20___.

_____
Notary Public

_____
(Printed Signature)

My Commission Expires:

_____

My County of Residence:

_____

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. Lindsey M. Bennett

This instrument prepared by and after recording return to Lindsey M. Bennett, City Attorney, City of Fishers, Administration, 1 Municipal Drive, Fishers Indiana 46038.

EXHIBIT 1

[*Legal Description of Property*]

Howe Campus Corner Secondary Plat

A part of the West half of the Northeast quarter of Section 20, Township 18 North, Range 5 East of the Second Principal Meridian, particularly described as follows: Beginning at the Northeast corner of the West half of the Northeast quarter of said Section 20, which is at the center of the public highway, and running thence North 89 degrees 45 minutes West along the North line of said Section 20, Township 18 North, Range 5 East, a distance of 481 feet to an iron pipe driven in the ground; thence South parallel with the East line of said Section 466 feet to an iron pipe driven in the ground; thence South 89 degrees 45 minutes East 481 feet to the East line of the West half of said Section, which is the center line of a county road; thence North along the East line of the West half of said Quarter section, and the center line of said road 466 feet to the place of beginning, containing 5.145 acres, more or less, in Hamilton County, Indiana.

EXCEPTING those rights of way conveyed to the City of Noblesville in Warranty Deed recorded as Instrument No. 200600016496 and subsequently conveyed to the Noblesville Redevelopment Authority in Quit-Claim Deed recorded as Instrument No. 200643187, in the Office of the Recorder of Hamilton County, Indiana, more particularly described as follows:
A part of the West half of the Northeast quarter of Section 20, Township 18 North, Range 5 East, Hamilton County, Indiana, and being part of the grantor's land, described as follows: Beginning at the Northeast corner of said half-quarter section; thence South 0 degrees 23 minutes 34 seconds East 466.00 feet along the East line of said half-quarter section to the Southeast corner of grantor's land; thence South 89 degrees 49 minutes 15 seconds West 60.00 feet along the South line of grantor's land to a point; thence South 0 degrees 23 minutes West 406.79 feet to a point; thence North 46 degrees 48 minutes 22 seconds West 84.20 feet to a point; thence Westerly 128.12 feet along an arc to the left having a radius of 5,900.00 feet and subtended by a long chord having a bearing of North 89 degrees 33 minutes 25 seconds West and a length 128.12 feet to a point on the North line of said half-quarter section; thence North 89 degrees 49 minutes 15 seconds East 249.10 feet along said North line to the point of beginning and containing 0.686 acres, more or less, inclusive of the presently existing right of way of Howe Road which contains 0.176 acres, more or less, for a net additional taking of 0.510 acres, more or less.

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	2/25/2028	**RESOLUTION NO.**	R022525G
TITLE OF AGENDA ITEM	Request to Approve a Professional Services Agreement with A&FEngineering		
PRESENTER/DEPARTMENT	Hatem Mekky Director of 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.**	Attached is a professional services agreement with A&F Engineering to provide various engineering services. A&F Engineering has served in a consulting role with the city of fishers providing various engineering services to numerous departments including; Engineering, Public Works, Community Development, and Administration. This agreement perpetuates these services for calendar year 2025		
EXPENDITURE $	174,000		
BUDGETED $	174,000		
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:	LR&S 2020.4010.43100 & RIF 2708.40 $174,000 Yes	

Form Revised 01/14/2025

RESOLUTION NO. R022525G

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING PROFESSIONAL SERVICES AGREEMENT FOR ON CALL ENGINEERING SERVICES (A&F ENGINEERING)

WHEREAS, the City of Fishers, Hamilton County, Indiana ("City") desires to contract for engineering services required to furnish the City on an as-needed basis;

WHEREAS, A&F Engineering Co., LLC., ("Consultant") has expressed a willingness to provide services on an as-needed basis, which include but are not limited to the following: speed studies, 4-way stop control studies, preliminary signal warrant studies, queue length studies, trip generation studies, impact fee calculations, and attend various meetings on behalf of the City; and

WHEREAS, the City now desires to enter into a certain Professional Services Agreement with Consultant for on-call engineering services ("Agreement"), all as more particularly described in the Agreement, which is attached hereto and incorporated herein as Exhibit A.

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 in substantially similar form as Exhibit A, attached hereto and incorporated herein.

Section 2. The Board hereby designates 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 adoption and in accordance with Indiana law.

SO RESOLVED, by the City of Fishers Board of Public Works & Safety meeting this 25th day of February 2025.

BOARD OF PUBLIC WORKS &
SAFETY, CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

A PROFESSIONAL SERVICES AGREEMENT BY & BETWEEN A&F ENGINEERING CO., LLC. & THE CITY OF FISHERS, HAMILTON COUNTY, INDIANA

This Professional Services Agreements ("AGREEMENT"), is made and entered into this _____ day of December, 2024 ("EFFECTIVE DATE"), by and between the City of Fishers, Hamilton County, Indiana ("OWNER") and A&F Engineering Co., LLC ("ENGINEER"), and is regarding monthly on-call engineering services (the "PROJECT").

RECITALS

WHEREAS, OWNER desires to obtain professional design engineering services for the PROJECT;

WHEREAS, OWNER wishes to obtain these services according to time requirements which specify particular and definite deadlines;

WHEREAS, OWNER wishes to limit its review role of these services; and

WHEREAS, ENGINEER has expressed its willingness to provide these services within the specified time requirement and with a limited review role by OWNER.

NOW, THEREFORE, in consideration of the mutual promises, representations, warranties, covenants and responsibilities, OWNER and ENGINEER agree as follows:

ARTICLE 1
AUTHORITY TO EXECUTE AGREEMENT

Each party represents and warrants to the other party that:

a. The party is duly organized and existing in good standing under the laws of Indiana and has all requisite power and authority to carry out the obligations set forth in this Agreement.

b. The party has the power, authority, and legal right to enter into and perform its obligations set forth in this Agreement, and the execution, delivery, and performance whereof, have been duly authorized by all necessary action.

c. This Agreement has been duly entered into and delivered and constitutes a legal, valid, and binding obligation of the party, enforceable in accordance with its terms.

ARTICLE 2
ATTACHMENTS

The Attachments which accompany and form a part of this Agreement as of the date hereof are:

a. "Attachment A" consisting of the described services to be performed by ENGINEER.

b. "Attachment B" consisting of a list of key professional staff and subcontractors ENGINEER agrees to provide for the Project and the man-hours that will be devoted to the Project.

c. "Attachment C" consisting of a list of key staff OWNER agrees to provide for the Project.

d. "Attachment D" consisting of a schedule for completion of the milestone tasks of the Project.

e. "Attachment E" consisting of compensation for ENGINEER's services under this Agreement.

ARTICLE 3
INTENT AND INTERPRETATION

3.1 The "Agreement", as referred to herein, shall mean this Agreement executed by OWNER and ENGINEER, and shall include these Terms and Conditions, the Attachments described in Article 2 and attached hereto, and any written supplemental agreement or modification entered into between OWNER and ENGINEER, in writing, after the date of this Agreement.

3.2 In resolving conflicts, errors, discrepancies and disputes concerning the scope of the work or services to be performed by ENGINEER or other rights or obligation of OWNER or ENGINEER, the document or provision thereof expressing the greater quantity, quality or scope of service or imposing the greater obligation upon ENGINEER and affording the greater right or remedy to OWNER, shall govern; otherwise, precedence shall be given in the following order: provisions of these Terms and Conditions, provisions contained in any Attachment hereto and required provision contained in any governmental regulation incorporated herein by reference.

3.3 Any interpretation applied to this Agreement by the parties hereto, by an arbitrator, court of law, or by any other third party, shall not be made against OWNER solely by virtue of OWNER or OWNER'S representatives having drafted all or any portion of this Agreement.

3.4 This Agreement shall include, and incorporate by reference, any provision, covenant or condition required or provided by law or by regulation of any state or federal regulatory or funding agency.

ARTICLE 4
ENGINEER'S RESPONSIBLITIES

4.1 ENGINEER shall serve as OWNER'S professional representative in the design phase of the Project, and with respect to all services provided by ENGINEER hereunder, and will give consultation and advice to OWNER during the performance of such services.

4.2 ENGINEER shall perform professional services as stated in "Attachment A" of this Agreement, including normal civil, structural, mechanical, electrical and architectural services incidental thereto.

4.3 ENGINEER shall perform all services under this Agreement in a skillful and competent manner in accordance with normally accepted standards of the architectural and engineering professions and with that degree of care and skill which a professional engineer or architect would exercise under the same or similar circumstance. Without modifying the above standard, ENGINEER shall be responsible for the professional quality, technical accuracy, timely completion, and the coordination of all designs, drawings, specification, report, and other services furnished by ENGINEER under this Agreement.

4.4 ENGINEER shall, without additional compensation, correct or revise any errors or omissions in its designs, drawings, specifications, reports, or any other services.

4.5 Acceptance by OWNER or approval by any governmental regulatory or funding agency of drawings, designs, specifications, reports, and incidental engineering work, services or materials furnished hereunder shall not in any way relieve ENGINEER of its liability to OWNER or others for negligent acts, errors, omissions, or other deficiencies in the performance of services. OWNERS'S monitoring or acceptance of, or payment for, any of ENGINEER'S services shall not be construed to operate as a waiver of any rights under this Agreement or of any cause of action arising out of the performance of this Agreement by ENGINEER.

4.6 ENGINEER shall make all reasonable efforts to provide competent, capable, experience and suitably qualified personnel for the performance of all services. Any employee or representative of ENGINEER who, in the opinion of OWNER, does not perform its work in a proper and skillful manner, or is disrespectful, or otherwise objectionable, shall, at the written request of OWNER, be removed from performing any further services on behalf of OWNER.

4.7 ENGINEER shall provide to OWNER the key staff and subcontractors listed in "Attachment B" and shall make each person and subcontractor available to the Project for the duration of the Project. In the event any of the staff and subcontractors listed in "Attachment B" are not available to the Project, ENGINEER shall provide replacement personnel to the satisfaction of OWNER. OWNER may not unreasonably withhold its consent. A failure by ENGINEER to provide professional staff and subcontractors as required by the Article shall be considered a material breach of the Agreement.

4.8 ENGINEER shall be fully responsible for all negligent acts, errors or omissions of consultants and subcontractors and of person and organization directly or indirectly employed by ENGINEER, and of persons and organizations for whose acts any consultant may be liable to the same extent that ENGINEER is responsible for the negligent acts, errors or omissions of persons directly employed by ENGINEER. Nothing in this Agreement, nor any communication, directive, action or failure to act on the part of OWNER, shall create any contractual relationship between OWNER and any consultant or subcontractor having a contract with ENGINEER, nor shall it create any obligation on the part of OWNER to pay or to see to payment of any monies due any consultant or subcontractor to ENGINEER.

4.9 ENGINEER agrees to bind specifically every subcontractor and consultant to the applicable terms and conditions of this Agreement for the benefit of OWNER. ENGINEER shall obtain written acceptance form OWNER for all proposed subcontractor and subcontract agreements for any portion of the Scope of Work described in "Attachment A" and shall furnish copies of all executed subagreements.

ENGINEER shall include all subcontractors on "Attachment B". ENGINEER may not remove or otherwise substitute subcontractor indicated on "Attachment B" without consent of OWNER. A failure by ENGINEER to provide the subcontractor as required by this Article shall be considered a material breach of the Agreement.

4.10 To the extent the standard in Section 4.3 is met, ENGINEER'S responsibility under this Agreement shall not be diminished by new or advanced processes, methods, designs or technology recommended or utilized by ENGINEER for the Project.

4.11 ENGINEER'S submittals are subject to prompt monitoring and acceptance by OWNER for general compliance with the services described in "Attachment A". In the event that any submittal is not accepted by OWNER, OWNER shall notify ENGINEER in writing of its reasons for non-acceptance and may make suggested revisions. Upon receipt of said notification, the non-acceptance submittal shall be revised appropriately by ENGINEER until accepted by OWNER. If ENGINEER does not agree with OWNER's suggested revisions, ENGINEER shall submit its reasons therefor to OWNER in writing.

4.12 In the event that the performance of any services described in this Article of in "Attachment A" under this Agreement by ENGINEER shall require ENGINEER to use, consider, complete, or evaluate any designs, specifications, contract documents, reports, studies or other services provided to OWNER or ENGINEER by another architect, engineer or consultant, ENGINEER shall take reasonable and prudent steps to verify the technical accuracy of such items and shall report in writing to OWNER any conflict, error or discrepancy which may be discovered by such investigation and verification. ENGINEER shall assume all risks and bear all costs associated with any conflict, error, inaccuracy or discrepancy in such items which are not discovered by ENGINEER due to its failure to conduct such reasonable and prudent inquiry and study, or which are discovered by ENGINEER but not reported in writing to OWNER provided, however, that ENGINEER shall not be barred from actions against third parties. At the written request of ENGINEER,

the OWNER may assign to the ENGINEER all or any portion of the rights which the OWNER may possess to pursue remedies against the engineer, architect or consultant which provided the OWNER with said designs, specifications, contract documents, reports, studies, or other services. Such a request shall not be unreasonably denied.

4.13 ENGINEER shall fulfill the requirements of governing regulatory agencies as may be applicable to the work and services to be performed by ENGINEER described in this Article or in "Attachment A".

4.14 The liability of ENGINEER under this Article shall survive the expiration of this Agreement.

ARTICLE 5
OWNER'S RESPONSIBLITIES

5.1 Except to the extent that such responsibilities are otherwise waived or assumed by ENGINEER, OWNER shall take reasonable steps to:

5.1.1 Issue a written notice to proceed by January 1, 2024 for the initial task. If OWNER fails to issue the Notice to Proceed the OWNER shall extend the completion date as described in "Attachment D" one day for each day past the above date that the Notice to Proceed was not issued. ENGINEER agrees that said time extension shall be full accord and satisfaction for any and all expenses and damages ENGINEER may experience resulting from the delay. Each task assigned under this Agreement will have a separate Notice to Proceed.

5.1.2 Designate in writing a person to act as OWNER'S representative with respect to the services to be performed or furnished by ENGINEER under this Agreement. Subject to Article 22, such person will have authority to transmit instructions, receive information, interpret and define OWNER'S policies and decisions with respect to ENGINEER'S services for the Project. Said person as well or other key personnel are listed in "Attachment C".

5.1.3 Make available all information pertinent to the Project including previous reports and any other data relative to design and construction of the Project.

5.1.4 Furnish to ENGINEER, as required by ENGINEER for performance of its services, data prepared by or services of others.

5.1.5 Monitor all studies, reports, sketches, drawings, specifications, proposals and other documents presented by ENGINEER.

5.1.6 Pay cost for advertising and obtaining formal bids or proposals from contractor.

5.1.7 Provide such legal, accounting and insurance counseling services as may be required for the Project, and such auditing service as OWNER may require to ascertain how or for what purpose any contractor has used the monies paid to it under the construction contract.

5.1.8 Subject to the provisions of Section 4.11, and to the extent that persons providing report, data and other information to OWNER which OWNER furnishes to ENGINEER under this Article are responsible for their accuracy and completeness, OWNER shall be responsible for, and ENGINEER may rely upon, the accuracy and completeness of all said reports, data and other information.

5.1.9 Arrange for access to and make all provisions for ENGINEER to enter upon public and private property as required for ENGINEER to perform services under this Agreement.

5.1.10 Attend the pre-bid conference, bid opening and preconstruction conferences.

ARTICLE 6
COMPLETION SCHEDULE

6.1 The proposed schedule for the completion of the Project is presented in "Attachment D" and is made a part hereof.

6.2 ENGINEER shall adhere to all time limits stated in this Agreement or included in any accepted time schedule. All such time limits shall be of the essence to this Agreement.

6.3 In all events the various stages and phases of ENGINEER'S services are to be completed in such sequence and at such times, and with approved or agreed upon time limits, as may be required to assure the timely, continuous, efficient and diligent prosecution of the work and services provided for by this Agreement.

6.4 OWNER may at any time, by written order, make changes within the general scope of the Agreement in the services of work to be performed. If ENGINEER believes that such a change justifies an increase in ENGINEER'S contract time or contract price required to perform the series under this Agreement it must assert such claim in writing within thirty (30) days of receipt of OWNER'S written order giving rise to the claim. No claim for adjustment in the contract time or contract price will be valid if not submitted in accordance with this paragraph. No services for which ENGINEER will charge additional compensation shall be furnished without the written authorization of OWNER.

6.5 ENGINEER shall carry on all work required under this Agreement and maintain the schedule for services during all disputes or disagreements with OWNER. No work shall be delayed or postponed pending resolution of any disputes or disagreements except as permitted in Article 8, or as ENGINEER and OWNER may otherwise agree in writing.

6.6 If the commencement, prosecution or completion of the services under this Agreement, or of the construction of the Project is delayed by any act, omission, delay, neglect or default of ENGINEER, or anyone employed by ENGINEER, or by any damage or acts caused by

the negligent acts or omission by ENGINEER, then ENGINEER shall be liable to OWNER for any and all costs, assessments, expense, liabilities or damages caused thereby, in accordance with Section 4.8.

6.7 ENGINEER shall not be responsible for any time delays in the Project, or in the performance of services under this Agreement, to the extent such delays are caused solely by any act, omission, neglect or default of OWNER or anyone employed by OWNER, or by the unreasonable delay of any review agency or utility, or for any delay or damage caused by fire or the combined action of workers and which are in no way chargeable, in whole or in part, to ENGINEER, or by any other conditions or circumstances beyond the control of ENGINEER, its employee, agent, or other persons for whose acts or omissions ENGINEER is responsible. In the event of such delay, ENGINEER shall be entitled to an adjustment in the schedules or agreed time limitations for the performance of services, and this Agreement shall be modified in writing accordingly. Any claim of ENGINEER for adjustment under this cause must be asserted in writing within thirty (30) days from the date of the occurrence of the event giving rise to the claim, unless OWNER grants a further period of time before the date of final payment to ENGINEER. The adjustment of time for the performance of services, as provided in this paragraph, shall be ENGINEER's sole exclusive right, entitlement and remedy in the event of such delays, and ENGINEER shall have no claim against OWNER for adjustment for increase in costs of performance, or other damages occurred in connection therewith.

ARTICLE 7
INSURANCE

7.1 ENGINEER shall, as a condition precedent to this Agreement, purchase and thereafter maintain such insurance as will protect it and OWNER from the claims set forth below which may arise out of or result from ENGINEER'S operations under this Agreement, whether such operations be by ENGINEER or by its subcontractors or by anyone directly or indirectly employed by any of them, or by anyone directly for whose acts any of them may be liable:

1) Claims under Worker's Compensation and Occupational Disease Acts, and any other employee benefits acts applicable to the performance of the work;

2) Claims for damages because of bodily injury and personal injury, including death, and;

3) Claims for damages to property.

ENGINEER'S commercial general liability insurance shall also provide coverage for the following:

1) Contractual liability insurance as applicable to any hold-harmless agreements in the contract;

2) Products and completed operations;

3) Fellow employee Claims under personal injury;

4) Broadform liability;

5) Independent Contractors.

ENGINEER'S insurance shall not be less than the amounts shown below:

A.	Worker's Compensation & Disability	Statutory
B.	Employer's Liability	
	Bodily Injury Accident	$100,000 Each accident
	Bodily Injury by Disease	$500,000 Policy limit
	Bodily Injury by Disease	$1,000,000 Each employee
C.	Commercial General Liability (Occurrence Basis) Bodily injury, personal injury, property damage, contractual liability, products completed operations.	
	General Aggregate Limit (Other Than Products/Completed Operations)	$2,000,000
	Products/Completed Operations	$2,000,000
	Personal & Advertising	$1,000,000

	Injury Limit	
	Each Occurrence Limit	$1,000,000
	Damage to Rented Premises	$100,000 each occurrence
	Medical Expense Limit	$5,000
D.	Comprehensive Auto Liability (single Limit) (owned, hired & non-owned) Bodily injury & property damage	$1,000,000 $1,000,000 Each accident
E.	Umbrella Excess Liability	$1,000,000 Each occurrence And aggregate
F.	Professional Liability	$1,000,000 per claim And aggregate

7.2.1 Professional liability coverage, if available to the engineering profession, shall be in effect from the effective date of this Agreement and shall remain in effect continuously until the applicable statute of limitations has run. (Coverage Period). Coverage also shall extend to employees who may retire, transfer or otherwise cease employment with ENGINEER during the Coverage Period.

7.2.2 Professional liability policies may be either claims made or per occurrence.

7.2.3 Deductible on professional liability policies may be either per claim or per occurrence.

7.2.4 Professional liability coverage shall only be limited by a maximum annual aggregate. There shall be no limits on the number of amount of claims made against a specific Project.

7.3 With the prior approval of OWNER, ENGINEER, may substitute different types of coverage for those specified as long as the total amount of required protection is not reduced.

7.4 Copies of all above insurance policies and Certificates of Insurance, naming the City of Fishers as an "additional insured" (C. through E. only), including proof of required

Professional Liability Insurance, showing such coverage then in force (but not less than the amount shown above) shall be filed with OWNER prior to the effective date of this Agreement. These policies and Certificates shall contain a provision that coverages afforded under the policies will not be cancelled or not renewed until at least thirty (30) days after written notice has been given to OWNER.

7.5 Nothing in the above provisions shall operate as or be construed as limiting the amount of liability of ENGINEER to the above enumerated amounts.

7.6 Regardless of the nature of the policy or whether the deductible is per claim or per occurrence, all deductibles shall be the responsibility of ENGINEER.

7.7 Notwithstanding any other provision of this Agreement, ENGINEER shall provide all insurance coverage required by the documents provided by OWNER.

ARTICLE 8
COMPENSATION TO ENGINEER

8.1 For the services described in this Agreement or in "Attachment A", OWNER agrees to pay ENGINEER as per the provisions of "Attachment E", unless modified by an amendment to this Agreement.

8.2 No payment request or statement made pursuant to this Article shall exceed the estimated amount in value of the work and services performed by ENGINEER under this Agreement, which estimates shall be prepared by ENGINEER and supplemented or accompanies by such supporting data as may be required by OWNER.

8.3 Payment request by ENGINEER shall be submitted no more often than bi-monthly. The payment request shall be accompanied by a signed voucher and such supporting data as may be required by OWNER.

8.4 OWNER shall have the right to withhold from payments due ENGINEER such sums as necessary to protect OWNER against any loss, claim or damage which may result from the negligence or unsatisfactory work by ENGINEER, failure by ENGINEER to perform its obligations and responsibilities under this Agreement or claims filed against ENGINEER or OWNER relating to ENGINEER'S services or work. OWNER shall provide ENGINEER written notification of its reason for so withholding payments. When the grounds or causes for such withholding are removed, payment shall be made for amounts withheld because of them.

8.6 OWNER shall pay ENGINEER for the professional services supported by invoices and documentation. OWNER will pay the amount of the invoice within ninety (90) days of OWNER'S acknowledgement that invoice and documentation are acceptable. OWNER will give ENGINEER written notice within five (5) working days or receipt of the invoice and documentation if the invoice or documentation is not acceptable. OWNER is the sole judge as to the acceptability of the invoices and documentation.

8.7 If, prior to the satisfactory completion of services under this Agreement, the total costs incurred by ENGINEER are within 25% of the maximum amount payable, ENGINEER shall notify OWNER in writing. ENGINEER shall cease all work when the total costs incurred equal 95% of the maximum amount payable. Work will not recommence until ENGINEER receives written notice from OWNER and an adjusted maximum amount payable has been negotiated, if in the sole judgment of OWNER, such an adjustment is required. The ENGINEER shall not be entitled to compensation for unauthorized work over the maximum amount payable. This section shall not apply when the method of compensation described in Section 8.1 is lump sum.

8.8 Upon satisfactory completion of all work and services to be performed hereunder, and prior to final payment under this Agreement for such series, or prior to settlement upon termination of this Agreement, and as a condition precedent thereto, ENGINEER shall execute and deliver to OWNER a release of all claims against OWNER arising under or by virtue of this Agreement. In all events, the making and acceptance of final payment shall be conclusive as to OWNERS'S performance of the Agreement and shall constitute a waiver of all claims by ENGINEER against OWNER.

ARTICLE 9
TERMINATION BY OWNER

9.1 If ENGINEER becomes insolvent, or if it refuses or fails to perform the work and services provided by this Agreement, or if it refuses to perform disputed work or services as directed pending resolution of such dispute, or if it fails to make payments to subcontractors or consultants employed by it, or if it otherwise materially violates or fails to perform any term, covenant or provision of this Agreement, ENGINEER shall be considered in default, and OWNER may, without prejudice to any other right or remedy, terminate this Agreement in whole or in part, in writing, provided that ENGINEER shall be given; (1) not less than ten (10) calendar days written notice (delivered by certified mail, return receipt requested) of OWNERS'S intent to terminate; and (2) an opportunity for consultation with OWNER prior to termination, and a reasonable opportunity to cure the default. In determining the amount of final payment to be made to ENGINEER upon such termination for default, if any, no amount shall be allowed for anticipated profit on unperformed services or other work; furthermore, an adjustment shall be made to the extent of any additional costs incurred or reasonably foreseen by OWNER to be incurred by reason of ENGINEER'S default.

9.2 This Agreement may be terminated in whole or in part in writing by OWNER for OWNER'S convenience; provided that ENGINEER is given: (1) not less than TEN (10) calendar days written notice (delivered certified mail, return receipt requested) of intention to terminate; and (2) an opportunity for consultation with OWNER prior to termination. If termination for convenience is effected by OWNER, ENGINEER'S compensation shall provide for payment to ENGINEER for services rendered and expenses incurred prior to the termination. No amount shall be allowed for anticipated profit on unperformed services or other work.

9.3 Upon receipt of a termination action for default of for the OWNER'S convenience, ENGINEER shall: (1) promptly discontinue all services affected, unless the termination notice directs otherwise, and (2) deliver or otherwise make available to OWNER all data, drawings, specifications, reports, estimates, summaries, and such other information, materials or documents as may have been accumulated by ENGINEER in performing this Agreement, whether completed or in process.

9.4 If, after termination for ENGINEER'S default, it is determined that ENGINEER was not in default, the termination shall be deemed to have been effected for the convenience of OWNER.

9.5 Notwithstanding any other provision of this Agreement, if funds for the continued fulfillment of this Agreement by OWNER are at any time insufficient or not forthcoming through failure of any entity to appropriate funds or otherwise, then OWNER shall have the right to terminate this Agreement without written notice documenting the lack of funding, in which instance unless otherwise agreed to by the parties, this Agreement shall terminate and become null and void on the last day of the fiscal period for which appropriations were received. OWNER agrees that it will make its best efforts to obtain sufficient funds, including, but not limited to, requesting in its budget for each fiscal period during the term hereof sufficient funds to meet its obligations hereunder in full.

ARTICLE 10
TERMINATION BY ENGINEER

10.1 If OWNER fails to pay ENGINEER, within one hundred twenty (120) days after payment is due, ENGINEER may, after having given fifteen (15) days written notice, and if OWNER has not made payment, terminate this Agreement. In the event of such termination, OWNER shall compensate ENGINEER in accordance with the provisions of Sections 8.6 and 9.2 of this Agreement.

10.2 If OWNER requests ENGINEER to furnish or perform services contrary to ENGINEER'S responsibilities as a licensed designed professional, ENGINEER shall notify Director of OWNER of this request within three (3) days of the request being made. If Director renews request and request actually requires ENGINEER to act contrary to ENGINEER'S responsibilities as a license design professional, ENGINEER may terminate this Agreement upon seven (7) days written notice to OWNER. In the event of such termination, OWNER shall compensate ENGINEER in accordance with the provisions of Section 9.2 of this Agreement.

10.3 If ENGINEER loses the services of key personnel essential to the prosecution of this Agreement ENGINEER has the following options:

a. With the consent of OWNER, substitute other personnel. OWNER may not unreasonably withhold consent.

b. Terminate the Agreement.

However, if ENGINEER terminates the Agreement, OWNER may complete PROJECT in any manner deemed appropriate. ENGINEER shall be liable to OWNER for the difference between the cost of completing the PROJECT after termination and the contract price together with any incidental and consequential damages, but less expenses saved in consequence of ENGINEER'S termination.

ARTICLE 11
SUCCESSORS AND ASSIGNS

11.1 OWNER and ENGINEER each binds itself and its partners, successors, executors, administrators and assigns to the other party of this Agreement and to the partners, successors, executors, administrators and assigns of such other party, in respect to the promises, representations, acknowledgements, covenants and responsibilities contained in this Agreement.

11.2 Except as otherwise provided herein, ENGINEER shall not assign, sublet or transfer its interest in this Agreement without the written consent of OWNER.

11.3 Nothing herein shall be construes as creating any personal liability on the part of any officer or agent of OWNER.

ARTICLE 12
RECORDS; AUDIT

ENGINEER shall maintain books, records, documents and other evidence directly pertinent to performance of services under this Agreement in accordance with generally accepted accounting principles and practices consistently applied. ENGINEER shall also maintain the financial information and data used by ENGINEER in the submission or preparation of any cost submission, statement or summary submitted to OWNER or any funding agency. OWNER, or any agencies which have tendered grants for the Project, or any persons so designated by a granting agency shall, until the expiration of three (3) years after final payment under this agreement have access to and the right to examine, inspect, audit and copy directly pertinent books, documents, papers and records of ENGINEER involving any transaction related to this Agreement. To the extent that the person or entity which seeks to examine, inspect, audit and copy said documents is under the control of OWNER, said person or entity will provide ENGINEER with seventy-two (72) hours written notice. ENGINEER agrees to incorporate this provision into any subagreements executed by ENGINEER with others for work or services related to this PROJECT. The periods of access and examination as described herein shall continue until any disputes, claims or litigation arising out of the performance of this Agreement have been disposed of.

ARTICLE 13
OWNERSHIP OF DOCUMENTS

All drawings, specifications, computations, sketches, test data, survey results, models, photographs, renderings and other material relating to this Project, developed in the performance of this Agreement or prepared in connection therewith, are the property of OWNER and shall be delivered to OWNER, if requested by OWNER, upon completion of services or upon termination of this Agreement. With respect thereto, ENGINEER shall not assert or establish any right or claim under the design patent or copyright law. ENGINEER agrees that work done under this Agreement constitutes "work for hire" under copyright law, and OWNER shall retain the right to any design patent or copyright and may use any and all materials prepared by ENGINEER without reservation. In the event that any deliverables developed during this project are deemed not to be "works for hire" under copyright law, ENGINEER agrees, at no additional cost, to assign all right, title and interest, including copyright in and to such deliverables, to OWNER. The OWNER will not change or reuse any document for any project or purpose other than as described in the agreement without the written consent of the ENGINEER. However, the ENGINEER expressly acknowledges that the OWNER is a public agency and is subject to public access, disclosure and distribution laws, regulations and policies. ENGINEER acknowledges that OWNER will not treat this Agreement as confidential information. Use by the public of any document or the information contained therein, shall not be considered an act of the OWNER.

ARTICLE 14
NOTICES

When written notice is required by this Agreement it shall be sufficiently given, in the absence of a specific provision to the contrary, when delivered or sent by Unites States first-class mail to ENGINEER at its business address, or to OWNER or OWNER'S representative, or by personally delivering such notice to the party to be in receipt thereof.

ARTICLE 15
NONDISCLOSURE

Unless required by law, ENGINEER shall not divulge information concerning this Project to anyone, unless prior written approval is received from OWNER, and shall obtain similar agreements from persons and firms employed by it. OWNER reserves the right to release all information as well as to time its release, form and content. This requirement shall survive the expiration of this Agreement.

ARTICLE 16
OTHER CONSULTANTS

OWNER reserves the right to employ other engineers, architects and consultants in connection with the work or Project.

ARTICLE 17
REDUCTION FOR DEFECTIVE PRICING DATA

If OWNER determines that nay price, including profit, negotiated in connection with this Agreement or any cost reimbursable under this Agreement was increased because ENGINEER or any subcontractor furnished incomplete or inaccurate cost or pricing data or date not current as certified or represented in any submittal to OWNER or funding agencies, then such price or cost or profit shall be reduced accordingly and the Agreement shall be modified in writing to reflect such reduction.

ARTICLE 18
NON-CONTINGENT FEES

ENGINEER warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees. For breach or violation of this warranty, OWNER shall have the right to annul this Agreement without liability or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

ARTICLE 19
CHOICE OF FORUM

This Agreement shall be construed in accordance with the laws of the State of Indiana, and by all applicable Municipal Ordinance, Regulations, or Codes of the City of Fishers, County of Hamilton. Suit, if any, shall be brought in the State of Indiana, County of Hamilton.

ARTICLE 20
NON-DISCRIMINATION

20.1 ENGINEER and subcontractor shall not discriminate against any employees or applicant for employment, to be employed in the performance of this Agreement, with respect to her or his hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of her or his race, sex, sexual orientation, gender identity, religion, color, national origin, ancestry, age, or disability. Breach of this covenant may be regarded as a material breach of the Agreement.

20.2 ENGINEER represents for itself and all its subcontractors compliance with existing laws of the State of Indiana and the United States regarding the prohibition of discrimination in employment practices on the basis of race, sec, creed, color religion, national origin, ancestry, age, handicap, disabled veteran status.

ARTICLE 21
APPLICABLE LAWS

Subject to the provisions of the following paragraph, ENGINEER agrees to conform to all federal, state, and local laws, rules and regulations applicable to ENGINEER in performing work pursuant to this Agreement in force at the time of design, including, but not limited to, those relating to discrimination in employment, conflicts of interest, accounting records and requirements. Unless otherwise specified, this Agreement shall be governed by the laws of the State of Indiana, and all Municipal Ordinances, Resolutions, and Codes of the City of Fishers.

Compliance with any state or federal statute or local ordinance enacted or regulations promulgated thereunder after the effective date of this Agreement for which notice had been published prior to the execution by ENGINEER of this Agreement which affect the services of ENGINEER shall be the responsibility of ENGINEER without entitling ENGINEER to an increase in either time of performance or in contract price.

ARTICLE 22
AMENDMENTS.

This Agreement may be amended only by written instrument and signed by both OWNER and ENGINEER.

ARTICLE 23
SEVERABILITY

In the event any provision of this Agreement is determined by a court of jurisdiction or by the laws of the State of Indiana to be null and void, such provision shall be stricken and all other provisions which can be given effect independently of the stricken provision shall remain in full force and effect.

ARTICLE 24
CONFLICT OF INTEREST

ENGINEER certifies and warrants to OWNER that neither it, nor its agents, representatives or employees who will participate in any way in the performance of ENGINEER'S obligation hereunder has, or will have during the Project, any conflict of interest relative to the Project, direct or indirect, with OWNER. ENGINEER shall immediately notify OWNER if a conflict of interest should arise during the Project. Upon being so notified OWNER may either:

a. Waive the conflict

b. Terminate the Agreement according to Section 9.1

ARTICLE 25
REQUIRED DOCUMENTATION

25.1 ENGINEER shall furnish OWNER any documentation, certification, authorization, license, permit or registration required by the laws or rules and regulations of the City of Fishers, other units of local government, the State of Indiana, and the United States.

25.2 ENGINEER further represents that it is not and shall remain in good standing with such governmental agencies and that it will keep its license, permit, registration, authorization or certification in force during the term of this Agreement, to perform the services described in "Attachment A" and in this Agreement.

ARTICLE 26
INDEPENDENT CONTRACTOR STATUS

ENGINEER expressly understands and agrees that it is an independent contractor and that it is not an employee of the OWNER, and the OWNER is not to provide Worker's Compensation, health or accident insurance coverage or indemnification agreement of any kind which would cover ENGINEER or its employees, if any, in and under the terms of this Agreement.

ARTICLE 27
WAIVER

OWNER'S delay or inaction in pursuing its remedies set forth in this Agreement or available by law, shall not operate as a waiver of any of OWNER'S rights or remedies

ARTICLE 28
[intentionally omitted]

ARTICLE 29
ALLOCATION OF RISK

ENGINEER agrees to indemnify and hold harmless the City of Fishers, and its officers, agents, officials and employees for any and all claims, actions, causes of action, judgment and liens only to the extent they arise out of any negligent act or omission by ENGINEER or any of its officers, partners, agents, employees or subcontractors regardless of whether or not they are caused in part by the negligence of a party indemnified hereunder. Such indemnity shall include attorney's fees and all costs and other expenses arising therefrom or incurred in connection therewith and shall not be limited by reason of the enumeration of any insurance coverage required herein.

ARTICLE 30
TAXES

OWNER is exempt from state, federal and local taxes. OWNER will not be responsible for any taxes levied on ENGINEER as a result of this Agreement.

ARTICLE 31
RESTRICTIONS ON LOBBYING

If federal funds are to be used in connection with this Agreement, ENGINEER certifies, by signing and submitting this Agreement, to the best of its knowledge and belief that ENGINEER has complied with SECTION 1352, Title 31, U.S. Code, and specifically, that:

A. No federal appropriate funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal Contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal Contract, grant, loan, or cooperative agreement.

B. If any funds other than federal appropriate funds have been paid or will be paid to any person for influencing or attempting to influence of an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal Contract, grant, loan, or cooperative agreement the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

C. ENGINEER also certifies by signing this Agreement that it shall require that the language of this certification be included in all lower tier subcontracts which excess $100,000, and that all such sub recipients shall certify and disclose accordingly. Any person who fails to sign or file this required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each failure.

ARTICLE 32
MAINTAINING A DRUG-FREE WORKPLACE

32.1 ENGINEER hereby covenants and agrees to make a good faith effort to provide and maintain during the term of this Agreement a drug-free workplace, and that it will give written notice to OWNER within ten (10) days after receiving actual notice that an employee of ENGINEER has been convicted of a criminal drug violation occurring in ENGINEER'S workplace.

32.2 In addition to the provisions of Section 32.1 above, if the total contract amount set forth in this Agreement is in excess of $25,000.00, ENGINEER hereby further agrees that this Agreement is expressly subject to the terms, conditions and representations contained in the Drug-Free Workplace certification executed by ENGINEER in conjunction with this Agreement.

32.3 It is further expressly agreed that the failure of ENGINEER to in good faith comply with the terms of Section 32.1 above, or falsifying or otherwise violating the terms of this certification reference in Section 32.2 above, shall constitute a material breach of this Agreement, and shall entitle OWNER to impose sanctions against ENGINEER including, but not limited to, suspension of contract payments, termination of this Agreement and/or debarment of ENGINEER from doing further business with OWNER for up to three (3) years.

ARTICLE 33
DISPUTE RESOLUTION

Any disputes that may arise under this Agreement shall be resolved by the parties' respective executive officers, or their designees. Failing resolution by the executive officers, the parties shall submit the dispute to mediation. Suit, if any, shall be brought in the State of Indiana, Hamilton County. Owner and Engineer, to the extent provided by law, waive their right to a jury trial in any matter arising out of this Agreement and this waiver is absolute and unconditional.

ARTICLE 34
TERM OF AGREEMENT

This Agreement shall become effective upon completion of the following:

1. Delivery to OWNER and acceptance by OWNER, of the document required in Subsection 7.4, and

2. Latest date of execution by and required signatories and shall expire upon the successful completion and final acceptance of ENGINEER'S services, as set forth in this Agreement or "Attachment A", and OWNER'S payment therefore. In computing any period of time prescribed by this Agreement, the date of any notice to proceed shall not be included in such computation. The last day of any period of time prescribed in this agreement shall be included unless it is a Saturday, Sunday or legal holiday as established by ordinance of the Town of Fishers Council. In such cases, the period of time shall run until the end of business hours of OWNER on the next day that is not a Saturday Sunday, or a legal holiday as established by ordinance.

ARTICLE 35
NOTICE TO PROCEED

ENGINEER shall not begin work pursuant to this Agreement until it receives a Notice to Proceed from OWNER.

ARTICLE 36
INTEGRATION

This Agreement and the documents incorporated herein represent the entire understanding between and amount the parties hereto. The signing of this Agreement by the parties constitutes their mutual recognition that no other contracts or agreement regarding any of the services to be provided herein, oral or written, except as attached hereto or specifically incorporated herein, exists between them, and that if such oral or written contracts or agreements exist, such are hereby cancelled. Each party hereby represents to the other that it will not rely upon any agreement, contract or understanding not reduced to writing and incorporated in this Agreement prior to the execution thereof or not reduced to writing an incorporated in written amendments to this Agreement.

ARTICLE 37
DEBAREMENT AND SUSPENSION

ENGINEER certifies, by entering into this Agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarement, declared ineligible, or voluntarily excluded from or ineligible for participation in any Federal assistance program by any Federal department or agency, or by any department, agency, or political subdivision of the State of Indiana. The term "principal" for purposes of this Agreement means an officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the ENGINEER.

ENGINEER shall not subcontract with any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in any Federal assistance program by any Federal department or agency, or by any department, agency or political subdivision of the State of Indiana.

ENGINEER shall provide immediate written notice to OWNER if, at any time after entering into this Agreement, ENGINEER learns that its certification was erroneous when submitted, or ENGINEER is debarred, suspended, proposed for debarement, declared ineligible, voluntarily excluded from or becomes ineligible for participation in any Federal assistance program. Any such event shall be cause for termination of this Agreement as provided herein.

Licensor certifies, by entering into this Agreement, that it does not engage in investment activities in Iran as more particularly described in I.C. 5-22-16.5.

ARTICLE 38
E-VERIFY PROGRAM

Pursuant to I.C. 22-5-1.7, ENGINEER shall enroll in and verify the work eligibility status of all newly hired employees of ENGINEER through the E-Verify Program("Program").

ENGINEER is not required to verify the work eligibility status of all newly hired employees through the Program if the Program no longer exists.

A. ENGINEER and its subcontractors shall not knowingly employ or contract with an unauthorized alien or retain an employee or contract with a person that ENGINEER or its subcontractor subsequently learns is an unauthorized alien. If ENGINEER violates this Article, OWNER shall require ENGINEER to remedy the violation not later than thirty (30) days after OWNER notifies ENGINEER. If ENGINEER fails to remedy the violation within the thirty (30) day period, OWNER shall terminate the contract for breach of contract. If OWNER terminates the contract, ENGINEER shall, in addition to any other contractual remedies, be liable to OWNER for actual damages. There is a rebuttable presumption that ENGINEER did not knowingly employ an unauthorized alien if ENGINEER verified the work eligibility status of the employee through the Program.

B. If ENGINEER employs or contracts with an unauthorized alien but OWNER determines that terminating the contract would be detrimental to the public interest or public property, OWNER may allow the contract to remain in effect until OWNER procures a new contractor.

C. ENGINEER shall, prior to performing any work, require each subcontractor to certify to Contractor that the subcontractor does not knowingly employ or contract with an unauthorized alien and has enrolled in the Program. ENGINEER shall maintain on file a certification from each subcontractor throughout the duration of the contract. If ENGINEER determines that a subcontractor is in violation of this Article, ENGINEER may terminate its contract with the subcontractor for such violation.

D. Pursuant to I.C. 22-5-1.7 a fully executed affidavit affirming that the business entity does not knowingly employ an unauthorized alien and confirming ENGINEER's enrollment in the Program, unless the Program no longer exists, shall be filed with OWNER prior to the execution of this Agreement. This Agreement shall not be deemed fully executed until such affidavit if filed with OWNER.

The remainder of this page is intentionally blank.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effecive Date as follows:

ENGINEER
A&F Engineering Co., LLC

By:_____

Printed: Steven J. Fehribach, P.E. .

Title: President .

OWNER
City of Fishers, Indiana
Board of Public Works and Safety

_____
Member

_____
Member

_____
Member

_____
Attest

ATTACHMENT A

SERVICES BY ENGINEER

The ENGINEER shall provide services as noted below:

A. PROFESSIONAL SERVICES

The following is a list of services that may be included as part of the monthly retainer fee. The monthly retainer agreement is to provide the LOCAL PUBLIC AGENCY of Fishers with Professional Engineering Services on a as needed basis. All items listed are services that have been previously provided to the LOCAL PUBLIC AGENCY. The items listed below are examples of work previously conducted for the LOCAL PUBLIC AGENCY. These items are conducted on an as needed basis, but the intent is not to cover all intersections or roadways within the LOCAL PUBLIC AGENCY limits.

B. STUDIES

- Speed Studies
- 4-Way Stop Control Studies
- Preliminary Signal Warrant Studies
- Development Traffic Assessments
- Left-Turn Lane Requirement Studies
- Right-Turn Lane Requirement Studies
- Queue Length Studies
- Trip Generation Studies for Impact Fees

C. MISCELLANEOUS

- Coordinate Consultation and Equipment Needs/Upgrades with Signal Supplier
- Maintain Signal Timing for Adaptive Control System
- Pavement Marking Layout
- Pavement Marking Design
- Preliminary Intersection Design
- Review Intersections for Lane Configuration
- 24 Hour Traffic Volume Counts
- Peak Hour Traffic Volumes Counts
- Impact Fee Calculations

D. MEETINGS

- Preliminary Technical Advisory Meetings
- Technical Advisory Meetings
- Impact Fee Appeals Board Meetings
- Preliminary Impact Fee Board Meeting
- Development Meeting to Review Proposed Development Plans and Roadway Plans
- Plan Commission
- City Council Meetings
- INDOT Meetings

E. ADDITIONAL SERVICES – NOT INCLUDED IN MONTHLY RETAINER FEE

For all design services, a lump sum contract will be provided. The design contract shall include signal design, roadway design, storm sewer design and final traffic signal warrant analysis.

ATTACHMENT B

KEY STAFF OF ENGINEER

ENGINEER shall include all subcontractors on "Attachment B". ENGINEER may not remove or otherwise substitute subcontractors indicated on "Attachment B" without consent of OWNER. A failure by ENGINEER to provide the subcontractors as required by this Article shall be considered a material breach of the Agreement.

Matt Brown, P.E., PTOE
Vice President
A&F Engineering Co., LLC
8365 Keystone Crossing, Suite 201
Indianapolis, Indiana 46240

Steven J. Fehribach, P.E.
President
A&F Engineering Co., LLC
8365 Keystone Crossing, Suite 201
Indianapolis, Indiana 46240

ATTACHMENT C

KEY STAFF OF OWNER

Hatem Mekky, P.E.
Director of Engineering
City of Fishers
1 Municipal Drive
Fishers, Indiana 46038

ATTACHMENT D

SCHEDULE

All work by ENGINEER under this Agreement shall be completed and delivered to the OWNER on dates assigned by OWNER for each task (individually or collectively, the "COMPLETION DATE").

ATTACHMENT E

COMPENSATION TO ENGINEER

A. Amount of Payment

1. The CONSULTANT shall receive as payment for the work performed under this CONTRACT a monthly fee of $14,500.00, unless a modification of the Agreement is approved in writing by the LOCAL PUBLIC AGENCY.

B. Additional Services

The fees to provide additional services, if required will be billed on the basis of an hourly rate schedule as shown in the hourly rate schedule found in APPENDIX "E-1". However, a lump sum or maximum fee will be offered if the scope of work for any additional services can be defined.

C. Method of Payment

Payment shall be made by the LOCAL PUBLIC AGENCY to the CONSULTANT each month as the work progresses.

APPENDIX "E-1"

SCHEDULE OF COMPENSATION

A&F ENGINEERING CO., LLC

2024 HOURLY RATE SCHEDULE

Classification	Hourly Rates
Principal	$ 300.00
Vice President	$ 295.00
Project Manager	$ 200.00
Transportation Engineer	$ 185.00
Traffic Engineer	$ 165.00
Designer	$ 185.00
Traffic Counter	$ 125.00
CADD Technician	$ 140.00

E-Veriy Affidavit

Pursuant to Indiana Code section 22-5-1.7-11, the Contractor entering into a contact with the City is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify program. The Contractor is not required to verify the work eligibility status of all its newly hired employees though the E-Verify program if the E-Verify program no longer exists.

The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor does not knowingly employ an unauthorized alien. The undersigned further affirms that, prior to entering into its contract with the City of Fishers, the undersigned Contractor will enroll in and agrees to verify the work eligibility of all its newly hired employees through the E-Verify program.

(Contractor): A&F Engineering Co., LLC

By (Written Signature): [signature]

(Printed Name): Steven J. Fehribach, P.E.

(Title): President

Important – Notary Signature Required in the Space Below

STATE OF Indiana

SS:

COUNTY OF Marion

Subscribed and sworn to before me this 12th day of December,

2024.

My commission expires: 2/13/2030

(Signed): [signature]

Residing in Hancock

County, State of Indiana

AMANDA LEIGH YATER
Notary Public, State of Indiana
Hancock County
Commission Number NP0739142
My Commission Expires
February 13, 2030

RESOLUTION NO. R022525G

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING PROFESSIONAL SERVICES AGREEMENT FOR ON CALL ENGINEERING SERVICES (A&F ENGINEERING)

WHEREAS, the City of Fishers, Hamilton County, Indiana ("City") desires to contract for engineering services required to furnish the City on an as-needed basis;

WHEREAS, A&F Engineering Co., LLC., ("Consultant") has expressed a willingness to provide services on an as-needed basis, which include but are not limited to the following: speed studies, 4-way stop control studies, preliminary signal warrant studies, queue length studies, trip generation studies, impact fee calculations, and attend various meetings on behalf of the City; and

WHEREAS, the City now desires to enter into a certain Professional Services Agreement with Consultant for on-call engineering services ("Agreement"), all as more particularly described in the Agreement, which is attached hereto and incorporated herein as Exhibit A.

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 in substantially similar form as Exhibit A, attached hereto and incorporated herein.

Section 2. The Board hereby designates 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 adoption and in accordance with Indiana law.

SO RESOLVED, by the City of Fishers Board of Public Works & Safety meeting this 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY, CITY OF FISHERS HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: Kari Adriano
Kari Adriano, Board Clerk

DATE: 2/25/25

CITY OF FISHERS SEAL INDIANA

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

A PROFESSIONAL SERVICES AGREEMENT BY & BETWEEN A&F ENGINEERING CO., LLC. & THE CITY OF FISHERS, HAMILTON COUNTY, INDIANA

This Professional Services Agreements ("AGREEMENT"), is made and entered into this 25 day of ~~December, 2024~~ February, 2025 ("EFFECTIVE DATE"), by and between the City of Fishers, Hamilton County, Indiana ("OWNER") and A&F Engineering Co., LLC ("ENGINEER"), and is regarding monthly on-call engineering services (the "PROJECT").

RECITALS

WHEREAS, OWNER desires to obtain professional design engineering services for the PROJECT;

WHEREAS, OWNER wishes to obtain these services according to time requirements which specify particular and definite deadlines;

WHEREAS, OWNER wishes to limit its review role of these services; and

WHEREAS, ENGINEER has expressed its willingness to provide these services within the specified time requirement and with a limited review role by OWNER.

NOW, THEREFORE, in consideration of the mutual promises, representations, warranties, covenants and responsibilities, OWNER and ENGINEER agree as follows:

ARTICLE 1
AUTHORITY TO EXECUTE AGREEMENT

Each party represents and warrants to the other party that:

a. The party is duly organized and existing in good standing under the laws of Indiana and has all requisite power and authority to carry out the obligations set forth in this Agreement.

b. The party has the power, authority, and legal right to enter into and perform its obligations set forth in this Agreement, and the execution, delivery, and performance whereof, have been duly authorized by all necessary action.

c. This Agreement has been duly entered into and delivered and constitutes a legal, valid, and binding obligation of the party, enforceable in accordance with its terms.

ARTICLE 2
ATTACHMENTS

The Attachments which accompany and form a part of this Agreement as of the date hereof are:

a. "Attachment A" consisting of the described services to be performed by ENGINEER.

b. "Attachment B" consisting of a list of key professional staff and subcontractors ENGINEER agrees to provide for the Project and the man-hours that will be devoted to the Project.

c. "Attachment C" consisting of a list of key staff OWNER agrees to provide for the Project.

d. "Attachment D" consisting of a schedule for completion of the milestone tasks of the Project.

e. "Attachment E" consisting of compensation for ENGINEER's services under this Agreement.

ARTICLE 3
INTENT AND INTERPRETATION

3.1 The "Agreement", as referred to herein, shall mean this Agreement executed by OWNER and ENGINEER, and shall include these Terms and Conditions, the Attachments described in Article 2 and attached hereto, and any written supplemental agreement or modification entered into between OWNER and ENGINEER, in writing, after the date of this Agreement.

3.2 In resolving conflicts, errors, discrepancies and disputes concerning the scope of the work or services to be performed by ENGINEER or other rights or obligation of OWNER or ENGINEER, the document or provision thereof expressing the greater quantity, quality or scope of service or imposing the greater obligation upon ENGINEER and affording the greater right or remedy to OWNER, shall govern; otherwise, precedence shall be given in the following order: provisions of these Terms and Conditions, provisions contained in any Attachment hereto and required provision contained in any governmental regulation incorporated herein by reference.

3.3 Any interpretation applied to this Agreement by the parties hereto, by an arbitrator, court of law, or by any other third party, shall not be made against OWNER solely by virtue of OWNER or OWNER'S representatives having drafted all or any portion of this Agreement.

3.4 This Agreement shall include, and incorporate by reference, any provision, covenant or condition required or provided by law or by regulation of any state or federal regulatory or funding agency.

ARTICLE 4
ENGINEER'S RESPONSIBLITIES

4.1 ENGINEER shall serve as OWNER'S professional representative in the design phase of the Project, and with respect to all services provided by ENGINEER hereunder, and will give consultation and advice to OWNER during the performance of such services.

4.2 ENGINEER shall perform professional services as stated in "Attachment A" of this Agreement, including normal civil, structural, mechanical, electrical and architectural services incidental thereto.

4.3 ENGINEER shall perform all services under this Agreement in a skillful and competent manner in accordance with normally accepted standards of the architectural and engineering professions and with that degree of care and skill which a professional engineer or architect would exercise under the same or similar circumstance. Without modifying the above standard, ENGINEER shall be responsible for the professional quality, technical accuracy, timely completion, and the coordination of all designs, drawings, specification, report, and other services furnished by ENGINEER under this Agreement.

4.4 ENGINEER shall, without additional compensation, correct or revise any errors or omissions in its designs, drawings, specifications, reports, or any other services.

4.5 Acceptance by OWNER or approval by any governmental regulatory or funding agency of drawings, designs, specifications, reports, and incidental engineering work, services or materials furnished hereunder shall not in any way relieve ENGINEER of its liability to OWNER or others for negligent acts, errors, omissions, or other deficiencies in the performance of services. OWNERS'S monitoring or acceptance of, or payment for, any of ENGINEER'S services shall not be construed to operate as a waiver of any rights under this Agreement or of any cause of action arising out of the performance of this Agreement by ENGINEER.

4.6 ENGINEER shall make all reasonable efforts to provide competent, capable, experience and suitably qualified personnel for the performance of all services. Any employee or representative of ENGINEER who, in the opinion of OWNER, does not perform its work in a proper and skillful manner, or is disrespectful, or otherwise objectionable, shall, at the written request of OWNER, be removed from performing any further services on behalf of OWNER.

4.7 ENGINEER shall provide to OWNER the key staff and subcontractors listed in "Attachment B" and shall make each person and subcontractor available to the Project for the duration of the Project. In the event any of the staff and subcontractors listed in "Attachment B" are not available to the Project, ENGINEER shall provide replacement personnel to the satisfaction of OWNER. OWNER may not unreasonably withhold its consent. A failure by ENGINEER to provide professional staff and subcontractors as required by the Article shall be considered a material breach of the Agreement.

4.8 ENGINEER shall be fully responsible for all negligent acts, errors or omissions of consultants and subcontractors and of person and organization directly or indirectly employed by ENGINEER, and of persons and organizations for whose acts any consultant may be liable to the same extent that ENGINEER is responsible for the negligent acts, errors or omissions of persons directly employed by ENGINEER. Nothing in this Agreement, nor any communication, directive, action or failure to act on the part of OWNER, shall create any contractual relationship between OWNER and any consultant or subcontractor having a contract with ENGINEER, nor shall it create any obligation on the part of OWNER to pay or to see to payment of any monies due any consultant or subcontractor to ENGINEER.

4.9 ENGINEER agrees to bind specifically every subcontractor and consultant to the applicable terms and conditions of this Agreement for the benefit of OWNER. ENGINEER shall obtain written acceptance form OWNER for all proposed subcontractor and subcontract agreements for any portion of the Scope of Work described in "Attachment A" and shall furnish copies of all executed subagreements.

ENGINEER shall include all subcontractors on "Attachment B". ENGINEER may not remove or otherwise substitute subcontractor indicated on "Attachment B" without consent of OWNER. A failure by ENGINEER to provide the subcontractor as required by this Article shall be considered a material breach of the Agreement.

4.10 To the extent the standard in Section 4.3 is met, ENGINEER'S responsibility under this Agreement shall not be diminished by new or advanced processes, methods, designs or technology recommended or utilized by ENGINEER for the Project.

4.11 ENGINEER'S submittals are subject to prompt monitoring and acceptance by OWNER for general compliance with the services described in "Attachment A". In the event that any submittal is not accepted by OWNER, OWNER shall notify ENGINEER in writing of its reasons for non-acceptance and may make suggested revisions. Upon receipt of said notification, the non-acceptance submittal shall be revised appropriately by ENGINEER until accepted by OWNER. If ENGINEER does not agree with OWNER's suggested revisions, ENGINEER shall submit its reasons therefor to OWNER in writing.

4.12 In the event that the performance of any services described in this Article of in "Attachment A" under this Agreement by ENGINEER shall require ENGINEER to use, consider, complete, or evaluate any designs, specifications, contract documents, reports, studies or other services provided to OWNER or ENGINEER by another architect, engineer or consultant, ENGINEER shall take reasonable and prudent steps to verify the technical accuracy of such items and shall report in writing to OWNER any conflict, error or discrepancy which may be discovered by such investigation and verification. ENGINEER shall assume all risks and bear all costs associated with any conflict, error, inaccuracy or discrepancy in such items which are not discovered by ENGINEER due to its failure to conduct such reasonable and prudent inquiry and study, or which are discovered by ENGINEER but not reported in writing to OWNER provided, however, that ENGINEER shall not be barred from actions against third parties. At the written request of ENGINEER,

the OWNER may assign to the ENGINEER all or any portion of the rights which the OWNER may possess to pursue remedies against the engineer, architect or consultant which provided the OWNER with said designs, specifications, contract documents, reports, studies, or other services. Such a request shall not be unreasonably denied.

4.13 ENGINEER shall fulfill the requirements of governing regulatory agencies as may be applicable to the work and services to be performed by ENGINEER described in this Article or in "Attachment A".

4.14 The liability of ENGINEER under this Article shall survive the expiration of this Agreement.

ARTICLE 5
OWNER'S RESPONSIBLITIES

5.1 Except to the extent that such responsibilities are otherwise waived or assumed by ENGINEER, OWNER shall take reasonable steps to:

5.1.1 Issue a written notice to proceed by January 1, 2024 for the initial task. If OWNER fails to issue the Notice to Proceed the OWNER shall extend the completion date as described in "Attachment D" one day for each day past the above date that the Notice to Proceed was not issued. ENGINEER agrees that said time extension shall be full accord and satisfaction for any and all expenses and damages ENGINEER may experience resulting from the delay. Each task assigned under this Agreement will have a separate Notice to Proceed.

5.1.2 Designate in writing a person to act as OWNER'S representative with respect to the services to be performed or furnished by ENGINEER under this Agreement. Subject to Article 22, such person will have authority to transmit instructions, receive information, interpret and define OWNER'S policies and decisions with respect to ENGINEER'S services for the Project. Said person as well or other key personnel are listed in "Attachment C".

5.1.3 Make available all information pertinent to the Project including previous reports and any other data relative to design and construction of the Project.

5.1.4 Furnish to ENGINEER, as required by ENGINEER for performance of its services, data prepared by or services of others.

5.1.5 Monitor all studies, reports, sketches, drawings, specifications, proposals and other documents presented by ENGINEER.

5.1.6 Pay cost for advertising and obtaining formal bids or proposals from contractor.

5.1.7 Provide such legal, accounting and insurance counseling services as may be required for the Project, and such auditing service as OWNER may require to ascertain how or for what purpose any contractor has used the monies paid to it under the construction contract.

5.1.8 Subject to the provisions of Section 4.11, and to the extent that persons providing report, data and other information to OWNER which OWNER furnishes to ENGINEER under this Article are responsible for their accuracy and completeness, OWNER shall be responsible for, and ENGINEER may rely upon, the accuracy and completeness of all said reports, data and other information.

5.1.9 Arrange for access to and make all provisions for ENGINEER to enter upon public and private property as required for ENGINEER to perform services under this Agreement.

5.1.10 Attend the pre-bid conference, bid opening and preconstruction conferences.

ARTICLE 6
COMPLETION SCHEDULE

6.1 The proposed schedule for the completion of the Project is presented in "Attachment D" and is made a part hereof.

6.2 ENGINEER shall adhere to all time limits stated in this Agreement or included in any accepted time schedule. All such time limits shall be of the essence to this Agreement.

6.3 In all events the various stages and phases of ENGINEER'S services are to be completed in such sequence and at such times, and with approved or agreed upon time limits, as may be required to assure the timely, continuous, efficient and diligent prosecution of the work and services provided for by this Agreement.

6.4 OWNER may at any time, by written order, make changes within the general scope of the Agreement in the services of work to be performed. If ENGINEER believes that such a change justifies an increase in ENGINEER'S contract time or contract price required to perform the series under this Agreement it must assert such claim in writing within thirty (30) days of receipt of OWNER'S written order giving rise to the claim. No claim for adjustment in the contract time or contract price will be valid if not submitted in accordance with this paragraph. No services for which ENGINEER will charge additional compensation shall be furnished without the written authorization of OWNER.

6.5 ENGINEER shall carry on all work required under this Agreement and maintain the schedule for services during all disputes or disagreements with OWNER. No work shall be delayed or postponed pending resolution of any disputes or disagreements except as permitted in Article 8, or as ENGINEER and OWNER may otherwise agree in writing.

6.6 If the commencement, prosecution or completion of the services under this Agreement, or of the construction of the Project is delayed by any act, omission, delay, neglect or default of ENGINEER, or anyone employed by ENGINEER, or by any damage or acts caused by

the negligent acts or omission by ENGINEER, then ENGINEER shall be liable to OWNER for any and all costs, assessments, expense, liabilities or damages caused thereby, in accordance with Section 4.8.

6.7 ENGINEER shall not be responsible for any time delays in the Project, or in the performance of services under this Agreement, to the extent such delays are caused solely by any act, omission, neglect or default of OWNER or anyone employed by OWNER, or by the unreasonable delay of any review agency or utility, or for any delay or damage caused by fire or the combined action of workers and which are in no way chargeable, in whole or in part, to ENGINEER, or by any other conditions or circumstances beyond the control of ENGINEER, its employee, agent, or other persons for whose acts or omissions ENGINEER is responsible. In the event of such delay, ENGINEER shall be entitled to an adjustment in the schedules or agreed time limitations for the performance of services, and this Agreement shall be modified in writing accordingly. Any claim of ENGINEER for adjustment under this cause must be asserted in writing within thirty (30) days from the date of the occurrence of the event giving rise to the claim, unless OWNER grants a further period of time before the date of final payment to ENGINEER. The adjustment of time for the performance of services, as provided in this paragraph, shall be ENGINEER's sole exclusive right, entitlement and remedy in the event of such delays, and ENGINEER shall have no claim against OWNER for adjustment for increase in costs of performance, or other damages occurred in connection therewith.

ARTICLE 7
INSURANCE

7.1 ENGINEER shall, as a condition precedent to this Agreement, purchase and thereafter maintain such insurance as will protect it and OWNER from the claims set forth below which may arise out of or result from ENGINEER'S operations under this Agreement, whether such operations be by ENGINEER or by its subcontractors or by anyone directly or indirectly employed by any of them, or by anyone directly for whose acts any of them may be liable:

1) Claims under Worker's Compensation and Occupational Disease Acts, and any other employee benefits acts applicable to the performance of the work;

2) Claims for damages because of bodily injury and personal injury, including death, and;

3) Claims for damages to property.

ENGINEER'S commercial general liability insurance shall also provide coverage for the following:

1) Contractual liability insurance as applicable to any hold-harmless agreements in the contract;

2) Products and completed operations;

3) Fellow employee Claims under personal injury;

4) Broadform liability;

5) Independent Contractors.

ENGINEER'S insurance shall not be less than the amounts shown below:

A.	Worker's Compensation & Disability	Statutory
B.	Employer's Liability	
	Bodily Injury Accident	$100,000 Each accident
	Bodily Injury by Disease	$500,000 Policy limit
	Bodily Injury by Disease	$1,000,000 Each employee
C.	Commercial General Liability (Occurrence Basis) Bodily injury, personal injury, property damage, contractual liability, products completed operations.	
	General Aggregate Limit (Other Than Products/Completed Operations)	$2,000,000
	Products/Completed Operations	$2,000,000
	Personal & Advertising	$1,000,000

	Injury Limit	
	Each Occurrence Limit	$1,000,000
	Damage to Rented Premises	$100,000 each occurrence
	Medical Expense Limit	$5,000
D.	Comprehensive Auto Liability (single Limit) (owned, hired & non-owned) Bodily injury & property damage	$1,000,000 $1,000,000 Each accident
E.	Umbrella Excess Liability	$1,000,000 Each occurrence And aggregate
F.	Professional Liability	$1,000,000 per claim And aggregate

7.2.1 Professional liability coverage, if available to the engineering profession, shall be in effect from the effective date of this Agreement and shall remain in effect continuously until the applicable statute of limitations has run. (Coverage Period). Coverage also shall extend to employees who may retire, transfer or otherwise cease employment with ENGINEER during the Coverage Period.

7.2.2 Professional liability policies may be either claims made or per occurrence.

7.2.3 Deductible on professional liability policies may be either per claim or per occurrence.

7.2.4 Professional liability coverage shall only be limited by a maximum annual aggregate. There shall be no limits on the number of amount of claims made against a specific Project.

7.3 With the prior approval of OWNER, ENGINEER, may substitute different types of coverage for those specified as long as the total amount of required protection is not reduced.

7.4 Copies of all above insurance policies and Certificates of Insurance, naming the City of Fishers as an "additional insured" (C. through E. only), including proof of required

Professional Liability Insurance, showing such coverage then in force (but not less than the amount shown above) shall be filed with OWNER prior to the effective date of this Agreement. These policies and Certificates shall contain a provision that coverages afforded under the policies will not be cancelled or not renewed until at least thirty (30) days after written notice has been given to OWNER.

7.5 Nothing in the above provisions shall operate as or be construed as limiting the amount of liability of ENGINEER to the above enumerated amounts.

7.6 Regardless of the nature of the policy or whether the deductible is per claim or per occurrence, all deductibles shall be the responsibility of ENGINEER.

7.7 Notwithstanding any other provision of this Agreement, ENGINEER shall provide all insurance coverage required by the documents provided by OWNER.

ARTICLE 8
COMPENSATION TO ENGINEER

8.1 For the services described in this Agreement or in "Attachment A", OWNER agrees to pay ENGINEER as per the provisions of "Attachment E", unless modified by an amendment to this Agreement.

8.2 No payment request or statement made pursuant to this Article shall exceed the estimated amount in value of the work and services performed by ENGINEER under this Agreement, which estimates shall be prepared by ENGINEER and supplemented or accompanies by such supporting data as may be required by OWNER.

8.3 Payment request by ENGINEER shall be submitted no more often than bi-monthly. The payment request shall be accompanied by a signed voucher and such supporting data as may be required by OWNER.

8.4 OWNER shall have the right to withhold from payments due ENGINEER such sums as necessary to protect OWNER against any loss, claim or damage which may result from the negligence or unsatisfactory work by ENGINEER, failure by ENGINEER to perform its obligations and responsibilities under this Agreement or claims filed against ENGINEER or OWNER relating to ENGINEER'S services or work. OWNER shall provide ENGINEER written notification of its reason for so withholding payments. When the grounds or causes for such withholding are removed, payment shall be made for amounts withheld because of them.

8.6 OWNER shall pay ENGINEER for the professional services supported by invoices and documentation. OWNER will pay the amount of the invoice within ninety (90) days of OWNER'S acknowledgement that invoice and documentation are acceptable. OWNER will give ENGINEER written notice within five (5) working days or receipt of the invoice and documentation if the invoice or documentation is not acceptable. OWNER is the sole judge as to the acceptability of the invoices and documentation.

8.7 If, prior to the satisfactory completion of services under this Agreement, the total costs incurred by ENGINEER are within 25% of the maximum amount payable, ENGINEER shall notify OWNER in writing. ENGINEER shall cease all work when the total costs incurred equal 95% of the maximum amount payable. Work will not recommence until ENGINEER receives written notice from OWNER and an adjusted maximum amount payable has been negotiated, if in the sole judgment of OWNER, such an adjustment is required. The ENGINEER shall not be entitled to compensation for unauthorized work over the maximum amount payable. This section shall not apply when the method of compensation described in Section 8.1 is lump sum.

8.8 Upon satisfactory completion of all work and services to be performed hereunder, and prior to final payment under this Agreement for such series, or prior to settlement upon termination of this Agreement, and as a condition precedent thereto, ENGINEER shall execute and deliver to OWNER a release of all claims against OWNER arising under or by virtue of this Agreement. In all events, the making and acceptance of final payment shall be conclusive as to OWNERS'S performance of the Agreement and shall constitute a waiver of all claims by ENGINEER against OWNER.

ARTICLE 9
TERMINATION BY OWNER

9.1 If ENGINEER becomes insolvent, or if it refuses or fails to perform the work and services provided by this Agreement, or if it refuses to perform disputed work or services as directed pending resolution of such dispute, or if it fails to make payments to subcontractors or consultants employed by it, or if it otherwise materially violates or fails to perform any term, covenant or provision of this Agreement, ENGINEER shall be considered in default, and OWNER may, without prejudice to any other right or remedy, terminate this Agreement in whole or in part, in writing, provided that ENGINEER shall be given; (1) not less than ten (10) calendar days written notice (delivered by certified mail, return receipt requested) of OWNERS'S intent to terminate; and (2) an opportunity for consultation with OWNER prior to termination, and a reasonable opportunity to cure the default. In determining the amount of final payment to be made to ENGINEER upon such termination for default, if any, no amount shall be allowed for anticipated profit on unperformed services or other work; furthermore, an adjustment shall be made to the extent of any additional costs incurred or reasonably foreseen by OWNER to be incurred by reason of ENGINEER'S default.

9.2 This Agreement may be terminated in whole or in part in writing by OWNER for OWNER'S convenience; provided that ENGINEER is given: (1) not less than TEN (10) calendar days written notice (delivered certified mail, return receipt requested) of intention to terminate; and (2) an opportunity for consultation with OWNER prior to termination. If termination for convenience is effected by OWNER, ENGINEER'S compensation shall provide for payment to ENGINEER for services rendered and expenses incurred prior to the termination. No amount shall be allowed for anticipated profit on unperformed services or other work.

9.3 Upon receipt of a termination action for default of for the OWNER'S convenience, ENGINEER shall: (1) promptly discontinue all services affected, unless the termination notice directs otherwise, and (2) deliver or otherwise make available to OWNER all data, drawings, specifications, reports, estimates, summaries, and such other information, materials or documents as may have been accumulated by ENGINEER in performing this Agreement, whether completed or in process.

9.4 If, after termination for ENGINEER'S default, it is determined that ENGINEER was not in default, the termination shall be deemed to have been effected for the convenience of OWNER.

9.5 Notwithstanding any other provision of this Agreement, if funds for the continued fulfillment of this Agreement by OWNER are at any time insufficient or not forthcoming through failure of any entity to appropriate funds or otherwise, then OWNER shall have the right to terminate this Agreement without written notice documenting the lack of funding, in which instance unless otherwise agreed to by the parties, this Agreement shall terminate and become null and void on the last day of the fiscal period for which appropriations were received. OWNER agrees that it will make its best efforts to obtain sufficient funds, including, but not limited to, requesting in its budget for each fiscal period during the term hereof sufficient funds to meet its obligations hereunder in full.

ARTICLE 10
TERMINATION BY ENGINEER

10.1 If OWNER fails to pay ENGINEER, within one hundred twenty (120) days after payment is due, ENGINEER may, after having given fifteen (15) days written notice, and if OWNER has not made payment, terminate this Agreement. In the event of such termination, OWNER shall compensate ENGINEER in accordance with the provisions of Sections 8.6 and 9.2 of this Agreement.

10.2 If OWNER requests ENGINEER to furnish or perform services contrary to ENGINEER'S responsibilities as a licensed designed professional, ENGINEER shall notify Director of OWNER of this request within three (3) days of the request being made. If Director renews request and request actually requires ENGINEER to act contrary to ENGINEER'S responsibilities as a license design professional, ENGINEER may terminate this Agreement upon seven (7) days written notice to OWNER. In the event of such termination, OWNER shall compensate ENGINEER in accordance with the provisions of Section 9.2 of this Agreement.

10.3 If ENGINEER loses the services of key personnel essential to the prosecution of this Agreement ENGINEER has the following options:

a. With the consent of OWNER, substitute other personnel. OWNER may not unreasonably withhold consent.

b. Terminate the Agreement.

However, if ENGINEER terminates the Agreement, OWNER may complete PROJECT in any manner deemed appropriate. ENGINEER shall be liable to OWNER for the difference between the cost of completing the PROJECT after termination and the contract price together with any incidental and consequential damages, but less expenses saved in consequence of ENGINEER'S termination.

ARTICLE 11
SUCCESSORS AND ASSIGNS

11.1 OWNER and ENGINEER each binds itself and its partners, successors, executors, administrators and assigns to the other party of this Agreement and to the partners, successors, executors, administrators and assigns of such other party, in respect to the promises, representations, acknowledgements, covenants and responsibilities contained in this Agreement.

11.2 Except as otherwise provided herein, ENGINEER shall not assign, sublet or transfer its interest in this Agreement without the written consent of OWNER.

11.3 Nothing herein shall be construes as creating any personal liability on the part of any officer or agent of OWNER.

ARTICLE 12
RECORDS; AUDIT

ENGINEER shall maintain books, records, documents and other evidence directly pertinent to performance of services under this Agreement in accordance with generally accepted accounting principles and practices consistently applied. ENGINEER shall also maintain the financial information and data used by ENGINEER in the submission or preparation of any cost submission, statement or summary submitted to OWNER or any funding agency. OWNER, or any agencies which have tendered grants for the Project, or any persons so designated by a granting agency shall, until the expiration of three (3) years after final payment under this agreement have access to and the right to examine, inspect, audit and copy directly pertinent books, documents, papers and records of ENGINEER involving any transaction related to this Agreement. To the extent that the person or entity which seeks to examine, inspect, audit and copy said documents is under the control of OWNER, said person or entity will provide ENGINEER with seventy-two (72) hours written notice. ENGINEER agrees to incorporate this provision into any subagreements executed by ENGINEER with others for work or services related to this PROJECT. The periods of access and examination as described herein shall continue until any disputes, claims or litigation arising out of the performance of this Agreement have been disposed of.

ARTICLE 13
OWNERSHIP OF DOCUMENTS

All drawings, specifications, computations, sketches, test data, survey results, models, photographs, renderings and other material relating to this Project, developed in the performance of this Agreement or prepared in connection therewith, are the property of OWNER and shall be delivered to OWNER, if requested by OWNER, upon completion of services or upon termination of this Agreement. With respect thereto, ENGINEER shall not assert or establish any right or claim under the design patent or copyright law. ENGINEER agrees that work done under this Agreement constitutes "work for hire" under copyright law, and OWNER shall retain the right to any design patent or copyright and may use any and all materials prepared by ENGINEER without reservation. In the event that any deliverables developed during this project are deemed not to be "works for hire" under copyright law, ENGINEER agrees, at no additional cost, to assign all right, title and interest, including copyright in and to such deliverables, to OWNER. The OWNER will not change or reuse any document for any project or purpose other than as described in the agreement without the written consent of the ENGINEER. However, the ENGINEER expressly acknowledges that the OWNER is a public agency and is subject to public access, disclosure and distribution laws, regulations and policies. ENGINEER acknowledges that OWNER will not treat this Agreement as confidential information. Use by the public of any document or the information contained therein, shall not be considered an act of the OWNER.

ARTICLE 14
NOTICES

When written notice is required by this Agreement it shall be sufficiently given, in the absence of a specific provision to the contrary, when delivered or sent by Unites States first-class mail to ENGINEER at its business address, or to OWNER or OWNER'S representative, or by personally delivering such notice to the party to be in receipt thereof.

ARTICLE 15
NONDISCLOSURE

Unless required by law, ENGINEER shall not divulge information concerning this Project to anyone, unless prior written approval is received from OWNER, and shall obtain similar agreements from persons and firms employed by it. OWNER reserves the right to release all information as well as to time its release, form and content. This requirement shall survive the expiration of this Agreement.

ARTICLE 16
OTHER CONSULTANTS

OWNER reserves the right to employ other engineers, architects and consultants in connection with the work or Project.

ARTICLE 17
REDUCTION FOR DEFECTIVE PRICING DATA

If OWNER determines that nay price, including profit, negotiated in connection with this Agreement or any cost reimbursable under this Agreement was increased because ENGINEER or any subcontractor furnished incomplete or inaccurate cost or pricing data or date not current as certified or represented in any submittal to OWNER or funding agencies, then such price or cost or profit shall be reduced accordingly and the Agreement shall be modified in writing to reflect such reduction.

ARTICLE 18
NON-CONTINGENT FEES

ENGINEER warrants that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees. For breach or violation of this warranty, OWNER shall have the right to annul this Agreement without liability or in its discretion to deduct from the contract price or consideration, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

ARTICLE 19
CHOICE OF FORUM

This Agreement shall be construed in accordance with the laws of the State of Indiana, and by all applicable Municipal Ordinance, Regulations, or Codes of the City of Fishers, County of Hamilton. Suit, if any, shall be brought in the State of Indiana, County of Hamilton.

ARTICLE 20
NON-DISCRIMINATION

20.1 ENGINEER and subcontractor shall not discriminate against any employees or applicant for employment, to be employed in the performance of this Agreement, with respect to her or his hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of her or his race, sex, sexual orientation, gender identity, religion, color, national origin, ancestry, age, or disability. Breach of this covenant may be regarded as a material breach of the Agreement.

20.2 ENGINEER represents for itself and all its subcontractors compliance with existing laws of the State of Indiana and the United States regarding the prohibition of discrimination in employment practices on the basis of race, sec, creed, color religion, national origin, ancestry, age, handicap, disabled veteran status.

ARTICLE 21
APPLICABLE LAWS

Subject to the provisions of the following paragraph, ENGINEER agrees to conform to all federal, state, and local laws, rules and regulations applicable to ENGINEER in performing work pursuant to this Agreement in force at the time of design, including, but not limited to, those relating to discrimination in employment, conflicts of interest, accounting records and requirements. Unless otherwise specified, this Agreement shall be governed by the laws of the State of Indiana, and all Municipal Ordinances, Resolutions, and Codes of the City of Fishers.

Compliance with any state or federal statute or local ordinance enacted or regulations promulgated thereunder after the effective date of this Agreement for which notice had been published prior to the execution by ENGINEER of this Agreement which affect the services of ENGINEER shall be the responsibility of ENGINEER without entitling ENGINEER to an increase in either time of performance or in contract price.

ARTICLE 22
AMENDMENTS.

This Agreement may be amended only by written instrument and signed by both OWNER and ENGINEER.

ARTICLE 23
SEVERABILITY

In the event any provision of this Agreement is determined by a court of jurisdiction or by the laws of the State of Indiana to be null and void, such provision shall be stricken and all other provisions which can be given effect independently of the stricken provision shall remain in full force and effect.

ARTICLE 24
CONFLICT OF INTEREST

ENGINEER certifies and warrants to OWNER that neither it, nor its agents, representatives or employees who will participate in any way in the performance of ENGINEER'S obligation hereunder has, or will have during the Project, any conflict of interest relative to the Project, direct or indirect, with OWNER. ENGINEER shall immediately notify OWNER if a conflict of interest should arise during the Project. Upon being so notified OWNER may either:

a. Waive the conflict

b. Terminate the Agreement according to Section 9.1

ARTICLE 25
REQUIRED DOCUMENTATION

25.1 ENGINEER shall furnish OWNER any documentation, certification, authorization, license, permit or registration required by the laws or rules and regulations of the City of Fishers, other units of local government, the State of Indiana, and the United States.

25.2 ENGINEER further represents that it is not and shall remain in good standing with such governmental agencies and that it will keep its license, permit, registration, authorization or certification in force during the term of this Agreement, to perform the services described in "Attachment A" and in this Agreement.

ARTICLE 26
INDEPENDENT CONTRACTOR STATUS

ENGINEER expressly understands and agrees that it is an independent contractor and that it is not an employee of the OWNER, and the OWNER is not to provide Worker's Compensation, health or accident insurance coverage or indemnification agreement of any kind which would cover ENGINEER or its employees, if any, in and under the terms of this Agreement.

ARTICLE 27
WAIVER

OWNER'S delay or inaction in pursuing its remedies set forth in this Agreement or available by law, shall not operate as a waiver of any of OWNER'S rights or remedies

ARTICLE 28
[intentionally omitted]

ARTICLE 29
ALLOCATION OF RISK

ENGINEER agrees to indemnify and hold harmless the City of Fishers, and its officers, agents, officials and employees for any and all claims, actions, causes of action, judgment and liens only to the extent they arise out of any negligent act or omission by ENGINEER or any of its officers, partners, agents, employees or subcontractors regardless of whether or not they are caused in part by the negligence of a party indemnified hereunder. Such indemnity shall include attorney's fees and all costs and other expenses arising therefrom or incurred in connection therewith and shall not be limited by reason of the enumeration of any insurance coverage required herein.

ARTICLE 30
TAXES

OWNER is exempt from state, federal and local taxes. OWNER will not be responsible for any taxes levied on ENGINEER as a result of this Agreement.

ARTICLE 31
RESTRICTIONS ON LOBBYING

If federal funds are to be used in connection with this Agreement, ENGINEER certifies, by signing and submitting this Agreement, to the best of its knowledge and belief that ENGINEER has complied with SECTION 1352, Title 31, U.S. Code, and specifically, that:

A. No federal appropriate funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal Contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal Contract, grant, loan, or cooperative agreement.

B. If any funds other than federal appropriate funds have been paid or will be paid to any person for influencing or attempting to influence of an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal Contract, grant, loan, or cooperative agreement the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

C. ENGINEER also certifies by signing this Agreement that it shall require that the language of this certification be included in all lower tier subcontracts which excess $100,000, and that all such sub recipients shall certify and disclose accordingly. Any person who fails to sign or file this required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each failure.

ARTICLE 32
MAINTAINING A DRUG-FREE WORKPLACE

32.1 ENGINEER hereby covenants and agrees to make a good faith effort to provide and maintain during the term of this Agreement a drug-free workplace, and that it will give written notice to OWNER within ten (10) days after receiving actual notice that an employee of ENGINEER has been convicted of a criminal drug violation occurring in ENGINEER'S workplace.

32.2 In addition to the provisions of Section 32.1 above, if the total contract amount set forth in this Agreement is in excess of $25,000.00, ENGINEER hereby further agrees that this Agreement is expressly subject to the terms, conditions and representations contained in the Drug-Free Workplace certification executed by ENGINEER in conjunction with this Agreement.

32.3 It is further expressly agreed that the failure of ENGINEER to in good faith comply with the terms of Section 32.1 above, or falsifying or otherwise violating the terms of this certification reference in Section 32.2 above, shall constitute a material breach of this Agreement, and shall entitle OWNER to impose sanctions against ENGINEER including, but not limited to, suspension of contract payments, termination of this Agreement and/or debarment of ENGINEER from doing further business with OWNER for up to three (3) years.

ARTICLE 33
DISPUTE RESOLUTION

Any disputes that may arise under this Agreement shall be resolved by the parties' respective executive officers, or their designees. Failing resolution by the executive officers, the parties shall submit the dispute to mediation. Suit, if any, shall be brought in the State of Indiana, Hamilton County. Owner and Engineer, to the extent provided by law, waive their right to a jury trial in any matter arising out of this Agreement and this waiver is absolute and unconditional.

ARTICLE 34
TERM OF AGREEMENT

This Agreement shall become effective upon completion of the following:

1. Delivery to OWNER and acceptance by OWNER, of the document required in Subsection 7.4, and

2. Latest date of execution by and required signatories and shall expire upon the successful completion and final acceptance of ENGINEER'S services, as set forth in this Agreement or "Attachment A", and OWNER'S payment therefore. In computing any period of time prescribed by this Agreement, the date of any notice to proceed shall not be included in such computation. The last day of any period of time prescribed in this agreement shall be included unless it is a Saturday, Sunday or legal holiday as established by ordinance of the Town of Fishers Council. In such cases, the period of time shall run until the end of business hours of OWNER on the next day that is not a Saturday Sunday, or a legal holiday as established by ordinance.

ARTICLE 35
NOTICE TO PROCEED

ENGINEER shall not begin work pursuant to this Agreement until it receives a Notice to Proceed from OWNER.

ARTICLE 36
INTEGRATION

This Agreement and the documents incorporated herein represent the entire understanding between and amount the parties hereto. The signing of this Agreement by the parties constitutes their mutual recognition that no other contracts or agreement regarding any of the services to be provided herein, oral or written, except as attached hereto or specifically incorporated herein, exists between them, and that if such oral or written contracts or agreements exist, such are hereby cancelled. Each party hereby represents to the other that it will not rely upon any agreement, contract or understanding not reduced to writing and incorporated in this Agreement prior to the execution thereof or not reduced to writing an incorporated in written amendments to this Agreement.

ARTICLE 37
DEBAREMENT AND SUSPENSION

ENGINEER certifies, by entering into this Agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarement, declared ineligible, or voluntarily excluded from or ineligible for participation in any Federal assistance program by any Federal department or agency, or by any department, agency, or political subdivision of the State of Indiana. The term "principal" for purposes of this Agreement means an officer, director, owner, partner, key employee, or other person with primary management or supervisory responsibilities, or a person who has a critical influence on or substantive control over the operations of the ENGINEER.

ENGINEER shall not subcontract with any party which is debarred or suspended or is otherwise excluded from or ineligible for participation in any Federal assistance program by any Federal department or agency, or by any department, agency or political subdivision of the State of Indiana.

ENGINEER shall provide immediate written notice to OWNER if, at any time after entering into this Agreement, ENGINEER learns that its certification was erroneous when submitted, or ENGINEER is debarred, suspended, proposed for debarement, declared ineligible, voluntarily excluded from or becomes ineligible for participation in any Federal assistance program. Any such event shall be cause for termination of this Agreement as provided herein.

Licensor certifies, by entering into this Agreement, that it does not engage in investment activities in Iran as more particularly described in I.C. 5-22-16.5.

ARTICLE 38
E-VERIFY PROGRAM

Pursuant to I.C. 22-5-1.7, ENGINEER shall enroll in and verify the work eligibility status of all newly hired employees of ENGINEER through the E-Verify Program("Program").

ENGINEER is not required to verify the work eligibility status of all newly hired employees through the Program if the Program no longer exists.

A. ENGINEER and its subcontractors shall not knowingly employ or contract with an unauthorized alien or retain an employee or contract with a person that ENGINEER or its subcontractor subsequently learns is an unauthorized alien. If ENGINEER violates this Article, OWNER shall require ENGINEER to remedy the violation not later than thirty (30) days after OWNER notifies ENGINEER. If ENGINEER fails to remedy the violation within the thirty (30) day period, OWNER shall terminate the contract for breach of contract. If OWNER terminates the contract, ENGINEER shall, in addition to any other contractual remedies, be liable to OWNER for actual damages. There is a rebuttable presumption that ENGINEER did not knowingly employ an unauthorized alien if ENGINEER verified the work eligibility status of the employee through the Program.

B. If ENGINEER employs or contracts with an unauthorized alien but OWNER determines that terminating the contract would be detrimental to the public interest or public property, OWNER may allow the contract to remain in effect until OWNER procures a new contractor.

C. ENGINEER shall, prior to performing any work, require each subcontractor to certify to Contractor that the subcontractor does not knowingly employ or contract with an unauthorized alien and has enrolled in the Program. ENGINEER shall maintain on file a certification from each subcontractor throughout the duration of the contract. If ENGINEER determines that a subcontractor is in violation of this Article, ENGINEER may terminate its contract with the subcontractor for such violation.

D. Pursuant to I.C. 22-5-1.7 a fully executed affidavit affirming that the business entity does not knowingly employ an unauthorized alien and confirming ENGINEER's enrollment in the Program, unless the Program no longer exists, shall be filed with OWNER prior to the execution of this Agreement. This Agreement shall not be deemed fully executed until such affidavit if filed with OWNER.

The remainder of this page is intentionally blank.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the Effecive Date as follows:

ENGINEER
A&F Engineering Co., LLC

By:_____

Printed: Steven J. Fehribach, P.E. .

Title: President .

OWNER
City of Fishers, Indiana
Board of Public Works and Safety

_____
Member

_____
Member

_____
Member

_____
Attest

ATTACHMENT A

SERVICES BY ENGINEER

The ENGINEER shall provide services as noted below:

A. PROFESSIONAL SERVICES

The following is a list of services that may be included as part of the monthly retainer fee. The monthly retainer agreement is to provide the LOCAL PUBLIC AGENCY of Fishers with Professional Engineering Services on a as needed basis. All items listed are services that have been previously provided to the LOCAL PUBLIC AGENCY. The items listed below are examples of work previously conducted for the LOCAL PUBLIC AGENCY. These items are conducted on an as needed basis, but the intent is not to cover all intersections or roadways within the LOCAL PUBLIC AGENCY limits.

B. STUDIES

- Speed Studies
- 4-Way Stop Control Studies
- Preliminary Signal Warrant Studies
- Development Traffic Assessments
- Left-Turn Lane Requirement Studies
- Right-Turn Lane Requirement Studies
- Queue Length Studies
- Trip Generation Studies for Impact Fees

C. MISCELLANEOUS

- Coordinate Consultation and Equipment Needs/Upgrades with Signal Supplier
- Maintain Signal Timing for Adaptive Control System
- Pavement Marking Layout
- Pavement Marking Design
- Preliminary Intersection Design
- Review Intersections for Lane Configuration
- 24 Hour Traffic Volume Counts
- Peak Hour Traffic Volumes Counts
- Impact Fee Calculations

D. MEETINGS

- Preliminary Technical Advisory Meetings
- Technical Advisory Meetings
- Impact Fee Appeals Board Meetings
- Preliminary Impact Fee Board Meeting
- Development Meeting to Review Proposed Development Plans and Roadway Plans
- Plan Commission
- City Council Meetings
- INDOT Meetings

E. ADDITIONAL SERVICES – NOT INCLUDED IN MONTHLY RETAINER FEE

For all design services, a lump sum contract will be provided. The design contract shall include signal design, roadway design, storm sewer design and final traffic signal warrant analysis.

ATTACHMENT B

KEY STAFF OF ENGINEER

ENGINEER shall include all subcontractors on "Attachment B". ENGINEER may not remove or otherwise substitute subcontractors indicated on "Attachment B" without consent of OWNER. A failure by ENGINEER to provide the subcontractors as required by this Article shall be considered a material breach of the Agreement.

Matt Brown, P.E., PTOE
Vice President
A&F Engineering Co., LLC
8365 Keystone Crossing, Suite 201
Indianapolis, Indiana 46240

Steven J. Fehribach, P.E.
President
A&F Engineering Co., LLC
8365 Keystone Crossing, Suite 201
Indianapolis, Indiana 46240

ATTACHMENT C

KEY STAFF OF OWNER

Hatem Mekky, P.E.
Director of Engineering
City of Fishers
1 Municipal Drive
Fishers, Indiana 46038

ATTACHMENT D

SCHEDULE

All work by ENGINEER under this Agreement shall be completed and delivered to the OWNER on dates assigned by OWNER for each task (individually or collectively, the "COMPLETION DATE").

ATTACHMENT E

COMPENSATION TO ENGINEER

A. Amount of Payment

1. The CONSULTANT shall receive as payment for the work performed under this CONTRACT a monthly fee of $14,500.00, unless a modification of the Agreement is approved in writing by the LOCAL PUBLIC AGENCY.

B. Additional Services

The fees to provide additional services, if required will be billed on the basis of an hourly rate schedule as shown in the hourly rate schedule found in APPENDIX "E-1". However, a lump sum or maximum fee will be offered if the scope of work for any additional services can be defined.

C. Method of Payment

Payment shall be made by the LOCAL PUBLIC AGENCY to the CONSULTANT each month as the work progresses.

APPENDIX "E-1"

SCHEDULE OF COMPENSATION

A&F ENGINEERING CO., LLC

2024 HOURLY RATE SCHEDULE

Classification	Hourly Rates
Principal	$ 300.00
Vice President	$ 295.00
Project Manager	$ 200.00
Transportation Engineer	$ 185.00
Traffic Engineer	$ 165.00
Designer	$ 185.00
Traffic Counter	$ 125.00
CADD Technician	$ 140.00

E-Veriy Affidavit

Pursuant to Indiana Code section 22-5-1.7-11, the Contractor entering into a contact with the City is required to enroll in and verify the work eligibility status of all its newly hired employees through the E-Verify program. The Contractor is not required to verify the work eligibility status of all its newly hired employees though the E-Verify program if the E-Verify program no longer exists.

The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor does not knowingly employ an unauthorized alien. The undersigned further affirms that, prior to entering into its contract with the City of Fishers, the undersigned Contractor will enroll in and agrees to verify the work eligibility of all its newly hired employees through the E-Verify program.

(Contractor): A&F Engineering Co., LLC

By (Written Signature): [signature]

(Printed Name): Steven J. Fehribach, P.E.

(Title): President

Important – Notary Signature Required in the Space Below

STATE OF Indiana

SS:

COUNTY OF Marion

Subscribed and sworn to before me this 12th day of December, 2024.

My commission expires: 2/13/2030

(Signed): [signature]

Residing in Hancock County, State of Indiana

AMANDA LEIGH YATER
Notary Public, State of Indiana
Hancock County
Commission Number NP0739142
My Commission Expires
February 13, 2030

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	2/25/2025	**RESOLUTION NO.**	R022525H
TITLE OF AGENDA ITEM	Request to Approve Duke Utility Reimbursable Agreement		
PRESENTER/DEPARTMENT	Hatem Mekky, 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 special purchase.** • **Other justification for approval of item.**	In order to facilitate the construction of 136th Street, Duke Energy is required to relocate their overhead power lines. This Utility Reimbursement Agreement memorializes the reimbursement for the relocation of the power lines that are located within a private easement. The actual cost of the reimbursable relocation will be realized after the relocation is performed.		
EXPENDITURE $			
BUDGETED $	$489,515.18		
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:		

Form Revised 01/14/2025

RESOLUTION NO. R022525H

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A UTILITY REIMBURSEMNT AGREEMENT (DUKE ENERGY INDIANA)

WHEREAS, the City of Fishers, Hamilton County, Indiana ("City") maintains sections of 136th Street and has determined that certain improvements are necessary for the improvement and/or maintenance of the roadway ("Project");

WHEREAS, Duke Energy Indiana ("DEI") operates and maintains certain electric line facilities upon and/or along 136th Street ("Utility Facilities");

WHEREAS, in order to facilitate the construction of 136th Street, Duke Energy is required to relocate both their overheard and underground power lines in and around the Project area;

WHEREAS, the City has requested DEI relocate its power lines and because the power lines are within a private easement, DEI has requested City reimburse DEI for certain relocation costs; and

WHEREAS, City desires to reimburse certain relocation costs as set forth in the attached Utility Reimbursable Agreement attached hereto as Exhibit A, incorporated herein.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF FISHERS, INDIANA BOARD OF PUBLIC WORKS AND SAFETY AS FOLLOWS:

Section 1. The Utility Reimbursement Agreement in Exhibit A is hereby approved in an amount not to exceed Four Hundred Eighty-Nine Thousand Five Hundred Eighty-Nine and 18/100 Dollars ($489,515.18).

Section 2. The Board hereby authorizes the Mayor and/or Director of Engineering to execute the Utility Reimbursable Agreement and all ancillary documents necessary.

Section 3. This Resolution shall be effective from and upon its adoption.

ALL OF WHICH IS RESOLVED by the Board of Public Works & Safety of the City of Fishers, Hamilton County, Indiana, this 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa Member		

ATTEST: _____DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

November 2023 for Duke Energy
Standard Agreement with Federal Funds
Work by Utility

INDIANA DEPARTMENT OF TRANSPORTATION
HIGHWAY UTILITY AGREEMENT

Agreement Amount: $489,515.18 Des No: 1802931

Agreement Type: Utility Relocation Project No:

Road: 136th Street County: Hamilton

This Agreement made and entered into this _____ day of _____, 20_____, by and between (include full name and entity address)

Duke Energy Indiana, LLC

1000 East Main Street

Plainfield, IN 46168

(hereinafter referred to as "the Utility") and the State of Indiana, through the INDIANA DEPARTMENT OF TRANSPORTATION, (hereinafter referred to as "INDOT" or "State"), together referred to as "the Parties".

WITNESSETH:

WHEREAS, INDOT desires to reconstruct 136th street from Southeastern Parkway to Prairie Baptist Road as referenced by the Des No. and Project No. given above (herein referred to as "the Project"); and

WHEREAS, due to the Project, certain abandoning, altering, deactivating, installing, maintaining, modifying, moving, removing and/or supporting of the existing facilities of the Utility will have to be made as shown on the attached plan marked Exhibit "A" ("the Work"); and

WHEREAS, the Utility is willing to perform the Work subject to the terms and conditions hereinafter contained in this Agreement; and

WHEREAS, INDOT may seek construction funds for the Project from the Federal Highway Administration, and to the extent not payable from those funds, INDOT is willing to reimburse the Utility for its actual costs incurred in performing the Work; and

WHEREAS, if INDOT seeks such construction funds, the Utility is willing to cooperate with INDOT in obtaining those funds, provided it does not assume an obligation it does not otherwise have to comply with except by virtue of entering into this Agreement with INDOT; and

WHEREAS, the parties understand that INDOT is the recipient of federal funds and the parties agree to comply with 23 CFR 645, which is hereby incorporated by reference.

NOW, THEREFORE, in consideration of the mutual promises hereinafter contained in this Agreement, the Parties hereby agree to and with each other as follows:

SECTION 1 – DESCRIPTION OF WORK AND ITEMIZED COST ESTIMATE

The Utility shall: __Relocate facilities to overhead and underground to eliminate conflicts with the proposed road project along 136th street.____

The Utility shall perform the Work, and INDOT shall reimburse the Utility for its actual cost in performing the Work.

The Utility shall perform the Work in the following manner:

(1) With its regular construction or maintenance crew and personnel at its standard schedule of wages and working hours; and/or

(2) By an approved contractor, as set forth in 23 CFR 645.109 and/or 645.115.

The preliminary itemized cost estimate for the Work is set forth in the attached Exhibit "B".

SECTION 2 – WORK COMMENCEMENT

The Utility shall not start the Work until INDOT has sent by mail to the Utility both (a) written authorization to proceed with the Work, and (b) written notice that INDOT has acquired all public road right-of-way which is applicable to the Work.

SECTION 3 – SUBORDINATION OF RIGHTS

The existing facilities of the Utility are not located on public road right-of-way. If the existing facilities are not located on public road right-of-way, upon completion of the Work, the Utility shall subordinate its rights to those of INDOT which are located in the public road right-of-way area so long as INDOT agrees to reimburse the Utility if any of the Utility facilities located in the area which has been subordinated by the Utility need to be relocated again in the future at the request of INDOT or on behalf of INDOT, for a highway improvement project. In the event the law changes in Indiana (similar to IC 36-9-27-48 involving the authority of county drainage boards) whereby INDOT may require a public utility with a prior and superior right to a relocation area, to relocate its facilities at the expense of the public utility, then INDOT shall not be required to reimburse the Utility for any such future relocation.

SECTION 4 – MATERIAL ALTERATIONS CHANGES AND UNFORSEEN CIRCUMSTANCES

The Utility shall perform the Work in accordance with the plans, specifications, and estimates shown in Exhibits "A" and "B" and "C", which are herein attached and incorporated by reference. No work shall be performed by the Utility beyond the scope contemplated by Exhibits "A" "B" and "C" without prior written authorization by the INDOT project manager for the Project.

In the event there are changes in the scope of the Work, extra work, a major change in the Work, or at such time that the Utility knows or reasonably could know that the actual cost of the Work will exceed the preliminary estimate in Exhibit "B" by more than 10%, the Utility shall notify INDOT as soon as practical upon discovery.

SECTION 5 – PAYMENTS

All payments shall be made in arrears, and may be made by INDOT via electronic funds transfer to the financial institution designated by the Utility in writing unless a specific waiver has been obtained by the Utility from the Auditor of State.

INDOT shall reimburse the Utility for any item of work or expense outside the scope of the Work, if performed at the written direction of the INDOT project manager for the Project. INDOT shall reimburse the Utility for the actual cost of the Work completed upon presentation of an invoice.

The Utility may submit one invoice per calendar month for the Work. The Utility shall attach an itemization of cost incurred with each invoice. This itemization of cost shall appear in the same form and manner as the preliminary estimate as shown on Exhibit "B".

Within forty-five (45) days after receipt of such invoice, INDOT will reimburse the Utility for its actual cost. If INDOT does not agree with the amount invoiced by the Utility, INDOT will send the Utility a letter by regular mail and list the differences. The letter will be sent to the Utility's address as shown on page 1 of this Agreement, or such subsequent address that the Utility may give to INDOT's authorized representative.

Making a partial payment shall not abrogate INDOT's right to dispute in good faith the Utility's claim for compensation. Such good faith disputes shall be resolved upon presentation of the Utility's final contract invoice and the resolution of any audit performed according to Section 7 of this Agreement.

SECTION 6 – FINAL BILL

The Utility shall present its final invoice accompanied by an itemized cumulative invoice within six (6) months of completion of the Work. All documents required to substantiate any claims for payment shall be submitted with this final invoice. Such supporting documentation shall include, but shall not be limited to, copies of material invoices, time sheets, vendor and/or contractor invoices and other such documents as may reasonably be deemed necessary by INDOT to support such invoice.

SECTION 7 – RECORDS

The accounts and records of the Utility and any contractor or subcontractor involved in carrying out the Work shall be kept in such manner that they may be readily audited and the actual cost determined, and such accounts shall be available for audit by auditors of INDOT, for a period of not less than three (3) years from the date final payment has been received by the Utility.

In the event of a dispute with regard to the actual cost or any other issue under this Agreement, the Utility shall thereafter continue to maintain the accounts and records until that dispute has been finally decided and the time for all available challenges or appeals of that decision has expired.

Upon completion of the Work, INDOT's Division of Accounting and Control may audit the Utility's records to determine the actual cost of the Work. Such audit shall be in accordance with generally accepted auditing standards.

Final payment shall be in accordance with INDOT's resolution of the final audit. If additional money is due to the Utility, INDOT shall make payment to the Utility within forty-five (45) days after the audit resolution is approved by INDOT's Division of Accounting and Control. If the audit resolution shows that the Utility has been overpaid, INDOT shall bill the Utility for such overpayment and provide supporting documentation. The Utility shall pay INDOT for any undisputed bill within forty-five (45) days after receipt of such bill, and shall not be precluded from seeking from INDOT, any amount of the actual cost which INDOT does not pay the Utility.

SECTION 8 – BINDING UPON SUCCESSORS OR ASSIGNS

This Agreement shall be binding upon the parties and their successors and assigns.

SECTION 9 – GENERAL LIABILITY PROVISIONS

The Utility for itself, its employees, agents and representatives, shall indemnify, protect and save harmless INDOT and the State of Indiana from and against any and all legal liabilities and other expenses, claims, cost, losses, suits or judgments for damages, or injuries to or death of persons or damage to or destruction of property (hereinafter "Claim"), arising out of intentional tortious acts or whether due in whole or in part to the negligent acts or omissions of the Utility, its employees or agents or contractors, in relation to or in connection with any work performed or to be performed pursuant to this Agreement, provided however, that where INDOT or the State has been found liable by a court, tribunal or governing body entitled to make such a determination for intentional tortious acts and/or negligence with respect to the occurrence or occurrences giving rise to the Claim, the Utility shall have no duty to indemnify, protect, or save harmless either INDOT or the State.

SECTION 10 – COMPLIANCE WITH LAWS; APPLICABLE LAW

The Utility agrees to comply with all applicable federal, state and local laws, rules, regulations and ordinances but does not have an obligation to comply with any law, rule, regulation, and ordinance it would not otherwise have to comply with except by virtue of entering into this Agreement with INDOT. This Agreement shall be construed in accordance with and governed by the laws of the State of Indiana and suit, if any, must be brought in the State of Indiana.

SECTION 11 – DRUG-FREE WORKPLACE CERTIFICATION

The Utility hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace in accordance with applicable laws but only to the extent such laws are not made applicable to the Utility by virtue of entering into this Agreement with INDOT.

SECTION 12 – NON-DISCRIMINATION

In accordance with applicable laws but only to the extent such laws are not made applicable to the Utility by virtue of entering into this Agreement with INDOT, the Utility shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Agreement, with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of race, color, religion, sex, disability, national origin or ancestry. Breach of this covenant may be regarded as a material breach of this Agreement.

SECTION 13 – NON-COLLUSION

The undersigned attests, subject to the penalties for perjury, that he/she is the authorized representative of the Utility, that he/she has not, nor to the best of his/her personal knowledge, has any

other member, employee, representative, agent or officer of the Utility directly or indirectly entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Agreement other than that which appears upon the face of this Agreement.

SECTION 14 – BUILD AMERICA, BUY AMERICA ACT

The Utility's proposed Materials List for the Work is attached hereto and incorporated herein as Exhibit D. INDOT has certified that the Utility's Materials List is compliant with the Build America Buy America Act pursuant to the requirements of 23 CFR 635.410 and Infrastructure Investment and Jobs Act (IIJA, Public Law 117-58, Title IX-Build America, Buy America, div. G §§ 70901-52) on November 15, 2021, and Federal Memorandum M-22-11.

IN WITNESS HEREOF, the parties hereto separately and severally have caused this instrument to be executed in their respective names by and through their duly authorized representatives.

THE UTILITY:

DUKE ENERGY INDIANA, LLC

By: _____ Date: February 18th, 2025

Name: Brynn Streeter

Title: Lead Engineering Technologist

THE STATE OF INDIANA:

By the Indiana Department of Transportation

By: _____ Date: _____

Samantha Anderson

Statewide Director of Utilities and Railroad

Capital Program Management

For: Kent Abernathy, Commissioner

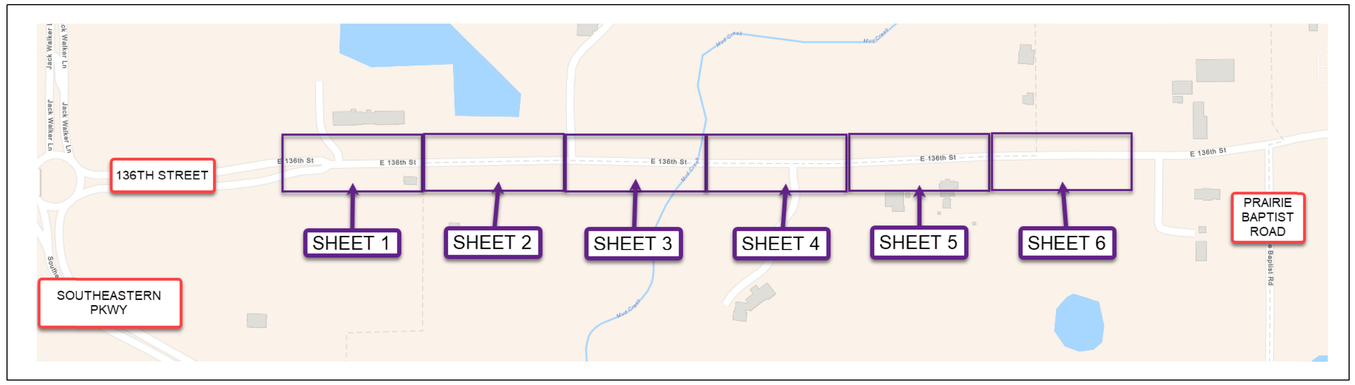
APPROVED AS TO FORM AND LEGALITY:

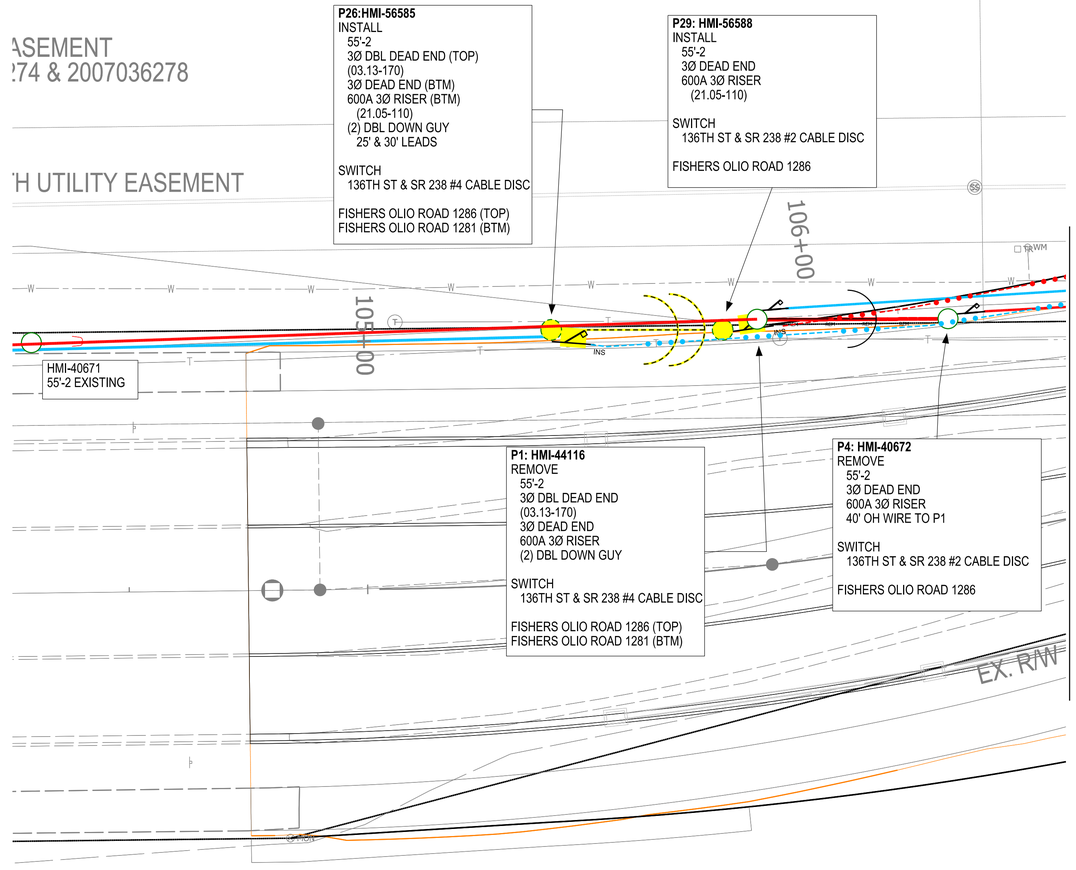
_____ _____

Theodore E. Rokita, Date Approved
Attorney General of Indiana

SAFETYFirst ▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	Upstream Protection	CIRCLE FOR SAFETY	Safety Reminders / Adverse Conditions		REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	Other Project Notes
	BREAKER AT THE FISHERS OLIO ROAD SUB		Remember "Your Circle of Safety"			

SITE MAP





NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole	Downguy	Switch			
Foreign Pole	Overhead Transformer	Fuse			
Distribution Line 4-35 kV	Pad mounted Transformer	Line Sensor			
Secondary Line < 600 V	Pad for equipment	Capacitor Bank			
Transmission Line >35 kV	Recloser	Overhead Light			

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A		
DETAIL	CITY OF FISHERS 136TH ROAD WIDENING	
DATE 1/10/2025	LOCATION	FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN BRYNN STREETER	PHONE	317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE	DWG NO SHEET 1 OF 6

SAFETYFirst
- PERSONAL ACCOUNTABILITY
- ACTIVE CARING
- HAZARD RECOGNITION

Upstream Protection

BREAKER AT THE FISHERS OLIO ROAD SUB

Safety Reminders / Adverse Conditions

Remember "Your Circle of Safety"

REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.

Other Project Notes

WIRE INFORMATION REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P28: HMI-56587
INSTALL
55' - 2
3Ø DEAD END
600A 3Ø RISER
(21.05-110)
SWITCH
136TH ST & SR 238 #3 CABLE DISC

FISHERS OLIO ROAD 1286

P27: HMI-56586
INSTALL
60'-2 (SET 2' DEEPER)
3Ø DBL DE (TOP)
(03.13-170)
3Ø DE (BOTTOM)
3Ø 600A RISER (BTM)
(21.05-110)

SWITCH
136TH ST & SR 238 #5 CABLE DISC

FISHERS OLIO ROAD 1286 (TOP)
FISHERS OLIO ROAD 1281 (BTM)

P30: HMI-56589
INSTALL
60'-2 (SET 3' DEEPER)
3Ø DBL CIRCUIT DE
(03.13-170)
(2) DBL DOWN GUY
30' & 35' LEAD

WIRE INFORMATION REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P31: HMI-56590
INSTALL (8' S OF R/W)
60'-2
3Ø DBL CIRCUIT TL
(03.13-150)
200A 3Ø RISER
150A FUSE
(21.03-100)

S25 (P28 - P29)
INSTALL - 258FT
1' S OF R/W
3Ø - 1000AL
6" BORE
5FT DEPTH

S24 (P27 - P28)
INSTALL - 32 FT

S26 (P27 - P30)
INSTALL - 40 FT

S27 (P30 - P31)
INSTALL - 171 FT

S28 (P31 - P32)
INSTALL - 178 FT

S1 (P1-P2)
330' REMOVE
3Ø - 1000AL UG

S2 (P2-P3)
40' REMOVE

S4 (P2 - P5)
100' REMOVE

S5 (P5 - P6)
REMOVE - 181 FT

S3 (P3-P4)
247' REMOVE
3Ø - 1000AL UG

S23 (P26 - P27)
INSTALL - 327FT
1' N OF PRO PATH
3Ø - 1000AL UG
6" BORE
5FT DEPTH

P5: HMI-40674
REMOVE
55'-2
3Ø DBL CIRCUIT THROUGH
200A 1Ø RISER (NOT ACTIVE)
BACKFILL FLOW FILL

S30 (P31 - P34)
APPROX STA 110+71
156' INSTALL
3Ø 1/0AL UG
4" BORE
5FT DEPTH

P3: HMI-44117
REMOVE
55'-2
3Ø DEAD END
(03.11-127 NO ARRESTERS)
600A 3Ø RISER
(21.05-110)
(2) DBL DOWN GUY
BACKFILL FLOW FILL

SWITCH
136TH ST & SR 238 #3 CABLE DISC

FISHERS OLIO ROAD 1286

P2: HMI-40673
REMOVE
55'-2
3Ø DBL DEAD END
3Ø DEAD END
600A 3Ø RISER
(2) DBL DOWN GUY
BACKFILL FLOW FILL

SWITCH
136TH ST & SR 238 #5 CABLE DISC

FISHERS OLIO ROAD 1286 (TOP)
FISHERS OLIO ROAD 1281 (BTM)

EX. R/W (Edge of Pavement)

S7 (P6 - P8)
141' REMOVE
3P - 1/0AL UG

12FT MIN DEPTH
82FT SOUTH OF POLE

P8: SPLICE PIT
3 PHASE 1/0UG

107+00 108+00 109+00 110 111+00

MATCHLINE SHEET 1

MATCHLINE SHEET 3

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole		Downguy		Switch	
Foreign Pole		Overhead Transformer		Fuse	
Distribution Line 4-35 kV		Pad mounted Transformer		Line Sensor	
Secondary Line < 600 V		Pad for equipment		Capacitor Bank	
Transmission Line >35 kV	R	Recloser		Overhead Light	

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL: CITY OF FISHERS 136TH ROAD WIDENING

DATE: 1/10/2025

LOCATION: FROM PRAIRIE BAPTIST TO CYNTHEANNE

DRAWN: BRYNN STREETER

PHONE: 317-703-0681

ELECTRIC DISTRIBUTION LINE ENGINEERING

APPROVAL SIGNATURE

DWG NO: SHEET 2 OF 6

SAFETYFirst ▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	Upstream Protection	CIRCLE FOR SAFETY – DUKE ENERGY	Safety Reminders / Adverse Conditions		REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	Other Project Notes
	BREAKER AT THE FISHERS OLIO ROAD SUB		Remember "Your Circle of Safety"			

ALL WORK IN RED WILL BE DONE UNDER WORK ORDER **55345341**

THIS WORK IS REIMBURSABLE

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P32: HMI-56591
INSTALL (8' S OF R/W)
60'-2
3Ø DBL CIRCUIT THRU
(03.13.150)

P33 / P2/P10 (REIMBURSABLE)
HMI-1736
REMOVE
60'-H2
DOUBLE DE (2)
2 DBL DG
INSTALL
65'-2 (SET 2' DEEPER)
3Ø DBL CIRCUIT THRU
(03.13-150)

P11 (REIMBURSABLE)
HMI-56408
INSTALL
60'-2
3Ø DBL DE (TOP)
(03.13-170)
3Ø DE (BOTTOM)
3Ø 600A RISER (BTM)
(21.05-110)
35' AND 30' DBL LEAD

SWITCH NAME

P3/P12 (REIMBURSABLE)
HMI-1660
REMOVE
55'-2
3Ø DBL CIRCUIT THROUGH
INSTALL
60'-2
3Ø DE
3Ø 600A RISER ON DE
(21.05-110)

SWITCH NAME

EX. R/W

PROPOSED R/W

112+00

113+00

114+00

115+00

116+00

S28 (P31 - P32)
INSTALL - 178 FT

S29 (P32 - P33)
INSTALL - 143 FT

S1 (P1 - P2)
REMOVE - 30 FT

S6 (P6 - P7)
REMOVE - 200 FT

S2 (P2 - P3)
REMOVE - 191 FT

S9 (P10 - P11)
INSTALL - 140 FT

S10 (P11 - P12)
INSTALL - 50 FT

P6: HMI-1658
REMOVE
55'-2
3Ø DBL CIRCUIT THROUGH
200A 3Ø RISER
150A FUSE
BACKFILL FLOW FILL

P7/ P1 (REIMBURSABLE)
HMI-1659
60'-H2
REMOVE
03.13-165
2 DBL DG

EX WATER
APPROX 5' DEEP

S11 (P11 - P13)
APPROX STA 115+32
INSTALL
775FT 3Ø 1000AL UG
6" BORE
6FT DEPTH
FISHERS OLIO RD 1286

S12 (P12 - P14)
APPROX STA 115+84
INSTALL
667FT 3Ø 1000AL UG
6" BORE
6FT DEPTH
FISHERS OLIO RD 1281

8FT MIN DEPTH
82FT SOUTH OF POLE

8FT MIN DEPTH
82FT SOUTH OF POLE

S12 (P12 - P14)
INSTALL (6' NORTH OF R/W)
667FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1281

S11 (P11 - P13)
INSTALL (1FT NORTH OF R/W)
775FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1286

MATCHLINE SHEET 2

MATCHLINE SHEET 4

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole	Downguy	Switch
Foreign Pole	Overhead Transformer	Fuse
Distribution Line 4-35 kV	Pad mounted Transformer	Line Sensor
Secondary Line < 600 V	Pad for equipment	Capacitor Bank
Transmission Line >35 kV	Recloser	Overhead Light

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL: CITY OF FISHERS 136TH ROAD WIDENING

DATE: 1/10/2025 | LOCATION: FROM PRAIRIE BAPTIST TO CYNTHEANNE

DRAWN: BRYNN STREETER | PHONE: 317-703-0681

ELECTRIC DISTRIBUTION LINE ENGINEERING | APPROVAL SIGNATURE: | DWG NO: SHEET 3 OF 6

SAFETYFirst	Upstream Protection	Safety Reminders / Adverse Conditions		Other Project Notes
▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	BREAKER AT THE FISHERS OLIO ROAD SUB	Remember "Your Circle of Safety"	REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	

ALL WORK IN RED WILL BE DONE UNDER WORK ORDER **55345341**

THIS WORK IS REIMBURSABLE

APPROX. CENTERLINE OF MUD CREEK

WIRE INFORMATION REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

WIRE INFORMATION REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

S3 (P3 - P4)
REMOVE - 193 FT

P4 (REIMBURSABLE)
HMI-1661
REMOVE
55'-2
3Ø DBL CIRCUIT TL
(3.13-195)

S4 (P4 - P5)
REMOVE - 196 FT

P5 (REIMBURSABLE)
HMI-1662
REMOVE
55'-2
3Ø DBL CIRCUIT TL
(03.13-150)

S5 (P5 - P6) REMOVE
3P/N - 556AACB19 (BTM) 121 FT
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP) 77'
FISHERS OLIO RD 1281

P14 (REIMBURSABLE)
HMI-56410
INSTALL
55'-2
3Ø DEAD END
3Ø 600A RISER
(21.05-110)

SWITCH NAME:

P13 (REIMBURSABLE)
HMI-56409
INSTALL
55'-2
3Ø DBL DE (TOP)
(03.13-170)
3Ø DE (BOTTOM)
3Ø 600A RISER (BTM)
(21.05-110)
25' & 30' DOWN GUY

SWITCH NAME:

HMI-46087
40'-4
1PHASE DBL DE
DOWN GUY

P6 (REIMBURSABLE)
HMI-1663
55'-2
REMOVE
1Ø RISER 150A FUSE
INSTALL
1Ø RISER 150A FUSE
(21.02-100)

4FT MIN DEPTH
5FT SOUTH OF POLE

136th Street

S12 (P12 - P14)
APPROX. STA 120+50
INSTALL
667FT 3Ø 1000AL UG
6" BORE
7FT DEPTH
FISHERS OLIO RD 1281

S11 (P11 - P13)
APPROX. STA 120+95
INSTALL
775FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1286

S8 (P9 - P10)
APPROX STA. 121+40
ABANDON - 110 FT
INSTALL - 110FT
1Ø 1/0AL UG
5FT DEPTH
CØ - RADIAL

4FT MIN DEPTH
77FT SOUTH OF POLE

S12 (P12 - P14)
INSTALL (6' NORTH OF R/W)
667FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1281

BOTH BORES MUST BE 10FT BELOW BOTTOM OF EXISTING DITCH

S12 (P12 - P14)
INSTALL (6' NORTH OF R/W)
667FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1281

4FT MIN DEPTH
97FT SOUTH OF POLE

P10: SPLICE PIT
1Ø 1/0 UG CABLE

S11 (P11 - P13)
INSTALL (1FT NORTH OF R/W)
775FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1286

S11 (P11 - P13)
INSTALL (1FT NORTH OF R/W)
775FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1286

15" RCP
Inv. = 822.76

15" RCP
Inv. = 822.96

EX. R/W

MATCHLINE SHEET 3

MATCHLINE SHEET 5

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole		Downguy		Switch	
Foreign Pole		Overhead Transformer		Fuse	
Distribution Line 4-35 kV		Pad mounted Transformer		Line Sensor	
Secondary Line < 600 V		Pad for equipment		Capacitor Bank	
Transmission Line >35 kV	R	Recloser		Overhead Light	

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL	CITY OF FISHERS 136TH ROAD WIDENING
DATE 1/10/2025	LOCATION FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN BRYNN STREETER	PHONE 317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE
	DWG NO SHEET 4 OF 6

SAFETYFirst	Upstream Protection		Safety Reminders / Adverse Conditions		Other Project Notes
▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	BREAKER AT THE FISHERS OLIO ROAD SUB		Remember "Your Circle of Safety"	REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	

ALL WORK IN RED WILL BE DONE UNDER WORK ORDER **55345341**

THIS WORK IS REIMBURSABLE

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P16 (REIMBURSABLE)
HMI-56411
INSTALL
55'-2
3Ø DBL CIRCUIT TL
(03.13-150)
*ADDING 3' OF FILL

P7 (REIMBURSABLE)
HMI-40675
REMOVE
55'-2
3Ø DBL CIRCUIT TL
(03.13-150)

P17 (REIMBURSABLE)
HMI-56412
INSTALL
55'-2
3Ø DBL CIRCUIT TL
(03.13-150)

P25/ P8 (REIMBURSABLE)
HMI-1737
60'-H2
REMOVE
2 - BUCK ARMS
DBL DOWNGUYS
INSTALL
DEAD END MATERIAL
ON EXISTING ARMS
(03.13-170)
1Ø TAP - 150A FUSE
(03.13-180)

ALL WORK IN RED WILL BE DONE UNDER WORK ORDER **55345341**

THIS WORK IS REIMBURSABLE

S6 (P6 - P7)
EXISTING - 222 FT

SPAN (P6 - P16)
164FT PROPOSED LENGTH
TRANSFER EXSTING WIRE

SPAN (P16 - P17)
150FT PROPOSED LENGTH
TRANSFER EXSTING WIRE

S7 (P7 - P8)
EXISTING- 224 FT

S22 (P24 - P25)
INSTALL - 185 FT

S8 (P8 - P9)
REMOVE - 30 FT

S14 (P8 - P18)
INSTALL - 22 FT
1P/N - 1/0AAACB7

S12 (P11 - P12)
REMOVE - 194 FT

P14/ P18 (REIMBURSABLE)
HMI-56413
INSTALL
50'-2
1PHASE DE
15KVA XFMR

P11/ P9 (REIMBURSABLE)
HMI-40678
REMOVE
60'-2
DBL DE DBL CIRCUIT
DBL DOWNGUYS
15KVA XFMR 06.08-124
2" SVC RISER - CHARTER
SERVICE OH - 2ALTX

S9 (P11 - P12)
REMOVE - 38FT
S, 2ALTX

P12: HMI-56577
REMOVE
40' - 4
SEC CLEVIS
BACKFILL FLOW FILL

S11 (P13 - P14)
INSTALL - 80FT
S, 2ALTX

S10 (P12 - P13)
REMOVE - 37FT
S, 2ALTX

P13: HMI-56578
INSTALL
40'-2
NEU DE

TRANSFER - 45FT
S, 2ALTX

064-317
30'-7

122+00 123+00 +00 1+00 126+00

PROPOSED R/W

EX. R/W

EX.

REM

MATCHLINE SHEET 4

MATCHLINE SHEET 6

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole		Downguy		Switch	
Foreign Pole		Overhead Transformer		Fuse	
Distribution Line 4-35 kV		Pad mounted Transformer		Line Sensor	
Secondary Line < 600 V		Pad for equipment		Capacitor Bank	
Transmission Line >35 kV	R	Recloser		Overhead Light	

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY

EXHIBIT A	
DETAIL	CITY OF FISHERS 136TH ROAD WIDENING
DATE 1/10/2025	LOCATION FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN BRYNN STREETER	PHONE 317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE
	DWG NO SHEET 5 OF 6

SAFETYFirst
▷ PERSONAL ACCOUNTABILITY
▷ ACTIVE CARING
▷ HAZARD RECOGNITION

Upstream Protection
BREAKER AT THE FISHERS OLIO ROAD SUB

CIRCLE FOR SAFETY — DUKE ENERGY

Safety Reminders / Adverse Conditions
Remember "Your Circle of Safety"

REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.

Other Project Notes

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P24: HMI-56584
INSTALL
55'-H1
3Ø DBL CIRCUIT DBL DEAD END
(03.13-168)
10' ARMS
15' & 20' DBL LEADS

P23: HMI-56583
INSTALL
55'-H1
3Ø DBL CIRCUIT DBL DEAD END
(03.13-168)
10' ARMS
15' & 20' DBL LEADS

P22: HMI-56582
INSTALL
55'-2
3Ø DBL CIRCUIT THROUGH
(03.13-150)

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P21: HMI-56581
INSTALL
55'-1
3Ø DBL CIRCUIT BUCK ARM
(03.13-165)
30' & 35' DBL LEADS

127+00
128+00
129+00
130+00
131+00
132+00

S22 (P24 - P25)
INSTALL - 185 FT

S21 (P23 - P24)
INSTALL - 70 FT

S20 (P22 - P23)
INSTALL - 132 FT

S19 (P21 - P22)
INSTALL - 152 FT

EX. R/W

S18 (P20 - P21)
INSTALL - 17 FT

S12 (P11 - P12)
REMOVE - 194 FT

S13 (P15 - P16)
REMOVE - 106 FT

S14 (P16 - P17)
REMOVE - 135 FT

P20: HMI-56580
INSTALL
55'-2
3Ø DBL CIRCUIT THROUGH
(03.13-150)

P15: HMI-40679
REMOVE
55'-1
3Ø DBL CIRCUIT THROUGH
BACKFILL FLOW FILL

P16: HMI-1665
REMOVE
55'-2
3Ø DBL CIRCUIT THROUGH
LINE ARRESTERS BOTTOM ARM
BACKFILL FLOW FILL

P17: HMI-40680
REMOVE
55'-2
3Ø DBL CIRCUIT BUCK ARM
(2) DBL DOWN GUYS
BACKFILL FLOW FILL

S15 (P17 - P18)
REMOVE - 40 FT

S17 (P19 - P20)
INSTALL - 45 FT

MATCHLINE SHEET 5

EX. R/W

S16 (P18 - P19)
REMOVE - 108 FT

TRANSFER - 74 FT

P18: HMI-40877
REMOVE
60'-H2
3Ø DBL CIRCUIT BUCK ARM
(2) DBL DOWN GUYS

HMI-40682
55'-1
NO CHANGE

P19: HMI-56579
INSTALL
55'-1
3Ø DBL CIRCUIT BUCK ARM
(03.13-165)
30' & 35' DBL LEADS

Knaurs Realty, LLC
Warranty Deed
Inst. #2021027259

James S. & Jerri L. Gambrell
Warranty Deed
Inst. #2002071413
Tract 2

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole	Downguy	Switch
Foreign Pole	Overhead Transformer	Fuse
Distribution Line 4-35 kV	Pad mounted Transformer	Line Sensor
Secondary Line < 600 V	Pad for equipment	Capacitor Bank
Transmission Line >35 kV	Recloser	Overhead Light

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL	CITY OF FISHERS 136TH ROAD WIDENING
DATE 1/10/2025	LOCATION FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN BRYNN STREETER	PHONE 317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE
	DWG NO SHEET 6 OF 6

CU Estimate
Job Cost Summary
Sorted by: Site, Employee Name

Estimate Request: 13357238 1 **Request Type:** JOB

Work Site: TD-IN

Master WO: 55345341 WP REIMBURSABLE INDOT DES 1802931 @ 136TH (Southeast Parkway to Prairie Baptists Rd)

Estimate Version: 11 1 **Estimate Type:** DESIG N

Estimated On: 02/17/2025 **At:** 10:31:20 AM **By:** MAXADMIN

		Internal	External	Total
Labor Hours				
	Labor Hours - On Site:	941.29		941.29
	Labor Hours - Off Site:	0	0	0
	Total Labor Hours:	**941.29**	**0**	**941.29**
Costs	Labor Cost:	107122.32	0	107122.32
	Services Cost:		139400	139400
	Tools Cost:	0	0	0
	Total Labor, Services, & Tools Cost:	**107122.32**	**139400**	**246522.32**
	New Material Cost:	81411.48	0	81411.48
	Less Salvage:	0		0
	Total Material Cost:	**81411.48**	**0**	**81411.48**
	Total Overheads:			161581.38
	Total Gross Cost:			489515.18
	Less Applied Contributions:			0
	Total Net Cost:			489515.18
	Plus Total Deferred Cost:			0
	Total Estimated Cost:			**489515.18**

15.00
(2)

200100040240
Filed for Record in
HAMILTON COUNTY, INDIANA
MARY L CLARK
07-03-2001 09:44 am.
EASEMENTS 15.00

Cinergy Corporate Records
01008853

Parcel No. 1

Hamilton County

Line Fishers-Olio Road Sub

Document Code Leg-20-14

Fall Creek Township

027985

OVERHEAD LINE EASEMENT

IN CONSIDERATION of the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, the undersigned ("Grantor") hereby grants unto **PSI ENERGY, INC.**, an Indiana corporation, and its successors and assigns ("Grantee"), the perpetual easement and right to construct, operate, patrol, maintain, reconstruct, repair, inspect, relocate, add to and remove an electric and/or telecommunication overhead line or lines, including necessary and convenient supporting structures, wires, anchors, guys, appurtenances and fixtures attached thereto, for the transmission and/or distribution of electrical energy and/or telecommunications over, upon, along, under and across the following described real estate situated in Hamilton County, Indiana, ("Easement Area"):

A strip of land fifty (50) feet by parallel lines off of the south property line of the land of the Grantor , said south property line also being the south line of Section 24 and the center of the existing pavement of 136th Street. Said strip of land shall be located upon that portion of the land of Grantor which is between a line that is three hundred twenty-five (325) East of the East property line of a parcel of land described in **Instrument Number 87-24563**, in the Office of the Recorder of Hamilton County, Indiana and the West property line of a parcel of land described in **Instrument Number 9809847441**, in the same Recorder's Office. Said strip of land is also located in that part of the land of Grantor which lies in the Southwest Quarter (SW ¼) of the Southeast Quarter of Section 24, Township 18 North, Range 5 East, as recorded in **Deed Record 257 Page 141 and 142** and **Instrument Number 9025717** in the same Recorder's Office, and containing approximately 1.72 acre more or less.

To the best of Grantor's personal knowledge, the Easement Area and adjoining land have never been used to release, discharge, generate or store any toxic, hazardous, corrosive or radioactive substance or material.

Grantee's rights herein include ingress and egress to and from the Easement Area across the land of Grantor, using established lanes or driveways when practicable.

Grantor reserves the right to use the Easement Area for any purpose which is consistent with Grantee's rights herein. Any house, building or permanent structure, or portion thereof, upon the Easement Area shall be deemed an inconsistent use by Grantor and shall be removed to the extent it is upon the Easement Area.

Grantor shall comply with applicable codes when making use of the land near Grantee's facilities.

Grantee's rights herein include cutting down, clearing and trimming trees, shrubs and other vegetation, or portions thereof, upon or to the extent they overhang the Easement Area.

THIS TRANSACTION IS EXEMPT FROM REQUIREMENTS OF IC 6-1.1-5.5

B14 01

Any crops or fences damaged as a result of Grantee exercising its rights herein shall be promptly paid by Grantee to the extent such damages are caused by Grantee or its contractors or employees; provided, that a claim for such damages is filed with Grantee at its office at 1000 East Main Street, Plainfield, Indiana 46168, or with Grantee's contractor or employee, within thirty (30) days after such damages occur.

The respective rights and duties herein of Grantor and Grantee shall inure to the benefit of, and shall be binding upon the respective successors, assigns, heirs, personal representatives and/or tenants of Grantor and Grantee.

IN WITNESS WHEREOF, Grantor has signed this Easement effective the 10th day of May, 2001.

Signed Name: Robert W. Crooks

Printed Name: Robert W. Crooks

Signed Name: Marian P. Crooks

Printed Name: Marian P. Crooks

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

Personally appeared before me this day Robert W. Crooks and Marian P. Crooks, as husband and wife, and acknowledged the signing of this Easement by them to be their voluntary act and deed and having been duly sworn/affirmed state(s) that any representations contained therein are true to the best of their personal knowledge.

WITNESS my hand and notarial seal, this 10th day of May, 2001.

My Commission Expires: 1/7/07

My County of Residence: Marion

Signed Name: Linda McPherson

Printed Name: Linda McPherson

This Instrument Prepared by John B. Scheidler, Attorney-at-Law.

Record No. ..... Page .....

Recorded this day of 19 at o'clock M Recorder

Parcel # 019

Warranty Deed

4012

THIS INDENTURE WITNESSETH, That Elmer M. Marple and Gertrude Marple, his wife,

BOOK 257 PAGE 141

of Marion County, in the State of Indiana

Convey and Warrant to Robert W. Crooks and Marian P. Crooks, husband and wife,

of Marion County, in the State of Indiana

for the sum of ONE DOLLAR AND OTHER VALUABLE CONSIDERATION------- Dollars

the following described Real Estate in Hamilton County, in the State of Indiana, to-wit:

Part of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East in Hamilton County, Indiana, more particularly described as follows:
Beginning at the Southwest corner of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East; thence North 00 degrees 00 minutes 10 seconds West (assumed bearing) on and along the West line of said Quarter Quarter Section 1264.94 feet to the South right-of-way line of Interstate Route 69; thence South 88 degrees 33 minutes 05 seconds East on and along said right-of-way line 1317.77 feet to the East line of said Quarter Quarter Section; thence South 00 degrees 06 minutes 35 seconds East on and along said East line 1231.80 feet to the South line of said Quarter Quarter Section; thence North 89 degrees 59 minutes 35 seconds West on and along aforesaid South line 1319.65 feet to the place of beginning, containing 37.79 acres, more or less.
Subject to all legal easements and rights-of-way

Subject to 1970 taxes becoming due and payable in 1971, and all taxes thereafter becoming due.

DULY ENTERED FOR TAXATION
25 day May 1970
C. Melvin Featherston Auditor
Hamilton County

IN WITNESS WHEREOF, The said Elmer Marple and Gertrude Marple, his wife,

Have hereunto set their hand s and seal s this 2nd day of May 1970

Elmer M. Marple (Seal) Gertrude Marple (Seal)
Elmer Marple
M. (Seal) Gertrude Marple (Seal)

This Instrument Recorded May 25 1970
JUNE M. HEDGES, RECORDER HAMILTON COUNTY, IND.

(Seal)

STATE OF INDIANA, MARION COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named

Elmer Marple and Gertrude Marple, his wife,

who acknowledged the execution of the foregoing Deed to be their voluntary act and deed.

WITNESS, my hand and Notarial seal this 2nd day of May 1970

My commission expires March 16, 1971 Max E. Robinson
Max E. Notary Public Robinson

This instrument prepared by Mayson F. Church, Attorney, 938 Conner Street, Noblesville, In Rana 46060

SCALE: 1"=200'

BOOK 257 PAGE 142

I, the undersigned, hereby certify that the within plat is true and correct, representing a survey of the following described real estate:

Part of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East in Hamilton County, Indiana, more particularly described as follows:

Beginning at the Southwest corner of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East; thence North 00 degrees 00 minutes 10 seconds West (assumed bearing) on and along the West line of said Quarter Quarter Section 1264.94 feet to the South right-of-way line of Interstate Route 69; thence South 88 degrees 33 minutes 05 seconds East on and along said right-of-way line 1317.77 feet to the East line of said Quarter Quarter Section; thence South 00 degrees 06 minutes 35 seconds East on and along said East line 1231.80 feet to the South line of said Quarter Quarter Section; thence North 89 degrees 59 minutes 35 seconds West on and along aforesaid South line 1319.65 feet to the place of beginning, containing 37.79 acres, more or less. Subject to all legal easements and rights-of-way.

I further certify that corners were established and marked as indicated on the within plat.

Certified April 10, 1970

ALLAN H. WEIHE REGISTERED 10398 STATE OF INDIANA LAND SURVEYOR

Allan H. Weihe, Reg. L.S. - Indiana #10398

This Instrument Recorded May 25 1972
JUNE M. HEDGES, RECORDER HAMILTON COUNTY, IND.

NO STONE

37.79 ACRE SURVEY (24-18-5)

PREPARED FOR:
MAX E. ROBINSON & CO.
NOBLESVILLE, INDIANA

WEIHE, ENGINEERS, INC.

CIVIL ENGINEERS — LAND SURVEYORS

10515 NORTH COLLEGE AVE. — INDIANAPOLIS, INDIANA 46280

DRAWN BY: R.S	JOB NO. 70-127	SHEET NO. 1
DATE: 4-10-70	SURVEY BY: A.H.W.	

REVISED 4-21-70

E.C. 62 P

016.00

Duly entered for taxation this
____ day of _____, 1990

_____
Auditor of Hamilton County

9025717

WARRANTY DEED

THIS INDENTURE WITNESSETH, That CHARLES GRABLE and SHERRAL GRABLE, husband and wife, each an adult over the legal age of eighteen (18) years, ("Grantor") of Hamilton County, in the State of Indiana,

CONVEY AND WARRANT to ROBERT W. CROOKS and MARIAN P. CROOKS, husband and wife of Hamilton County, in the State of Indiana, for the sum of Two Dollars ($2.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Hamilton County, in the State of Indiana:

The South Half of the West Half of the East Half of the Southeast Quarter of Section 24, Township 18 North, Range 5 East,

EXCEPT: A part of the West Half of the Southeast Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East, Hamilton County, Indiana described as follows: Beginning at the Northwest corner of said Half-Quarter-Quarter Section; thence North 89 degrees 35 minutes 39 seconds East 660.22 feet along the North line of said Half-Quarter-Quarter Section and North line of Owner's land to the East line of the Owner's land; thence South 1 degree 02 minutes 00 seconds East 197.70 feet along said East line; thence South 89 degrees 06 minutes 30 seconds West 47.46 feet; thence North 82 degrees 21 minutes 39 seconds West 103.12 feet; thence North 89 degrees 25 minutes 35 seconds West 513.35 feet to the West line of the Owner's land; thence North 0 degrees 46 minutes 30 seconds West 95.17 feet along said West line to the Point of Beginning, and containing 1.404 acres, more or less.

Subject to property taxes due and payable in May 1991 and thereafter.

Also, subject to easements and restrictions of record and visible unrecorded easements.

IN WITNESS WHEREOF, Grantor has executed this Deed this 17 day of October, 1990.

DULY ENTERED FOR TAXATION
Subject to final acceptance for transfer
17 day Oct 1990
Billy Pearce Auditor Hamilton County
Parcel # 11-24-(2)

Charles Grable

Sherral Grable

STATE OF INDIANA

COUNTY OF MADISON

This Instrument Recorded 10-17 1990
Sharon K. Cherry, Recorder, Hamilton County, IN

RECEIVED FOR RECORD
HAMILTON CO. IN
1990 OCT 17 AM 9:..
SHARON K. CHERRY
RECORDER

Before me, a Notary Public in and for said County and State, personally appeared CHARLES GRABLE and SHERRAL GRABLE, husband and wife who acknowledged the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 17 day of October, 1990.

My commission expires
August 3, 1993

Bryce D. Owens, Notary Public
Residing in Madison County, Indiana.

Please send future tax statements to: Robert W and Marian P Crooks, 14500 E 136, Noblesville IN 46060

Please return Deed to: Robert W and Marian P Crooks 14500 E 136, Noblesville IN 46060

This instrument was prepared by Bryce D. Owens, Attorney at Law

RE:CROOKS.DEE

016.

9809847442
who made for
the split on the
property

8724563

QUITCLAIM DEED

THIS INDENTURE WITNESSES that Marian P. Crooks, ("Grantor") of Hamilton County in the State of Indiana QUITCLAIMED on December 31, 1986 to Glenarbor, Inc., an Indiana corporation, for the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Hamilton County, Indiana:

Beginning at the Southwest corner of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North Range 5 East: thence South 89 degrees 59 minutes 35 seconds East (assumed bearing) on and along South line of said Quarter Quarter Section 75 feet; to the point of beginning of Parcel 2 thence South 89 degrees 59 minutes 35 seconds East (assumed bearing) on and along South line of said Quarter Quarter Section 160 feet; then North 00 degrees 00 minutes 10 seconds West 210 feet; thence North 89 degrees 59 minutes 35 seconds West 160 feet; thence South 00 degrees 00 minutes 10 seconds West 210 feet to point of beginning of Parcel 2, containing .77 acres, more or less.

Beginning at the Southwest corner of the Southeast Quarter of the Southeast Quarter of Section 24, Township 18 North Range 5 East: thence North 00 degrees 00 minutes 10 seconds East 280 feet to point of beginning of Parcel 3 thence North 00 degrees 00 minutes 10 seconds East 70 feet; thence North 89 degrees 59 minutes 35 seconds West 110 feet; thence South 00 degrees 00 minutes 10 seconds West 70 feet; thence South 89 degrees 59 minutes 35 seconds East 110 feet to point of beginning of Parcel 3 containing .18 acres, more or less.

Beginning at the Southwest corner of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East: thence North 89 degrees 59 minutes 35 seconds West (assumed bearing) on and along South line of said Quarter Quarter Section 110 feet to the point of beginning of Parcel 4; thence North 00 degrees 00 minutes 10 seconds East 280 feet; thence North 89 degrees 59 minutes 35 seconds West 75 feet; thence South 00 degrees 00 minutes 10 seconds West 280 feet; thence South 89 degrees 59 minutes 35 seconds East 75.00 feet to the point of beginning of Parcel 4, containing .48 acres, more or less.

IN WITNESS WHEREOF, the Grantor has executed this deed, this ___ day of May, 1987.

Marian P. Crooks

RECEIVED FOR RECORD
JUN 18 3 02 PM '87
SHARON K. CHERRY
RECORDER
HAMILTON CO., IN

_____ 1987

Parcel # 017-002
022-001
022-003

39572 28# 18.25

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

Before me, a Notary Public in and for said County and State, personally appeared Marian P. Crooks who acknowledged the execution of the foregoing Quitclaim Deed as her voluntary act and deed.

Witness my hand and Notarial Seal this 1st day of May, 1987.

Estella L. Milburn
Notary Public #106509

ESTELLA L. MILBURN
Printed

I am a resident of Madison County, Indiana.

My Commission Expires:

1 Oct 89

ESTELLA L. MILBURN, Notary Public
My Commission Expires October 1, 1989
Resident of Madison County, Indiana

NOTARY PUBLIC * INDIANA * SEAL

This instrument was prepared by Thomas A. Vogtner, Attorney at Law, 810 Fletcher Trust Building, Indianapolis, Indiana 46204.

DULY ENTERED FOR TAXATION
18 day June 19 87
Polly Pearce Auditor
Hamilton County
Parcel # _____

-2-

022-004

Subject to final acceptance for transfer
25 day of Aug 1998
Auditor
Hamilton County
10.00
1.00 Exempt #7

Instrument
9809847441

WARRANTY DEED

9809847441
Filed for Record in
HAMILTON COUNTY, INDIANA
MARY L CLARK
On 08-25-1998 At 03:04 pm.
WARR DEED 10.00

This Indenture Witnesseth, That Robert W. and Marian P. Crooks (Grantor) of Hamilton County, in the State of Indiana, **Conveys and Warrants** to Fairglen I, LLC (Grantee) of Hamilton County , in the State of Indiana, for the sum of Ten & 00/100 Dollars ($10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in Hamilton County in the State of Indiana:

A part of the Southeast Quarter of the Southwest Quarter of Section 24,Township 18 North, Range 5 East, described as follows:
Beginning at the Southwest corner of the Southeast Quarter of the Southwest Quarter of Section 24, Township 18 North, Range 5 East, thence South 89 degrees, 59 minutes, 35 seconds East along the south section line of said quarter section 380 feet, thence North 0 degrees, 10 minutes, 30 seconds East 170 feet, thence north 89 degrees, 59 minutes, 35 seconds West 380 feet, thence Southward to the point of beginning.

Subject To any and all easements, agreements, and restrictions of record, The address of such real estate is commonly known as: 14000 East 136, Noblesville IN 46060

Tax bills should be sent to Grantee at address indicated below.

In Witness Whereof, Grantor has executed this deed this 25th day of August, 1998,

Robert W. Crooks (seal) Marian P Crooks (seal)
Robert W. Crooks Marian P. Crooks

STATE OF INDIANA, Hamilton **COUNTY ss:**
ACKNOWLEDGEMENT

Before me, a Notary Public in and for the said County and State, personally appeared Robert W. Crooks and Marian P. Crooks who acknowledged the execution of the foregoing Warranty Deed, and Who , having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notarial seal this 25th day of August, 1998.

My commission expires:
Oct 9, 2001

Signature Estella L Milburn
Printed Stella L. Milburn, Notary Public
Residing in Madison County, Indiana

SEAL
INDIANA

Return to Grantee at and send tax bills to:
Fairglen, LLC
14600 East 136
Noblesville IN 46060

Prepared By Robert W. Crooks

Parcel # 022
022-004

Printed From Archive on 10-17-2000 by ANGELICA D 09847441

DULY ENTERED FOR TAXATION
Subject to final acceptance for transfer
30 day of Oct. 1998

Auditor
Hamilton County

Parcel # 12-12-19-00-00-041.000

Exempt #7

Instrument
9809861335

QUITCLAIM DEED

12.00
(2)
2.00
none

THIS INDENTURE WITNESSETH, that MITCHELL A. MATTHEWS ("Grantor") of Hamilton County in the State of Indiana, QUITCLAIMS his right, title and interest to STEPHANY J. MATTHEWS of Hamilton County, Indiana, for the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, in and to the following described real estate in Hamilton County, Indiana:

A part of the Southeast Quarter of Section 19, Township 18 North, Range 6 East located in Fall Creek Township, Hamilton County, Indiana, being more particularly described as follows:

Beginning at a point on the South line of the Southeast Quarter of Section 19, Township 18 North, Range 6 East, said point of beginning being North 90 degrees 00 minutes 00 seconds West (assumed bearing) 967.00 feet from the Southeast corner of said Southeast Quarter, said point of beginning being the Southwest corner of Deed Record 250, page 92; thence North 90 Degrees 00 minutes 00 seconds west 129.00 feet on and along the South line of said Southeast Quarter; thence North 00 degrees 42 minutes 45 seconds West 474. 91 feet; thence South 90 degrees 00 minutes 00 seconds East 146.19 feet to the West line of Deed Record 250, page 92; thence South 01 degree 21 minutes 41 seconds West 475.00 feet on and along the West line of Deed Record 250, page 92 to the Point of Beginning.

More commonly known as 15588 East 136th Street, Noblesville, Indiana 46060.

Subject to a lien in favor of the Grantor in the sum of Seventeen Thousand Four Hundred Dollars and Fifty Cents ($17,400.50) and the first mortgage of said premises, which mortgage the Grantee expressly assumes and agrees to pay; this deed is given pursuant to certain Decree of Dissolution Of Marriage by and between the parties in the matter entitled In Re: The Marriage of Stephany Jo Matthews and Mitchell Alan Matthews, Hamiltoin Superior Court Number One, Cause Number 29D01-9611-DR-00556, and is in conformity therewith.

IN WITNESSETH WHEREOF, the Grantor has executed this Deed, this 22 day of September, 1998.

Signature Mitchell A. Matthews

Printed MITCHELL A. MATTHEWS

9809861335
Filed for Record in
HAMILTON COUNTY, INDIANA
MARY L CLARK
On 10-30-1998 At 10:34 am.
Q C DEED 12.00

STATE OF INDIANA)
) SS:
COUNTY OF Marion)

Before me, a Notary Public in and for said County and State,

Parcel # 041

Printed From Archive on 10-18-2000 by ANGELICA D

i 12 w (2)

200100040241
Filed for Record in
HAMILTON COUNTY, INDIANA
MARY L CLARK
07-03-2001 09:44 am.
EASEMENTS 12.00

027986

Cinergy Corporate Records
01008854

Parcel No. 1A

Hamilton County

Line Fishers-Olio Road Sub

Document Code Leg-20-14

Fall Creek Township

027986

OVERHEAD LINE EASEMENT

IN CONSIDERATION of the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, the undersigned ("Grantor") hereby grants unto **PSI ENERGY, INC.**, an Indiana corporation, and its successors and assigns ("Grantee"), the perpetual easement and right to construct, operate, patrol, maintain, reconstruct, repair, inspect, relocate, add to and remove an electric and/or telecommunication overhead line or lines, including necessary and convenient supporting structures, wires, anchors, guys, appurtenances and fixtures attached thereto, for the transmission and/or distribution of electrical energy and/or telecommunications over, upon, along, under and across the following described real estate situated in Hamilton County, Indiana, ("Easement Area"):

A strip of land fifty (50) feet by parallel lines off of the south property line of the land of the Grantor , said south property line also being the south line of Section 24 and the center of the existing pavement of 136th Street.

Which strip of land is located in that part of the land of Grantor which lies in the South Half of the West Half of the East Half of the Southeast Quarter of Section 24, Township 18 North, Range 5 East as described in **Instrument Number 9809847442**, in the Office of the Recorder of Hamilton County, and contains approximately 0.26 acre more or less.

To the best of Grantor's personal knowledge, the Easement Area and adjoining land have never been used to release, discharge, generate or store any toxic, hazardous, corrosive or radioactive substance or material.

Grantee's rights herein include ingress and egress to and from the Easement Area across the land of Grantor, using established lanes or driveways when practicable.

Grantor reserves the right to use the Easement Area for any purpose which is consistent with Grantee's rights herein. Any house, building or permanent structure, or portion thereof, upon the Easement Area shall be deemed an inconsistent use by Grantor and shall be removed to the extent it is upon the Easement Area.

Grantor shall comply with applicable codes when making use of the land near Grantee's facilities.

Grantee's rights herein include cutting down, clearing and trimming trees, shrubs and other vegetation, or portions thereof, upon or to the extent they overhang the Easement Area.

THIS TRANSACTION IS EXEMPT FROM REQUIREMENTS OF IC 6-1.1-5.5

#11.00

Any crops or fences damaged as a result of Grantee exercising its rights herein shall be promptly paid by Grantee to the extent such damages are caused by Grantee or its contractors or employees; provided, that a claim for such damages is filed with Grantee at its office at 1000 East Main Street, Plainfield, Indiana 46168, or with Grantee's contractor or employee, within thirty (30) days after such damages occur.

The respective rights and duties herein of Grantor and Grantee shall inure to the benefit of, and shall be binding upon the respective successors, assigns, heirs, personal representatives and/or tenants of Grantor and Grantee.

IN WITNESS WHEREOF, Grantor has signed this Easement effective the 11th day of May, 2001.

FAIRGLEN III, LLC
Grantor

Signed Name: Robert W. Crooks

Printed Name: Robert W. Crooks
Printed Title: President

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

Personally appeared before me this day Robert W. Crooks, President, a duly authorized representative of Grantor, and acknowledged the signing of this Easement by him to be his voluntary act and deed for and on behalf of Grantor and having been duly sworn/affirmed state(s) that any representations contained therein are true to the best of his personal knowledge.

WITNESS my hand and notarial seal, this 11th day of May, 2001.

My Commission Expires: 1/7/07

Signed Name: Linda McPherson

My County of Residence: Marion

Printed Name: Linda McPherson

This Instrument Prepared by John B. Scheidler, Attorney-at-Law.

Robert W. Crooks. & Marian Crooks.

Robert W & Marian Crooks.

Robert W & Marian Crooks

Floyd Mayor

022
35.93 Ac

017
36.67 Ac

016
17.12 Ac

Gunnison, Inc

022.002
0.48 Ac

022.003
0.89 Ac

022.001

017.002
0.77 Ac

11-24-00

50' easement area

136TH ST

Fairgrove III LLC

REAL PROPERTY MAP

TOWNSHIP OF FALL CREEK

HAMILTON COUNTY, INDIANA

S

100 0

1 Inch

This map
aerial photog

RESOLUTION NO. R022525H

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A UTILITY REIMBURSEMNT AGREEMENT (DUKE ENERGY INDIANA)

WHEREAS, the City of Fishers, Hamilton County, Indiana ("City") maintains sections of 136th Street and has determined that certain improvements are necessary for the improvement and/or maintenance of the roadway ("Project");

WHEREAS, Duke Energy Indiana ("DEI") operates and maintains certain electric line facilities upon and/or along 136th Street ("Utility Facilities");

WHEREAS, in order to facilitate the construction of 136th Street, Duke Energy is required to relocate both their overheard and underground power lines in and around the Project area;

WHEREAS, the City has requested DEI relocate its power lines and because the power lines are within a private easement, DEI has requested City reimburse DEI for certain relocation costs; and

WHEREAS, City desires to reimburse certain relocation costs as set forth in the attached Utility Reimbursable Agreement attached hereto as Exhibit A, incorporated herein.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF FISHERS, INDIANA BOARD OF PUBLIC WORKS AND SAFETY AS FOLLOWS:

Section 1. The Utility Reimbursement Agreement in Exhibit A is hereby approved in an amount not to exceed Four Hundred Eighty-Nine Thousand Five Hundred Eighty-Nine and 18/100 Dollars ($489,515.18).

Section 2. The Board hereby authorizes the Mayor and/or Director of Engineering to execute the Utility Reimbursable Agreement and all ancillary documents necessary.

Section 3. This Resolution shall be effective from and upon its adoption.

ALL OF WHICH IS RESOLVED by the Board of Public Works & Safety of the City of Fishers, Hamilton County, Indiana, this 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa Member		

ATTEST: Kari Adriano DATE: 2/25/25
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

November 2023 for Duke Energy
Standard Agreement with Federal Funds
Work by Utility

INDIANA DEPARTMENT OF TRANSPORTATION
HIGHWAY UTILITY AGREEMENT

Agreement Amount: $489,515.18 Des No: 1802931

Agreement Type: Utility Relocation Project No:

Road: 136th Street County: Hamilton

This Agreement made and entered into this 25 day of February, 20 25, by and between (include full name and entity address)

Duke Energy Indiana, LLC

1000 East Main Street

Plainfield, IN 46168

(hereinafter referred to as "the Utility") and the State of Indiana, through the INDIANA DEPARTMENT OF TRANSPORTATION, (hereinafter referred to as "INDOT" or "State"), together referred to as "the Parties".

WITNESSETH:

WHEREAS, INDOT desires to reconstruct 136th street from Southeastern Parkway to Prairie Baptist Road as referenced by the Des No. and Project No. given above (herein referred to as "the Project"); and

WHEREAS, due to the Project, certain abandoning, altering, deactivating, installing, maintaining, modifying, moving, removing and/or supporting of the existing facilities of the Utility will have to be made as shown on the attached plan marked Exhibit "A" ("the Work"); and

WHEREAS, the Utility is willing to perform the Work subject to the terms and conditions hereinafter contained in this Agreement; and

WHEREAS, INDOT may seek construction funds for the Project from the Federal Highway Administration, and to the extent not payable from those funds, INDOT is willing to reimburse the Utility for its actual costs incurred in performing the Work; and

WHEREAS, if INDOT seeks such construction funds, the Utility is willing to cooperate with INDOT in obtaining those funds, provided it does not assume an obligation it does not otherwise have to comply with except by virtue of entering into this Agreement with INDOT; and

WHEREAS, the parties understand that INDOT is the recipient of federal funds and the parties agree to comply with 23 CFR 645, which is hereby incorporated by reference.

NOW, THEREFORE, in consideration of the mutual promises hereinafter contained in this Agreement, the Parties hereby agree to and with each other as follows:

SECTION 1 – DESCRIPTION OF WORK AND ITEMIZED COST ESTIMATE

The Utility shall: __Relocate facilities to overhead and underground to eliminate conflicts with the proposed road project along 136th street.____

The Utility shall perform the Work, and INDOT shall reimburse the Utility for its actual cost in performing the Work.

The Utility shall perform the Work in the following manner:

(1) With its regular construction or maintenance crew and personnel at its standard schedule of wages and working hours; and/or

(2) By an approved contractor, as set forth in 23 CFR 645.109 and/or 645.115.

The preliminary itemized cost estimate for the Work is set forth in the attached Exhibit "B".

SECTION 2 – WORK COMMENCEMENT

The Utility shall not start the Work until INDOT has sent by mail to the Utility both (a) written authorization to proceed with the Work, and (b) written notice that INDOT has acquired all public road right-of-way which is applicable to the Work.

SECTION 3 – SUBORDINATION OF RIGHTS

The existing facilities of the Utility are not located on public road right-of-way. If the existing facilities are not located on public road right-of-way, upon completion of the Work, the Utility shall subordinate its rights to those of INDOT which are located in the public road right-of-way area so long as INDOT agrees to reimburse the Utility if any of the Utility facilities located in the area which has been subordinated by the Utility need to be relocated again in the future at the request of INDOT or on behalf of INDOT, for a highway improvement project. In the event the law changes in Indiana (similar to IC 36-9-27-48 involving the authority of county drainage boards) whereby INDOT may require a public utility with a prior and superior right to a relocation area, to relocate its facilities at the expense of the public utility, then INDOT shall not be required to reimburse the Utility for any such future relocation.

SECTION 4 – MATERIAL ALTERATIONS CHANGES AND UNFORSEEN CIRCUMSTANCES

The Utility shall perform the Work in accordance with the plans, specifications, and estimates shown in Exhibits "A" and "B" and "C", which are herein attached and incorporated by reference. No work shall be performed by the Utility beyond the scope contemplated by Exhibits "A" "B" and "C" without prior written authorization by the INDOT project manager for the Project.

In the event there are changes in the scope of the Work, extra work, a major change in the Work, or at such time that the Utility knows or reasonably could know that the actual cost of the Work will exceed the preliminary estimate in Exhibit "B" by more than 10%, the Utility shall notify INDOT as soon as practical upon discovery.

SECTION 5 – PAYMENTS

All payments shall be made in arrears, and may be made by INDOT via electronic funds transfer to the financial institution designated by the Utility in writing unless a specific waiver has been obtained by the Utility from the Auditor of State.

INDOT shall reimburse the Utility for any item of work or expense outside the scope of the Work, if performed at the written direction of the INDOT project manager for the Project. INDOT shall reimburse the Utility for the actual cost of the Work completed upon presentation of an invoice.

The Utility may submit one invoice per calendar month for the Work. The Utility shall attach an itemization of cost incurred with each invoice. This itemization of cost shall appear in the same form and manner as the preliminary estimate as shown on Exhibit "B".

Within forty-five (45) days after receipt of such invoice, INDOT will reimburse the Utility for its actual cost. If INDOT does not agree with the amount invoiced by the Utility, INDOT will send the Utility a letter by regular mail and list the differences. The letter will be sent to the Utility's address as shown on page 1 of this Agreement, or such subsequent address that the Utility may give to INDOT's authorized representative.

Making a partial payment shall not abrogate INDOT's right to dispute in good faith the Utility's claim for compensation. Such good faith disputes shall be resolved upon presentation of the Utility's final contract invoice and the resolution of any audit performed according to Section 7 of this Agreement.

SECTION 6 – FINAL BILL

The Utility shall present its final invoice accompanied by an itemized cumulative invoice within six (6) months of completion of the Work. All documents required to substantiate any claims for payment shall be submitted with this final invoice. Such supporting documentation shall include, but shall not be limited to, copies of material invoices, time sheets, vendor and/or contractor invoices and other such documents as may reasonably be deemed necessary by INDOT to support such invoice.

SECTION 7 – RECORDS

The accounts and records of the Utility and any contractor or subcontractor involved in carrying out the Work shall be kept in such manner that they may be readily audited and the actual cost determined, and such accounts shall be available for audit by auditors of INDOT, for a period of not less than three (3) years from the date final payment has been received by the Utility.

In the event of a dispute with regard to the actual cost or any other issue under this Agreement, the Utility shall thereafter continue to maintain the accounts and records until that dispute has been finally decided and the time for all available challenges or appeals of that decision has expired.

Upon completion of the Work, INDOT's Division of Accounting and Control may audit the Utility's records to determine the actual cost of the Work. Such audit shall be in accordance with generally accepted auditing standards.

Final payment shall be in accordance with INDOT's resolution of the final audit. If additional money is due to the Utility, INDOT shall make payment to the Utility within forty-five (45) days after the audit resolution is approved by INDOT's Division of Accounting and Control. If the audit resolution shows that the Utility has been overpaid, INDOT shall bill the Utility for such overpayment and provide supporting documentation. The Utility shall pay INDOT for any undisputed bill within forty-five (45) days after receipt of such bill, and shall not be precluded from seeking from INDOT, any amount of the actual cost which INDOT does not pay the Utility.

SECTION 8 – BINDING UPON SUCCESSORS OR ASSIGNS

This Agreement shall be binding upon the parties and their successors and assigns.

SECTION 9 – GENERAL LIABILITY PROVISIONS

The Utility for itself, its employees, agents and representatives, shall indemnify, protect and save harmless INDOT and the State of Indiana from and against any and all legal liabilities and other expenses, claims, cost, losses, suits or judgments for damages, or injuries to or death of persons or damage to or destruction of property (hereinafter "Claim"), arising out of intentional tortious acts or whether due in whole or in part to the negligent acts or omissions of the Utility, its employees or agents or contractors, in relation to or in connection with any work performed or to be performed pursuant to this Agreement, provided however, that where INDOT or the State has been found liable by a court, tribunal or governing body entitled to make such a determination for intentional tortious acts and/or negligence with respect to the occurrence or occurrences giving rise to the Claim, the Utility shall have no duty to indemnify, protect, or save harmless either INDOT or the State.

SECTION 10 – COMPLIANCE WITH LAWS; APPLICABLE LAW

The Utility agrees to comply with all applicable federal, state and local laws, rules, regulations and ordinances but does not have an obligation to comply with any law, rule, regulation, and ordinance it would not otherwise have to comply with except by virtue of entering into this Agreement with INDOT. This Agreement shall be construed in accordance with and governed by the laws of the State of Indiana and suit, if any, must be brought in the State of Indiana.

SECTION 11 – DRUG-FREE WORKPLACE CERTIFICATION

The Utility hereby covenants and agrees to make a good faith effort to provide and maintain a drug-free workplace in accordance with applicable laws but only to the extent such laws are not made applicable to the Utility by virtue of entering into this Agreement with INDOT.

SECTION 12 – NON-DISCRIMINATION

In accordance with applicable laws but only to the extent such laws are not made applicable to the Utility by virtue of entering into this Agreement with INDOT, the Utility shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Agreement, with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of race, color, religion, sex, disability, national origin or ancestry. Breach of this covenant may be regarded as a material breach of this Agreement.

SECTION 13 – NON-COLLUSION

The undersigned attests, subject to the penalties for perjury, that he/she is the authorized representative of the Utility, that he/she has not, nor to the best of his/her personal knowledge, has any

other member, employee, representative, agent or officer of the Utility directly or indirectly entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he/she has not received or paid, any sum of money or other consideration for the execution of this Agreement other than that which appears upon the face of this Agreement.

SECTION 14 – BUILD AMERICA, BUY AMERICA ACT

The Utility's proposed Materials List for the Work is attached hereto and incorporated herein as Exhibit D. INDOT has certified that the Utility's Materials List is compliant with the Build America Buy America Act pursuant to the requirements of 23 CFR 635.410 and Infrastructure Investment and Jobs Act (IIJA, Public Law 117-58, Title IX-Build America, Buy America, div. G §§ 70901-52) on November 15, 2021, and Federal Memorandum M-22-11.

IN WITNESS HEREOF, the parties hereto separately and severally have caused this instrument to be executed in their respective names by and through their duly authorized representatives.

THE UTILITY:

DUKE ENERGY INDIANA, LLC

By: _____ Date: February 18th, 2025

Name: Brynn Streeter

Title: Lead Engineering Technologist

THE STATE OF INDIANA:

By the Indiana Department of Transportation

By: _____ Date: _____

Samantha Anderson

Statewide Director of Utilities and Railroad

Capital Program Management

For: Kent Abernathy, Commissioner

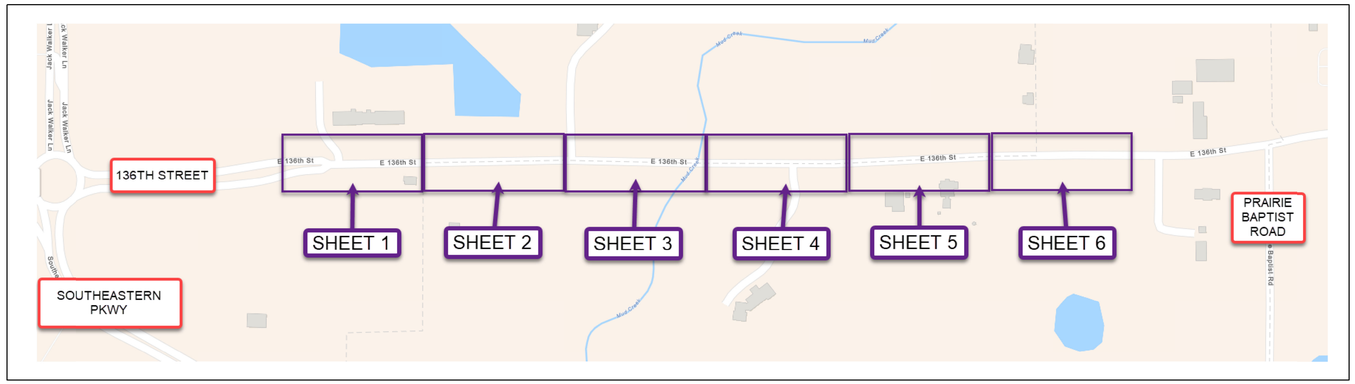
APPROVED AS TO FORM AND LEGALITY:

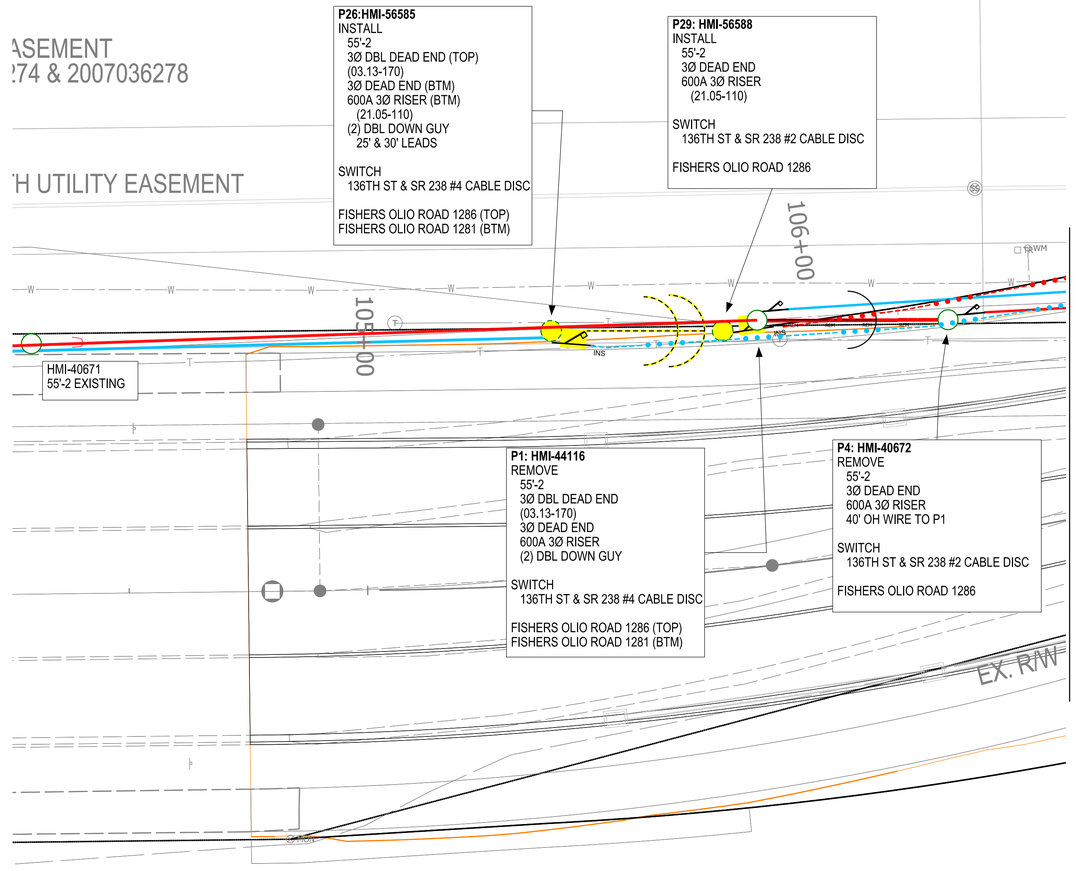
_____ _____

Theodore E. Rokita, Date Approved
Attorney General of Indiana

SAFETYFirst ▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	Upstream Protection	CIRCLE FOR SAFETY	Safety Reminders / Adverse Conditions		REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	Other Project Notes
	BREAKER AT THE FISHERS OLIO ROAD SUB		Remember "Your Circle of Safety"			

SITE MAP





NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole	Downguy	Switch			
Foreign Pole	Overhead Transformer	Fuse			
Distribution Line 4-35 kV	Pad mounted Transformer	Line Sensor			
Secondary Line < 600 V	Pad for equipment	Capacitor Bank			
Transmission Line >35 kV	Recloser	Overhead Light			

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A		
DETAIL	CITY OF FISHERS 136TH ROAD WIDENING	
DATE 1/10/2025	LOCATION	FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN BRYNN STREETER	PHONE	317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE	DWG NO SHEET 1 OF 6

SAFETYFirst ▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	Upstream Protection	CIRCLE FOR SAFETY	Safety Reminders / Adverse Conditions		Other Project Notes
	BREAKER AT THE FISHERS OLIO ROAD SUB		Remember "Your Circle of Safety"	REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P28: HMI-56587
INSTALL
55' - 2
3Ø DEAD END
600A 3Ø RISER
(21.05-110)
SWITCH
136TH ST & SR 238 #3 CABLE DISC

FISHERS OLIO ROAD 1286

P27: HMI-56586
INSTALL
60'-2 (SET 2' DEEPER)
3Ø DBL DE (TOP)
(03.13-170)
3Ø DE (BOTTOM)
3Ø 600A RISER (BTM)
(21.05-110)

SWITCH
136TH ST & SR 238 #5 CABLE DISC

FISHERS OLIO ROAD 1286 (TOP)
FISHERS OLIO ROAD 1281 (BTM)

P30: HMI-56589
INSTALL
60'-2 (SET 3' DEEPER)
3Ø DBL CIRCUIT DE
(03.13-170)
(2) DBL DOWN GUY
30' & 35' LEAD

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P31: HMI-56590
INSTALL (8' S OF R/W)
60'-2
3Ø DBL CIRCUIT TL
(03.13-150)
200A 3Ø RISER
150A FUSE
(21.03-100)

S25 (P28 - P29)
INSTALL - 258FT
1' S OF R/W
3Ø - 1000AL
6" BORE
5FT DEPTH

S24 (P27 - P28)
INSTALL - 32 FT

S26 (P27 - P30)
INSTALL - 40 FT

S27 (P30 - P31)
INSTALL - 171 FT

S28 (P31 - P32)
INSTALL - 178 FT

S1 (P1-P2)
330' REMOVE
3Ø - 1000AL UG

S2 (P2-P3)
40' REMOVE

S4 (P2 - P5)
100' REMOVE

S5 (P5 - P6)
REMOVE - 181 FT

S3 (P3-P4)
247' REMOVE
3Ø - 1000AL UG

S23 (P26 - P27)
INSTALL - 327FT
1' N OF PRO PATH
3Ø - 1000AL UG
6" BORE
5FT DEPTH

P5: HMI-40674
REMOVE
55'-2
3Ø DBL CIRCUIT THROUGH
200A 1Ø RISER (NOT ACTIVE)
BACKFILL FLOW FILL

S30 (P31 - P34)
APPROX STA 110+71
156' INSTALL
3Ø 1/0AL UG
4" BORE
5FT DEPTH

P3: HMI-44117
REMOVE
55'-2
3Ø DEAD END
(03.11-127 NO ARRESTERS)
600A 3Ø RISER
(21.05-110)
(2) DBL DOWN GUY
BACKFILL FLOW FILL

SWITCH
136TH ST & SR 238 #3 CABLE DISC

FISHERS OLIO ROAD 1286

P2: HMI-40673
REMOVE
55'-2
3Ø DBL DEAD END
3Ø DEAD END
600A 3Ø RISER
(2) DBL DOWN GUY
BACKFILL FLOW FILL

SWITCH
136TH ST & SR 238 #5 CABLE DISC

FISHERS OLIO ROAD 1286 (TOP)
FISHERS OLIO ROAD 1281 (BTM)

EX. R/W (Edge of Pavement)

S7 (P6 - P8)
141' REMOVE
3P - 1/0AL UG

12FT MIN DEPTH
82FT SOUTH OF POLE

P8: SPLICE PIT
3 PHASE 1/0UG

107+00 108+00 109+00 110 111+00

MATCHLINE SHEET 1

MATCHLINE SHEET 3

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole		Downguy		Switch	
Foreign Pole		Overhead Transformer		Fuse	
Distribution Line 4-35 kV		Pad mounted Transformer		Line Sensor	
Secondary Line < 600 V		Pad for equipment		Capacitor Bank	
Transmission Line >35 kV	R	Recloser		Overhead Light	

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL	CITY OF FISHERS 136TH ROAD WIDENING
DATE 1/10/2025	LOCATION FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN BRYNN STREETER	PHONE 317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE
	DWG NO SHEET 2 OF 6

SAFETYFirst ▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	Upstream Protection	CIRCLE FOR SAFETY	Safety Reminders / Adverse Conditions		Other Project Notes
	BREAKER AT THE FISHERS OLIO ROAD SUB		Remember "Your Circle of Safety"	REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	

ALL WORK IN RED WILL BE DONE UNDER WORK ORDER **55345341**

THIS WORK IS REIMBURSABLE

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P33 / P2/P10 (REIMBURSABLE)
HMI-1736
REMOVE
60'-H2
DOUBLE DE (2)
2 DBL DG
INSTALL
65'-2 (SET 2' DEEPER)
3Ø DBL CIRCUIT THRU
(03.13-150)

P32: HMI-56591
INSTALL (8' S OF R/W)
60'-2
3Ø DBL CIRCUIT THRU
(03.13.150)

P11 (REIMBURSABLE)
HMI-56408
INSTALL
60'-2
3Ø DBL DE (TOP)
(03.13-170)
3Ø DE (BOTTOM)
3Ø 600A RISER (BTM)
(21.05-110)
35' AND 30' DBL LEAD

SWITCH NAME

P3/P12 (REIMBURSABLE)
HMI-1660
REMOVE
55'-2
3Ø DBL CIRCUIT THROUGH
INSTALL
60'-2
3Ø DE
3Ø 600A RISER ON DE
(21.05-110)

SWITCH NAME

112+00
EX. R/W
113+00
114+00
115+00
116+00
PROPOSED R/W

S28 (P31 - P32)
INSTALL - 178 FT

S29 (P32 - P33)
INSTALL - 143 FT

S2 (P2 - P3)
REMOVE - 191 FT

S10 (P11 - P12)
INSTALL - 50 FT

S1 (P1 - P2)
REMOVE - 30 FT

S9 (P10 - P11)
INSTALL - 140 FT

S6 (P6 - P7)
REMOVE - 200 FT

EX WATER
APPROX 5' DEEP

P7/ P1 (REIMBURSABLE)
HMI-1659
60'-H2
REMOVE
03.13-165
2 DBL DG

S11 (P11 - P13)
APPROX STA 115+32
INSTALL
775FT 3Ø 1000AL UG
6" BORE
6FT DEPTH
FISHERS OLIO RD 1286

S12 (P12 - P14)
APPROX STA 115+84
INSTALL
667FT 3Ø 1000AL UG
6" BORE
6FT DEPTH
FISHERS OLIO RD 1281

P6: HMI-1658
REMOVE
55'-2
3Ø DBL CIRCUIT THROUGH
200A 3Ø RISER
150A FUSE
BACKFILL FLOW FILL

8FT MIN DEPTH
82FT SOUTH OF POLE

8FT MIN DEPTH
82FT SOUTH OF POLE

S12 (P12 - P14)
INSTALL (6' NORTH OF R/W)
667FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1281

S11 (P11 - P13)
INSTALL (1FT NORTH OF R/W)
775FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1286

MATCHLINE SHEET 2

MATCHLINE SHEET 4

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole		Downguy		Switch	
Foreign Pole		Overhead Transformer		Fuse	
Distribution Line 4-35 kV		Pad mounted Transformer		Line Sensor	
Secondary Line < 600 V		Pad for equipment		Capacitor Bank	
Transmission Line >35 kV	R	Recloser		Overhead Light	

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL	CITY OF FISHERS 136TH ROAD WIDENING
DATE	1/10/2025
LOCATION	FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN	BRYNN STREETER
PHONE	317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE
DWG NO	SHEET 3 OF 6

SAFETYFirst ▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	Upstream Protection	CIRCLE FOR SAFETY	Safety Reminders / Adverse Conditions		Other Project Notes
	BREAKER AT THE FISHERS OLIO ROAD SUB		Remember "Your Circle of Safety"	REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	

ALL WORK IN RED WILL BE DONE UNDER WORK ORDER **55345341**

THIS WORK IS REIMBURSABLE

WIRE INFORMATION REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

APPROX. CENTERLINE OF MUD CREEK

WIRE INFORMATION REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

S3 (P3 - P4)
REMOVE - 193 FT

P4 (REIMBURSABLE)
HMI-1661
REMOVE
55'-2
3Ø DBL CIRCUIT TL
(3.13-195)

S4 (P4 - P5)
REMOVE - 196 FT

P5 (REIMBURSABLE)
HMI-1662
REMOVE
55'-2
3Ø DBL CIRCUIT TL
(03.13-150)

S5 (P5 - P6) REMOVE
3P/N - 556AACB19 (BTM) 121 FT
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP) 77'
FISHERS OLIO RD 1281

P14 (REIMBURSABLE)
HMI-56410
INSTALL
55'-2
3Ø DEAD END
3Ø 600A RISER
(21.05-110)

SWITCH NAME:

P13 (REIMBURSABLE)
HMI-56409
INSTALL
55'-2
3Ø DBL DE (TOP)
(03.13-170)
3Ø DE (BOTTOM)
3Ø 600A RISER (BTM)
(21.05-110)
25' & 30' DOWN GUY

SWITCH NAME:

HMI-46087
40'-4
1PHASE DBL DE
DOWN GUY

P6 (REIMBURSABLE)
HMI-1663
55'-2
REMOVE
1Ø RISER 150A FUSE
INSTALL
1Ø RISER 150A FUSE
(21.02-100)

4FT MIN DEPTH
5FT SOUTH OF POLE

136th Street

S12 (P12 - P14)
APPROX. STA 120+50
INSTALL
667FT 3Ø 1000AL UG
6" BORE
7FT DEPTH
FISHERS OLIO RD 1281

S11 (P11 - P13)
APPROX. STA 120+95
INSTALL
775FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1286

S8 (P9 - P10)
APPROX STA. 121+40
ABANDON - 110 FT
INSTALL - 110FT
1Ø 1/0AL UG
5FT DEPTH
CØ - RADIAL

4FT MIN DEPTH
77FT SOUTH OF POLE

S12 (P12 - P14)
INSTALL (6' NORTH OF R/W)
667FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1281

BOTH BORES MUST BE 10FT BELOW BOTTOM OF EXISTING DITCH

S12 (P12 - P14)
INSTALL (6' NORTH OF R/W)
667FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1281

4FT MIN DEPTH
97FT SOUTH OF POLE

P10: SPLICE PIT
1Ø 1/0 UG CABLE

S11 (P11 - P13)
INSTALL (1FT NORTH OF R/W)
775FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1286

S11 (P11 - P13)
INSTALL (1FT NORTH OF R/W)
775FT 3Ø 1000AL UG
6" BORE
5FT DEPTH
FISHERS OLIO RD 1286

15" RCP
Inv. = 822.76

15" RCP
Inv. = 822.96

MATCHLINE SHEET 3

MATCHLINE SHEET 5

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole	Downguy	Switch	
Foreign Pole	Overhead Transformer	Fuse	
Distribution Line 4-35 kV	Pad mounted Transformer	Line Sensor	
Secondary Line < 600 V	Pad for equipment	Capacitor Bank	
Transmission Line >35 kV	Recloser	Overhead Light	

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL	CITY OF FISHERS 136TH ROAD WIDENING
DATE	1/10/2025
LOCATION	FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN	BRYNN STREETER
PHONE	317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	
APPROVAL SIGNATURE	
DWG NO	SHEET 4 OF 6

SAFETYFirst	Upstream Protection		Safety Reminders / Adverse Conditions		Other Project Notes
▷ PERSONAL ACCOUNTABILITY ▷ ACTIVE CARING ▷ HAZARD RECOGNITION	BREAKER AT THE FISHERS OLIO ROAD SUB		Remember "Your Circle of Safety"	REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.	

ALL WORK IN RED WILL BE DONE UNDER WORK ORDER **55345341**

THIS WORK IS REIMBURSABLE

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P16 (REIMBURSABLE)
HMI-56411
INSTALL
55'-2
3Ø DBL CIRCUIT TL
(03.13-150)
*ADDING 3' OF FILL

P7 (REIMBURSABLE)
HMI-40675
REMOVE
55'-2
3Ø DBL CIRCUIT TL
(03.13-150)

P17 (REIMBURSABLE)
HMI-56412
INSTALL
55'-2
3Ø DBL CIRCUIT TL
(03.13-150)

P25/ P8 (REIMBURSABLE)
HMI-1737
60'-H2
REMOVE
2 - BUCK ARMS
DBL DOWNGUYS
INSTALL
DEAD END MATERIAL
ON EXISTING ARMS
(03.13-170)
1Ø TAP - 150A FUSE
(03.13-180)

ALL WORK IN RED WILL BE DONE UNDER WORK ORDER **55345341**

THIS WORK IS REIMBURSABLE

S6 (P6 - P7)
EXISTING - 222 FT

SPAN (P6 - P16)
164FT PROPOSED LENGTH
TRANSFER EXSTING WIRE

SPAN (P16 - P17)
150FT PROPOSED LENGTH
TRANSFER EXSTING WIRE

S7 (P7 - P8)
EXISTING- 224 FT

S22 (P24 - P25)
INSTALL - 185 FT

S8 (P8 - P9)
REMOVE - 30 FT

S14 (P8 - P18)
INSTALL - 22 FT
1P/N - 1/0AAACB7

S12 (P11 - P12)
REMOVE - 194 FT

P14/ P18 (REIMBURSABLE)
HMI-56413
INSTALL
50'-2
1PHASE DE
15KVA XFMR

P11/ P9 (REIMBURSABLE)
HMI-40678
REMOVE
60'-2
DBL DE DBL CIRCUIT
DBL DOWNGUYS
15KVA XFMR 06.08-124
2" SVC RISER - CHARTER
SERVICE OH - 2ALTX

S9 (P11 - P12)
REMOVE - 38FT
S, 2ALTX

P12: HMI-56577
REMOVE
40' - 4
SEC CLEVIS
BACKFILL FLOW FILL

S11 (P13 - P14)
INSTALL - 80FT
S, 2ALTX

S10 (P12 - P13)
REMOVE - 37FT
S, 2ALTX

P13: HMI-56578
INSTALL
40'-2
NEU DE

TRANSFER - 45FT
S, 2ALTX

064-317
30'-7

122+00 123+00 +00 1+00 126+00

PROPOSED R/W

EX. R/W

EX.

MATCHLINE SHEET 4

MATCHLINE SHEET 6

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole		Downguy		Switch	
Foreign Pole		Overhead Transformer		Fuse	
Distribution Line 4-35 kV		Pad mounted Transformer		Line Sensor	
Secondary Line < 600 V		Pad for equipment		Capacitor Bank	
Transmission Line >35 kV	R	Recloser		Overhead Light	

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL	CITY OF FISHERS 136TH ROAD WIDENING
DATE 1/10/2025	LOCATION FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN BRYNN STREETER	PHONE 317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE
	DWG NO SHEET 5 OF 6

SAFETYFirst
- PERSONAL ACCOUNTABILITY
- ACTIVE CARING
- HAZARD RECOGNITION

Upstream Protection

BREAKER AT THE FISHERS OLIO ROAD SUB

Safety Reminders / Adverse Conditions

Remember "Your Circle of Safety"

REMEMBER: Work zone area conditions may have changed for this job. Everyone is responsible for verifying the safety information is correct prior to any work being performed each day.

Other Project Notes

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

WIRE INFORMATION
REMOVE/INSTALL
3P/N - 556AACB19 (BTM)
FISHERS OLIO RD 1286
3P - 556AACB19 (TOP)
FISHERS OLIO RD 1281

P24: HMI-56584
INSTALL
55'-H1
3Ø DBL CIRCUIT DBL DEAD END
(03.13-168)
10' ARMS
15' & 20' DBL LEADS

P23: HMI-56583
INSTALL
55'-H1
3Ø DBL CIRCUIT DBL DEAD END
(03.13-168)
10' ARMS
15' & 20' DBL LEADS

P22: HMI-56582
INSTALL
55'-2
3Ø DBL CIRCUIT THROUGH
(03.13-150)

P21: HMI-56581
INSTALL
55'-1
3Ø DBL CIRCUIT BUCK ARM
(03.13-165)
30' & 35' DBL LEADS

127+00
128+00
129+00
130+00
131+00
132+00

S22 (P24 - P25)
INSTALL - 185 FT

S21 (P23 - P24)
INSTALL - 70 FT

S20 (P22 - P23)
INSTALL - 132 FT

S19 (P21 - P22)
INSTALL - 152 FT

EX. R/W

S12 (P11 - P12)
REMOVE - 194 FT

S13 (P15 - P16)
REMOVE - 106 FT

S14 (P16 - P17)
REMOVE - 135 FT

S18 (P20 - P21)
INSTALL - 17 FT

P20: HMI-56580
INSTALL
55'-2
3Ø DBL CIRCUIT THROUGH
(03.13-150)

P15: HMI-40679
REMOVE
55'-1
3Ø DBL CIRCUIT THROUGH
BACKFILL FLOW FILL

P16: HMI-1665
REMOVE
55'-2
3Ø DBL CIRCUIT THROUGH
LINE ARRESTERS BOTTOM ARM
BACKFILL FLOW FILL

S15 (P17 - P18)
REMOVE - 40 FT

P17: HMI-40680
REMOVE
55'-2
3Ø DBL CIRCUIT BUCK ARM
(2) DBL DOWN GUYS
BACKFILL FLOW FILL

S17 (P19 - P20)
INSTALL - 45 FT

MATCHLINE SHEET 5

P18: HMI-40877
REMOVE
60'-H2
3Ø DBL CIRCUIT BUCK ARM
(2) DBL DOWN GUYS

S16 (P18 - P19)
REMOVE - 108 FT

TRANSFER - 74 FT

HMI-40682
55'-1
NO CHANGE

P19: HMI-56579
INSTALL
55'-1
3Ø DBL CIRCUIT BUCK ARM
(03.13-165)
30' & 35' DBL LEADS

Knaurs Realty, LLC
Warranty Deed
Inst. #2021027259

James S. & Jerri L. Gambrell
Warranty Deed
Inst. #2002071413
Tract 2

NORTH

General Information	
INDOT DES #	1902786
136TH ROAD WIDENING	
CITY OF FISHERS	
HAMILTON COUNTY, IN	
FALL CREEK TOWNSHIP	

Circuit Information		
Distribution Only		
FISHERS OLIO ROAD 1281		
FISHERS OLIO ROAD 1286		
Work Order Information		
MAXIMO	Project Code	OU / Center
46524673	MX6524673	V542 / S429

Duke Energy Legend
(Existing facilities are shown, Proposed are depicted by yellow fill. Distribution/ Secondary Line styles vary, color is identifyer)

Duke Pole		Downguy		Switch	
Foreign Pole		Overhead Transformer		Fuse	
Distribution Line 4-35 kV		Pad mounted Transformer		Line Sensor	
Secondary Line < 600 V		Pad for equipment		Capacitor Bank	
Transmission Line >35 kV	R	Recloser		Overhead Light	

ILLNESS ZERO INJURY

811 Know what's below. Call before you dig.

DUKE ENERGY.

EXHIBIT A

DETAIL	CITY OF FISHERS 136TH ROAD WIDENING
DATE 1/10/2025	LOCATION FROM PRAIRIE BAPTIST TO CYNTHEANNE
DRAWN BRYNN STREETER	PHONE 317-703-0681
ELECTRIC DISTRIBUTION LINE ENGINEERING	APPROVAL SIGNATURE
	DWG NO SHEET 6 OF 6

CU Estimate
Job Cost Summary
Sorted by: Site, Employee Name

Estimate Request: 13357238 1 **Request Type:** JOB

Work Site: TD-IN

Master WO: 55345341 WP REIMBURSABLE INDOT DES 1802931 @ 136TH (Southeast Parkway to Prairie Baptists Rd)

Estimate Version: 11 1 **Estimate Type:** DESIG N

Estimated On: 02/17/2025 **At:** 10:31:20 AM **By:** MAXADMIN

		Internal	External	Total
Labor Hours				
	Labor Hours - On Site:	941.29		941.29
	Labor Hours - Off Site:	0	0	0
	Total Labor Hours:	**941.29**	**0**	**941.29**
Costs	Labor Cost:	107122.32	0	107122.32
	Services Cost:		139400	139400
	Tools Cost:	0	0	0
	Total Labor, Services, & Tools Cost:	**107122.32**	**139400**	**246522.32**
	New Material Cost:	81411.48	0	81411.48
	Less Salvage:	0		0
	Total Material Cost:	**81411.48**	**0**	**81411.48**
	Total Overheads:			161581.38
	Total Gross Cost:			489515.18
	Less Applied Contributions:			0
	Total Net Cost:			489515.18
	Plus Total Deferred Cost:			0
	Total Estimated Cost:			**489515.18**

15.00
(2)

200100040240
Filed for Record in
HAMILTON COUNTY, INDIANA
MARY L CLARK
07-03-2001 09:44 am.
EASEMENTS 15.00

Cinergy Corporate Records
01008853

Parcel No. 1

Hamilton County

Line Fishers-Olio Road Sub

Document Code Leg-20-14

Fall Creek Township

027985

OVERHEAD LINE EASEMENT

IN CONSIDERATION of the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, the undersigned ("Grantor") hereby grants unto **PSI ENERGY, INC.**, an Indiana corporation, and its successors and assigns ("Grantee"), the perpetual easement and right to construct, operate, patrol, maintain, reconstruct, repair, inspect, relocate, add to and remove an electric and/or telecommunication overhead line or lines, including necessary and convenient supporting structures, wires, anchors, guys, appurtenances and fixtures attached thereto, for the transmission and/or distribution of electrical energy and/or telecommunications over, upon, along, under and across the following described real estate situated in Hamilton County, Indiana, ("Easement Area"):

A strip of land fifty (50) feet by parallel lines off of the south property line of the land of the Grantor , said south property line also being the south line of Section 24 and the center of the existing pavement of 136th Street. Said strip of land shall be located upon that portion of the land of Grantor which is between a line that is three hundred twenty-five (325) East of the East property line of a parcel of land described in **Instrument Number 87-24563**, in the Office of the Recorder of Hamilton County, Indiana and the West property line of a parcel of land described in **Instrument Number 9809847441**, in the same Recorder's Office. Said strip of land is also located in that part of the land of Grantor which lies in the Southwest Quarter (SW ¼) of the Southeast Quarter of Section 24, Township 18 North, Range 5 East, as recorded in **Deed Record 257 Page 141 and 142** and **Instrument Number 9025717** in the same Recorder's Office, and containing approximately 1.72 acre more or less.

To the best of Grantor's personal knowledge, the Easement Area and adjoining land have never been used to release, discharge, generate or store any toxic, hazardous, corrosive or radioactive substance or material.

Grantee's rights herein include ingress and egress to and from the Easement Area across the land of Grantor, using established lanes or driveways when practicable.

Grantor reserves the right to use the Easement Area for any purpose which is consistent with Grantee's rights herein. Any house, building or permanent structure, or portion thereof, upon the Easement Area shall be deemed an inconsistent use by Grantor and shall be removed to the extent it is upon the Easement Area.

Grantor shall comply with applicable codes when making use of the land near Grantee's facilities.

Grantee's rights herein include cutting down, clearing and trimming trees, shrubs and other vegetation, or portions thereof, upon or to the extent they overhang the Easement Area.

THIS TRANSACTION IS EXEMPT FROM REQUIREMENTS OF IC 6-1.1-5.5

B14 01

Any crops or fences damaged as a result of Grantee exercising its rights herein shall be promptly paid by Grantee to the extent such damages are caused by Grantee or its contractors or employees; provided, that a claim for such damages is filed with Grantee at its office at 1000 East Main Street, Plainfield, Indiana 46168, or with Grantee's contractor or employee, within thirty (30) days after such damages occur.

The respective rights and duties herein of Grantor and Grantee shall inure to the benefit of, and shall be binding upon the respective successors, assigns, heirs, personal representatives and/or tenants of Grantor and Grantee.

IN WITNESS WHEREOF, Grantor has signed this Easement effective the 10th day of May, 2001.

Signed Name: Robert W. Crooks

Printed Name: Robert W. Crooks

Signed Name: Marian P. Crooks

Printed Name: Marian P. Crooks

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

Personally appeared before me this day Robert W. Crooks and Marian P. Crooks, as husband and wife, and acknowledged the signing of this Easement by them to be their voluntary act and deed and having been duly sworn/affirmed state(s) that any representations contained therein are true to the best of their personal knowledge.

WITNESS my hand and notarial seal, this 10th day of May, 2001.

My Commission Expires: 1/7/07

My County of Residence: Marion

Signed Name: Linda McPherson

Printed Name: Linda McPherson

This Instrument Prepared by John B. Scheidler, Attorney-at-Law.

Record No. ..... Page .....

Recorded this day of 19 at o'clock M Recorder

Parcel # 019

Warranty Deed

4012

THIS INDENTURE WITNESSETH, That Elmer M. Marple and Gertrude Marple, his wife,

BOOK 257 PAGE 141

of Marion County, in the State of Indiana

Convey and Warrant to Robert W. Crooks and Marian P. Crooks, husband and wife,

of Marion County, in the State of Indiana

for the sum of ONE DOLLAR AND OTHER VALUABLE CONSIDERATION------- Dollars

the following described Real Estate in Hamilton County, in the State of Indiana, to-wit:

Part of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East in Hamilton County, Indiana, more particularly described as follows:
Beginning at the Southwest corner of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East; thence North 00 degrees 00 minutes 10 seconds West (assumed bearing) on and along the West line of said Quarter Quarter Section 1264.94 feet to the South right-of-way line of Interstate Route 69; thence South 88 degrees 33 minutes 05 seconds East on and along said right-of-way line 1317.77 feet to the East line of said Quarter Quarter Section; thence South 00 degrees 06 minutes 35 seconds East on and along said East line 1231.80 feet to the South line of said Quarter Quarter Section; thence North 89 degrees 59 minutes 35 seconds West on and along aforesaid South line 1319.65 feet to the place of beginning, containing 37.79 acres, more or less.
Subject to all legal easements and rights-of-way

Subject to 1970 taxes becoming due and payable in 1971, and all taxes thereafter becoming due.

DULY ENTERED FOR TAXATION
25 day May 1972
C. Melvin Featherston Auditor
Hamilton County

IN WITNESS WHEREOF, The said Elmer Marple and Gertrude Marple, his wife,

Have hereunto set their hand s and seal s this 2nd day of May 1970

Elmer M. Marple (Seal) Gertrude Marple (Seal)
Elmer M. Marple (Seal) Gertrude Marple (Seal)

This Instrument Recorded May 25 1972
JUNE M. HEDGES, RECORDER HAMILTON COUNTY, IND.

(Seal)

STATE OF INDIANA, MARION COUNTY, ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Elmer Marple and Gertrude Marple, his wife,

who acknowledged the execution of the foregoing Deed to be their voluntary act and deed.

WITNESS, my hand and Notarial seal this 2nd day of May 1970

My commission expires March 16, 1971 Max E. Robinson Notary Public

This instrument prepared by Mayson F. Church, Attorney, 938 Conner Street, Noblesville, Indiana 46060

SCALE: 1"=200'

BOOK 257 PAGE 142

I, the undersigned, hereby certify that the within plat is true and correct, representing a survey of the following described real estate:

Part of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East in Hamilton County, Indiana, more particularly described as follows:

Beginning at the Southwest corner of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East; thence North 00 degrees 00 minutes 10 seconds West (assumed bearing) on and along the West line of said Quarter Quarter Section 1264.94 feet to the South right-of-way line of Interstate Route 69; thence South 88 degrees 33 minutes 05 seconds East on and along said right-of-way line 1317.77 feet to the East line of said Quarter Quarter Section; thence South 00 degrees 06 minutes 35 seconds East on and along said East line 1231.80 feet to the South line of said Quarter Quarter Section; thence North 89 degrees 59 minutes 35 seconds West on and along aforesaid South line 1319.65 feet to the place of beginning, containing 37.79 acres, more or less. Subject to all legal easements and rights-of-way.

I further certify that corners were established and marked as indicated on the within plat.

Certified April 10, 1970

ALLAN H. WEIHE REGISTERED 10398 STATE OF INDIANA LAND SURVEYOR

Allan H. Weihe, Reg. L.S. - Indiana #10398

This Instrument Recorded May 25 1972
JUNE M. HEDGES, RECORDER HAMILTON COUNTY, IND.

NO STONE

37.79 ACRE SURVEY (24-18-5)

PREPARED FOR :
MAX E. ROBINSON & CO.
NOBLESVILLE, INDIANA

WEIHE, ENGINEERS, INC.

CIVIL ENGINEERS — LAND SURVEYORS

10515 NORTH COLLEGE AVE. — INDIANAPOLIS, INDIANA 46280

DRAWN BY: R.S	JOB NO. 70-137	SHEET NO. 1
DATE: 4-10-70	SURVEY BY: A.H.W.	

REVISED 4-21-70

E.C. 62 P

016.00

Duly entered for taxation this
____ day of _____, 1990

_____
Auditor of Hamilton County

9025717

WARRANTY DEED

THIS INDENTURE WITNESSETH, That CHARLES GRABLE and SHERRAL GRABLE, husband and wife, each an adult over the legal age of eighteen (18) years, ("Grantor") of Hamilton County, in the State of Indiana,

CONVEY AND WARRANT to ROBERT W. CROOKS and MARIAN P. CROOKS, husband and wife of Hamilton County, in the State of Indiana, for the sum of Two Dollars ($2.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Hamilton County, in the State of Indiana:

The South Half of the West Half of the East Half of the Southeast Quarter of Section 24, Township 18 North, Range 5 East,

EXCEPT: A part of the West Half of the Southeast Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East, Hamilton County, Indiana described as follows: Beginning at the Northwest corner of said Half-Quarter-Quarter Section; thence North 89 degrees 35 minutes 39 seconds East 660.22 feet along the North line of said Half-Quarter-Quarter Section and North line of Owner's land to the East line of the Owner's land; thence South 1 degree 02 minutes 00 seconds East 197.70 feet along said East line; thence South 89 degrees 06 minutes 30 seconds West 47.46 feet; thence North 82 degrees 21 minutes 39 seconds West 103.12 feet; thence North 89 degrees 25 minutes 35 seconds West 513.35 feet to the West line of the Owner's land; thence North 0 degrees 46 minutes 30 seconds West 65.17 feet along said West line to the Point of Beginning, and containing 1.404 acres, more or less.

Subject to property taxes due and payable in May 1991 and thereafter.

Also, subject to easements and restrictions of record and visible unrecorded easements.

IN WITNESS WHEREOF, Grantor has executed this Deed this 17 day of October, 1990.

DULY ENTERED FOR TAXATION
Subject to final acceptance for transfer
17 day Oct 1990
Billy Pearce Auditor Hamilton County
Parcel # 11-24-00

Charles Grable

Sherral Grable

STATE OF INDIANA

COUNTY OF MADISON

This Instrument Recorded 10-17 1990
Sharon K. Cherry, Recorder, Hamilton County, IN

RECEIVED FOR RECORD
OCT 17 4 49 PM
SHARON K. CHERRY
RECORDER
HAMILTON CO. IN

Before me, a Notary Public in and for said County and State, personally appeared CHARLES GRABLE and SHERRAL GRABLE, husband and wife who acknowledged the execution of the foregoing Warranty Deed, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 17 day of October, 1990.

My commission expires
August 3, 1993

Bryce D. Owens, Notary Public
Residing in Madison County, Indiana.

Please send future tax statements to: Robert W and Marian P Crooks, 14500 E 136, Noblesville IN 46060

Please return Deed to: Robert W and Marian P Crooks 14500 E 136, Noblesville IN 46060

This instrument was prepared by Bryce D. Owens, Attorney at Law

RE:CROOKS.DEE

016.

9809847442
who made for
the split on the
tax property.

8724563

QUITCLAIM DEED

THIS INDENTURE WITNESSES that Marian P. Crooks, ("Grantor") of Hamilton County in the State of Indiana QUITCLAIMED on December 31, 1986 to Glenarbor, Inc., an Indiana corporation, for the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, the following described real estate in Hamilton County, Indiana:

Beginning at the Southwest corner of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North Range 5 East: thence South 89 degrees 59 minutes 35 seconds East (assumed bearing) on and along South line of said Quarter Quarter Section 75 feet; to the point of beginning of Parcel 2 thence South 89 degrees 59 minutes 35 seconds East (assumed bearing) on and along South line of said Quarter Quarter Section 160 feet; then North 00 degrees 00 minutes 10 seconds West 210 feet; thence North 89 degrees 59 minutes 35 seconds West 160 feet; thence South 00 degrees 00 minutes 10 seconds West 210 feet to point of beginning of Parcel 2, containing .77 acres, more or less.

Beginning at the Southwest corner of the Southeast Quarter of the Southeast Quarter of Section 24, Township 18 North Range 5 East: thence North 00 degrees 00 minutes 10 seconds East 280 feet to point of beginning of Parcel 3 thence North 00 degrees 00 minutes 10 seconds East 70 feet; thence North 89 degrees 59 minutes 35 seconds West 110 feet; thence South 00 degrees 00 minutes 10 seconds West 70 feet; thence South 89 degrees 59 minutes 35 seconds East 110 feet to point of beginning of Parcel 3 containing .18 acres, more or less.

Beginning at the Southwest corner of the Southwest Quarter of the Southeast Quarter of Section 24, Township 18 North, Range 5 East: thence North 89 degrees 59 minutes 35 seconds West (assumed bearing) on and along South line of said Quarter Quarter Section 110 feet to the point of beginning of Parcel 4; thence North 00 degrees 00 minutes 10 seconds East 280 feet; thence North 89 degrees 59 minutes 35 seconds West 75 feet; thence South 00 degrees 00 minutes 10 seconds West 280 feet; thence South 89 degrees 59 minutes 35 seconds East 75.00 feet to the point of beginning of Parcel 4, containing .48 acres, more or less.

IN WITNESS WHEREOF, the Grantor has executed this deed, this ___ day of May, 1987.

Marian P. Crooks

Marian P. Crooks

RECEIVED FOR RECORD
JUN 18 3 02 PM '87
SHARON K. CHERRY
RECORDER
HAMILTON CO., IN

_____ 1987

Notary Public, Hamilton County, Ind.

Parcels 017-002
022-001
022-003

39572 28# NSTR.

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

Before me, a Notary Public in and for said County and State, personally appeared Marian P. Crooks who acknowledged the execution of the foregoing Quitclaim Deed as her voluntary act and deed.

Witness my hand and Notarial Seal this 1st day of May, 1987.

Estella L. Milburn
Notary Public #156509

Estella L. Milburn
Printed

I am a resident of Madison County, Indiana.

My Commission Expires:

1 Oct 89

ESTELLA L. MILBURN, Notary Public
My Commission Expires October 1, 1989
Resident of Madison County, Indiana

NOTARY PUBLIC * INDIANA * SEAL

This instrument was prepared by Thomas A. Vogtner, Attorney at Law, 810 Fletcher Trust Building, Indianapolis, Indiana 46204.

DULY ENTERED FOR TAXATION
18 day June 19 87
Polly Pearce Auditor
Hamilton County
Parcel # _____

-2-

022-004

Subject to final acceptance for transfer
25 day of Aug 1998
Auditor Hamilton County
10.00
Exempt #7

Instrument
9809847441

WARRANTY DEED

9809847441
Filed for Record in
HAMILTON COUNTY, INDIANA
MARY L CLARK
On 08-25-1998 At 03:04 pm.
WARR DEED 10.00

This Indenture Witnesseth, That Robert W. and Marian P. Crooks (Grantor) of Hamilton County, in the State of Indiana, **Conveys and Warrants** to Fairglen I, LLC (Grantee) of Hamilton County , in the State of Indiana, for the sum of Ten & 00/100 Dollars ($10.00) and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the following described real estate in Hamilton County in the State of Indiana:

A part of the Southeast Quarter of the Southwest Quarter of Section 24,Township 18 North, Range 5 East, described as follows:
Beginning at the Southwest corner of the Southeast Quarter of the Southwest Quarter of Section 24, Township 18 North, Range 5 East, thence South 89 degrees, 59 minutes, 35 seconds East along the south section line of said quarter section 380 feet, thence North 0 degrees, 10 minutes, 30 seconds East 170 feet, thence north 89 degrees, 59 minutes, 35 seconds West 380 feet, thence Southward to the point of beginning.

Subject To any and all easements, agreements, and restrictions of record, The address of such real estate is commonly known as: 14000 East 136, Noblesville IN 46060

Tax bills should be sent to Grantee at address indicated below.

In Witness Whereof, Grantor has executed this deed this 25th day of August, 1998,

Robert W. Crooks (seal) Marian P Crooks (seal)
Robert W. Crooks Marian P. Crooks

STATE OF INDIANA, Hamilton **COUNTY ss:**
ACKNOWLEDGEMENT

Before me, a Notary Public in and for the said County and State, personally appeared Robert W. Crooks and Marian P. Crooks who acknowledged the execution of the foregoing Warranty Deed, and Who , having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notarial seal this 25th day of August, 1998.

My commission expires:
Oct 9, 2001

Signature Estella L Milburn
Printed Stella L. Milburn, Notary Public
Residing in Madison County, Indiana

SEAL
INDIANA

Return to Grantee at and send tax bills to:
Fairglen, LLC
14600 East 136
Noblesville IN 46060

Prepared By Robert W. Crooks

Parcel # 022
022-004

Printed From Archive on 10-17-2000 by ANGELICA D 09847441

DULY ENTERED FOR TAXATION
Subject to final acceptance for transfer
30 day of Oct. 1998

Auditor
Hamilton County

Parcel # 12-12-19-00-00-041.000

Exempt #7

Instrument
9809861335

QUITCLAIM DEED

12.00
(2)
2.00
none

THIS INDENTURE WITNESSETH, that MITCHELL A. MATTHEWS ("Grantor") of Hamilton County in the State of Indiana, QUITCLAIMS his right, title and interest to STEPHANY J. MATTHEWS of Hamilton County, Indiana, for the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, in and to the following described real estate in Hamilton County, Indiana:

A part of the Southeast Quarter of Section 19, Township 18 North, Range 6 East located in Fall Creek Township, Hamilton County, Indiana, being more particularly described as follows:

Beginning at a point on the South line of the Southeast Quarter of Section 19, Township 18 North, Range 6 East, said point of beginning being North 90 degrees 00 minutes 00 seconds West (assumed bearing) 967.00 feet from the Southeast corner of said Southeast Quarter, said point of beginning being the Southwest corner of Deed Record 250, page 92; thence North 90 Degrees 00 minutes 00 seconds west 129.00 feet on and along the South line of said Southeast Quarter; thence North 00 degrees 42 minutes 45 seconds West 474. 91 feet; thence South 90 degrees 00 minutes 00 seconds East 146.19 feet to the West line of Deed Record 250, page 92; thence South 01 degree 21 minutes 41 seconds West 475.00 feet on and along the West line of Deed Record 250, page 92 to the Point of Beginning.

More commonly known as 15588 East 136th Street, Noblesville, Indiana 46060.

Subject to a lien in favor of the Grantor in the sum of Seventeen Thousand Four Hundred Dollars and Fifty Cents ($17,400.50) and the first mortgage of said premises, which mortgage the Grantee expressly assumes and agrees to pay; this deed is given pursuant to certain Decree of Dissolution Of Marriage by and between the parties in the matter entitled In Re: The Marriage of Stephany Jo Matthews and Mitchell Alan Matthews, Hamiltoin Superior Court Number One, Cause Number 29D01-9611-DR-00556, and is in conformity therewith.

IN WITNESSETH WHEREOF, the Grantor has executed this Deed, this 22 day of September, 1998.

Signature Mitchell A. Matthews

Printed MITCHELL A. MATTHEWS

9809861335
Filed for Record in
HAMILTON COUNTY, INDIANA
MARY L CLARK
On 10-30-1998 At 10:34 am.
Q C DEED 12.00

STATE OF INDIANA)
) SS:
COUNTY OF Marion)

Before me, a Notary Public in and for said County and State,

Parcel # 041

Printed From Archive on 10-18-2000 by ANGELICA D 09861335

i 12 w (2)

200100040241
Filed for Record in
HAMILTON COUNTY, INDIANA
MARY L CLARK
07-03-2001 09:44 am.
EASEMENTS 12.00

027986

Cinergy Corporate Records
01008854

Parcel No. 1A

Hamilton County

Line Fishers-Olio Road Sub

Document Code Leg-20-14

Fall Creek Township

027986

OVERHEAD LINE EASEMENT

IN CONSIDERATION of the sum of One Dollar ($1.00) and other valuable consideration, the receipt of which is hereby acknowledged, the undersigned ("Grantor") hereby grants unto **PSI ENERGY, INC.**, an Indiana corporation, and its successors and assigns ("Grantee"), the perpetual easement and right to construct, operate, patrol, maintain, reconstruct, repair, inspect, relocate, add to and remove an electric and/or telecommunication overhead line or lines, including necessary and convenient supporting structures, wires, anchors, guys, appurtenances and fixtures attached thereto, for the transmission and/or distribution of electrical energy and/or telecommunications over, upon, along, under and across the following described real estate situated in Hamilton County, Indiana, ("Easement Area"):

A strip of land fifty (50) feet by parallel lines off of the south property line of the land of the Grantor , said south property line also being the south line of Section 24 and the center of the existing pavement of 136th Street.

Which strip of land is located in that part of the land of Grantor which lies in the South Half of the West Half of the East Half of the Southeast Quarter of Section 24, Township 18 North, Range 5 East as described in **Instrument Number 9809847442**, in the Office of the Recorder of Hamilton County, and contains approximately 0.26 acre more or less.

To the best of Grantor's personal knowledge, the Easement Area and adjoining land have never been used to release, discharge, generate or store any toxic, hazardous, corrosive or radioactive substance or material.

Grantee's rights herein include ingress and egress to and from the Easement Area across the land of Grantor, using established lanes or driveways when practicable.

Grantor reserves the right to use the Easement Area for any purpose which is consistent with Grantee's rights herein. Any house, building or permanent structure, or portion thereof, upon the Easement Area shall be deemed an inconsistent use by Grantor and shall be removed to the extent it is upon the Easement Area.

Grantor shall comply with applicable codes when making use of the land near Grantee's facilities.

Grantee's rights herein include cutting down, clearing and trimming trees, shrubs and other vegetation, or portions thereof, upon or to the extent they overhang the Easement Area.

THIS TRANSACTION IS EXEMPT FROM REQUIREMENTS OF IC 6-1.1-5.5

#11.00

(PC 5/94) SF 96-0725 R 5/94

Any crops or fences damaged as a result of Grantee exercising its rights herein shall be promptly paid by Grantee to the extent such damages are caused by Grantee or its contractors or employees; provided, that a claim for such damages is filed with Grantee at its office at 1000 East Main Street, Plainfield, Indiana 46168, or with Grantee's contractor or employee, within thirty (30) days after such damages occur.

The respective rights and duties herein of Grantor and Grantee shall inure to the benefit of, and shall be binding upon the respective successors, assigns, heirs, personal representatives and/or tenants of Grantor and Grantee.

IN WITNESS WHEREOF, Grantor has signed this Easement effective the 11th day of May, 2001.

FAIRGLEN III, LLC
Grantor

Signed Name: Robert W. Crooks

Printed Name: Robert W. Crooks
Printed Title: President

STATE OF INDIANA)
) SS:
COUNTY OF HAMILTON)

Personally appeared before me this day Robert W. Crooks, President, a duly authorized representative of Grantor, and acknowledged the signing of this Easement by him to be his voluntary act and deed for and on behalf of Grantor and having been duly sworn/affirmed state(s) that any representations contained therein are true to the best of his personal knowledge.

WITNESS my hand and notarial seal, this 11th day of May, 2001.

My Commission Expires: 1/7/07

Signed Name: Linda McPherson

My County of Residence: Marion

Printed Name: Linda McPherson

This Instrument Prepared by John B. Scheidler, Attorney-at-Law.

Robert W. Crooks. & Marian Crooks.

Robert W. & Marian Crooks.

Robert W & Marian Crooks.

Floyd Mayor

022
35.93 Ac

017
36.67 Ac

016
17.12 Ac

022.002
0.48 Ac

022.001
0.89 Ac

017.002
0.77 Ac

11-24-00

50' easement area

136TH ST

Fairgate III LLC

REAL PROPERTY MAP

TOWNSHIP OF FALL CREEK

HAMILTON COUNTY, INDIANA

S

100 0

1 Inch

This map
aerial photog

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	2/25/2025	**RESOLUTION NO.**	R022525I
TITLE OF AGENDA ITEM	Request to Approve a Curb Cut on 136th Street for Target.		
PRESENTER/DEPARTMENT	Hatem Mekky, Director, 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 special purchase.** • **Other justification for approval of item.**	Weihe Engineers, on behalf of Target, is requesting approval for a new right-in/right-out curb cut on 136th Street, approximately 320 feet east of the round-about at 136th Street and Minden Drive, to serve the proposed Target site. The 136th Street median will remain as is. There will also be access to the site from Hamilton Commons Blvd (private road continuation of Minden Drive north of the round-about) and the round-about to the east of the proposed right-in/right-out. The access point and geometrics will be reviewed and inspected through the Technical Advisory Committee (TAC) process, per Fishers standards.		
EXPENDITURE $	None		
BUDGETED $	None		
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:	N/A N/A N/A	

Form Revised 01/14/2025

RESOLUTION NO. R022525I

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING CURB CUT ON 136TH STREET

WHEREAS, the City of Fishers, Hamilton County, Indiana ("City"), by and through its Board of Public Works and Safety (the "Board"), supervises the streets, alleys, sewers, public grounds, and other property of the City, pursuant to I.C. §36-9-6-2;

WHEREAS, the Board may regulate the use of right-of-way through, under, or over public ways, pursuant to I.C §36-9-2-6;

WHEREAS, pursuant to Fishers Code of Ordinance §94.11, open cut on certain roads, including 136th Street, shall be approved by the Board; and

WHEREAS, Weihe Engineers, on behalf of Target, is requesting approval for a new right in/right out curb cut on 136th Street, approximately 320 feet east of the round-about at 136th Street and Minden Drive, as described in Exhibit A, attached hereto and incorporated 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 hereby approves the request for a curb cut on 136th Street, as shown on Exhibit A, and map showing location as Exhibit B attached hereto and incorporated herein.

Section 2. The Board hereby authorizes the Director of Engineering to execute any and all documents necessary to effectuate the intent of this Resolution and all ancillary documents in furtherance of the project.

Section 3. This Resolution shall be in full force and effect upon passage and in accordance with Indiana law.

ALL OF WHICH IS RESOLVED BY the City of Fishers Board of Public Works & Safety, Hamilton County, Indiana this 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

WEIHE ENGINEERS
Land Surveying | Civil Engineering
Landscape Architecture
Build with confidence℠

February 14, 2025

Ms. Laura McClure
Department of Engineering
City of Fishers
1 Municipal Dr
Fishers, IN 46038

RE: Target (ILP-25-1 | PP-25-1 | SP-25-1)
Engineering TAC Review

Board of Public Works and Safety,

We are requesting approval to allow a RIRO for the proposed Target Development to occur along 136th Street in between the 2 existing roundabouts west off of Olio Road and east of the IU Health facility. 136th Street is currently set up along the project frontage as 2 lanes westbound and 2 lanes eastbound, with a large landscaped boulevard that separates the 2 sections of 136th Street. The curb cut is located along the south edge of the Target parking lot closest to 136th Street. The existing sidewalk will continue through the RIRO with ADA ramps added on both sides of the RIRO driveway. The RIRO is only planned for the west bound section of 136th Street, to consist of a heavy duty pavement section, and be sloped to provide positive drainage.

Should you have any further questions or requests for additional information pertaining to this project review, please contact me at 317-846-6611.

Sincerely,

Brad Schoeff
Sr. Project Manager, Commercial Development



WEIHE ENGINEERS | 10505 N. College Avenue, Indianapolis, Indiana 46280, weihe.net, 317 | 846 - 6611

RIGHT IN / RIGHT OUT EXHIBIT

SCALE: 1" = 60'

0 30 60 120

N W E S

TARGET - FISHERS, INDIANA

DATE: FEBRUARY 14, 2025

LOCATION: H:\2024\W240746\Engineering\design\exhibits\11x17 curb cut exhibit.dwg
DATE/TIME: February 14, 2025 - 9:11am
PLOTTED BY: wagnera



PLAN LEGEND

UTILITIES

- ORNAMENTAL LIGHT
- STREET LIGHT
- PARKING LOT LIGHT (1 HEAD)
- PARKING LOT LIGHT (2 HEAD)
- PARKING LOT LIGHT (3 HEAD)
- PARKING LOT LIGHT (4 HEAD)
- COMMUNICATIONS JUNCTION BOX
- COMMUNICATIONS MANHOLE
- COMMUNICATIONS PEDESTAL
- COMMUNICATIONS RISER
- TRAFFIC SIGNAL
- STORM CLEANOUT
- BEEHIVE INLET
- CURB INLET
- ROUND INLET
- SQUARE INLET
- STORM MANHOLE
- SANITARY SEWER MANHOLE
- FIRE DEPT HOOKUP
- FIRE HYDRANT
- WATER MANHOLE
- SPRINKLER CONTROL BOX
- SPRINKLER CONTROL VALVE
- SPRINKLER
- WATER METER
- WATER VALVE
- GAS METER
- GAS VALVE
- ELECTRIC MANHOLE
- ELECTRIC OUTLET
- ELECTRIC METER
- TRANSFORMER
- GUY ANCHOR
- ELECTRIC JUNCTION BOX
- UTILITY POLE

OTHER

- SIGN
- BOLLARD
- PARKING WHEEL STOP
- ACCESSIBLE SPACE
- 12 PARKING COUNT

LINE TYPES

- RIGHT OF WAY LINE
- BUILDING SETBACK LINE
- BOUNDARY LINE
- SECTION LINE

ABBREVIATIONS

ROW	RIGHT OF WAY
BSL	BUILDING SETBACK LINE
ESMT	EASEMENT
D.&U.E.	DRAINAGE AND UTILITY EASEMENT
FFE	FINISH FLOOR ELEVATION

REFER TO THE CITY OF FISHERS STANDARD CONSTRUCTION DETAILS FOR ALL RELATED DETAILS AND SPECIFICATIONS THAT RELATE TO THIS SITE. THE CITY STANDARDS TAKE PRECEDENCE OVER THE INFORMATION CONTAINED WITHIN THESE CONSTRUCTION DRAWINGS.

N
W E
S

SCALE: 1" = 100'

0 50 100 200

811
Know what's below. Call before you dig.
Within Indiana Call 811 or 800-382-5544
24 Hours a Day, 7 Days a Week.
PER INDIANA STATE LAW IC 8-1-26, IT IS AGAINST THE LAW TO EXCAVATE WITHOUT NOTIFYING THE UNDERGROUND LOCATION SERVICE TWO (2) WORKING DAYS BEFORE COMMENCING WORK.

WEIHE ENGINEERS
Land Surveying | Civil Engineering
Landscape Architecture
Build with confidence.™
10505 N. College Avenue
Indianapolis, Indiana 46280
weihe.net
317 | 846 - 6611
800 | 452 - 6408
317 | 843 - 0546/fax
ALLAN H. WEIHE, P.E., L.S. - FOUNDER

REVISIONS AND ISSUES

	DATE	BY
ISSUED FOR PERMIT REVIEW	12.13.2024	BJS
ISSUED FOR CPR REVIEW AND COMMENT	12.19.2024	BJS
ISSUED FOR PERMIT REVIEW	01.03.2025	BJS
ISSUED FOR CPR REVIEW AND COMMENT	01.30.2025	BJS
REVISED FOR TAC COMMENTS	02.14.2025	BJS

PROJECT NO.: W24.0746
DWG NAME: W240746-C200 overall site
DESIGNED BY: BJS
DRAWN BY: ALW
CHECKED BY: BJS
DATE: 02/14/2025

STEVEN SCOTT RUCKER
REGISTERED
PE11300279
STATE OF INDIANA
PROFESSIONAL ENGINEER
02/14/2025
STEVEN SCOTT RUCKER P.E. 11300279

PREPARED FOR: TARGET

SOUTHEASTERN PARKWAY AND 136TH STREET,
FISHERS, INDIANA 46037

OVERALL SITE PLAN
Sec. 23, Township 18 North, Range 5 East, Fall Creek Township, Hamilton County, Indiana

SHEET NO.
C200

PROJECT NO.
W24.0746

LOCATION: N:\2024\W240746\Engineering\design\Cornet\W240746-C200 overall site.dwg
DATE/TIME: 2/14/2025 12:16:35 PM
PLOTTED BY: Andrea Wagner

RESOLUTION NO. R022525I

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING CURB CUT ON 136TH STREET

WHEREAS, the City of Fishers, Hamilton County, Indiana ("City"), by and through its Board of Public Works and Safety (the "Board"), supervises the streets, alleys, sewers, public grounds, and other property of the City, pursuant to I.C. §36-9-6-2;

WHEREAS, the Board may regulate the use of right-of-way through, under, or over public ways, pursuant to I.C §36-9-2-6;

WHEREAS, pursuant to Fishers Code of Ordinance §94.11, open cut on certain roads, including 136th Street, shall be approved by the Board; and

WHEREAS, Weihe Engineers, on behalf of Target, is requesting approval for a new right in/right out curb cut on 136th Street, approximately 320 feet east of the round-about at 136th Street and Minden Drive, as described in Exhibit A, attached hereto and incorporated 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 hereby approves the request for a curb cut on 136th Street, as shown on Exhibit A, and map showing location as Exhibit B attached hereto and incorporated herein.

Section 2. The Board hereby authorizes the Director of Engineering to execute any and all documents necessary to effectuate the intent of this Resolution and all ancillary documents in furtherance of the project.

Section 3. This Resolution shall be in full force and effect upon passage and in accordance with Indiana law.

ALL OF WHICH IS RESOLVED BY the City of Fishers Board of Public Works & Safety, Hamilton County, Indiana this 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: Kari Adriano DATE: 2/25/25
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

WEIHE ENGINEERS
Land Surveying | Civil Engineering
Landscape Architecture
Build with confidence℠

February 14, 2025

Ms. Laura McClure
Department of Engineering
City of Fishers
1 Municipal Dr
Fishers, IN 46038

RE: Target (ILP-25-1 | PP-25-1 | SP-25-1)
Engineering TAC Review

Board of Public Works and Safety,

We are requesting approval to allow a RIRO for the proposed Target Development to occur along 136th Street in between the 2 existing roundabouts west off of Olio Road and east of the IU Health facility. 136th Street is currently set up along the project frontage as 2 lanes westbound and 2 lanes eastbound, with a large landscaped boulevard that separates the 2 sections of 136th Street. The curb cut is located along the south edge of the Target parking lot closest to 136th Street. The existing sidewalk will continue through the RIRO with ADA ramps added on both sides of the RIRO driveway. The RIRO is only planned for the west bound section of 136th Street, to consist of a heavy duty pavement section, and be sloped to provide positive drainage.

Should you have any further questions or requests for additional information pertaining to this project review, please contact me at 317-846-6611.

Sincerely,

Brad Schoeff
Sr. Project Manager, Commercial Development



WEIHE ENGINEERS | 10505 N. College Avenue, Indianapolis, Indiana 46280, weihe.net, 317 | 846 - 6611

RIGHT IN / RIGHT OUT EXHIBIT

SCALE: 1" = 60'

0 30 60 120

N W E S

TARGET - FISHERS, INDIANA

DATE: FEBRUARY 14, 2025

LOCATION: H:\2024\W240746\Engineering\design\exhibits\11x17 curb cut exhibit.dwg
DATE/TIME: February 14, 2025 - 9:11am
PLOTTED BY: wagnera



PLAN LEGEND

UTILITIES

- ORNAMENTAL LIGHT
- STREET LIGHT
- PARKING LOT LIGHT (1 HEAD)
- PARKING LOT LIGHT (2 HEAD)
- PARKING LOT LIGHT (3 HEAD)
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- GUY ANCHOR
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- UTILITY POLE

OTHER

- SIGN
- BOLLARD
- PARKING WHEEL STOP
- ACCESSIBLE SPACE
- 12 PARKING COUNT

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- SECTION LINE

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D.&U.E.	DRAINAGE AND UTILITY EASEMENT
FFE	FINISH FLOOR ELEVATION

REFER TO THE CITY OF FISHERS STANDARD CONSTRUCTION DETAILS FOR ALL RELATED DETAILS AND SPECIFICATIONS THAT RELATE TO THIS SITE. THE CITY STANDARDS TAKE PRECEDENCE OVER THE INFORMATION CONTAINED WITHIN THESE CONSTRUCTION DRAWINGS.

N
W E
S

SCALE: 1" = 100'

0 50 100 200

811 Know what's below. Call before you dig.
Within Indiana Call 811 or 800-382-5544
24 Hours a Day, 7 Days a Week.
PER INDIANA STATE LAW IC 8-1-26, IT IS AGAINST THE LAW TO EXCAVATE WITHOUT NOTIFYING THE UNDERGROUND LOCATION SERVICE TWO (2) WORKING DAYS BEFORE COMMENCING WORK.

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Landscape Architecture
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Indianapolis, Indiana 46280
weihe.net
317 | 846 - 6611
800 | 452 - 6408
317 | 843 - 0546 fax
ALLAN H. WEIHE, P.E., L.S. - FOUNDER

REVISIONS AND ISSUES

DATE	BY
12.13.2024	BJS
ISSUED FOR CPR REVIEW AND COMMENT	
12.19.2024	BJS
ISSUED FOR PERMIT REVIEW	
01.03.2025	BJS
ISSUED FOR CPR REVIEW AND COMMENT	
01.30.2025	BJS
REVISED FOR TAC COMMENTS	
02.14.2025	BJS

PROJECT NO. W24.0746
DWG NAME: W240746-C200 overall site
DESIGNED BY: BJS
DRAWN BY: ALW
CHECKED BY: BJS
DATE: 02/14/2025

STEVEN SCOTT RUCKER
REGISTERED
PE11300279
STATE OF INDIANA
PROFESSIONAL ENGINEER
02/14/2025
STEVEN SCOTT RUCKER P.E. 11300279

PREPARED FOR: TARGET

SOUTHEASTERN PARKWAY AND 136TH STREET,
FISHERS, INDIANA 46037

OVERALL SITE PLAN
Sec. 23, Township 18 North, Range 5 East, Fall Creek Township, Hamilton County, Indiana

SHEET NO.
C200

PROJECT NO.
W24.0746

LOCATION: N:\2024\W240746\Engineering\Design\Current\W240746-C200 overall site.dwg
DATE/TIME: 2/14/2025, 12:16:35 PM
PLOTTED BY: Andrea Wagner

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	2/25/2025	**RESOLUTION NO.**	R022525J
TITLE OF AGENDA ITEM	Request to Approve Marathon Pipeline Utility Reimbursable Agreement		
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.**	In order to facilitate the construction of 136th Street, Marathon Pipeline is required to remove existing casing from their pipeline that runs under 136th Street. This Utility Reimbursement Agreement memorializes the reimbursement for this removal work that is located within a private easement. The actual cost of the reimbursable relocation will be realized after the relocation is performed.		
EXPENDITURE $			
BUDGETED $	$360,000		
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:		

Form Revised 01/14/2025

RESOLUTION NO. R022525J

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A UTILITY REIMBURSEMENT AGREEMENT (MARATHON PIPELINE LLC)

WHEREAS, the City of Fishers, Hamilton County, Indiana ("City") maintains sections of 136th Street and has determined that certain improvements are necessary for the improvement and/or maintenance of the roadway ("Project");

WHEREAS, Marathon Pipe Line, LLC ("Marathon") operates and maintains certain utilities upon and/or along 136TH Street ("Utility Facilities");

WHEREAS, in order to facilitate the construction of 136th Street project, Marathon is required to remove their pipeline casting located within a private easement;

WHEREAS, the City has requested Marathon relocate their Utility Facilities and because the Utility Facilities are located in a private easement, Marathon has asked the City to reimburse for certain costs of relocation; and

WHEREAS, City desires to enter into the attached Utility Reimbursable Agreement attached hereto as Exhibit A, incorporated herein.

NOW THEREFORE, BE IT RESOLVED BY THE CITY OF FISHERS, INDIANA BOARD OF PUBLIC WORKS AND SAFETY AS FOLLOWS:

Section 1. The Utility Reimbursement Agreement in Exhibit A is hereby approved in an amount not to exceed Three Hundred Sixty Thousand and no/100 Dollars ($360,000.00).

Section 2. The Board hereby authorizes the Mayor and/or Director of Engineering to execute the Utility Reimbursement Agreement and all ancillary documents necessary.

Section 3. This Resolution shall be effective from and upon its adoption.

ALL OF WHICH IS RESOLVED by the Board of Public Works & Safety of the City of Fishers, Hamilton County, Indiana, this 25th day of February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa 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/COUNTY UTILITY REIMBURSEMENT AGREEMENT

Agreement Amount $360,000.00 Des No. 1902786

Agreement Type Reimbursement Agreement Project No. _____

Work Description Pipeline Casing Removal Road 136th Street

_____ County Hamilton

THIS AGREEMENT, made and entered into this ____ day of _____ 20____ , by and between Marathon Pipe Line LLC, a Delaware limited liability company, with an address of 200 East Hardin Street, Findlay, OH 45840 (hereinafter referred to as the "Utility"), and the City of Fishers, Indiana, with an address of 3 Municipal Drive, Fishers, Indiana 46038, acting by and through its appropriate elected official, (hereinafter referred to as the "Local Public Agency").

WITNESSETH:

WHEREAS, the Local Public Agency desires to improve and/or maintain the condition of the above referenced road and has determined that the construction designated by the above project number (hereinafter referred to as the "project") is necessary for the improvement and/or maintenance of the roadway;

WHEREAS, the State of Indiana, through the Indiana Department of Transportation, (hereinafter referred to as "State") has agreed to recommend approval of this project to the Federal Highway Administration for construction with funds apportioned to the State under Title 23, United States Code and Acts amendatory thereof and supplementary thereto;

WHEREAS, the State will advertise for bids for construction of the project, award the contract, supervise the construction of the project and act as liaison agent for the Local Public Agency with the Federal Highway Administration;

WHEREAS, the project will require certain adjustments, removals, alterations and/or relocations of the existing facilities of the Utility will have to be made as shown on the plan marked Exhibit "A", attached hereto and incorporated by reference;

WHEREAS, it is necessary for the parties hereto to comply with the applicable terms and provisions of the Federal-Aid Policy Guide (hereinafter called the Policy Guide), dated December 9, 1991, and 23 CFR 645 Subpart A, incorporated by reference, in order to receive reimbursement for the costs of the adjustments, removals, alterations and/or relocations of the existing facilities of the Utility;

WHEREAS, it is in the best interests of the Utility and the Local Public Agency, for the Utility to make the necessary adjustments, removals, alterations and/or relocations of

its existing facilities as shown on Exhibit "A" with the Utility's regular construction and maintenance forces, or by a contractor paid under a contract let by the Utility.

NOW, THEREFORE, IN CONSIDERATION OF THE PREMISES AND THE MUTUAL AGREEMENTS AND COVENANT HEREIN CONTAINED (THE ADEQUACY OF WHICH CONSIDERATIONS AS TO EACH OF THE PARTIES TO THIS AGREEMENT IS HEREBY MUTUALLY ACKNOWLEDGED), AND OTHER GOOD AND VALUABLE CONSIDERATIONS, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED AND INTENDING TO BE LEGALLY BOUND, THE PARTIES HEREBY COVENANT AND AGREE AS FOLLOWS:

SECTION I - DESCRIPTION OF WORK AND ITEMIZED COST ESTIMATE

The Utility shall make the necessary adjustments, removals, alterations and/or relocations to its existing facilities as further shown in Exhibit "A" attached hereto and incorporated by reference in the following manner:

By an approved contractor as set forth in 23 CFR 645.109, 645.111 and/or 645.115.

The preliminary itemized cost estimate for this project is set forth in attached Exhibit "B", incorporated by reference, and prepared in accordance with 23 CFR 645.113.

Exhibit "B" shall include an itemized estimate of all anticipated costs, including but not limited to, materials, labor, equipment costs, preliminary and construction engineering costs, administrative costs, eligible property costs, and or contracted services. Each item shall be shown as a 'per unit' cost. Professional services cannot be listed as a percentage of the total cost.

SECTION II - WORK COMMENCEMENT

The Utility shall not start work on the adjustments, removals, alterations and/or relocations covered by this agreement until written authorization has been given the Utility by the Local Public Agency or until a satisfactory starting date has been established with the Local Public Agency's project coordinator.

SECTION III - SUBORDINATION OF RIGHTS

The existing facilities are not located on public right-of-way. If such facilities are located on property, other than public right-of-way, and the Utility either has an easement thereon or a continuing right to maintain the facilities in that location, the Utility, for and in consideration of this agreement, shall subordinate the Utility's rights to those of the Local Public Agency in the highway right-of-way prior to final payment by executing an individual subordination agreement.

SECTION IV - MATERIAL ALTERATIONS DUE TO CHANGED AND UNFORESEEN CIRCUMSTANCES

The Utility shall modify its facilities in accordance with the plans, specifications, and estimates shown in Exhibits "A" and “B”. No work shall be performed by the Utility beyond the scope contemplated by Exhibits "A" and "B" without prior written authorization by the Local Public Agency.

In the event there are changes in the scope of work, extra work, or major change in the planned work covered by the approved agreement, plans, and estimate the Utility shall inform the Local Public Agency as soon as practical upon discovery. The Utility shall also notify the Local Public Agency of any material alterations due to unforeseen circumstances as soon as practical upon discovery. Such notification shall consist of a letter, telephone call, or other electronic communication confirmed by letter to the address of the Local Public Agency listed on Page 1 of this agreement

Notification shall include sufficient information to indicate the nature of the changed or unforeseen circumstances, the location of the changed or unforeseen circumstances, and the impact of the changed or unforeseen circumstances upon the Utility's relocation efforts, cost of the relocation, the time necessary to complete the relocation, and the extent of relocation.

SECTION V - STANDARD PAYMENT METHOD / PROGRESS BILLING

The Utility may, once the Utility has accumulated **$1,000.00** of expenses, submit one request for payment per calendar month for work covered by this agreement. The Utility shall attach an itemization of costs incurred with each request for payment. This itemization of costs shall appear in the same form and manner as the preliminary estimate as shown on Exhibit "B"

The Local Public Agency will reimburse the Utility for any item of worth or expense involved if performed at the written direction of the Local Public Agency. The Utility will be reimbursed for its actual costs of the work described in Exhibit "A" upon presentation of itemized bills to the Local Public Agency from the Utility.

Progress payments made by the Local Public Agency to the Utility shall not exceed ninety-seven percent (97%) of the estimated cost of the completed work. Reimbursement for progress billings shall be paid within sixty (60) days of receipt.

Partial payment shall not abrogate the Local Public Agency's or the State's right to dispute in good faith the Utility's claim for compensation. Such good faith disputes shall be resolved upon presentation of the Utility's final request for payment and the resolution of any audit performed in accordance with Section VII of this agreement.

SECTION VI – LUMP SUM PAYMENT METHOD

The Utility may elect to petition the Local Public Agency for payment of its expenses by Lump Sum. Such petition shall include Exhibits "A" and "B" along with a detailed explanation requesting payment by lump sum and showing how all individuals will be best served by this payment method.

The Local Public Agency may make payment to the Utility by lump sum if the total cost for the adjustments, removals, alterations, and/or relocations do not exceed $25,000.00. Lump sum payments in excess of $25,000 will be made only if in the best interests of the public in accordance with 23 CFR 645.113(f) and approved by the Federal Highway Administration.

If a lump sum payment is approved, the Utility shall submit one request for payment no later than ninety (90) days after the work is completed. No amount in excess of the agreed amount in Exhibit "B" shall be reimbursed.

SECTION VII - FINAL BILL

The Utility shall present its final itemized bill accompanied by an itemized cumulative invoice within ninety (90) days of completion of its work. All documents required to substantiate any claims for payment shall be submitted with this final itemized bill. Such supporting documentation shall include, but shall not be limited to, copies of material invoices, time sheets, vendor and/or contractor invoices and other such documents as may be deemed by the State to support such invoice.

Upon receipt of a final bill, the Utility shall be reimbursed for such items of project work, expense and retainage within ninety (90) days after the resolution and issuance of any audit performed in accordance with Section IX.

SECTION VIII - RECORDS

The Utility accounts and the accounts and records of any contractor or subcontractor involved in carrying out the proposed work shall be kept in such manner that they may be readily audited and actual costs determined, and such accounts shall be available for audit by auditors of the State, the Federal Highway Administration, and/or the Local Public Agency for a period of not less than three (3) years from the date final payment has been received by the Utility In accordance with 23 CFR 645.117.

Upon completion of the Utility's work, the Indiana Department of Transportation's Division of Accounting and Control may audit the Utility's records to determine the cost of relocation. Such audit shall be in accordance with generally accepted auditing standards and the appropriate cost principles as set forth in 48 CFR Part 31.

If the audit resolution shows that the Utility has been overpaid, the Local Public Agency shall bill the Utility for such overpayment and provide supporting documentation. The Utility shall pay the Local Public Agency within thirty-five (35) days after receipt of such bill and the Local Public Agency shall remit the Federal share to the State.

SECTION IX - DISCRIMINATION

Pursuant to IC 22-9-1-10, the Utility, its Contractor and subcontractors, if any, shall not discriminate against any employee or applicant for employment, to be employed in the performance of this contract, with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of race, color, religion, sex, disability, national origin or ancestry. Breach of this covenant may be regarded as a material breach of contract.

The Utility shall comply with the Regulations relative to Nondiscrimination in federally-assisted programs of the Department of Transportation Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, incorporated by reference.

SECTION X - GENERAL LIABILITY PROVISIONS

The Utility for itself, its employees, agents and representatives, shall indemnify, protect and save harmless the Indiana Department of Transportation, the State of Indiana, and the Local Public Agency from and against any and all legal liabilities and other expenses, claims, costs, losses, suits or judgments for damages, or injuries to or death of persons or damage to or destruction of property (hereafter "Claim"), arising out of intentional tortious acts or whether due in whole or in part to the negligent acts or omissions of the Utility, its employees or agents or contractors, in relation to or in connection with any work performed or to be performed pursuant to this agreement, provided however, that where said Department of Transportation and/or the Local Public Agency his been found liable by a court, tribunal or governing body entitled to make such a determination for intentional tortious acts and/or negligence with respect to the occurrence or occurrences giving rise to the Claim, the Utility shall have no duty to indemnify, protect, or save harmless either the Department of Transportation, the State, or the Local Public Agency.

SECTION XI - INCORPORATION OF THE UTILITY POLICY GUIDE

The Policy Guide forms an essential part of this agreement, and the terms or provisions of this agreement in no way abrogate or supersede the terms or provisions set forth in said Policy Guide.

SECTION XII - PENALTIES/INTEREST/ATTORNEY'S FEES

The Local Public Agency will in good faith perform its required obligations hereunder and does not agree to pay any penalties, liquidated damages, interest, and/or attorney's fees, except as required by Indiana law, in part, IC 5-17-5-1 at seq.

SECTION XIII - GOVERNING LAWS

This agreement shall be construed in accordance with and governed by the laws of the State of Indiana and suit, if any, must be brought in the State of Indiana.

SECTION XIV - BINDING UPON SUCCESSORS OR ASSIGNS

This agreement shall be binding upon the parties and their successors and assigns.

SECTION XV - NON-COLLUSION AFFIDAVIT

The Utility shall execute a Non-Collusion Affidavit, notarized with a seal, which is attached hereto and incorporated by reference. If the Utility is a governmental entity, the execution of a Non-Collusion affidavit shall not be required.

SECTION XVI - MAINTAINING A DRUG-FREE WORKPLACE

(A) The Utility and its subcontractors, if any, covenant and agree to make a good faith effort to provide and maintain during the term of this agreement a drug-free workplace, and that written notice will be given to the contracting Local Public Agency and the Indiana Department of Administration within ten (10) days after receiving actual notice that an employee of the Utility has been convicted of a criminal drug violation occurring in the Utility's workplace.

(B) In addition to the provisions of paragraph (A) above, if the total contract amount set forth in this agreement is in excess of $25,000.00, the Utility and its subcontractors, If any, hereby further agree that this agreement is expressly subject to the terms, conditions and representations contained in the Drug-Free Workplace certification executed by the Utility in conjunction with this agreement and which is appended as an attachment hereto.

(C) It is further expressly agreed that the failure of the Utility and its subcontractors, if any, to in good faith comply with the terms of paragraph (A) above, or falsifying or otherwise violating the terms of the certification referenced in paragraph (B) above, shall constitute a material breach of this agreement, and shall entitle the State and the Local Public Agency to impose sanctions against the Utility and its subcontractors, if any, including, but not limited to, suspension of contract payments, termination of this agreement and/or debarment of the Utility and its subcontractors, if any, from doing business with the State and the Local Public Agency for up to three (3) years.

SECTION XVII – BUY AMERICA CERTIFICATION

The Utility agrees that all steel and cast iron materials and products to be used under this agreement will be produced and manufactured in the United States of America pursuant to the requirements of Indiana Code 5-16-8-1, et al. and 23 CFR 635.410.

The remainder of this page is intentionally left blank.

IN WITNESS HEREOF the parties hereto separately and severally have caused this instrument to be executed in their respective names by and through their duly authorized officers.

THE UTLITY:

Marathon Pipe Line LLC
(Utility Name)

(Authorized Signatory)

Andrew Oswalt
(Authorized Signatory Name, Printed or Typed)

Right of Way Supervisor
(Officer's Position)

ATTEST:

(Signature)

Alexander J. Starr
(Name, Printed or Typed)

AMB
AMB
Approved as to Form

ACKNOWLEDGEMENT

State of Ohio County of Hancock SS:

Before me, the undersigned Notary Public in and for said County and State, personally appeared Andrew Oswalt, Right of Way Supervisor for Marathon Pipe Line LLC, a Delaware limited liability company, and acknowledged the execution of the foregoing contract on this 20th day of February 2025.

Witness my hand and seal the said last day.

My Commission Expires Aug. 21, 2029

(Signature)

Holly A. Fenstermaker

(Seal)

Holly A. Fenstermaker
Notary Public, State of Ohio
My Commission Expires 8/21/2029

Holly A. Fenstermaker
(Printed or Typed) (Notary Public)

FOR:

_____
(Name of Local Public Agency)

BY: **ATTEST**:

_____ _____

_____ _____
(Typed or Printed Name) (Typed or Printed Name)

_____

_____
(Typed or Printed Name)

_____

_____
(Typed or Printed Name)

ACKNOWLEDGEMENT

State of Indiana, County of _____, SS:

Before me, the undersigned Notary Public in and for the County and State, personally appeared _____

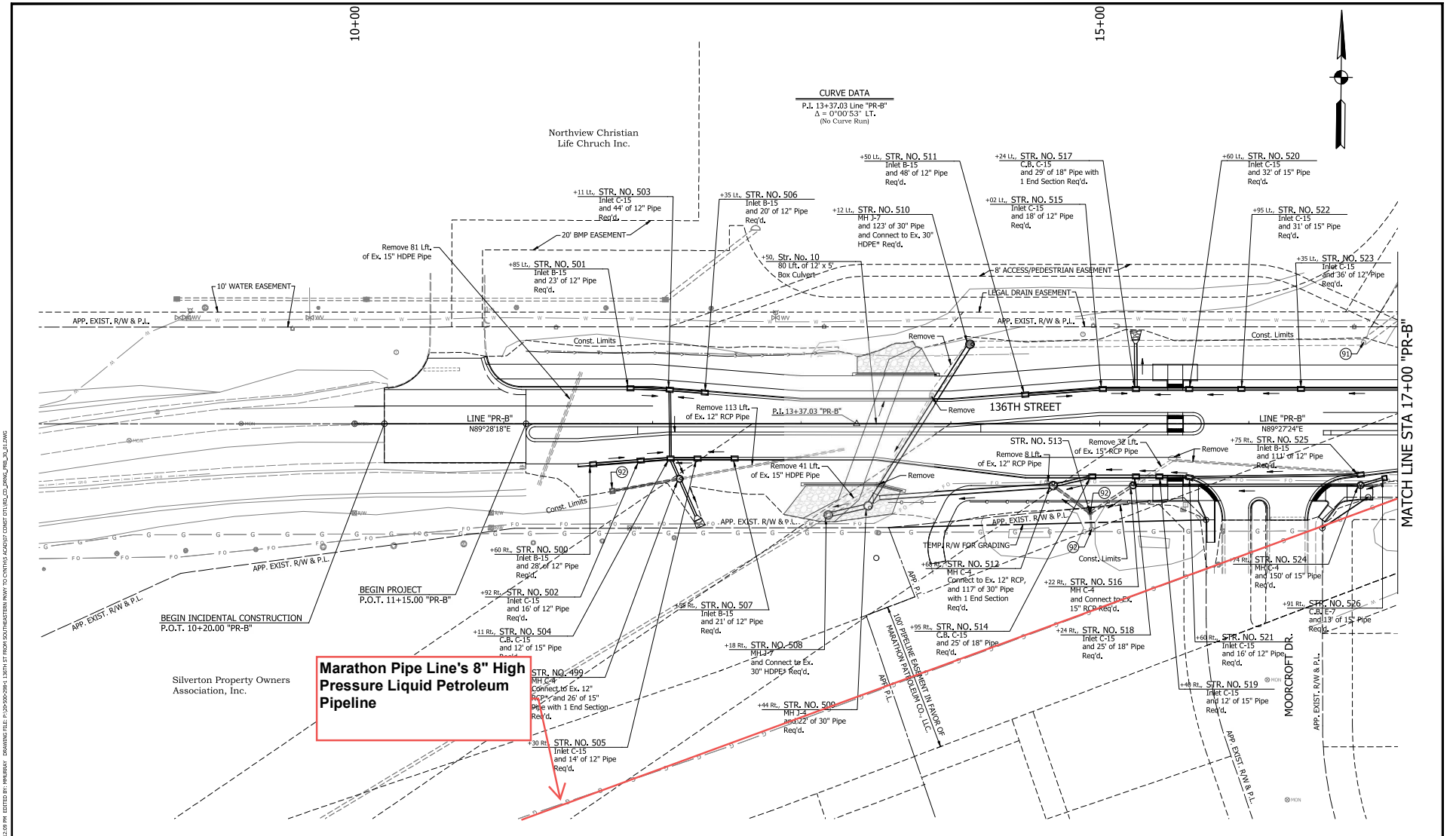
and acknowledged the execution of the foregoing contract on this ____ day of _____ 20___.

My Commission Expires _____ _____
(Signature)

_____ _____
(seal) (Printed or Typed) (Notary Public)

This document prepared by: _____

EXHIBIT A



LEGEND

(90) Existing Structure Installed by Others
(91) Casting, Inlet, Adjust to Grade
(92) Do Not Disturb
(93) Casting, Manhole, Adjust to Grade
* Field Verify Size, Location, and Invert Req'd.

RECOMMENDED FOR APPROVAL — DESIGN ENGINEER — 9/23/2024 DATE

DESIGNED: YZ 9/2024 | DRAWN: KRU 9/2024
CHECKED: ROP 10/2024 | CHECKED: ROP 10/2024

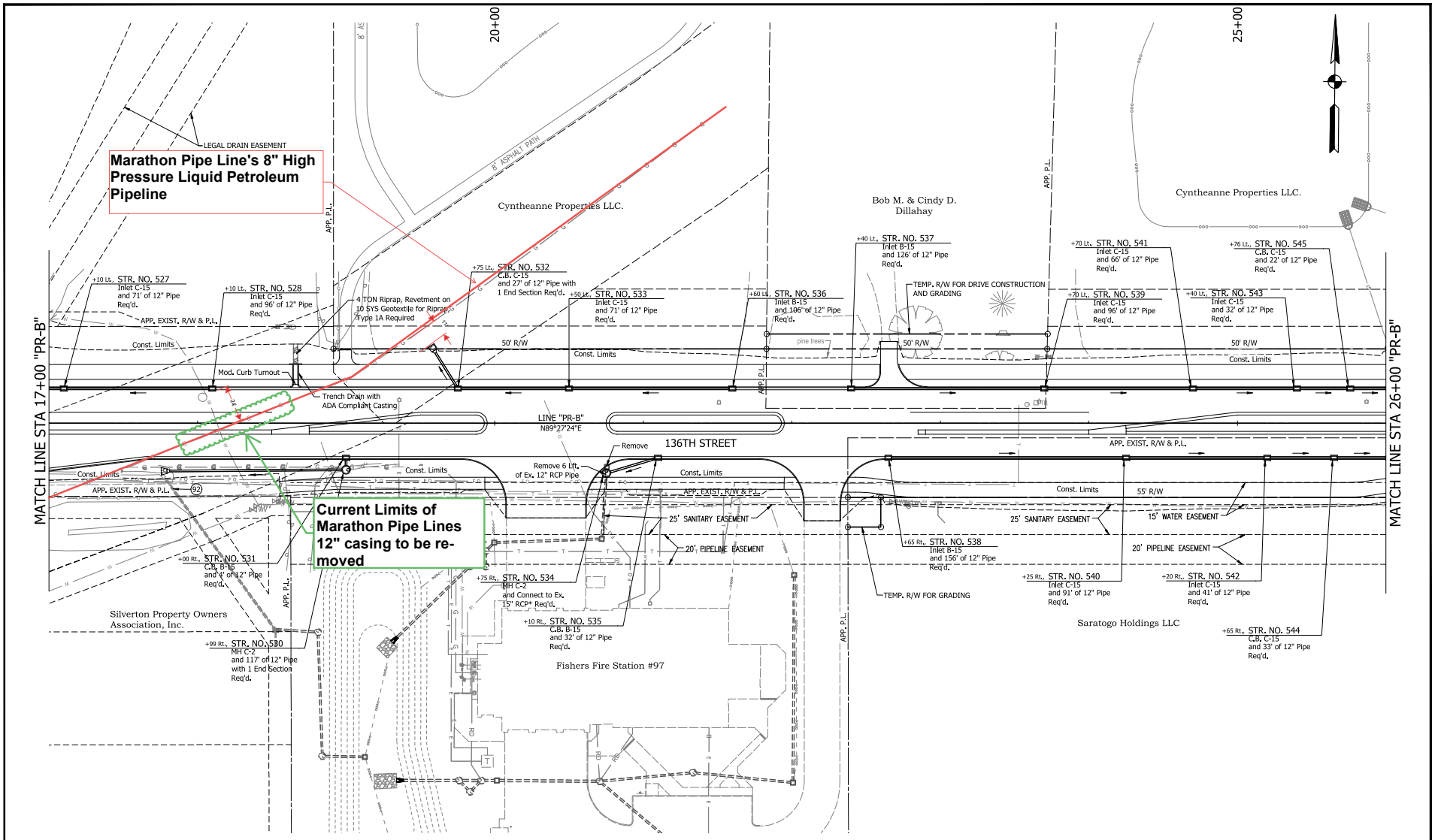
INDIANA DEPARTMENT OF TRANSPORTATION

DRAINAGE DETAILS
STA. 10+00.00 TO 17+00.00 LINE "PR-B"

HORIZONTAL SCALE	BRIDGE FILE
1" = 30'	
VERTICAL SCALE	DESIGNATION
N/A	1902786
SURVEY BOOK	SHEET
	28 of 166
CONTRACT	PROJECT
R-45107	1902786

PRINT DATE: 10/2/24
PLOT SCALE: 1:1 EDIT DATE: 9/27/24 - 12:09 PM EDITED BY: MMURRAY DRAWING FILE: P:\2025\2025R-138TH ST FROM SOUTHEASTERN PKWY TO CYNTHIS ACAD\07 CONST DTL\RD_CD_DRWG_PRB_PLAN.DWG

EXHIBIT A



LEGEND

(90) Existing Structure Installed by Others
(91) Casting, Inlet, Adjust to Grade
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* Field Verify Size, Location, and Invert Req'd.

RECOMMENDED FOR APPROVAL — DESIGN ENGINEER — DATE: 9/23/2024

DESIGNED: YZ 9/2024 | DRAWN: KRU 9/2024
CHECKED: ROP 10/2024 | CHECKED: ROP 10/2024

INDIANA DEPARTMENT OF TRANSPORTATION

DRAINAGE DETAILS
STA. 17+00.00 TO 26+00.00 LINE "PR-B"

HORIZONTAL SCALE	BRIDGE FILE
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N/A	1902786
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	29 of 166
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PROJECT ESTIMATE

Project Leader:	Rebecca Church		Project ID:	PIF 15686	State:	Indiana	Date: 10/21/2024
Budget Type:	Reimbursable		Project Level:	Level 0	Budget Year:	2025	Contingency
SAP Company Code:	5404	R	Location/System:	RIO 8" Products			Method: Fixed %
MPMP Phase:	Definition		Project Type:	Pipeline Replacement (Casing)			%: 0%
Project Description:	136th Street Casing Removal						

Estimate Basis

Work Days/Hours, Construction Schedule, Downtimes

Construction duration is expected to be ten (10) total working days. Monday - Saturday, 10 hour days.

Scope of work includes potholing foreign utilities, excavating and removing the coated 100 foot long 12 inch diameter casing, visually inspecting the 8 inch pipe, backfilling the excavation to existing grade and relocating one test station.

Other Assumptions, Allowances, Exclusions

Assumes Marathon's contractor is responsible for road closure. Traffic control plan, signage and barricades included. Cost savings can be realized if Marathon is not responsible for these items.

Assumes complete road closure so the entire length of the casing can be excavated at one time.

Excavation method will be to daylight nearby foreign utilities using hydroexcavation, then mechanically excavate the casing.

Pipe coating is suspected of containing asbestos and will be handled and disposed of accordingly.

Cold patch asphalt repair of the road is included. Pipe will be bedded with sand, then flowable fill will be installed up to the bottom of road subgrade.

Assumes flowable fill will be used to backfill the road footprint and backfilling with previously excavated, native soil outside the road footprint.

Restoration only includes backfilling. Sidewalk repair and seed/grass not included due to other construction activities.

Conventional traffic control (signs, cones, barrels, etc) included.

One day of hydro-excavation for potholing, then 100% mechanical excavation.

One day for cathodic protection test station work by Marathon Corrosion Technician.

All work to be performed per Marathon Petroleum Company's safety, environmental and construction quality standards.

24 hour wellpoints NOT included. Additional cost will be incurred if continuous dewatering is needed beyond a general sump pump in the excavation. Water will be discharged on ground through a filter bag.

An equipment laydown area sized 100 feet by 100 feet is needed throughout the duration of the construction.

Marathon Pipe Line's 17% Overhead is included in the total estimated cost below.

Risks, Opportunities

Allowances for carrier pipe repair such as sleeve installation or cutout section not included. Extensive repairs required based on non-destructive testing beyond coating will be completed on T&M basis.

Service Contracts

Description	SAP Code of Account	Bud.	Year	# Req'd	UOM	Cost	Total Cost	Overhead	EFC
Civil and Piping							$0	17%	$0
Mobilization/Demobilization	300 Piping	Reimbursable	2025	1	LS	$17,600	$17,600	17%	$20,592
Labor Allowance	300 Piping	Reimbursable	2025	1	LS	$108,240	$108,240	17%	$126,641
Equipment Allowange	300 Piping	Reimbursable	2025	1	LS	$22,246	$22,246	17%	$26,028
Materials and Backfill	300 Piping	Reimbursable	2025	1	LS	$53,546	$53,546	17%	$62,649
Asbestos Abatement	300 Piping	Reimbursable	2025	1	LS	$19,663	$19,663	17%	$23,005
Traffic Control Allowance	300 Piping	Reimbursable	2025	1	LS	$15,718	$15,718	17%	$18,390
Indirects							$0	17%	$0
Project Inspector	036 Site Facilitator/Inspector	Reimbursable	2025	12	Day	$1,210	$14,520	17%	$16,988
Road Closure Plan	0P1 Indirects	Reimbursable	2025	1	LS	$11,000	$11,000	17%	$12,870
						Service Contracts Sub-Total	**$262,533**	**17.0%**	**$307,163**

Owner Supplied Materials

14% Shipping & Tax %

Description	SAP Code of Account	Bud.	Year	# Req'd	UOM	Cost	Total Cost	S&T	Overhead	EFC
Waste Drums Disposal	415 Waste Hauling & Dumping	Reimbursable	2025	25	EA	$60	$1,500	$210	17%	$2,001
Test Station Materials	100 Equipment & Setting	Reimbursable	2025	1	EA	$250	$250	$35	17%	$333
Waste Sample Testing	415 Waste Hauling & Dumping	Reimbursable	2025	1	LS	$1,000	$1,000	$140	17%	$1,334
		Reimbursable	2025	0		$0	$0	$0	17%	$0
						Owner Supplied Materials Sub-Total	**$2,750**	**$385**	**17.0%**	**$3,668**

Marathon Project Management L&B

L3S L&B (rate includes Supervisor)	Bud.	Year	# Req'd	UOM	Cost	Total Cost	Overhead	EFC
Engineer I (Except AK & CA)	Reimbursable	2025	20	day	$1,720	$34,400	17%	$40,248
					Marathon Project Management L&B Sub-Total	**$34,400**	**17.0%**	**$40,248**

Marathon Operations L&B

Business Partner L&B	Bud.	Year	# Req'd	UOM	Cost	Total Cost	Overhead	EFC
Operations Tech./Permit Writer	Reimbursable	2025	10	day	$750	$7,500	17%	$8,775
					Marathon Operations L&B Sub-Total	**$7,500**	**17.0%**	**$8,775**

Estimate Sub-Total	**$307,568**	**17.0%**	**$359,854**

Total Estimated Target Cost **$360,000**

NON-COLLUSION AFFIDAVIT

State Form 4391 (R4 / 1-00)

STATE OF: Ohio

COUNTY OF Hancock } SS:

The undersigned, being duly sworn on oath says, that he is the contracting party, or that he is the representative, agent, member, or officer of the contracting party, that he has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him, directly or indirectly , entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he has not received or paid, any sum of money or other consideration for the execution of the annexed contract other than that which appears upon the face of the contract.

AMB
Approved as to Form

Signature	
Printed name	Andrew Oswalt
Title	Right of Way Supervisor
Company	Marathon Pipe Line LLC

Before me, a Notary Public in and for said County and State personally appeared, Andrew Oswalt,

who acknowledged the truth of the statements in the foregoing affidavit on this 20th day of February, 2025.

		Signature of Notary Public: Holly A. Fenstermaker
County of residence: Hancock	Commission expiration date: Aug. 21, 2029	Printed or typed name of Notary Public: Holly A. Fenstermaker

NOTARIAL SEAL STATE OF OHIO

Holly A. Fenstermaker
Notary Public, State of Ohio
My Commission Expires 8/21/2029

CITY/COUNTY UTILITY REIMBURSEMENT AGREEMENT

Agreement Amount $360,000.00 Des No. 1902786

Agreement Type Reimbursement Agreement Project No. _____

Work Description Pipeline Casing Removal Road 136th Street

_____ County Hamilton

THIS AGREEMENT, made and entered into this 25 day of February 20 25 , by and between Marathon Pipe Line LLC, a Delaware limited liability company, with an address of 200 East Hardin Street, Findlay, OH 45840 (hereinafter referred to as the "Utility"), and the City of Fishers, Indiana, with an address of 3 Municipal Drive, Fishers, Indiana 46038, acting by and through its appropriate elected official, (hereinafter referred to as the "Local Public Agency").

WITNESSETH:

WHEREAS, the Local Public Agency desires to improve and/or maintain the condition of the above referenced road and has determined that the construction designated by the above project number (hereinafter referred to as the "project") is necessary for the improvement and/or maintenance of the roadway;

WHEREAS, the State of Indiana, through the Indiana Department of Transportation, (hereinafter referred to as "State") has agreed to recommend approval of this project to the Federal Highway Administration for construction with funds apportioned to the State under Title 23, United States Code and Acts amendatory thereof and supplementary thereto;

WHEREAS, the State will advertise for bids for construction of the project, award the contract, supervise the construction of the project and act as liaison agent for the Local Public Agency with the Federal Highway Administration;

WHEREAS, the project will require certain adjustments, removals, alterations and/or relocations of the existing facilities of the Utility will have to be made as shown on the plan marked Exhibit "A", attached hereto and incorporated by reference;

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WHEREAS, it is in the best interests of the Utility and the Local Public Agency, for the Utility to make the necessary adjustments, removals, alterations and/or relocations of

its existing facilities as shown on Exhibit "A" with the Utility's regular construction and maintenance forces, or by a contractor paid under a contract let by the Utility.

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By an approved contractor as set forth in 23 CFR 645.109, 645.111 and/or 645.115.

The preliminary itemized cost estimate for this project is set forth in attached Exhibit "B", incorporated by reference, and prepared in accordance with 23 CFR 645.113.

Exhibit "B" shall include an itemized estimate of all anticipated costs, including but not limited to, materials, labor, equipment costs, preliminary and construction engineering costs, administrative costs, eligible property costs, and or contracted services. Each item shall be shown as a 'per unit' cost. Professional services cannot be listed as a percentage of the total cost.

SECTION II - WORK COMMENCEMENT

The Utility shall not start work on the adjustments, removals, alterations and/or relocations covered by this agreement until written authorization has been given the Utility by the Local Public Agency or until a satisfactory starting date has been established with the Local Public Agency's project coordinator.

SECTION III - SUBORDINATION OF RIGHTS

The existing facilities are not located on public right-of-way. If such facilities are located on property, other than public right-of-way, and the Utility either has an easement thereon or a continuing right to maintain the facilities in that location, the Utility, for and in consideration of this agreement, shall subordinate the Utility's rights to those of the Local Public Agency in the highway right-of-way prior to final payment by executing an individual subordination agreement.

SECTION IV - MATERIAL ALTERATIONS DUE TO CHANGED AND UNFORESEEN CIRCUMSTANCES

The Utility shall modify its facilities in accordance with the plans, specifications, and estimates shown in Exhibits "A" and “B”. No work shall be performed by the Utility beyond the scope contemplated by Exhibits "A" and "B" without prior written authorization by the Local Public Agency.

In the event there are changes in the scope of work, extra work, or major change in the planned work covered by the approved agreement, plans, and estimate the Utility shall inform the Local Public Agency as soon as practical upon discovery. The Utility shall also notify the Local Public Agency of any material alterations due to unforeseen circumstances as soon as practical upon discovery. Such notification shall consist of a letter, telephone call, or other electronic communication confirmed by letter to the address of the Local Public Agency listed on Page 1 of this agreement

Notification shall include sufficient information to indicate the nature of the changed or unforeseen circumstances, the location of the changed or unforeseen circumstances, and the impact of the changed or unforeseen circumstances upon the Utility's relocation efforts, cost of the relocation, the time necessary to complete the relocation, and the extent of relocation.

SECTION V - STANDARD PAYMENT METHOD / PROGRESS BILLING

The Utility may, once the Utility has accumulated **$1,000.00** of expenses, submit one request for payment per calendar month for work covered by this agreement. The Utility shall attach an itemization of costs incurred with each request for payment. This itemization of costs shall appear in the same form and manner as the preliminary estimate as shown on Exhibit "B"

The Local Public Agency will reimburse the Utility for any item of worth or expense involved if performed at the written direction of the Local Public Agency. The Utility will be reimbursed for its actual costs of the work described in Exhibit "A" upon presentation of itemized bills to the Local Public Agency from the Utility.

Progress payments made by the Local Public Agency to the Utility shall not exceed ninety-seven percent (97%) of the estimated cost of the completed work. Reimbursement for progress billings shall be paid within sixty (60) days of receipt.

Partial payment shall not abrogate the Local Public Agency's or the State's right to dispute in good faith the Utility's claim for compensation. Such good faith disputes shall be resolved upon presentation of the Utility's final request for payment and the resolution of any audit performed in accordance with Section VII of this agreement.

SECTION VI – LUMP SUM PAYMENT METHOD

The Utility may elect to petition the Local Public Agency for payment of its expenses by Lump Sum. Such petition shall include Exhibits "A" and "B" along with a detailed explanation requesting payment by lump sum and showing how all individuals will be best served by this payment method.

The Local Public Agency may make payment to the Utility by lump sum if the total cost for the adjustments, removals, alterations, and/or relocations do not exceed $25,000.00. Lump sum payments in excess of $25,000 will be made only if in the best interests of the public in accordance with 23 CFR 645.113(f) and approved by the Federal Highway Administration.

If a lump sum payment is approved, the Utility shall submit one request for payment no later than ninety (90) days after the work is completed. No amount in excess of the agreed amount in Exhibit "B" shall be reimbursed.

SECTION VII - FINAL BILL

The Utility shall present its final itemized bill accompanied by an itemized cumulative invoice within ninety (90) days of completion of its work. All documents required to substantiate any claims for payment shall be submitted with this final itemized bill. Such supporting documentation shall include, but shall not be limited to, copies of material invoices, time sheets, vendor and/or contractor invoices and other such documents as may be deemed by the State to support such invoice.

Upon receipt of a final bill, the Utility shall be reimbursed for such items of project work, expense and retainage within ninety (90) days after the resolution and issuance of any audit performed in accordance with Section IX.

SECTION VIII - RECORDS

The Utility accounts and the accounts and records of any contractor or subcontractor involved in carrying out the proposed work shall be kept in such manner that they may be readily audited and actual costs determined, and such accounts shall be available for audit by auditors of the State, the Federal Highway Administration, and/or the Local Public Agency for a period of not less than three (3) years from the date final payment has been received by the Utility In accordance with 23 CFR 645.117.

Upon completion of the Utility's work, the Indiana Department of Transportation's Division of Accounting and Control may audit the Utility's records to determine the cost of relocation. Such audit shall be in accordance with generally accepted auditing standards and the appropriate cost principles as set forth in 48 CFR Part 31.

If the audit resolution shows that the Utility has been overpaid, the Local Public Agency shall bill the Utility for such overpayment and provide supporting documentation. The Utility shall pay the Local Public Agency within thirty-five (35) days after receipt of such bill and the Local Public Agency shall remit the Federal share to the State.

SECTION IX - DISCRIMINATION

Pursuant to IC 22-9-1-10, the Utility, its Contractor and subcontractors, if any, shall not discriminate against any employee or applicant for employment, to be employed in the performance of this contract, with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of race, color, religion, sex, disability, national origin or ancestry. Breach of this covenant may be regarded as a material breach of contract.

The Utility shall comply with the Regulations relative to Nondiscrimination in federally-assisted programs of the Department of Transportation Title 49, Code of Federal Regulations, Part 21, as they may be amended from time to time, incorporated by reference.

SECTION X - GENERAL LIABILITY PROVISIONS

The Utility for itself, its employees, agents and representatives, shall indemnify, protect and save harmless the Indiana Department of Transportation, the State of Indiana, and the Local Public Agency from and against any and all legal liabilities and other expenses, claims, costs, losses, suits or judgments for damages, or injuries to or death of persons or damage to or destruction of property (hereafter "Claim"), arising out of intentional tortious acts or whether due in whole or in part to the negligent acts or omissions of the Utility, its employees or agents or contractors, in relation to or in connection with any work performed or to be performed pursuant to this agreement, provided however, that where said Department of Transportation and/or the Local Public Agency his been found liable by a court, tribunal or governing body entitled to make such a determination for intentional tortious acts and/or negligence with respect to the occurrence or occurrences giving rise to the Claim, the Utility shall have no duty to indemnify, protect, or save harmless either the Department of Transportation, the State, or the Local Public Agency.

SECTION XI - INCORPORATION OF THE UTILITY POLICY GUIDE

The Policy Guide forms an essential part of this agreement, and the terms or provisions of this agreement in no way abrogate or supersede the terms or provisions set forth in said Policy Guide.

SECTION XII - PENALTIES/INTEREST/ATTORNEY'S FEES

The Local Public Agency will in good faith perform its required obligations hereunder and does not agree to pay any penalties, liquidated damages, interest, and/or attorney's fees, except as required by Indiana law, in part, IC 5-17-5-1 at seq.

SECTION XIII - GOVERNING LAWS

This agreement shall be construed in accordance with and governed by the laws of the State of Indiana and suit, if any, must be brought in the State of Indiana.

SECTION XIV - BINDING UPON SUCCESSORS OR ASSIGNS

This agreement shall be binding upon the parties and their successors and assigns.

SECTION XV - NON-COLLUSION AFFIDAVIT

The Utility shall execute a Non-Collusion Affidavit, notarized with a seal, which is attached hereto and incorporated by reference. If the Utility is a governmental entity, the execution of a Non-Collusion affidavit shall not be required.

SECTION XVI - MAINTAINING A DRUG-FREE WORKPLACE

(A) The Utility and its subcontractors, if any, covenant and agree to make a good faith effort to provide and maintain during the term of this agreement a drug-free workplace, and that written notice will be given to the contracting Local Public Agency and the Indiana Department of Administration within ten (10) days after receiving actual notice that an employee of the Utility has been convicted of a criminal drug violation occurring in the Utility's workplace.

(B) In addition to the provisions of paragraph (A) above, if the total contract amount set forth in this agreement is in excess of $25,000.00, the Utility and its subcontractors, If any, hereby further agree that this agreement is expressly subject to the terms, conditions and representations contained in the Drug-Free Workplace certification executed by the Utility in conjunction with this agreement and which is appended as an attachment hereto.

(C) It is further expressly agreed that the failure of the Utility and its subcontractors, if any, to in good faith comply with the terms of paragraph (A) above, or falsifying or otherwise violating the terms of the certification referenced in paragraph (B) above, shall constitute a material breach of this agreement, and shall entitle the State and the Local Public Agency to impose sanctions against the Utility and its subcontractors, if any, including, but not limited to, suspension of contract payments, termination of this agreement and/or debarment of the Utility and its subcontractors, if any, from doing business with the State and the Local Public Agency for up to three (3) years.

SECTION XVII – BUY AMERICA CERTIFICATION

The Utility agrees that all steel and cast iron materials and products to be used under this agreement will be produced and manufactured in the United States of America pursuant to the requirements of Indiana Code 5-16-8-1, et al. and 23 CFR 635.410.

The remainder of this page is intentionally left blank.

IN WITNESS HEREOF the parties hereto separately and severally have caused this instrument to be executed in their respective names by and through their duly authorized officers.

THE UTLITY:

Marathon Pipe Line LLC
(Utility Name)

(Authorized Signatory)

Andrew Oswalt
(Authorized Signatory Name, Printed or Typed)

Right of Way Supervisor
(Officer's Position)

ATTEST:

(Signature)

Alexander J. Starr
(Name, Printed or Typed)

AMB
AMB
Approved as to Form

ACKNOWLEDGEMENT

State of Ohio County of Hancock SS:

Before me, the undersigned Notary Public in and for said County and State, personally appeared Andrew Oswalt, Right of Way Supervisor for Marathon Pipe Line LLC, a Delaware limited liability company, and acknowledged the execution of the foregoing contract on this 20th day of February 2025.

Witness my hand and seal the said last day.

My Commission Expires Aug. 21, 2029

(Signature)

Holly A. Fenstermaker

(Seal)

Holly A. Fenstermaker
Notary Public, State of Ohio
My Commission Expires 8/21/2029

Holly A. Fenstermaker
(Printed or Typed) (Notary Public)

FOR:

City of Fishers
(Name of Local Public Agency)

BY:

Scott Fadness
(Typed or Printed Name)

ATTEST:

Megan Baumgartner
Megan Baumgartner
(Typed or Printed Name)

(Typed or Printed Name)

(Typed or Printed Name)

ACKNOWLEDGEMENT

State of Indiana, County of Hamilton, SS:

Before me, the undersigned Notary Public in and for the County and State, personally appeared Scott Fadness, Mayor and acknowledged the execution of the foregoing contract on this 18 day of February 2025.

My Commission Expires January 2, 2030

Kari E Adriano
(Signature)

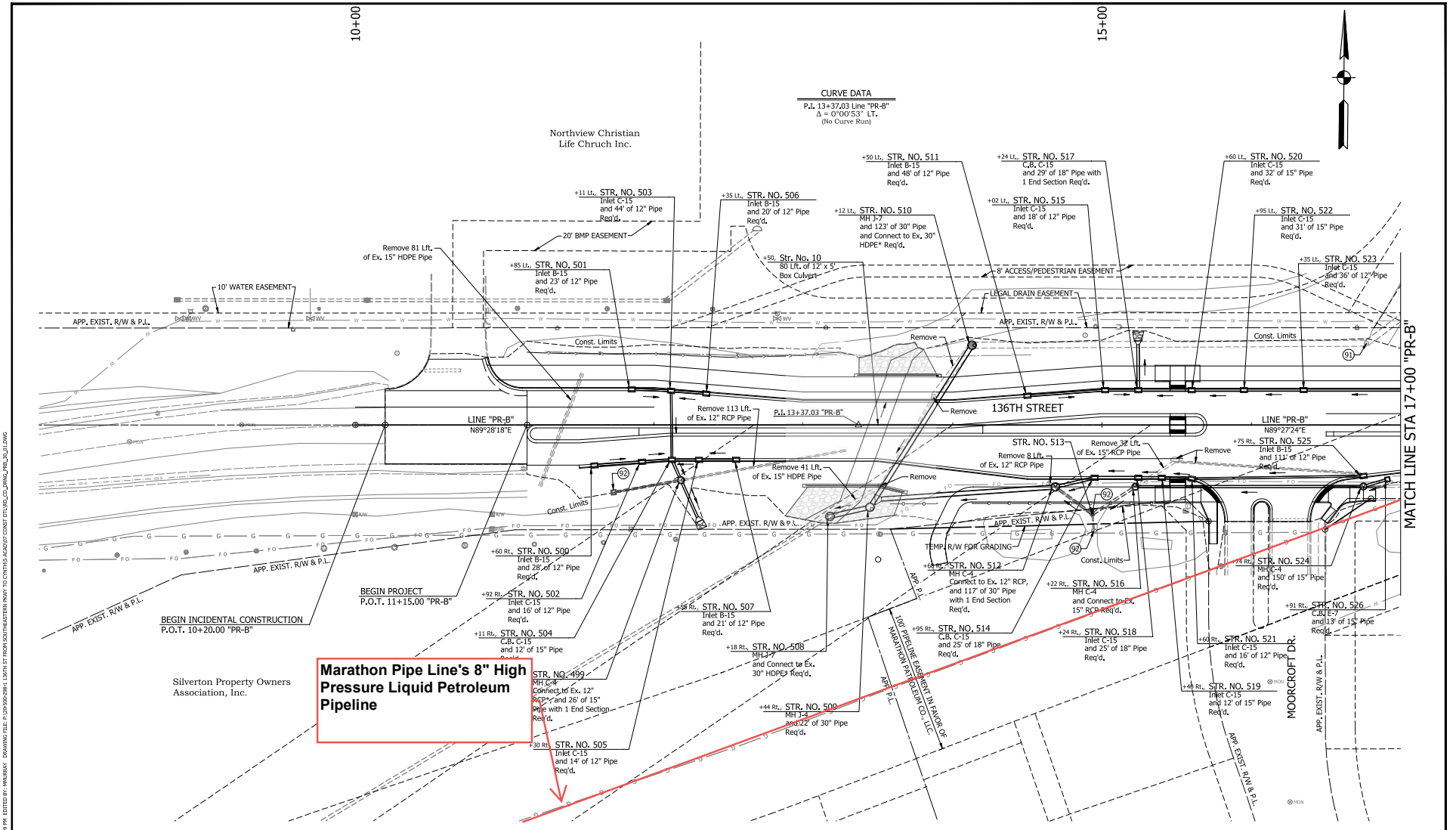
KARI E ADRIANO
Notary Public, State of Indiana
Hamilton County
Commission Number NP0738198
My Commission Expires
January 02, 2030

(seal)

Kari E. Adriano
(Printed or Typed) (Notary Public)

This document prepared by: _____

EXHIBIT A



LEGEND

(90) Existing Structure Installed by Others
(91) Casting, Inlet, Adjust to Grade
(92) Do Not Disturb
(93) Casting, Manhole, Adjust to Grade
* Field Verify Size, Location, and Invert Req'd.

RECOMMENDED FOR APPROVAL — DESIGN ENGINEER — DATE 9/23/2024

DESIGNED: YZ	9/2024	DRAWN: KRU	9/2024
CHECKED: ROP	10/2024	CHECKED: ROP	10/2024

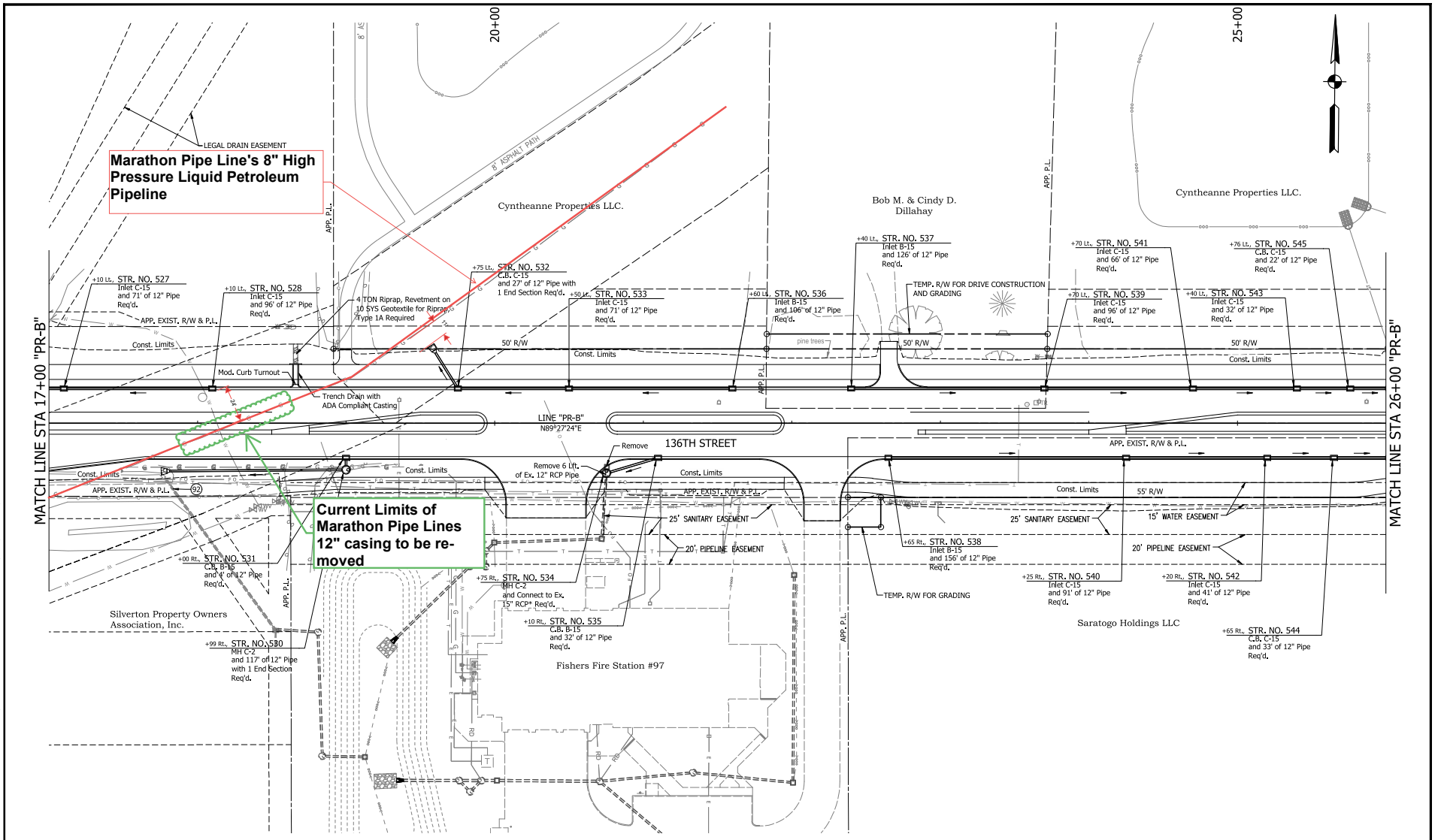
INDIANA DEPARTMENT OF TRANSPORTATION

DRAINAGE DETAILS
STA. 10+00.00 TO 17+00.00 LINE "PR-B"

HORIZONTAL SCALE	BRIDGE FILE
1" = 30'	
VERTICAL SCALE	DESIGNATION
N/A	1902786
SURVEY BOOK	SHEET
	28 of 166
CONTRACT	PROJECT
R-45107	1902786

PRINT DATE: 10/2/24
PLOT SCALE: 1:1 EDIT DATE: 9/27/24 - 12:09 PM EDITED BY: MMURRAY DRAWING FILE: P:\25-SDO-2984-1 136TH ST FROM SOUTHEASTERN PKWY TO CYNTHIS ACAD\07 CONST DTL\RG_CO_DRWG_PRB_PLAN.DWG

EXHIBIT A



LEGEND

(90) Existing Structure Installed by Others
(91) Casting, Inlet, Adjust to Grade
(92) Do Not Disturb
(93) Casting, Manhole, Adjust to Grade
* Field Verify Size, Location, and Invert Req'd.

RECOMMENDED FOR APPROVAL — DESIGN ENGINEER — 9/23/2024 DATE

DESIGNED: YZ 9/2024 | DRAWN: KRU 9/2024
CHECKED: ROP 10/2024 | CHECKED: ROP 10/2024

INDIANA DEPARTMENT OF TRANSPORTATION

DRAINAGE DETAILS
STA. 17+00.00 TO 26+00.00 LINE "PR-B"

HORIZONTAL SCALE	BRIDGE FILE
1" = 30'	
VERTICAL SCALE	DESIGNATION
N/A	1902786
SURVEY BOOK	SHEET
	29 of 166
CONTRACT	PROJECT
R-45107	1902786

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PROJECT ESTIMATE

Project Leader:	Rebecca Church		Project ID:	PIF 15686	State:	Indiana	Date: 10/21/2024
Budget Type:	Reimbursable		Project Level:	Level 0	Budget Year:	2025	Contingency
SAP Company Code:	5404	R	Location/System:	RIO 8" Products			Method: Fixed %
MPMP Phase:	Definition		Project Type:	Pipeline Replacement (Casing)			%: 0%
Project Description:	136th Street Casing Removal						

Estimate Basis

Work Days/Hours, Construction Schedule, Downtimes

Construction duration is expected to be ten (10) total working days. Monday - Saturday, 10 hour days.

Scope of work includes potholing foreign utilities, excavating and removing the coated 100 foot long 12 inch diameter casing, visually inspecting the 8 inch pipe, backfilling the excavation to existing grade and relocating one test station.

Other Assumptions, Allowances, Exclusions

Assumes Marathon's contractor is responsible for road closure. Traffic control plan, signage and barricades included. Cost savings can be realized if Marathon is not responsible for these items.

Assumes complete road closure so the entire length of the casing can be excavated at one time.

Excavation method will be to daylight nearby foreign utilities using hydroexcavation, then mechanically excavate the casing.

Pipe coating is suspected of containing asbestos and will be handled and disposed of accordingly.

Cold patch asphalt repair of the road is included. Pipe will be bedded with sand, then flowable fill will be installed up to the bottom of road subgrade.

Assumes flowable fill will be used to backfill the road footprint and backfilling with previously excavated, native soil outside the road footprint.

Restoration only includes backfilling. Sidewalk repair and seed/grass not included due to other construction activities.

Conventional traffic control (signs, cones, barrels, etc) included.

One day of hydro-excavation for potholing, then 100% mechanical excavation.

One day for cathodic protection test station work by Marathon Corrosion Technician.

All work to be performed per Marathon Petroleum Company's safety, environmental and construction quality standards.

24 hour wellpoints NOT included. Additional cost will be incurred if continuous dewatering is needed beyond a general sump pump in the excavation. Water will be discharged on ground through a filter bag.

An equipment laydown area sized 100 feet by 100 feet is needed throughout the duration of the construction.

Marathon Pipe Line's 17% Overhead is included in the total estimated cost below.

Risks, Opportunities

Allowances for carrier pipe repair such as sleeve installation or cutout section not included. Extensive repairs required based on non-destructive testing beyond coating will be completed on T&M basis.

Service Contracts

Description	SAP Code of Account	Bud.	Year	# Req'd	UOM	Cost	Total Cost	Overhead	EFC
Civil and Piping							$0	17%	$0
Mobilization/Demobilization	300 Piping	Reimbursable	2025	1	LS	$17,600	$17,600	17%	$20,592
Labor Allowance	300 Piping	Reimbursable	2025	1	LS	$108,240	$108,240	17%	$126,641
Equipment Allowange	300 Piping	Reimbursable	2025	1	LS	$22,246	$22,246	17%	$26,028
Materials and Backfill	300 Piping	Reimbursable	2025	1	LS	$53,546	$53,546	17%	$62,649
Asbestos Abatement	300 Piping	Reimbursable	2025	1	LS	$19,663	$19,663	17%	$23,005
Traffic Control Allowance	300 Piping	Reimbursable	2025	1	LS	$15,718	$15,718	17%	$18,390
Indirects							$0	17%	$0
Project Inspector	036 Site Facilitator/Inspector	Reimbursable	2025	12	Day	$1,210	$14,520	17%	$16,988
Road Closure Plan	0P1 Indirects	Reimbursable	2025	1	LS	$11,000	$11,000	17%	$12,870
						Service Contracts Sub-Total	**$262,533**	**17.0%**	**$307,163**

Owner Supplied Materials

14% Shipping & Tax %

Description	SAP Code of Account	Bud.	Year	# Req'd	UOM	Cost	Total Cost	S&T	Overhead	EFC
Waste Drums Disposal	415 Waste Hauling & Dumping	Reimbursable	2025	25	EA	$60	$1,500	$210	17%	$2,001
Test Station Materials	100 Equipment & Setting	Reimbursable	2025	1	EA	$250	$250	$35	17%	$333
Waste Sample Testing	415 Waste Hauling & Dumping	Reimbursable	2025	1	LS	$1,000	$1,000	$140	17%	$1,334
		Reimbursable	2025	0		$0	$0	$0	17%	$0
						Owner Supplied Materials Sub-Total	**$2,750**	**$385**	**17.0%**	**$3,668**

Marathon Project Management L&B

L3S L&B (rate includes Supervisor)	Bud.	Year	# Req'd	UOM	Cost	Total Cost	Overhead	EFC
Engineer I (Except AK & CA)	Reimbursable	2025	20	day	$1,720	$34,400	17%	$40,248
					Marathon Project Management L&B Sub-Total	**$34,400**	**17.0%**	**$40,248**

Marathon Operations L&B

Business Partner L&B	Bud.	Year	# Req'd	UOM	Cost	Total Cost	Overhead	EFC
Operations Tech./Permit Writer	Reimbursable	2025	10	day	$750	$7,500	17%	$8,775
					Marathon Operations L&B Sub-Total	**$7,500**	**17.0%**	**$8,775**

Estimate Sub-Total	**$307,568**	**17.0%**	**$359,854**

Total Estimated Target Cost **$360,000**

NON-COLLUSION AFFIDAVIT

State Form 4391 (R4 / 1-00)

STATE OF: Ohio

COUNTY OF Hancock } SS:

The undersigned, being duly sworn on oath says, that he is the contracting party, or that he is the representative, agent, member, or officer of the contracting party, that he has not, nor has any other member, employee, representative, agent or officer of the firm, company, corporation or partnership represented by him, directly or indirectly , entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he has not received or paid, any sum of money or other consideration for the execution of the annexed contract other than that which appears upon the face of the contract.

AMB
Approved as to Form

Signature	
Printed name	Andrew Oswalt
Title	Right of Way Supervisor
Company	Marathon Pipe Line LLC

Before me, a Notary Public in and for said County and State personally appeared, Andrew Oswalt,

who acknowledged the truth of the statements in the foregoing affidavit on this 20th day of February, 2025.

		Signature of Notary Public: Holly A. Fenstermaker
County of residence: Hancock	Commission expiration date: Aug. 21, 2029	Printed or typed name of Notary Public: Holly A. Fenstermaker

NOTARIAL SEAL STATE OF OHIO

Holly A. Fenstermaker
Notary Public, State of Ohio
My Commission Expires 8/21/2029

City of Fishers Board of Public Works & Safety
Board Action Form

MEETING DATE	2/25/25	**RESOLUTION NO.**	R022525K
TITLE OF AGENDA ITEM	Request to Approve Connection Road from Laurel Falls to Knightsbridge Lan		
PRESENTER/DEPARTMENT	Hatem Mekky Director of 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.**	In 2016 the City of Fishers was tasked with determining a safer way for drivers to make a left turn onto 116th Street from Spyglass falls. City staff presented findings and a report to the board. The document today is an amendment to this original report. Attached is the amendment to the report and a presentation is expected to be shown to the board today with the data and findings along with engineer's recommendation The Engineering department recommends approval of this connection road.		
EXPENDITURE $	0		
BUDGETED $	0		
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:	NA NA NA	

Form Revised 01/14/2025

RESOLUTION NO. R022525K

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A CONNECTION ROAD FROM LAUREL FALLS TO KNIGHTSBRIDGE LANE IN SPYGLASS FALLS/SPYGLASS HILLS NEIGHBORHOODS

WHEREAS, the City of Fishers, Indiana ("City"), by and through its Board of Public Works and Safety (the "Board"), supervises the streets, alleys, sewers, public grounds, and other property of the City, pursuant to Ind. Code §36-9-6-2;

WHEREAS, the Board may regulate the use of right-of-way through, under, or over public ways, pursuant to Ind. Code §36-9-2-6;

WHEREAS, the Board may lay out, open, change fix or change the grade of any public way, sidewalk or public place in the City, pursuant to Ind. Code 36-9-6-6;

WHEREAS, the- Board may design, order, contract for, and execute all work required to improve or repair any street, alley, or public place within the city, pursuant to Ind. Code §36-9-6-7;

WHEREAS, since 2010, a number of vehicle accidents have occurred at the exit of Spyglass Falls at 116th Street and Klotz Farm Boulevard ("Intersection");

WHEREAS, in 2016, due to concern over the accidents occurring at the Intersection, the City met with residents of Spyglass Falls and Spyglass Hills and initiated an engineering study to determine the cause of the number of accidents and to provide solutions to increase the safety and decrease the amount of vehicle accidents at the Intersection ("2016 Study");

WHEREAS, the 2016 Study examined several solutions but ultimately the City decided to pause the 2016 Study due to multiple road projects occurring near and around the Intersection as well as development in the area with the intention of reexamining the area once construction was complete;

WHEREAS, since the 2016 Study, many residents have contacted the Mayor and the City staff and requested them to revisit the 2016 Study due to ongoing concerns about the safety at the Intersection;

WHEREAS, in 2024, the City updated the 2016 Study, examined the crash reports at the Intersection, performed a new traffic study, and considered several alternatives, taking into consideration the impact to the area and cost of the project, attached hereto as Exhibit A and incorporated herein (the "2024 Study");

WHEREAS, the 2024 Study found that traffic on 116th has increased 53% since 2016 and crashes at the Intersection have continued to occur at a rate 3-4 times higher than other subdivision entrances/exits, and therefore evaluated several alternatives to provide a safe ingress/egress at the Intersection, rejected some alternatives and then determined cost of construction for each viable alternative;

WHEREAS, the 2024 Study concluded that the safest, most cost-effective solution with the lowest impact on the overall area of the Intersection would be to extend Laurel Falls to Knightsbridge to allow an alternative outlet for drivers seeking to exit Spyglass Falls;

WHEREAS, based on the Study, the City's Engineering Department concurs with the 2024 Study and now recommends the City construct the one-way connection road from Laurel Falls to Knightsbridge Lane (the "Recommendation") and requests the Board to approve the same;

WHEREAS, the Board held a regularly scheduled meeting on January 28, 2025, where the Department of Engineering presented a summary of the 2024 Study; the Board allowed a written comment period from January 28, 2025, to February 25, 2025; and the Board allowed oral public comment regarding the 2024 Study and the Recommendation at the February 25, 2025 meeting.

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, having reviewed the 2024 Study and Recommendation, and having read and heard public comments finds that the Recommendation is in the best interest of the public's safety, health and welfare.

Section 2. The Board hereby approves the construction of connection road from Laurel Falls to Knightsbridge Lane in Spyglass Falls/Spyglass Hills neighborhoods, as recommended by the City's Engineering Department and directs the Engineering Department to solicit bids for the construction of same.

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 25th day or February 2025.

BOARD OF PUBLIC WORKS &
SAFETY, CITY OF FISHERS
HAMILTON COUNTY, INDIANA

YAY		NAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa, Member		

ATTEST: _____ DATE: _____
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

FISHERS
ENGINEERING

SPYGLASS FALLS/SPYGLASS HILL – REPORT UPDATES

January 2025



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FISHERS
EST. 1872

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

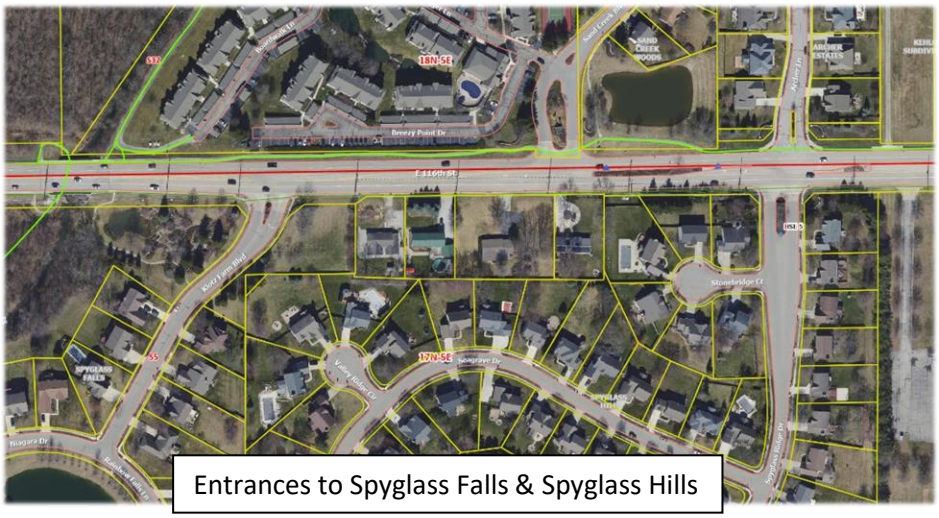
RE: Spyglass Falls/Spyglass Hill Traffic Study – 2025 Updates

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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



Entrances to Spyglass Falls & Spyglass Hills

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 116th 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
116th Street between Cumberland Road and Hoosier Road	27,788	42,497	+53%
Cumberland Road between 106th Street and 116th Street	10,491	12,105	+15%

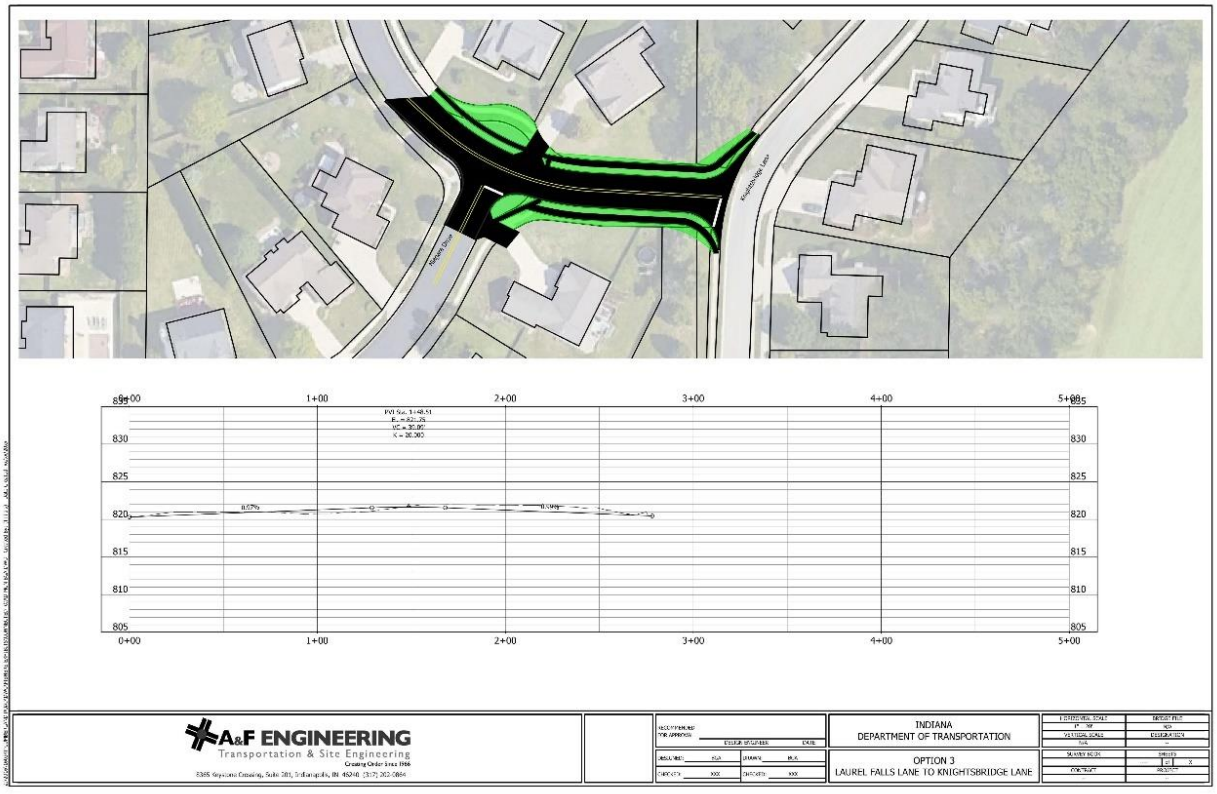
Alternatives Investigated

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)

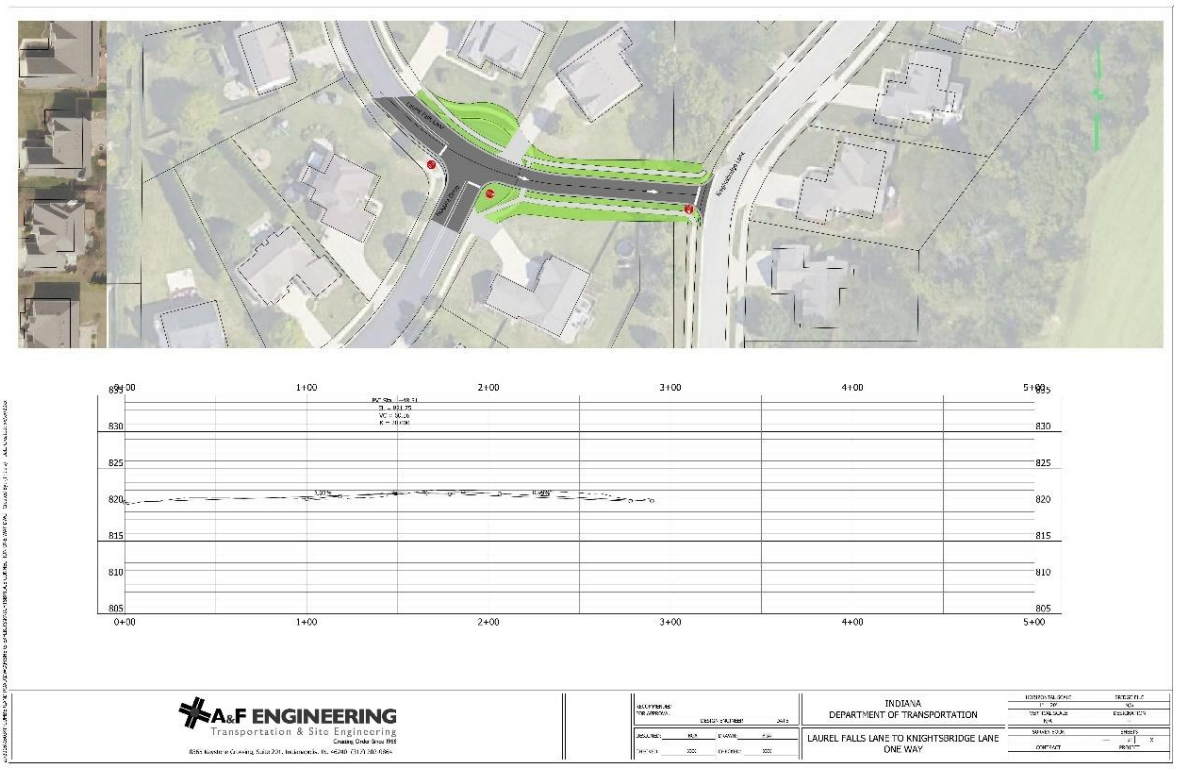
Construct Connector Road between Spyglass Falls & Spyglass Hills

This option would involve constructing a two-way two-lane new street connection between Knightsbridge Lane and Laurel Falls Lane/Niagara Drive to connect the two neighborhoods. This street connection would be constructed in a manner with pavement, curb, underdrains, and sidewalks in a manner that this street would look like the existing streets in the two neighborhoods. This effort would utilize existing right-of-way. It would be expected that approximately 25% of the homes from Spyglass Falls might utilize this connection and enter/exit the neighborhood from Deering Street. An opinion of probable construction cost for this alternative is $379,500. 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 a low amount of increased traffic between the two neighborhoods.



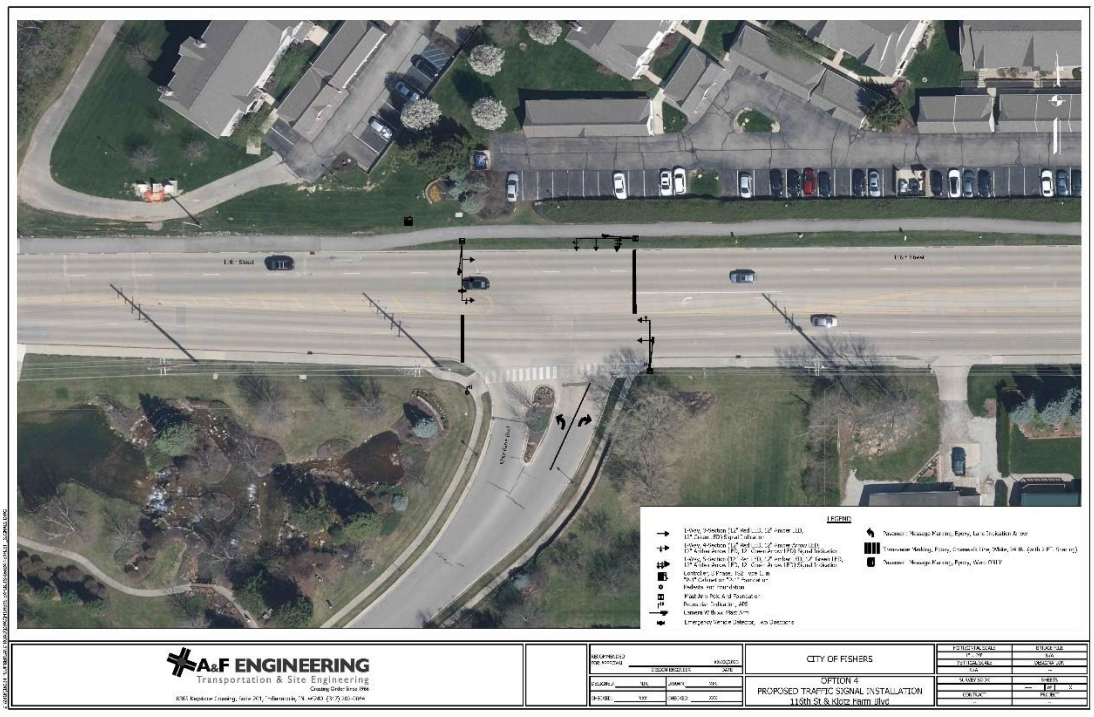
Construct Connector Road between Spyglass Falls & Spyglass Hills – One Way

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 warming 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.



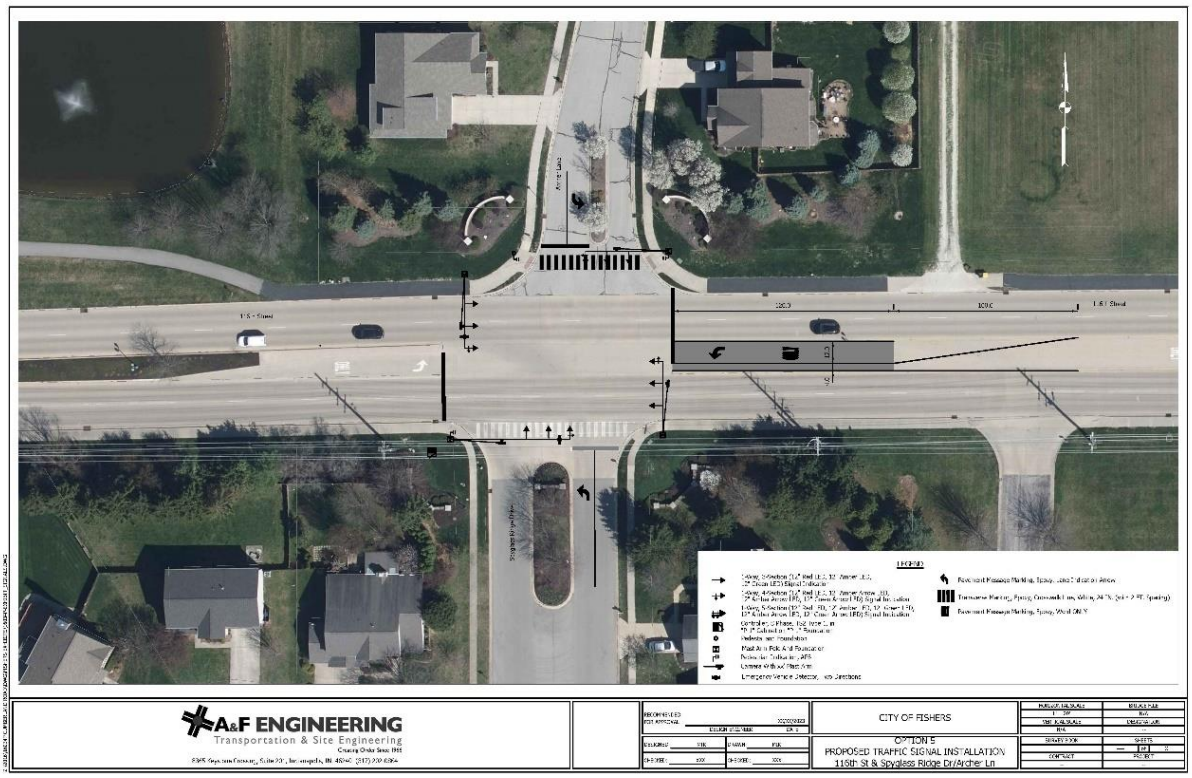
Traffic Signal at 116th Street and Klotz Farm Boulevard

This option would involve installing a traffic signal with the Spyglass Falls neighborhood entrance on 116th Street. If it was present, it would allow improved access for the neighborhood at its existing entrance, in particular making left turns out of the subdivision under a green light or green arrow which would improve safety. The Indiana Manual on Uniform Traffic Control Devices (MUTCD) recommends only installing traffic signals where they are warranted. Traffic volumes were investigated at this location and this intersection does not meet any of the 3 primary traffic signal warrants, nor does it meet any of the secondary traffic signal warrants and its installation is not recommended. See Appendix L. This potential signal installation may continue to be monitored to see if the warrants are met at some point in the future. An opinion of probable construction cost for this alternative is $400,000. 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. If an unwarranted traffic signal was installed, it could cause undue delay on 116th Street or even corridor congestion that could result in undesired rear-end collisions.



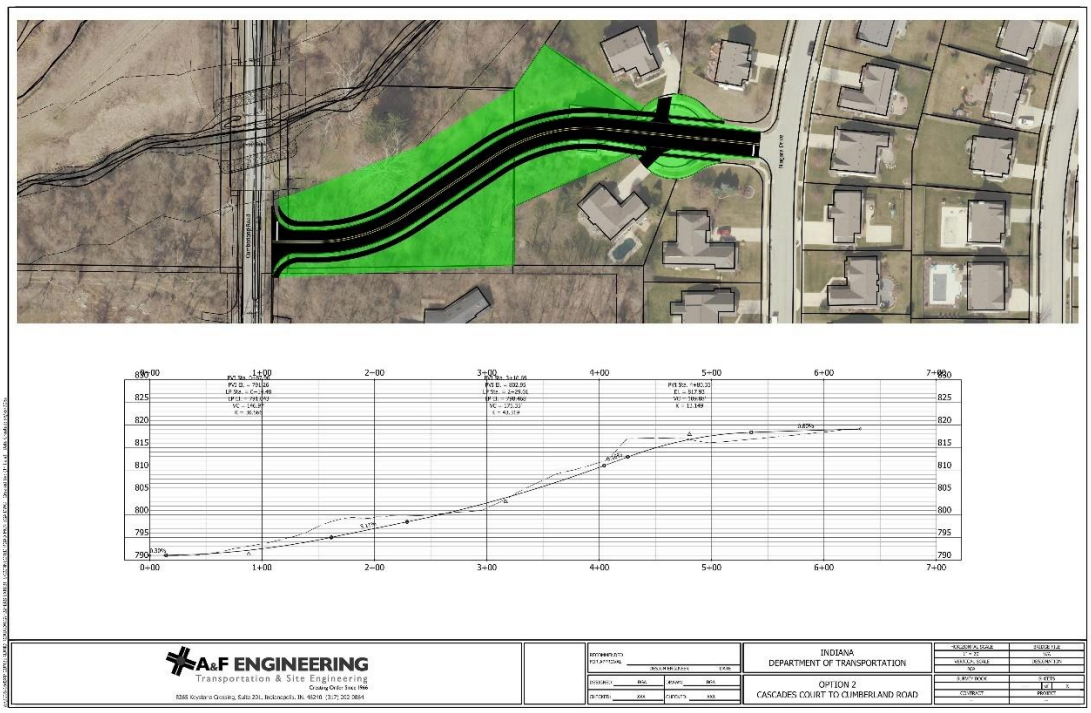
Traffic Signal at 116th Street and Spyglass Ridge Drive

This option would involve installing a traffic signal with the Spyglass Hills neighborhood entrance on 116th Street. If it was present, it would allow improved access for the neighborhood at its existing entrance, in particular making left turns out of the subdivision under a green light or green arrow which would improve safety. As a result, access would also be improved for the Archer Estates neighborhood entrance. The Indiana Manual on Uniform Traffic Control Devices (MUTCD) recommends only installing traffic signals where they are warranted. Traffic volumes were investigated at this location and this intersection does not meet any of the 3 primary traffic signal warrants, nor does it meet any of the secondary traffic signal warrants and its installation is not recommended. See Appendix M. This potential signal installation may continue to be monitored to see if the warrants are met at some point in the future. An opinion of probable construction cost for this alternative is $400,000. 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. If an unwarranted traffic signal was installed, it could cause undue delay on 116th Street or even corridor congestion that could result in undesired rear-end collisions.



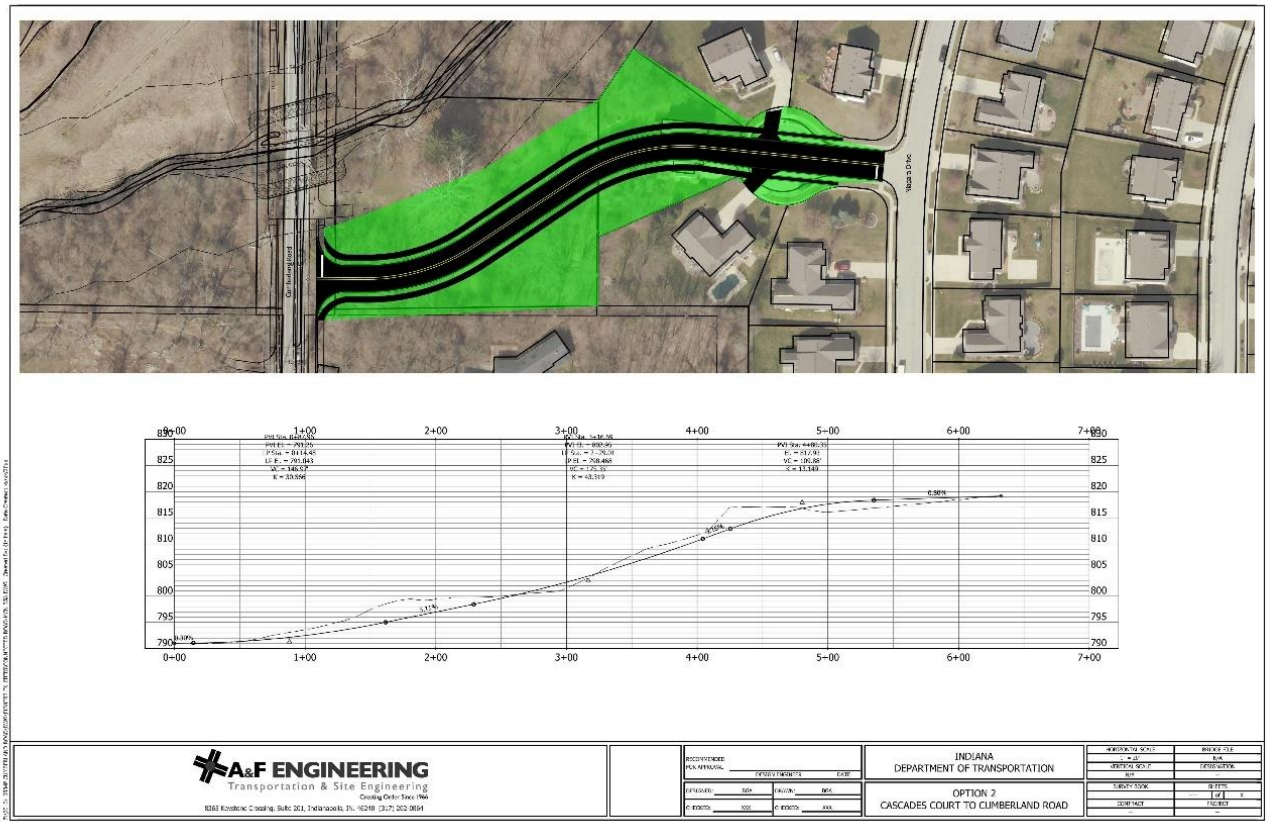
Extension of Cascades Court to Cumberland Road

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

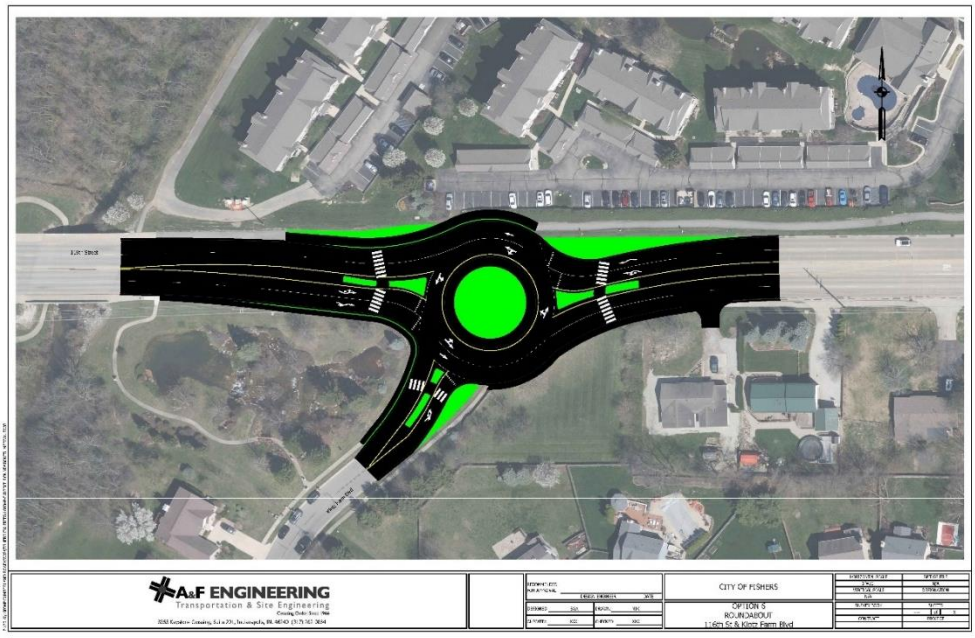
This option would involve constructing a new roadway and creating a t-intersection with Niagara Drive in Spyglass Falls with connection to Cumberland Road. Connecting a new roadway to Cumberland Road would require the acquisition of a home and displacement of its residents on both Niagara Drive and also 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

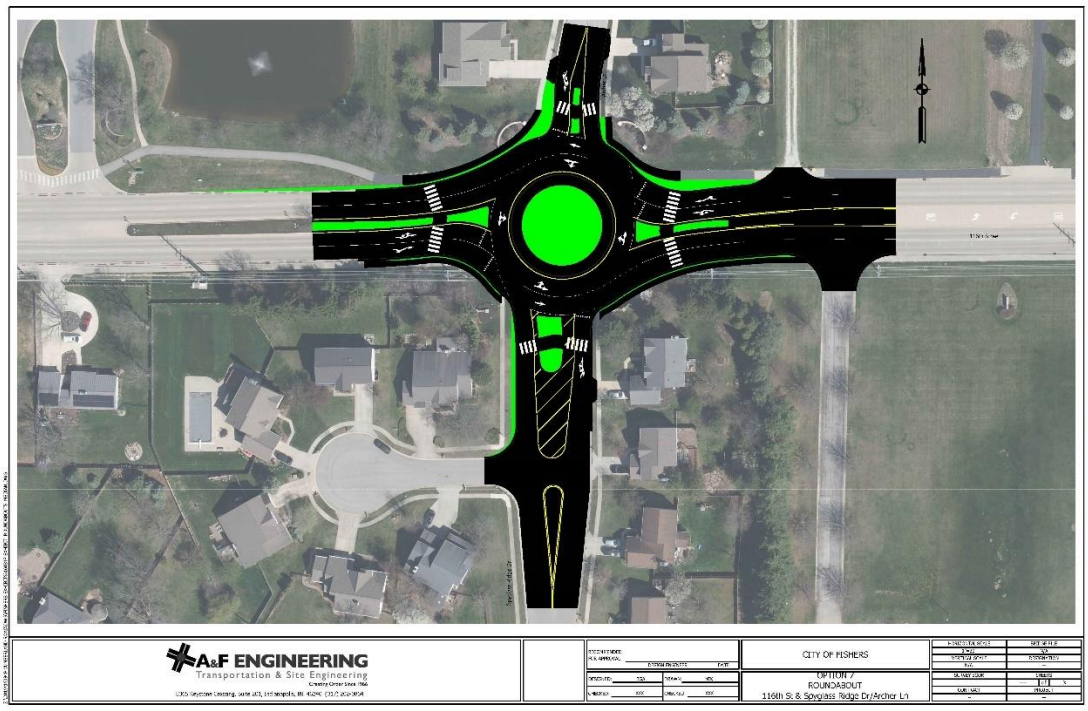
This option would involve constructing a roundabout on 116th Street at the entrance to Spyglass Falls neighborhood. Since roundabouts are yield-at-entry traffic control devices, traffic entering the roundabout would have a good opportunity to safely find gaps in 116th Street traffic needing to seek them 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

FISHERS
EST. 1872

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 persepctives, 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 occurance 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 ordiances now on number of exits needed for a neigborhood 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 Hiil? 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 alow 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 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 18:43
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: 202142148

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/16/2021	Tue	7:28 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

- ☐ Witness / ☐ Other Participant — # — Name
- Address etc.
- Phone # — Location at Time of Crash
- ☐ Witness / ☐ Other Participant — # — Name
- Address etc.
- Phone # — Location at Time of Crash

Non-Motorist

- (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
202142148

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:33 AM	7:36 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/16/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GRIFFITH, K		3193	FISHERS PD		

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

Local ID: 202142148

903916980

1	Driver's Name (Last, First, MI): [redacted]						Safety Equipment Used: UNKNOWN		
	Address (Street, City, State, Zip): [redacted]						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	Immed Attn: NO	Driver Injury Status: REFUSED - REFUSED TREATMENT
	Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN			Nature of Most Severe Injury: ABRASION		
	Apparent Physical Status: [x] 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; [x] None						Location of Most Severe Injury: KNEE/LOWER LEG/FOOT		
							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: 2018	Make: JEEP	Model: CHE	Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown	Front / Rear: [ ] [ ] [ ] / [ ] [ ] [ ] / [x] [ ] [ ]	
	# Occupants: 3	Lic Year: 2022	License #: [redacted]		License State: IN				
	# Axles: 2	Speed Limit: 35	Insured By: ERIE		Phone Number: 0000000000				
	Vehicle Identification #: [redacted]						Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown	Front / Rear: [x] [ ] [ ] / [x] [ ] [ ] / [x] [ ] [ ]	
	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? YES	To: FISHERS TOWING; By: FISHERS TOWING			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: SPORT UTILITY VEHICLE		
	License#:		Address (Street, City, State, Zip):				Pre-Crash Vehicle Action: TURNING LEFT		
	Veh Year:	Make:					Direction of Travel: NORTH		
		Lic State:	Lic Year:	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; [x] 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:							
		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#:	Hazzard Class #:					

UNIT INFORMATION

Local ID: 202142148

903916980

2 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Date of Birth	Age	Gender
09/14/1988	33	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE

Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT

Certified Test: [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2021	KIA	SOUL	4D

# Occupants	Lic Year	License #	License State
1	2022	[redacted]	KS

# Axles	Speed Limit	Insured By	Phone Number
2	35	LIBERTY MUTUAL	0000000000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

TULSA OK 74134

Towed?	To	Due to Disabling Damage
YES	By MILLERS TOWING	YES

MILLERS TOWING

	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#	Hazzard Class #

Safety Equipment Used: UNKNOWN

Safety Equipment Effective?: N/A

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
[x] 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 2. CURB

State Id
904314376

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-32222

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/21/2023 8:14:12 PM
Printed on 7/21/2023 8:25:13 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH STREET at intersection of KLOTZ FARM BLVD			**HAMILTON**	**DELAWARE**	**FISHERS**
Crash Date: **07/21/2023**	Day of Week: **Friday**	Crash Time: **19:27 PM**	Date of Report: **07/21/2023**	Latitude: **39.95712856**	Longitude: **-85.98782445**
Weather Condition: **CLEAR**	Light Condition: **DAYLIGHT**		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: **T-INTERSECTION**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1934	**1938**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
LEFT TURN	**AT SCENE ONLY**			**$10001 TO $25000**

Investigative Officer	Agency	ID Number
SINGH, JASMEET	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904314376

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-32222

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/21/2023 8:14:12 PM
Printed on 7/21/2023 8:25:13 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	08/13/1965	57	M

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
LAP BELT, MULTI-POINT HARNESS	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	SILVER/ALU	2023	1

Make	Model
KIA	Rio

Style: 4-DOOR

Insured By: SAFE AUTO

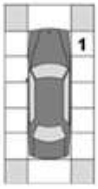
Policy # [redacted] Ins Phone # [redacted]

VIN [redacted]

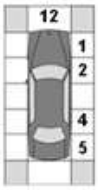
Plate Number	Plate Exp Year	Plate State
[redacted]	2023	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	Oversized
NORTHWEST	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	06/24/2004	19	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
LAP BELT, MULTI-POINT HARNESS	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	BLUE	2012	1

Make	Model
CHEVROLET	Express

Style: VAN

Insured By: GREAT AMERICAN ALLIANCE COMPAN

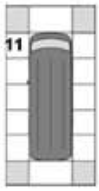
Policy # [redacted] Ins Phone #

VIN [redacted]

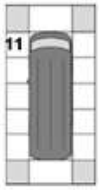
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☑ None ☐ Unknown ☐ Damage to Roof



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 Axes	Oversized
WEST	GOING STRAIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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

Official copy obtained through buycrash.com

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)

Official copy obtained through buycrash.com

Crash Diagram

End of Report

Official copy obtained through buycrash.com

State Id
904447702

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-07087

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 2/12/2024 3:18:35 AM
Printed on 2/12/2024 3:50:05 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
EAST 116TH ST at intersection of KLOTZ FARM BLVD			**HAMILTON**	**DELAWARE**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1814	**1819**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
LEFT TURN	**AT SCENE ONLY**				**$10001 TO $25000**

	Investigative Officer	Agency	ID Number
	NOEL, BRANDON	**FISHERS PD**	**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, Silver\Aluminum 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).

Official copy obtained through buycrash.com

State Id
904447702

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-07087

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 2/12/2024 3:18:35 AM
Printed on 2/12/2024 3:50:05 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	09/28/2001	22	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
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
1	SILVER/ALU	2017	1

Make	Model
SUBARU	Impreza

Style: 4-DOOR

Insured By: PROGRESSIVE

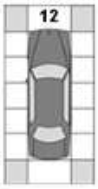
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

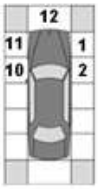
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ 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 Axes	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)
[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]	

Address	DOB	Age	Gender
[redacted]	03/25/1960	63	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
2	WHITE	2003	1

Make	Model
CHEVROLET	MALIBU

Style: 4-DOOR

Insured By: NO INSURANCE

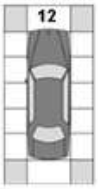
Policy #	Ins Phone #

VIN: [redacted]

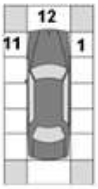
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☑ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ 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 Axes	Oversized
EAST	GOING STRAIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Hit and Run ☐

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)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Hit and Run ☐

Created on 2/12/2024 3:18:35 AM
Printed on 2/12/2024 3:50:05 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902720555

Local ID: 201624382

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/11/2016	Sat	7:30 AM	HAMILTON	FALL CREEK	1	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM DR	500	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/GRADE
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: 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

	#	Name
✓ Witness / Other Participant	1	[redacted]

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: LEFT LANE WB BEHIND CRASH

	#	Name
✓ Witness / Other Participant	2	KASEY K MCELHINEY

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: RIGHT LANE WB BEHIND CRASH

Non-Motorist

(Last Name, First Name, MI): [redacted]

Non-Motorist Type	Non-Motorist Action
PEDALCYCLIST	WITH TRAFFIC

Apparent Physical Condition	
NORMAL	

Cited?	Direction
NO	WEST

Street/Highway: 116TH ST

Traffic Control?	If yes, was traffic control operational?
NO	NO

Local ID
201624382

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
7:31 AM	7:32 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/11/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GROUT, D		3048	FISHERS PD		

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

Local ID: 201624382

902720555

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 05/25/1994	Age: 22
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLUE	2003	Pontiac	Vibe	4W

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE	8004213535

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: OVERTAKING/PASSING

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
- [x] 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. BICYCLE

NON-DRIVER INJURED INFORMATION

Local ID: 201624382

902720555

Veh# / Injured Pre-crash Location: 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. 3337 / Immed Attn YES / Injury Status INCAPACITATING -
Date of Birth 01/15/1960 / Age 56 / Gender FEMALE	Nature of Most Severe Injury ABRASION
Position in or on Vehicle (Front / Rear)	Location of Most Severe Injury SHOULDER/UPPER ARM
	Test Given / Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT / Certified Test ☐ Pending / Drug Results

Veh# / Injured Pre-crash Location:	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

Veh# / Injured Pre-crash Location:	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

Veh# / Injured Pre-crash Location:	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

Veh# / Injured Pre-crash Location:	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

902771625

Local ID: 201637776

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/06/2016	Tue	8:28 AM	HAMILTON	FALL CREEK	3	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD	300	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]		BOKMA,STEPHANIE,L	

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓	✓	✓

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/GRADE
- Roadway Surface: ASPHALT
- Construction: NO
- If Yes, Construction Type:
- Traffic Control Devices: LANE CONTROL
- 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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201637776

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
8:28 AM	8:32 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/06/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
DAVID, A		3033	FISHERS PD		

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

Local ID: 201637776

902771625

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth: 08/10/1987	Age:	Gender: FEMALE
Driver's License #	[redacted] Lic Type: OP CDL Class: Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLK	2011	VOLKSWAGEN	JETTA	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS	8008425075

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037-7286

Towed?	To / By	Due to Disabling Damage
YES	BOGGS / BOGGS	YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	[ ] 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			

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 #	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 201637776

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
10/04/1977		MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	SIL	2015	SUBARU	OUTBACK	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVCO	8002524633

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-9253

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [x] Trailer [ ] None [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run? | Fire? NO

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC

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
- [x] 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 2. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201637776

902771625

3 Driver's Name (Last, First, MI): [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: 10/05/1979 / Age: / Gender: FEMALE	EMS No.: 3337 / Immed Attn: YES / 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: [x] 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; [x] None	Location of Most Severe Injury: BACK 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#: 3 / Color: BLK / Vehicle Year: 2013 / Make: CADILLAC / Model: XTS / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown Front / Rear: [ ] [ ] [ ] / [ ] [ ] [x] / [ ] [ ] [ ]
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: LIBERTY MUTUAL / Phone Number: 8002252467	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown Front / Rear: [ ] [ ] [ ] / [ ] [ ] [x] / [ ] [ ] [ ]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46040-9018	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To: / By: / Due to Disabling Damage	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: SLOWING OR STOPPED IN TRAFFIC
Lic State / Lic Year / 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902773528

Local ID: 201638030

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/07/2016	Wed	2:58 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

✓ Witness / Other Participant	# 1	Name: T [redacted]
Address etc.		
Phone # [redacted]	Location at Time of Crash	
✓ Witness / Other Participant	# 2	Name: [redacted]
Address etc.		
Phone # [redacted]	Location at Time of Crash	WB BEHIND VEHICLE 1 AND 2

Non-Motorist

(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
201638030

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
2:59 PM	3:04 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/07/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GROUT, D		3048	FISHERS PD		

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.

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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted]	Lic Type: OP / CDL Class / Lic State: IN		Nature of Most Severe Injury
			Location of Most Severe Injury

Apparent Physical Status: [x] 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; [x] None

If Cited? [x] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes: 9-25-8-2 9-24-19-1

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT		
Alcohol Results / PBT / Certified Test [ ] Pending		Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	2007	CHRYSLER	300M	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	0000000000

Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

ELWOOD IN 46036

Vehicle Use: PERSONAL (FARM, COMPANY)

Towed?	To / By	Due to Disabling Damage
NO		

Emergency Run?: | Fire?: NO

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	[ ] Same as Driver
Veh Year	Make			

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: GOING STRAIGHT

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	[ ] Same as Driver
Veh Year	Make			

Direction of Travel: WEST

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
- [x] 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#

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE 2. CURB

UNIT INFORMATION

Local ID: 201638030

902773528

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Restrictions: [ ] Glasses/Contact Lenses; [x] 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
		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#: 2 / Color: TAN / Vehicle Year: 2001 / Make: TOYOTA / Model: SIENNA / Style: SV		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2016 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: ALLSTATE / Phone Number: 0000000000		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
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? / Fire?: NO
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver		
License # / Address (Street, City, State, Zip)		Vehicle Type: VAN
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: WEST
License # / Address (Street, City, State, Zip)		
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; [x] 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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902807335

Local ID: 201645832

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/01/2016	Tue	7:25 AM	HAMILTON	FALL CREEK	2	00	00	00	00

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (NOT LIGHTED)
- Weather Conditions: CLEAR
- Surface Condition: DRY
- Type of Median:
- Type of Roadway Junction: T-INTERSECTION
- Road Character: STRAIGHT/GRADE
- Roadway Surface: ASPHALT
- Construction: NO
- If Yes, Construction Type:
- Traffic Control Devices: LANE CONTROL
- Traffic Control Device Operational? NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201645832

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:27 AM	7:30 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/01/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
EMMONS, D		3045	FISHERS PD		

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.

Local ID: 201645832

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: 12/23/1993 / Age: 22 / Gender: MALE	EMS No. / Immed Attn: NO / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: FL	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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: WHITE / Vehicle Year: 2012 / Make: DODGE / Model: AVENGER / Style: 4D		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 01 / Lic Year: 2017 / License #: [redacted] / License State: FL		Front / Rear: [ ] [ ] [ ] / [x] [ ] [ ] / [ ] [ ] [ ]
# Axles: 02 / Speed Limit: 40 / Insured By: STATE FARM / Phone Number: 3058226921		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		Front / Rear: [x] [ ] [ ] / [x] [ ] [ ] / [x] [ ] [ ]
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46037		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed? YES / To: MILLERS TOWING / By: MILLERS TOWING / 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: GOING STRAIGHT
Veh Year / Make		Direction of Travel: WEST
Lic State / Lic Year / 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; [x] 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		
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# / Hazzard Class #		

UNIT INFORMATION

Local ID: 201645832

902807335

2 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: 10/08/1973 / Age: 43 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Restrictions: [x] 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
	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#: 2 / Color: WHITE / Vehicle Year: 2002 / Make: TOYOTA / Model: HIGHLANDER / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Rear
# 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]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Rear
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?: NO / To By / Due to Disabling Damage	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: UNKNOWN TYPE
Veh Year / Make	Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver	Direction of Travel: WEST
License# / Address (Street, City, State, Zip)	
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; [x] 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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902840023

Local ID: 201652036

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/16/2016	Fri	1:50 PM	HAMILTON	FALL CREEK	1	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD	200	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

✓ Witness / Other Participant	# 1	Name: [redacted]
Address etc.: [redacted]		
Phone #: [redacted]		Location at Time of Crash: 50 FT NORTHEAST
✓ Witness / Other Participant	# 2	Name: [redacted]
Address etc.: [redacted]		
Phone #: [redacted]		Location at Time of Crash: 50 WEST

Non-Motorist

(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
201652036

Type of Crash	RAN OFF ROAD				
Time Notified	Time Arrived	Other Location of Investigation			
1:55 PM	2:05 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
BEN COLLING		3098	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/16/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
KEHL, S		3015	FISHERS PD	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

Local ID: 201652036

902840023

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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
07/22/1932	84	FEMALE	1133	YES	INCAPACITATING - TRANSPORTED

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Nature of Most Severe Injury: NONE VISIBLE

Location of Most Severe Injury: ENTIRE BODY

Apparent Physical Status
- [ ] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2012	Chevrolet	IMPALA	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	CELINA	3174856415

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



Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To / By	Due to Disabling Damage
YES	MILLERS TOWING / MILLERS TOWING	YES

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

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# | Hazzard 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
- [x] 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. MAILBOX 2. UTILITY POLE

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903923584

Local ID: 202142117

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/15/2021	Mon	7:53 PM	HAMILTON	DELAWARE	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

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 (NOT LIGHTED)
Weather Conditions	CLEAR
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	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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
202142117

Type of Crash	COLLISION WITH DEER				
Time Notified	Time Arrived	Other Location of Investigation			
7:53 PM	8:00 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				NO	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/15/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
LAWSON, M		3201	FISHERS PD		

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

Local ID: 202142117

903923584

1 Driver's Name (Last, First, MI): [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: 10/22/1961 | Age: 60 | Gender: MALE	EMS No. | Immed Attn | Driver Injury Status
Driver's License #: [redacted] | Lic Type: OP | CDL Class | Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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: WHITE | Vehicle Year: 2010 | Make: MITSUBISHI | Model: GALANT | Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# 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]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
MOUNT JULIET TN 37121	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO | To By | Due to Disabling Damage	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	Direction of Travel: EAST
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; [x] 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#	Event Collision With: 1. DEER
US DOT# | ICC# | CMV Inspection | If Yes	
Gross Vehicle Weight Rating | Cargo Body Type	
HAZMAT Placard | HAZMAT Release of Cargo | HAZMAT 4-Digit ID# | Hazzard Class #	

State Id
904544388

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-34726

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/24/2024 12:54:15 PM
Printed on 7/24/2024 12:55:14 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH STREET at intersection of KLOTZ FARM BLVD			**HAMILTON**	**FALL CREEK**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1056	**1058**	**UNSAFE LANE MOVEMENT (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**				**$10001 TO $25000**

	Investigative Officer	Agency	ID Number
	MATT, KEVIN	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904544388

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-34726

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/24/2024 12:54:15 PM
Printed on 7/24/2024 12:55:14 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	03/22/1961	63	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
NONE		NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	BRONZE	2014	1

Make	Model
TOYOTA	VENZA

Style: 4-DOOR

Insured By: PROGRESSIVE

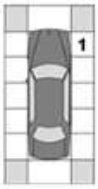
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

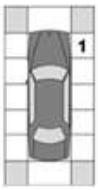
Plate Number	Plate Exp Year	Plate State
[redacted]	2025	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage
☐ Trailer
☐ None
☐ Unknown
☐ Damage to Roof



Areas of Damage
☐ Undercarriage
☐ Trailer
☐ None
☐ Unknown
☐ Damage to Roof



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 Axes	Oversized
WEST	GOING STRAIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	04/02/1987	37	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
UNKNOWN		NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	BLUE	2024	4

Make	Model
HONDA	ODYSSEY

Style: 4-DOOR

Insured By: ALL STATE

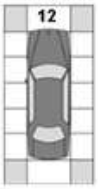
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

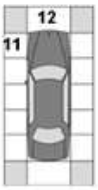
Plate Number	Plate Exp Year	Plate State
[redacted]	2025	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area
☐ Undercarriage
☐ Trailer
☐ None
☐ Unknown
☐ Damage to Roof



Areas of Damage
☑ Undercarriage
☐ Trailer
☐ None
☐ Unknown
☐ Damage to Roof



Company Towed By	City Towed To	Fire?
INTERSTATE DELEWARE AND S	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 Axes	Oversized
EAST	GOING STRAIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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

Official copy obtained through buycrash.com

State Id
904544388

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-34726

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/24/2024 12:54:15 PM
Printed on 7/24/2024 12:55:14 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 MAINTAIN LANE,FAILURE TO YIELD RIGHT OF WAY,IMPROPER LANE USAGE,UNSAFE LANE MOVEMENT,NONE (ENVIRONMENTAL)

Unit 2 :

NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901398523

Local ID: 201016535

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/25/2010	Tue	3:18 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: 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

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

- ☐ Witness / ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness / ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201016535

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
3:21 PM	3:21 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/25/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEESNER, K		3121	FISHERS PD		

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

Local ID: 201016535

901398523

1	Driver's Name (Last, First, MI): [redacted]
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46037	

Date of Birth	Age	Gender
03/11/1989	21	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	2008	TRIUMPH	BONNEVILLE	MC

# Occupants	Lic Year	License #	License State
1	2010	237117	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE INSURANCE	800-776-4737

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: HELMET

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
1946		NON-INCAPACITATING

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: MOTORCYCLE

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	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201016535

901398523

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 08/12/1992 — Age: 17 — Gender: MALE	
Driver's License # [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLUE	2005	SAAB	93	4D

# Occupants	Lic Year	License #	License State
1	2010	641AVY	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY INSURANCE	317-576-0055

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

SOUTH BEND IN 46615

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

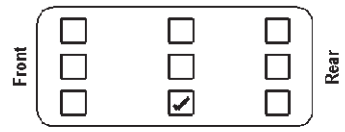
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

901498103

Local ID: 201030101

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/08/2010	Wed	10:51 AM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

	#	Name
✓ Witness	1	TERESA MENKE
☐ Other Participant		

Address etc.: 11710 GATWICK VIEW DRIVE

Phone #: 317-288-0653

Location at Time of Crash: RIGHT LANE BEHIND ACCIDENT

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201030101

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
10:51 AM	10:55 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
ROB THOMPSON		3069	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/08/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
PARSHALL, H		3126	FISHERS PD		

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

Local ID: 201030101

901498103

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	02/18/1935
Age	75
Gender	FEMALE
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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2001	Honda	ODYSSEY	VN

# Occupants	Lic Year	License #	License State
1	2011	D407CN	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	WOLF INSURANCE	317-842-1924

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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

UNIT INFORMATION

Local ID: 201030101

901498103

2	Driver's Name (Last, First, MI) [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	Immed 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: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] Glasses/Contact Lenses; [x] Outside Rearview Mirror; [x] 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

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#	Color	Vehicle Year	Make	Model	Style
2	GREEN	2005	HONDA	PILOT	UT

# Occupants	Lic Year	License #	License State
2	2011	2340243283	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	INDIANA INSURANCE	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? YES — To: FISHERS TOWING — 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# | Hazzard 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; [x] 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

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901585957

Local ID: 20113894

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/05/2011	Sat	11:42 AM	HAMILTON	FALL CREEK	2	2	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZFARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20113894

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
11:52 AM	11:56 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/05/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ROBINSON, C		3068	FISHERS PD		

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

Local ID: 20113894

901585957

1	Driver's Name (Last, First, MI): [redacted]
Address (Street, City, State, Zip): [redacted]	
FAIRLAND IN 46126	
Date of Birth: 12/19/1991	Age: 19	Gender: MALE
Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2000	PLYMOUTH	BREEZE	4D

# Occupants	Lic Year	License #	License State
1	2011	NH96391	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE MUTUAL	800-421-1444

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FAIRLAND IN 46126

Towed? YES — To: MILLERS; By: MILLERS — 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? NO

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
AM95		NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: KNEE/LOWER LEG/FOOT

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20113894

901585957

2	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: 08/14/1967	Age: 43	Gender: FEMALE				EMS No.: AM95	Immed 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: HIP/UPPER LEG		
							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# 2	Color: BLUE	Vehicle Year: 2006	Make: TOYOTA	Model: SIENNA	Style: SV	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown		
	# Occupants: 2	Lic Year: 2011	License #: 855HAE	License State: IN					
	# Axles: 2	Speed Limit: 40	Insured By: AMERICAN FAMILY INS	Phone Number: 513-738-3470					
	Vehicle Identification# [redacted]						Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown		
	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?: NO	To 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: GOING STRAIGHT		
	Veh Year	Make					Direction of Travel: WEST		
		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#					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#	Hazzard Class #					

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)	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901700845

Local ID: 201131783

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/30/2011	Fri	7:09 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

	#	Name
✓ Witness	1	CHRISTOPHER CONGDON
☐ Other Participant		

Address etc.: 11714 CANYON CT FISHERS IN 46037

Phone #: 317-459-6750

Location at Time of Crash: EASTBOUND 116TH ST BEHIND V2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201131783

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:10 AM	7:15 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/30/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
LINDAUER, J		3118	FISHERS PD		

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

1 Driver's Name (Last, First, MI) [redacted]

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
11/12/1964	46	MALE

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 | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAR/	2011	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
1	2012	718NI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	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

Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING By FISHERS 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

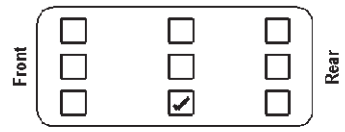
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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 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

Local ID: 201131783

901700845

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46033

Date of Birth	Age	Gender
05/28/1976		MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT / Certified Test [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN/	2005	ACURA	TL	4D

# Occupants	Lic Year	License #	License State
2	2012	CC5126	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8002252467

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46033-8282

Towed?	To / By	Due to Disabling Damage
YES	BROOKS TOWING / BROOKS 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#: Hazzard Class #:

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901749764

Local ID: 201141432

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/23/2011	Fri	7:13 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstance	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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

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

- ✓ Witness / ☐ Other Participant — # 1 — Name: MICHELLE LEE
- Address etc.: 8821 S 650 W PENDELTON INDIANA
- Phone #: 317 698 1576
- Location at Time of Crash: BEHIND DRIVER 2 AT THE TIME
- ☐ Witness / ☐ Other Participant — # — Name:
- Address etc.:
- Phone #:
- Location at Time of Crash:

Non-Motorist

- (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
201141432

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:14 PM	7:16 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/23/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RODRIGUEZ, C		3136	FISHERS PD		

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

Local ID: 201141432

901749764

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 12/21/1983	Age: 28 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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: — Certified Test: — [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2003	FORD	EXPLORER	4D

# Occupants	Lic Year	License #	License State
1	2012	179MCU	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	ALLSTATE INSURANCE	8002176423

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 / By	Due to Disabling Damage
YES	To GARNERS TOWING SERVICE / By GARNERS TOWING SERVICE	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# — Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201141432

901749764

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/09/1975	36	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2007	Chrysler	PACIFICA	4W

# Occupants	Lic Year	License #	License State
1	2012	2937554	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	ILLINOIS STATE FARM INSURANCE	6185461112

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

ROBINSON IL 62454

Towed? YES | To PREFERRED TOWING SERVICE | 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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)	[x] 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

901920880

Local ID: 201238547

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/12/2012	Mon	7:50 AM	HAMILTON	FALL CREEK	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201238547

Type of Crash	HEAD ON				
Time Notified	Time Arrived	Other Location of Investigation			
7:45 AM	7:46 AM	SCENE OLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/12/2012	
Investigating Officer		ID No.	Agency	Reviewing Officer	
OSBORN, D		3019	FISHERS PD		

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

Local ID: 201238547

901920880

1	Driver's Name (Last, First, MI) [redacted]								
Address (Street, City, State, Zip) [redacted]									
INDIANAPOLIS					IN	46219			
Date of Birth: 12/05/1977		Age: 34		Gender: FEMALE					
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	Type Given	Alcohol Results PBT	Certified Test	Pending	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT			[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2008	Chevrolet	TRAILBLAZER	UT

# Occupants	Lic Year	License #	License State
1	2012	367CS	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFE AUTO	8007233288

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

INDIANAPOLIS IN 46219

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: 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. DEER

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901974789

Local ID: 20136148

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/15/2013	Fri	3:26 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20136148

Type of Crash	LEFT TURN

Time Notified	Time Arrived	Other Location of Investigation
3:29 PM	3:36 PM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			02/15/2013

Investigating Officer	ID No.	Agency	Reviewing Officer
WYNN, S	3104	FISHERS PD	

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

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

TIPTON IN 46072

Date of Birth	Age	Gender
10/16/1992	20	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status
- [x] 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
- [x] None

Test Given: NONE

Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT / Certified Test [ ] Pending

Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2000	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
1	2013	469AMW	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	UNKNOWN

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]ET

TIPTON IN 46072

Towed?	To	Due to Disabling Damage
NO	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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

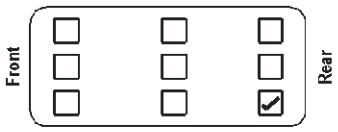
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

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 Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20136148

901974789

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
MUNCIE IN 47304	
Date of Birth: 02/09/1932	Age: 81 — Gender: FEMALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2004	TOYOTA	AVALON	4D

# Occupants	Lic Year	License #	License State
1	2013	395DDM	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	IN FARMERS MUTUAL INS COMPANY	7658464211

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

MUNCIE IN 47304

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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	[x] 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

Local ID: 201318464

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/14/2013	Tue	7:46 AM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	DRIVABLE
Type of Roadway Junction	NO JUNCTION INVOLVED
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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201318464

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:48 AM	7:49 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/14/2013	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SMITH, W		3137	FISHERS PD		

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

Local ID: 201318464

902019193

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				EMS No.	Immed 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		
							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#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2006	TOY	SEQ	4D

# Occupants	Lic Year	License #	License State
2	2014	762DDO	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARMERS	1111111111

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] ☐ Same as Driver

Address (Street, City, State, Zip) [redacted]NG

FISHERS IN 46040

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard 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: WEST

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

Local ID: 201318464

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): 1[redacted]T

FISHERS IN 46037

Date of Birth	Age	Gender
03/06/1973	40	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
0[redacted]	OP		IN

Apparent Physical Status
- [x] 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
- [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2012	BUICK	VER	4D

# Occupants	Lic Year	License #	License State
1	2014	612GEX	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8005871481

Vehicle Identification #: 1[redacted]

Registered Owner's Name (Last, First, MI): B[redacted] [ ] Same as Driver

Address (Street, City, State, Zip): 1[redacted]T

FISHERS IN 46037

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

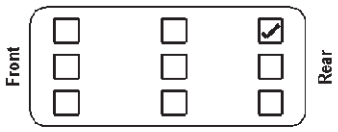
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

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: SLOWING OR STOPPED IN TRAFFIC

Direction of Travel: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

902189455

Local ID: 20146185

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/15/2014	Sat	8:25 AM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: SNOW/SLUSH
- Type of Median: DRIVABLE
- 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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
20146185

Type of Crash	RIGHT ANGLE

Time Notified	Time Arrived	Other Location of Investigation
8:27 AM	8:29 AM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			02/15/2014

Investigating Officer	ID No.	Agency	Reviewing Officer
THOMPSON, R	3069	FISHERS PD	

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

Local ID: 20146185

902189455

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/15/1975	Age: 38 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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: — Certified Test: — [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2010	SUBARU	FORESTER	4D

# Occupants	Lic Year	License #	License State
1	2014	249LMK	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	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	Due to Disabling Damage
NO	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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3337	NO	NON-INCAPACITATING

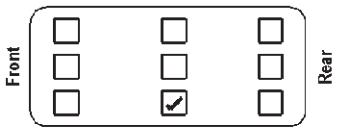
Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HEAD

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20146185

902189455

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	7[redacted]VE
INDIANAPOLIS IN 46217	

Date of Birth	Age	Gender
11/09/1987	26	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BROWN	2013	Volkswagen	CC SPORT	2D

# Occupants	Lic Year	License #	License State
1	2014	9729A	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATION WIDE	8002821446

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46025

Towed?	To / By	Due to Disabling Damage
YES	To MILLERS TOWING; 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#	Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	[x] 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

902231407

Local ID: 201418168

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/12/2014	Mon	7:14 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER	39 57.426	-85 59.266

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: DRIVABLE
- Type of Roadway Junction: T-INTERSECTION
- Road Character: STRAIGHT/HILLCREST
- Roadway Surface: CONCRETE
- Construction: NO
- If Yes, Construction Type:
- Traffic Control Devices: STOP SIGN
- Traffic Control Device Operational? NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

	#	Name
✓ Witness	1	AMITAV R THAMBA
☐ Other Participant		

Address etc.: 9880 CASCADES CT FISHERS INDIANA

Phone #: 3174108808

Location at Time of Crash: BEHIND V1

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201418168

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:14 AM	7:16 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
B DENNIS		9334	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/12/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
AHNERT, J		3089	FISHERS PD		

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

Local ID: 201418168

902231407

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
01/28/1958	56	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2012	Ford	FUSION	4D

# Occupants	Lic Year	License #	License State
1	2015	SVU753	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS	8006372830

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To/By FISHERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201418168

902231407

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/22/1965 — Age: 48 — Gender: FEMALE	
Driver's License # [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2002	HONDA	ACCORD LX	4D

# Occupants	Lic Year	License #	License State
1	2014	310BEQ	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AAA	8002073618

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Towed? YES — To: BOGGS TOWING — By: BOGGS TOWING — 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# — Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. — Immed Attn — Driver Injury Status

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			
	[x]	[ ]	[ ]
	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]

Rear

Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown

Front			
	[x]	[ ]	[ ]
	[x]	[ ]	[ ]
	[x]	[ ]	[ ]

Rear

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: [ ] One Lane [ ] Two Lanes [ ] Multi-Lanes (3 or more)

Two Way Traffic: [ ] Two Lanes [x] 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

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902300804

Local ID: 201435998

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/12/2014	Fri	7:15 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ DR	116 ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	NONE
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: $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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201435998

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:15 AM	7:19 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/12/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GAINES, R		3067	FISHERS PD		

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

Local ID: 201435998

902300804

1 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	1[redacted]
FISHERS IN 46038	
Date of Birth: 10/15/1967	Age:	Gender: MALE
Driver's License #: 8[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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:	Certified Test: [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SIL	2001	TOYOTA	SEQUOIA	4W

# Occupants	Lic Year	License #	License State
1	2015	234FAB	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	STATE FARM	3173560958

Vehicle Identification #: 5[redacted]

Registered Owner's Name (Last, First, MI): F[redacted] [ ] Same as Driver

Address (Street, City, State, Zip): 1[redacted]

FISHERS IN 46038-1954

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: NORTHWEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201435998

902300804

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
PENDLETON IN 46064	
Date of Birth: 04/17/1972	Age:	Gender: MALE
Driver's License #	[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status
- [x] 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
- [x] None

Test Given: NONE

Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT: | Certified Test: | [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2006	Cadillac	Dts	4D

# Occupants	Lic Year	License #	License State
2	2014	705BHI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE	8002744499

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Towed?	To / By	Due to Disabling Damage
YES	To BOGGS TOWING / By BOGGS 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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

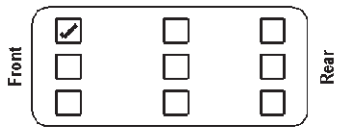
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

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	[x] 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

Local ID: 201444809

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/13/2014	Thu	8:45 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201444809

Type of Crash	REAR END

Time Notified	Time Arrived	Other Location of Investigation
8:50 AM	8:55 AM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			11/13/2014

Investigating Officer	ID No.	Agency	Reviewing Officer
KEHL, S	3015	FISHERS PD	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

Local ID: 201444809

902333483

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth: 08/09/1972	Age: 42 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT: — Certified Test: — [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2011	TOYOTA	SIENNA	SV

# Occupants	Lic Year	License #	License State
1	2015	577LLX	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	AAA	8002073618

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: STARTING IN TRAFFIC

Direction of Travel: NORTH

Type of Primary/Secondary Roadway

One Way Traffic: [ ] One Lane [ ] Two Lanes [ ] Multi-Lanes (3 or more)

Two Way Traffic: [ ] Two Lanes [x] 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

UNIT INFORMATION

Local ID: 201444809

902333483

2	Driver's Name (Last, First, MI): [redacted]
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46038	
Date of Birth: 06/06/1954	Age: 60
Gender: FEMALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2006	Mercedes Benz	E500	4D

# Occupants	Lic Year	License #	License State
1	2015	934ARI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	AAA	8002073618

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address: [redacted]

FISHERS IN 46038

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED 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	[x] 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

902360511

Local ID: 201450488

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/26/2014	Fri	1:55 AM	HAMILTON	DELAWARE	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201450488

Type of Crash

Time Notified	Time Arrived	Other Location of Investigation			
1:58 AM	2:15 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/26/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
BROCKMAN, A		3145	FISHERS PD		

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 Mclahlan (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

Local ID: 201450488

902360511

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
LEBANON IN 46052	
Date of Birth: 09/15/1961 / Age: / Gender: MALE	
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT / Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHI	2015	HONDA	ODYSSEY	VN

# Occupants	Lic Year	License #	License State
2	2015	WMV327	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO	3178617524

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

LEBANON IN 46052-8142

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: WEST

Type of Primary/Secondary Roadway:

[ ] One Way Road
[x] 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. DEER

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902777319

Local ID: 201639146

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/14/2016	Wed	4:22 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: LANE CONTROL
- 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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201639146

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
4:22 PM	4:23 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/14/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
DAVID, A		3033	FISHERS PD		

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

Local ID: 201639146

902777319

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 09/03/1947	Age:	Gender: MALE
Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	DGR	2001	FORD	RANGER	TK

# Occupants	Lic Year	License #	License State
1	2017	TK751MQT	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	3178702272

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-4310

Towed?	To	Due to Disabling Damage
NO	By	

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	[ ] 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			

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 #	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 201639146

902777319

2	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: 10/09/1977	Age:	Gender: MALE				EMS No.:	Immed Attn:	Driver Injury Status:
	Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN			Nature of Most Severe Injury:		

Apparent Physical Status: [x] 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; [x] None

Location of Most Severe Injury:

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#	Color	Vehicle Year	Make	Model	Style
2	BLK	2014	HONDA	CR-V	4W

# Occupants	Lic Year	License #	License State
2	2017	WYE522	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLIED	8002821446

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]

FISHERS IN 46037-5513

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed? NO — To: — By: — Due to Disabling Damage:

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?: — Fire?: NO

Lic State: — Lic Year: — Registered Owner's Name (Last, First, MI): — [ ] Same as Driver

License #: — Address (Street, City, State, Zip):

Veh Year: — Make:

Vehicle Type: PASSENGER CAR/STATION WAGON

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):

Veh Year: — Make:

Direction of Travel: EAST

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
[x] 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 #:

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 #: — Hazzard Class #:

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902977587

Local ID: 201734264

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
08/12/2017	Sat	2:52 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZFARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201734264

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
2:59 PM	3:05 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/12/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVIS, J		3057	FISHERS PD		

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

Local ID: 201734264

902977587

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46033

Date of Birth	Age	Gender
06/07/2000		MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2015	GENERAL MOTORS	ACADIA	4W

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE	8004213535

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-4319

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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
[x] 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

Local ID: 201734264

902977587

2 — Driver's Name (Last, First, MI): [redacted] W	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: 02/22/1957 / Age: / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Location of Most Severe Injury
Restrictions: [ ] Glasses/Contact Lenses; [x] 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	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# 2 / Color: BLKBLK / Vehicle Year: 2012 / Make: CADILLAC / Model: ESCALADE / Style: TK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2018 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: STATE FARM INS / Phone Number: 3178421962	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46037-4080	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed? NO / To / By / Due to Disabling Damage	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: TURNING LEFT
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 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903246977

Local ID: 201847557

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/26/2018	Fri	4:36 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS		39 57.426	-85 59.266

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201847557

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
4:38 PM	4:44 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/26/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GABRIELSEN, S		3174	FISHERS PD		

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

Local ID: 201847557

903246977

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46202

Date of Birth	Age	Gender
08/29/1968		MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2003	HONDA	CIVIC	2D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	GEICO	8002077847

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46202

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# | Hazzard Class #

Safety Equipment Used: UNKNOWN

Safety Equipment Effective? N/A

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] Multi-Lane w/ Concrete Barrier
[ ] Multi-Lane w/ Metal Guardrail Median
[ ] Private Drive
[ ] Alley
[ ] Ramp

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201847557

903246977

2 Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: UNKNOWN
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: N/A
CARMEL IN 46032	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 12/15/1986 / Age: / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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#: 2 / Color: WHITE / Vehicle Year: 2011 / Make: CHEVROLET / Model: MALIBU / Style: 4D		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2019 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 25 / Insured By: PROGRESSIVE / Phone Number: 8007764737		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
CARMEL IN 46032		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By: / Due to Disabling Damage		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: SLOWING OR STOPPED 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
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; [x] 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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903360759

Local ID: 201915838

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
04/23/2019	Tue	1:00 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM RD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201915838

Type of Crash	LEFT/RIGHT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
1:02 PM	1:07 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				04/27/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MARSHALL, C		3144	FISHERS PD		

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

Local ID: 201915838

903360759

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46217-4868

Date of Birth	Age	Gender
01/25/1951	68	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SIL	2012	BMW	7LX	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	USAA	1111111111

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46217-4868

Towed? YES | To BOGGS | By BOGGS | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [x] 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: 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
- [x] 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

Local ID: 201915838

903360759

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
07/28/1960		FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2009	TOYOTA	CAMRY	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN SELECT	1111111111

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-8876

Towed? YES | To BOGGS | By BOGGS | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

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
	[ ]	[ ]	[ ]	
	[x]	[ ]	[ ]	
	[ ]	[ ]	[ ]	

Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [x] Unknown

Front				Rear
	[x]	[ ]	[ ]	
	[x]	[ ]	[ ]	
	[x]	[ ]	[ ]	

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 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
[x] 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

903419126

Local ID: 201929972

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
07/31/2019	Wed	2:20 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

- ✓ Witness / Other Participant: # 1 — Name: [redacted]
- Address etc.: [redacted]
- Phone #: [redacted]
- Location at Time of Crash: DRIVING WEST ON 116TH STREET
- Witness / Other Participant: # — Name:
- Address etc.:
- Phone #:
- Location at Time of Crash:

Non-Motorist

- (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
201929972

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
2:23 PM	2:25 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/31/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MYERS, B		3035	FISHERS PD		

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

Local ID: 201929972

903419126

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
12/25/2002	16	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2007	FORD	FOCUS	4D

# Occupants	Lic Year	License #	License State
2	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE	8004213535

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
- [x] 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

Local ID: 201929972

903419126

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: YES
MUNCIE IN 47304	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 11/05/1981 / Age: 37 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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#: 2 / Color: GRAY / Vehicle Year: 2019 / Make: CHEVROLET / Model: TRAVERSE / Style: UT		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 2 / Lic Year: 2019 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: AMERICAN FAMILY / Phone Number: 7652810100		
Vehicle Identification#: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
MUNCIE IN 47304		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To / By / Due to Disabling Damage		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: SPORT UTILITY VEHICLE
Veh Year / Make		Pre-Crash Vehicle Action: TURNING LEFT
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver		Direction of Travel: NORTHWEST
License# / Address (Street, City, State, Zip)		
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; [x] 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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903663275

Local ID: 202036838

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/02/2020	Fri	4:11 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/HILLCREST
- Roadway Surface: ASPHALT
- Construction: NO
- If Yes, Construction Type:
- Traffic Control Devices: STOP SIGN
- Traffic Control Device Operational? NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: WB 116TH AT KLOTZ FARM BLVD

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
202036838

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
4:12 PM	4:12 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/02/2020	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MYERS, B		3035	FISHERS PD		

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

Local ID: 202036838

903663275

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 05/17/1939	Age: 81
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2020	HONDA	CRV	UT

# Occupants	Lic Year	License #	License State
1	2020	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	SAFECO INSURANCE	8664273326

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 / By	Due to Disabling Damage
YES	To GARNERS / By GARNERS	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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
0715	YES	INCAPACITATING - TRANSPORTED

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: ENTIRE BODY

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 202036838

903663275

2 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: 07/02/1980 / Age: 40 / 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: [x] 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; [x] None	Location of Most Severe Injury
		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#: 2 / Color: MAROON / Vehicle Year: 2000 / Make: TOYOTA / Model: CAMRY / Style: 4D		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2021 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 35 / Insured By: GEICO INSURANCE / Phone Number: 8008413000		
Vehicle Identification#: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x]
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? YES / To MILLERS / By MILLERS / 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		Direction of Travel: EAST
License# / Address (Street, City, State, Zip)		
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; [x] 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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903725669

Local ID: 20211739

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
01/14/2021	Thu	1:50 PM	HAMILTON	DELAWARE	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KOTZ FARM BLVD	EAST 116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: 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

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

- ☐ Witness / ☐ Other Participant — # — Name
- Address etc.
- Phone # — Location at Time of Crash
- ☐ Witness / ☐ Other Participant — # — Name
- Address etc.
- Phone # — Location at Time of Crash

Non-Motorist

- (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
20211739

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
12:52 PM	12:52 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/14/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SMITH, W		3137	FISHERS PD		

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

Local ID: 20211739

903725669

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: 03/05/2004 / Age: 16 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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: SILVER / Vehicle Year: 2019 / Make: FORD / Model: MUSTANG / Style: 4D		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2021 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: ALLSTATE / Phone Number: 1111111111		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
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? NO / To / By / Due to Disabling Damage		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: MERGING
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver		Direction of Travel: NORTHWEST
License# / Address (Street, City, State, Zip)		
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; [x] 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# / Hazzard Class #		

UNIT INFORMATION

Local ID: 20211739

903725669

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

CORAL SPRINGS FL 33071

Date of Birth	Age	Gender
12/08/1997	23	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: FL

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLK	2014	FORD	FOCUS	4D

# Occupants	Lic Year	License #	License State
2	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNK	UNK

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

CORAL SPRINGS FL 33071

Towed? YES | To MILLERS | By MILLERS | 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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3338	YES	INCAPACITATING - TRANSPORTED

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HIP/UPPER LEG

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED IN TRAFFIC

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
[x] 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

903745807

Local ID: 20216972

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/20/2021	Sat	10:28 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (NOT LIGHTED)
- Weather Conditions: CLEAR
- 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

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

- ☐ Witness / ☐ Other Participant — # — Name
- Address etc.
- Phone # — Location at Time of Crash
- ☐ Witness / ☐ Other Participant — # — Name
- Address etc.
- Phone # — Location at Time of Crash

Non-Motorist

- (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
20216972

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
10:28 PM	10:34 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/20/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SIEG, Z		3176	FISHERS PD		

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.

UNIT INFORMATION

Local ID: 20216972

903745807

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
10/12/2002	18	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT: | Certified Test: | [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2016	Chevrolet	SONIC	4D

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO	3173534369

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To FISHERS TOWING | By FISHERS TOWING | 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#: | Hazzard Class #:

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 20216972

903745807

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: YES
INDIANAPOLIS IN 46236	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 08/16/1981 / Age: 39 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: LBL / Vehicle Year: 2014 / Make: JEEP / Model: WRANGLER / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2021 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: PROGRESSIVE / Phone Number: 8664071786	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
INDIANAPOLIS IN 46256	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: YES / To: MILLERS / By: MILLERS / 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: SPORT UTILITY VEHICLE
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 Road; [ ] One Lane - One Way; [ ] Two Lanes - One Way; [ ] Multi-Lanes (3 or more) - One Way; [ ] Multi-Lane w/ Grass Median Only; [x] 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#	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# / Hazzard Class #	

Appendix C – Crash Reports
Knightsbridge Lane

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902620420

Local ID: 20161303

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
01/11/2016	Mon	3:48 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KNIGHTSBRIDGE LN	DEERING ST	300	S	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20161303

Type of Crash	OTHER - EXPLAIN IN NARRATIVE				
Time Notified	Time Arrived	Other Location of Investigation			
3:51 PM	3:54 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/11/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MARSH, T		3062	FISHERS PD		

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

Local ID: 20161303

902620420

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Date of Birth	Age	Gender
06/24/1963	52	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	1989	CHEVROLET	SML CNV CAB 4X2-	PD

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	US

# Axles	Speed Limit	Insured By	Phone Number
2	25	SELF INSURED	3179137902

[redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Vehicle Use: OTHER GOVERNMENT (POSTAL, ETC.)

Emergency Run?	Fire?
	NO

Vehicle Type: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: NORTHEAST

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
[x] 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

Local ID: 20161303

902620420

2 [redacted]

Address (Street, City, State, Zip): [redacted]N

FISHERS IN 46037

Date of Birth	Age	Gender
07/23/1967	48	FEMALE

Driver's License #: [redacted]

Lic Type	CDL Class	Lic State
OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT: — Certified Test: — [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	GRAY	2012	Honda	ODYSSEY	SV

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	INDIANA FARM BUREAU	3177732431

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]N

FISHERS IN 46037

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: SOUTHWEST

Type of Primary/Secondary Roadway:

- [ ] One Way Road
- [x] 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

902968827

Local ID: 201727558

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
07/03/2017	Mon	11:29 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
BRIXTON LN	KNIGHTSBRIDGE LN	100	S	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201727558

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
11:29 AM	11:50 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/03/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
COLLING, B		3098	FISHERS PD		

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.

D1said that she was also traveling on Knightsbridge Ln. and observed the D2 was heading southbound as well. D2 said that she took her eye of 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

Local ID: 201727558

902968827

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
02/19/1996	21	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRAY	2013	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	ALLSTATE INSURANCE	7656422076

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To/By: GARNERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 201727558

902968827

2 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
11/10/1960	56	MALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results PBT	Certified Test	Pending	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT			[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	1996	FORD	VICTORIA	4D

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	PROGRESSIVE	0

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46204

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard 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: SLOWING OR STOPPED IN TRAFFIC

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
- [x] 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

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	South				West				East				
Direction	Northbound				Eastbound				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

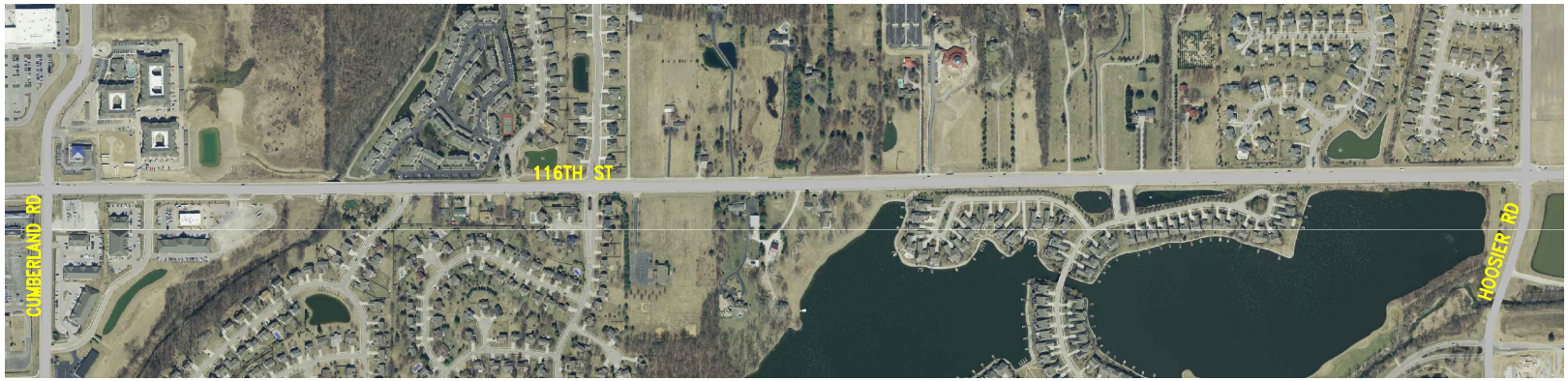
Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South					North					West					East					
Direction	Northbound					Southbound					Eastbound					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

N.T.S.



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) DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	28/72 64/36	28/72 64/36
EXISTING DHV AM EXISTING DHV PM	2,031 2,360	2,031 2,360
LEVEL OF SERVICE AM LEVEL OF SERVICE PM	C C	C C
EXISTING ADT	27,788	27,788

FUTURE CONDITIONS

# LANES/WIDTH EFFECTIVE SHOULDER WIDTH	4/50' CURB & GUTTER	4/50'-67' W/MEDIAN CURB & GUTTER
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB) DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	30/70 60/40	30/70 60/40
PROJECTED 10-YEAR DHV AM PROJECTED 10-YEAR DHV PM	2,907 4,504	2,907 4,504
FUTURE LEVEL OF SERVICE AM FUTURE LEVEL OF SERVICE PM	D F	D F
PROJECTED 10-YEAR ADT	39,822	39,822

LEGEND

EXISTING ROAD

PROPOSED ROAD

A&F ENGINEERING
Transportation & Site Engineering
Creating Order Since 1966

CITY OF FISHERS
TRAFFIC IMPACT PLAN

ROADWAY SEGMENT SUMMARY
116TH STREET
FROM CUMBERLAND RD TO HOOSIER RD

SHT. 31

Z:\2014\140455 FISHERS IMPACT FEE STUDY\FISHERS IMPACT FEE PROPOSAL\140455-FISHERS IMPACT.DWG 1=1 S-31 (SEGMENT SUMMARY) 10-24-14 MK

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

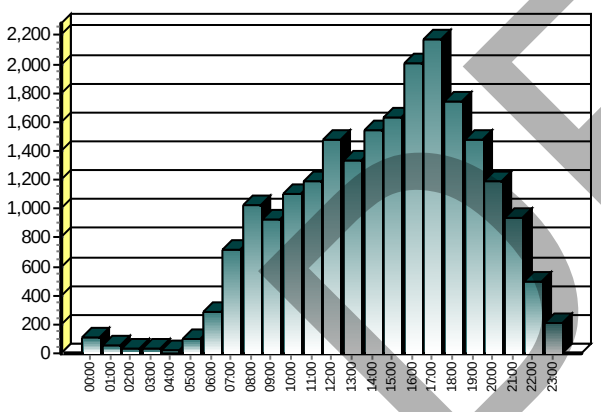
Percents:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
Lane #1	0%	0%	0%	0%	0%	1%	1%	3%	5%	4%	5%	5%	7%	5%	7%	8%	9%	10%	8%	7%	5%	4%	2%	1%
Lane #2	1%	0%	0%	0%	0%	0%	1%	3%	5%	4%	5%	6%	7%	7%	7%	7%	9%	10%	8%	7%	5%	4%	2%	1%
TOTAL	0%	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

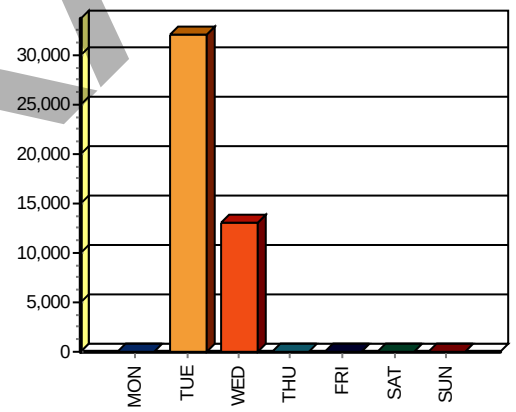
ALL LANES

	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	

ADT Volume vs. Time (all lanes combined)



ADT By Day of Week (all lanes)



DRAFT

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

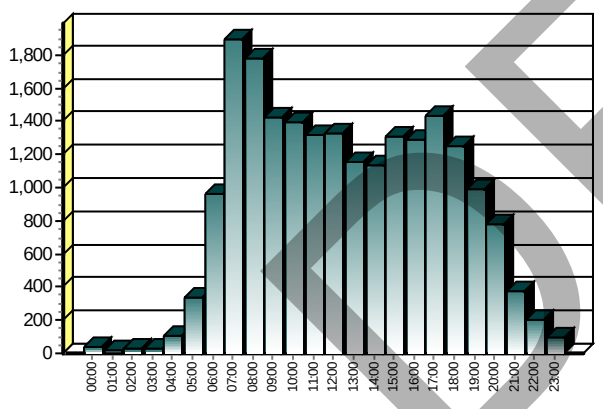
Percents:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
Lane #1	0%	0%	0%	0%	1%	2%	5%	9%	9%	7%	7%	6%	6%	6%	6%	7%	6%	7%	6%	5%	4%	2%	1%	0%
Lane #2	0%	0%	0%	0%	0%	2%	5%	9%	8%	7%	7%	6%	6%	6%	5%	6%	6%	7%	6%	5%	4%	2%	1%	1%
TOTAL	0%	0%	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

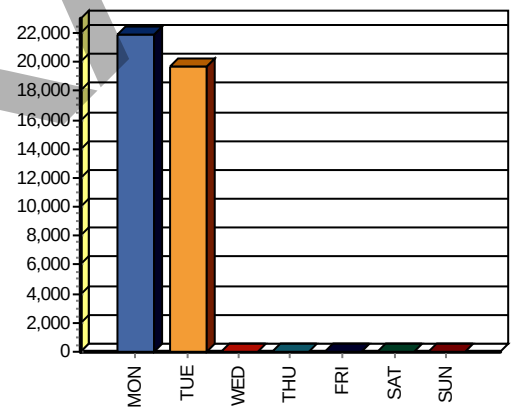
ALL LANES

	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	

ADT Volume vs. Time (all lanes combined)



ADT By Day of Week (all lanes)



DRAFT

Appendix G – Traffic Volume on Cumberland Rd

N.T.S.



EXISTING CONDITIONS

APPROX. LENGTH	4,537 FT	985 FT
% NO PASSING	100%	100%
# LANES/WIDTH	2/21'	2/48'-W/TWLTL
EFFECTIVE SHOULDER WIDTH	1' GRASS	CURB & GUTTER
SPEED LIMIT	35 MPH	35 MPH
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB) DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	49/51 50/50	49/51 50/50
EXISTING DHV AM EXISTING DHV PM	641 827	641 827
LEVEL OF SERVICE AM LEVEL OF SERVICE PM	C C	C C
EXISTING ADT	10,491	10,491

FUTURE CONDITIONS

# LANES/WIDTH EFFECTIVE SHOULDER WIDTH	2/21' 1' GRASS	2/48'-W/TWLTL CURB & GUTTER
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB) DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	45/55 47/53	45/55 47/53
PROJECTED 10-YEAR DHV AM PROJECTED 10-YEAR DHV PM	1,190 1,552	1,190 1,552
FUTURE LEVEL OF SERVICE AM FUTURE LEVEL OF SERVICE PM	D E	D E
PROJECTED 10-YEAR ADT	19,508	19,508

LEGEND

EXISTING ROAD

PROPOSED ROAD

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CITY OF FISHERS
TRAFFIC IMPACT PLAN

ROADWAY SEGMENT SUMMARY
CUMBERLAND ROAD
FROM 106TH ST TO 116TH ST

SHT. 83

Z:\2014\140455 FISHERS IMPACT FEE STUDY\FISHERS IMPACT FEE PROPOSAL\140455-FISHERS IMPACT.DWG V=S=83 (SEGMENT SUMMARY) 1=1 10-24-14 MMK

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

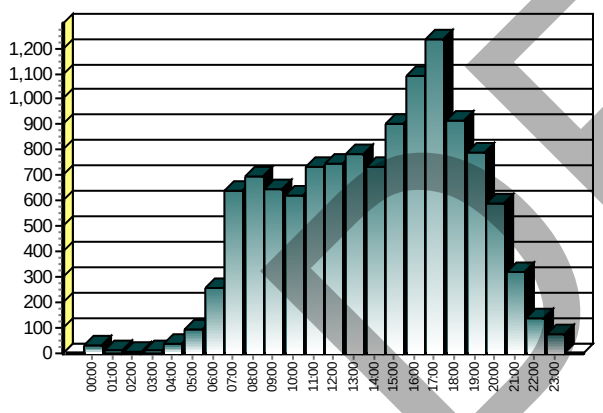
Percents:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
Lane #1	0%	0%	0%	0%	0%	1%	3%	6%	6%	6%	6%	6%	6%	6%	6%	7%	10%	10%	7%	7%	4%	2%	1%	1%
Lane #2	0%	0%	0%	0%	0%	0%	2%	5%	5%	5%	5%	6%	6%	7%	6%	8%	9%	11%	8%	6%	6%	3%	1%	1%
TOTAL	0%	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

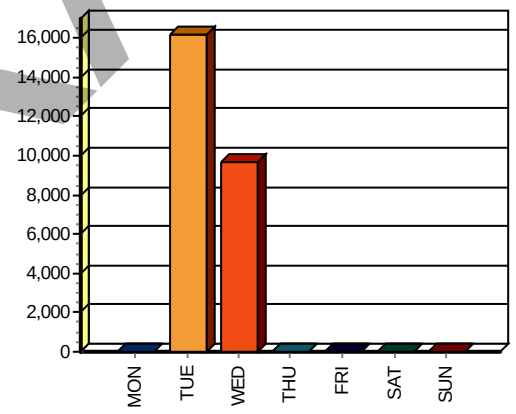
ALL LANES

	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	

ADT Volume vs. Time (all lanes combined)



ADT By Day of Week (all lanes)



DRAFT

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

4/19/2024

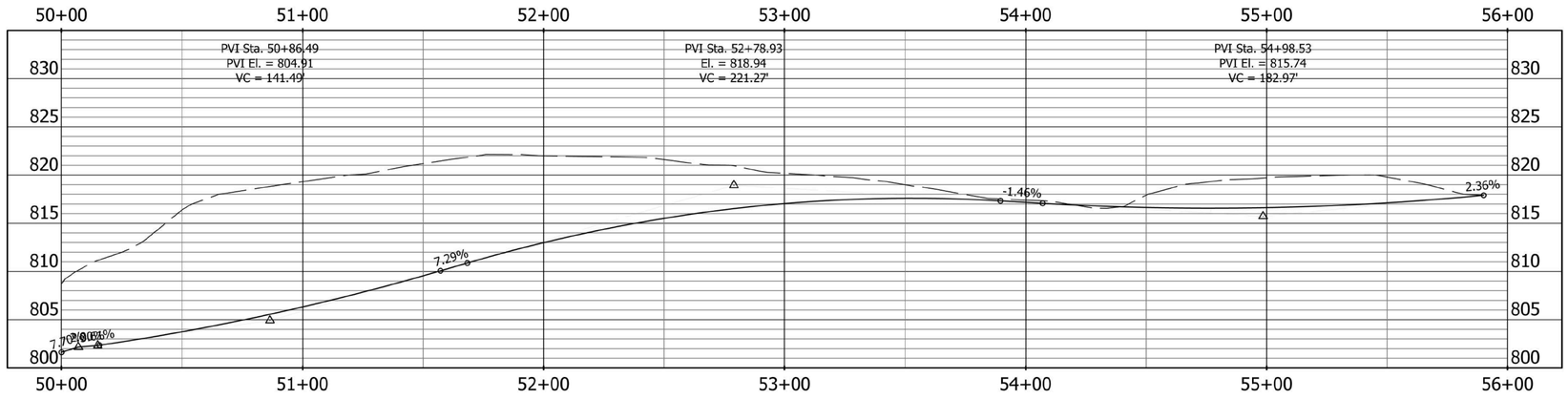


Spyglass Falls - Spyglass Hills Access Proposal Alternatives

	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

8/19/2024





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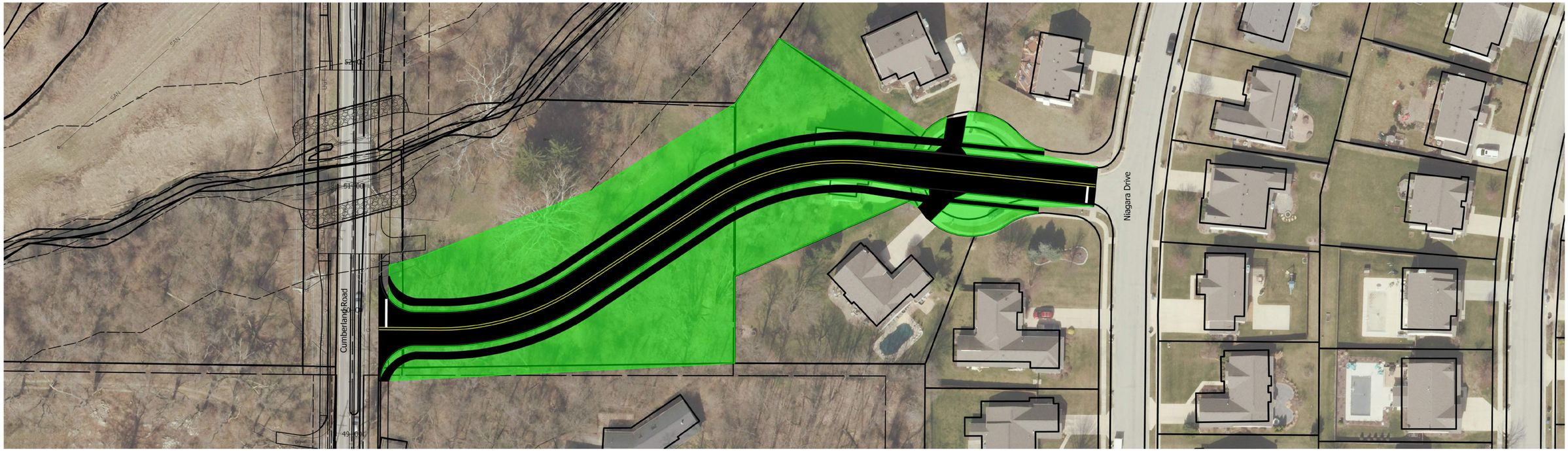
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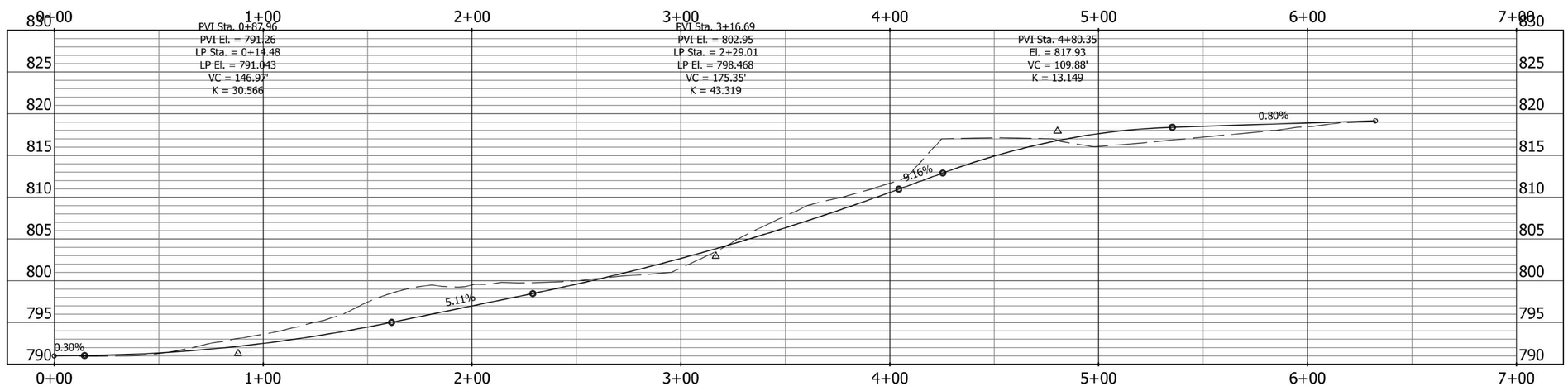
INDIANA
DEPARTMENT OF TRANSPORTATION

OPTION 1
NIAGARA DRIVE 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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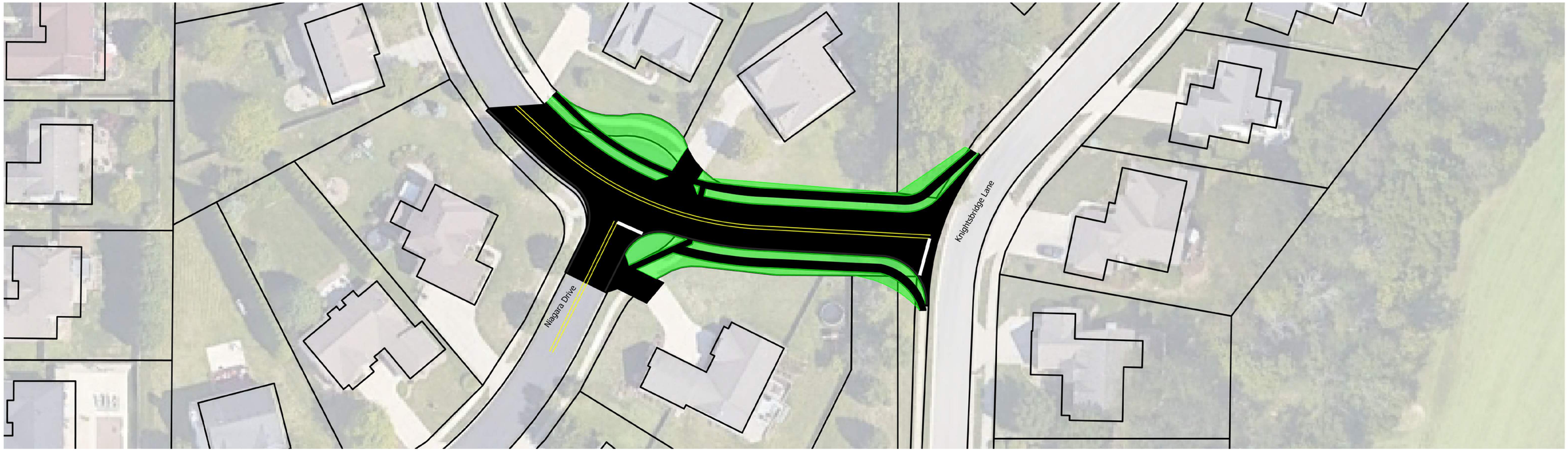
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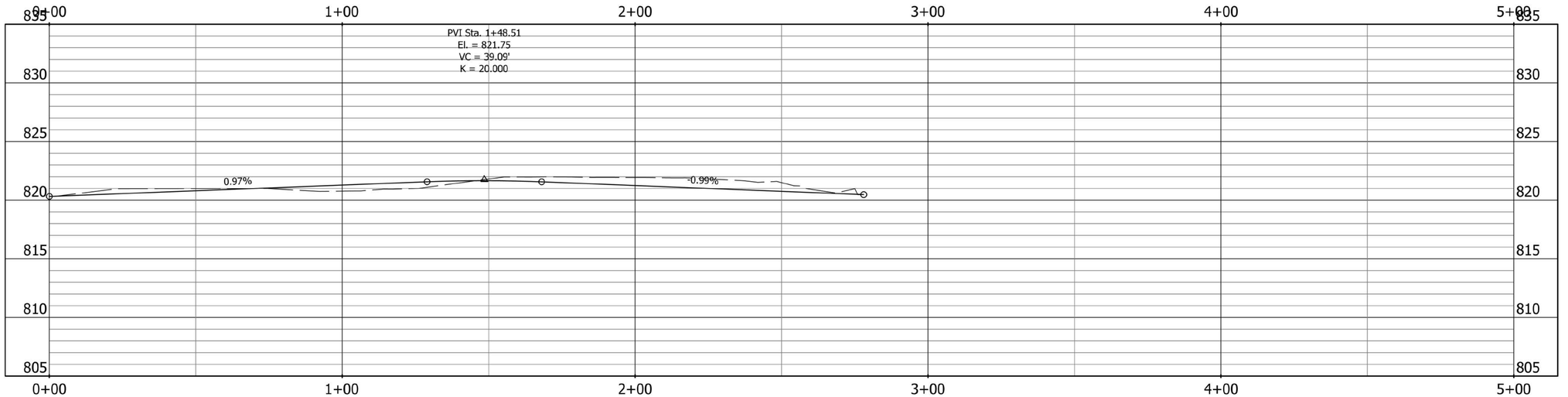
INDIANA
DEPARTMENT OF TRANSPORTATION

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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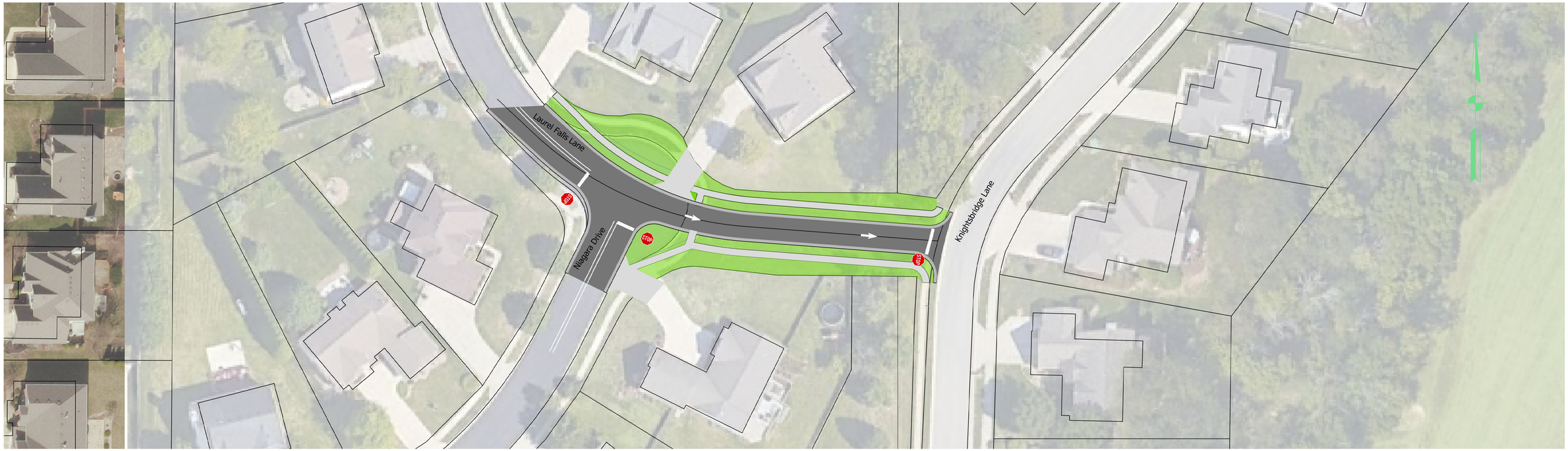
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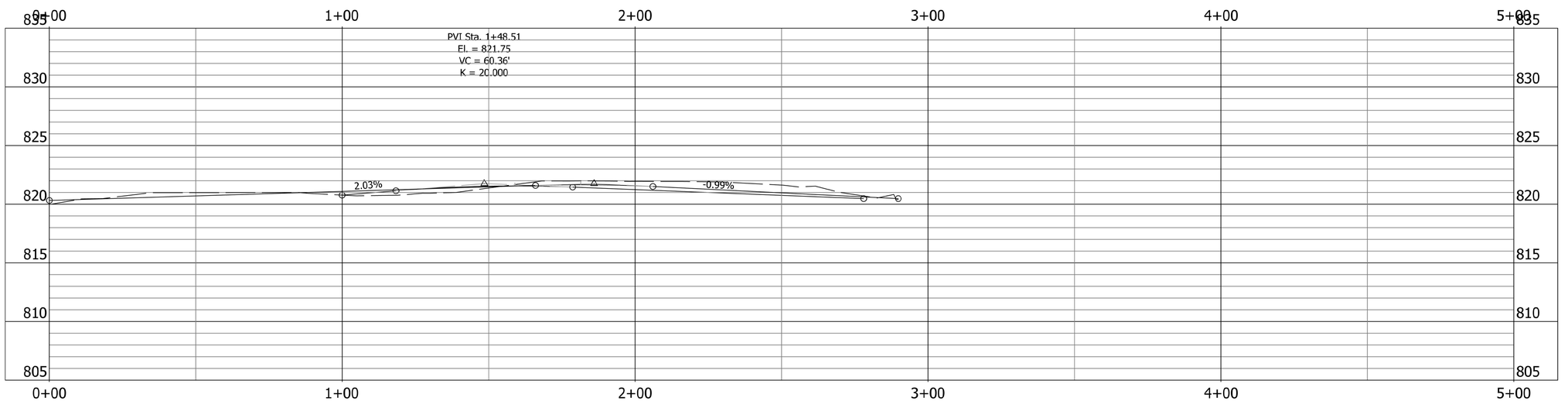
INDIANA
DEPARTMENT OF TRANSPORTATION

OPTION 3
LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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CHECKED: XXX	CHECKED: XXX

INDIANA
DEPARTMENT OF TRANSPORTATION

LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE
ONE WAY

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
--	--



LEGEND

- 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" 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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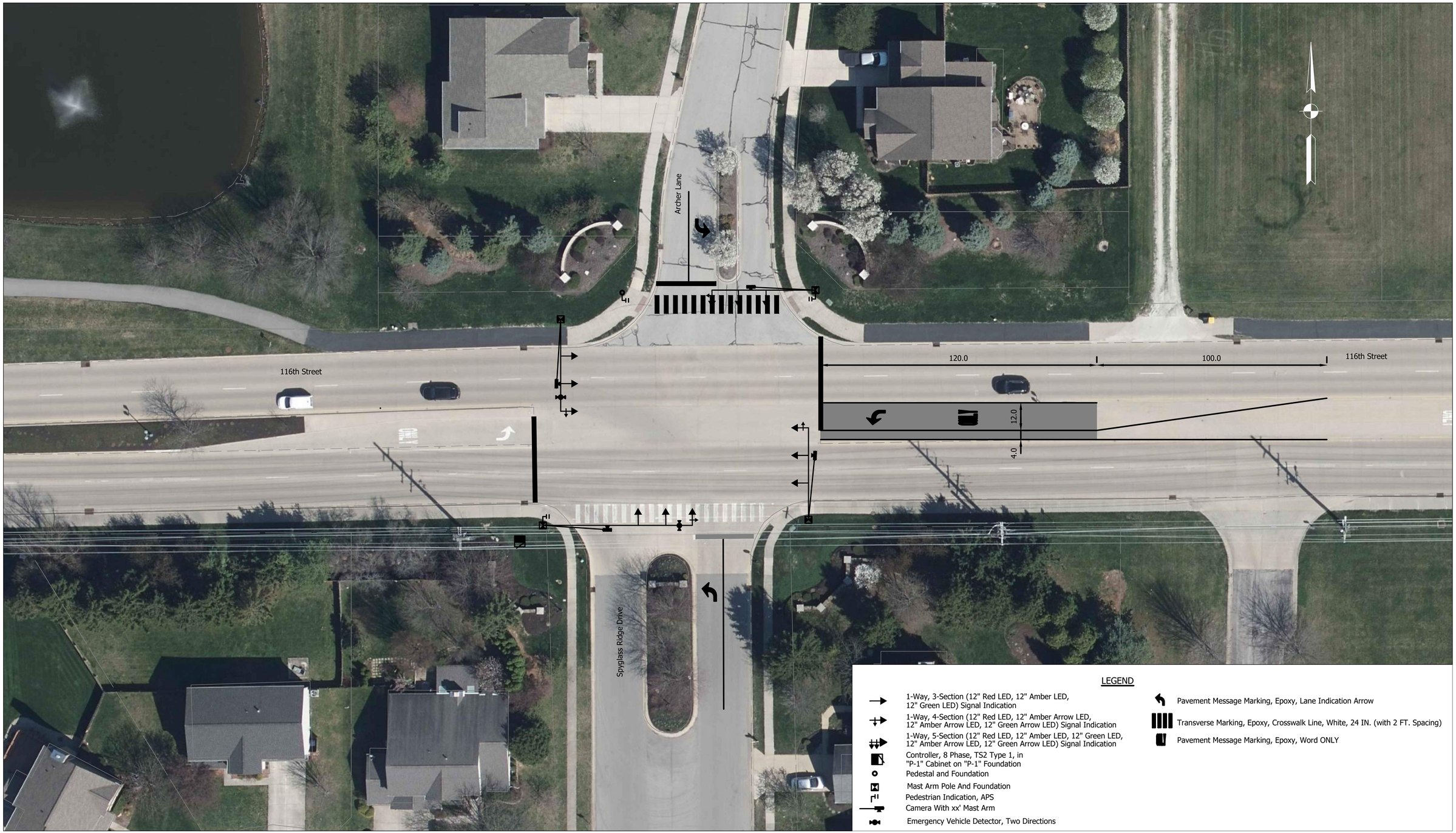
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CITY OF FISHERS

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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LEGEND

- 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" 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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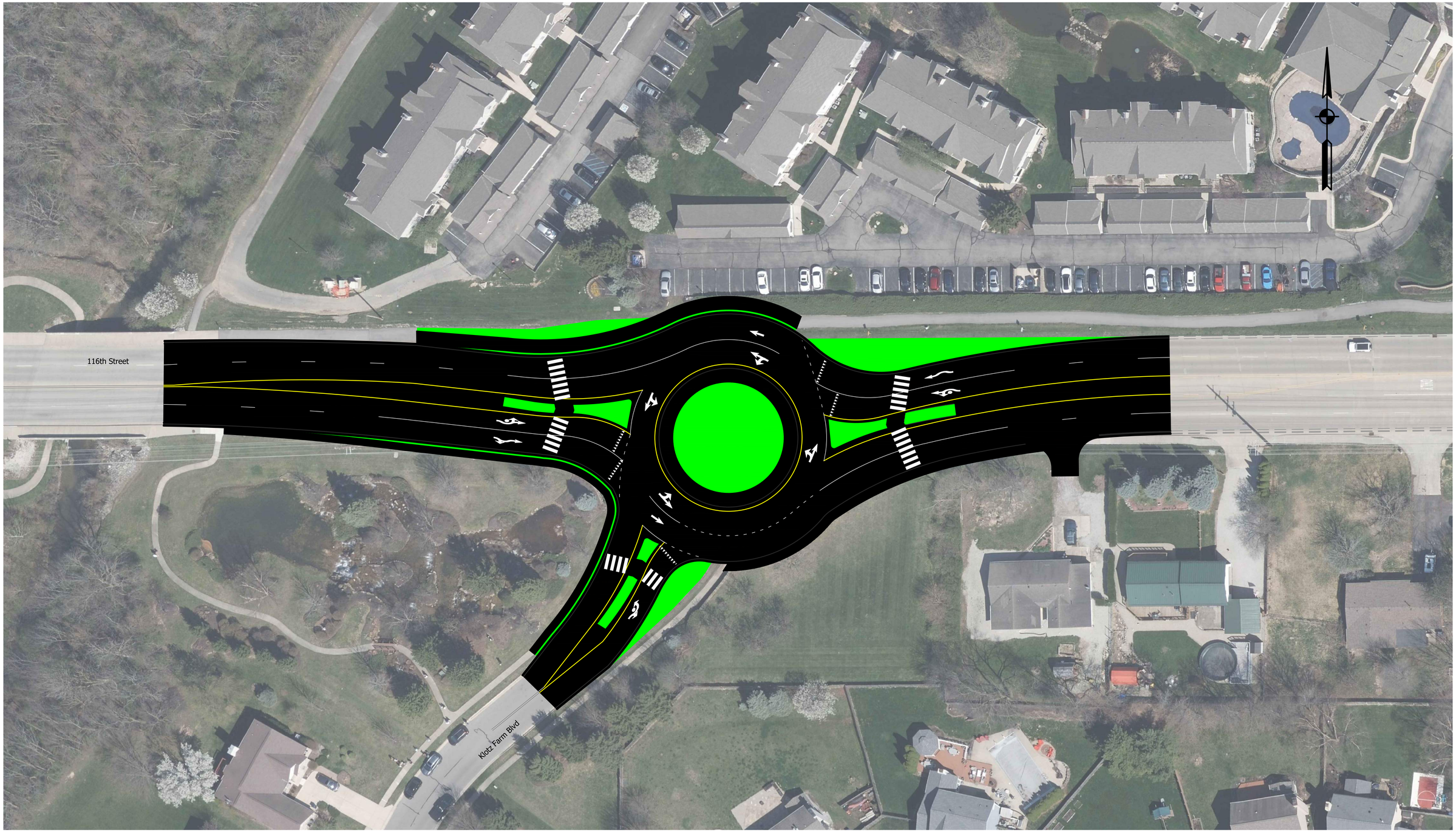
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CITY OF FISHERS

OPTION 5
PROPOSED TRAFFIC SIGNAL INSTALLATION
116th St & Spyglass Ridge Dr/Archer Ln

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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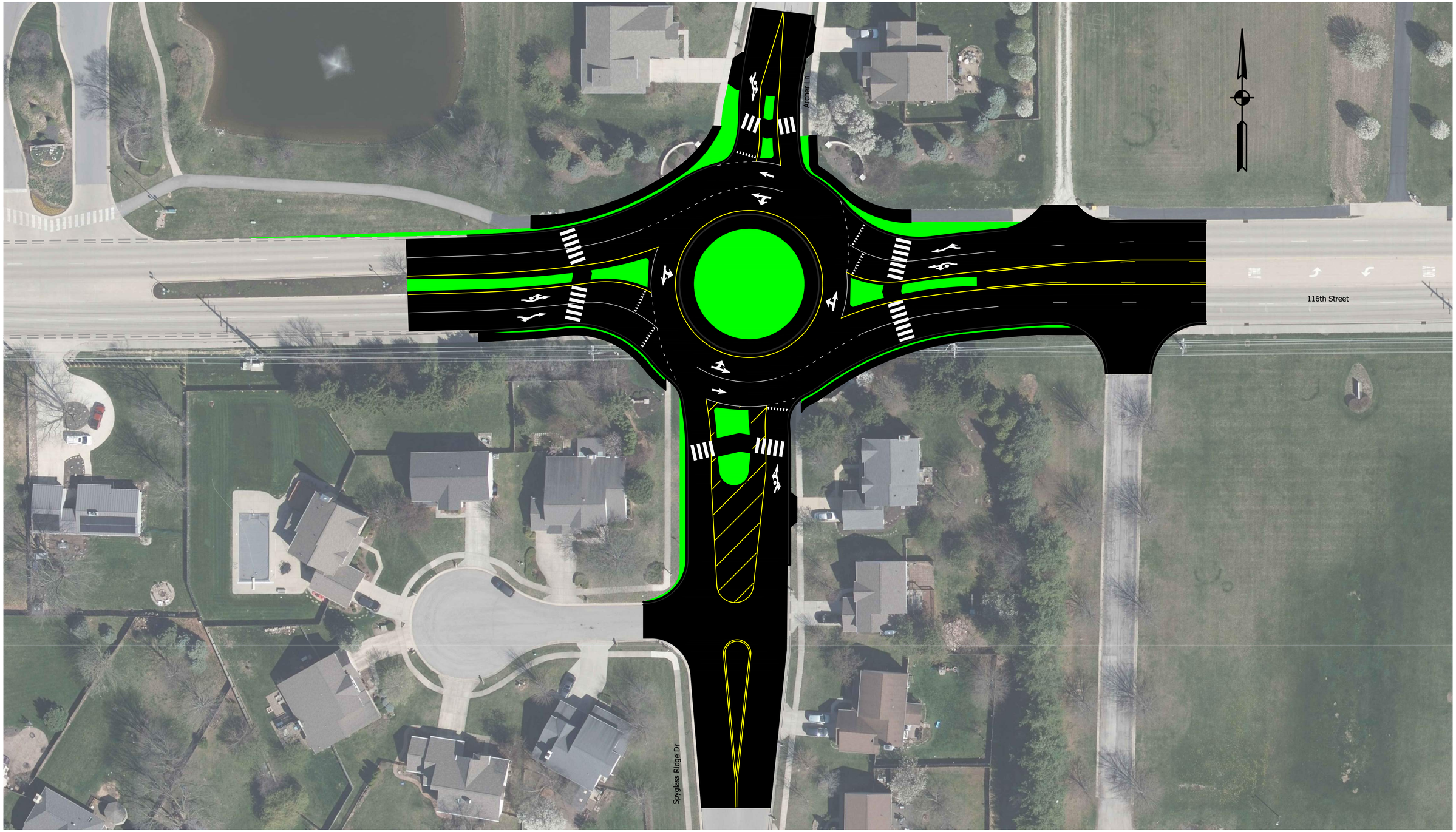
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CHECKED: XXX CHECKED: XXX

CITY OF FISHERS

OPTION 6
ROUNDABOUT
116th St & Klotz Farm Blvd

HORIZONTAL SCALE	BRIDGE FILE
1"=30'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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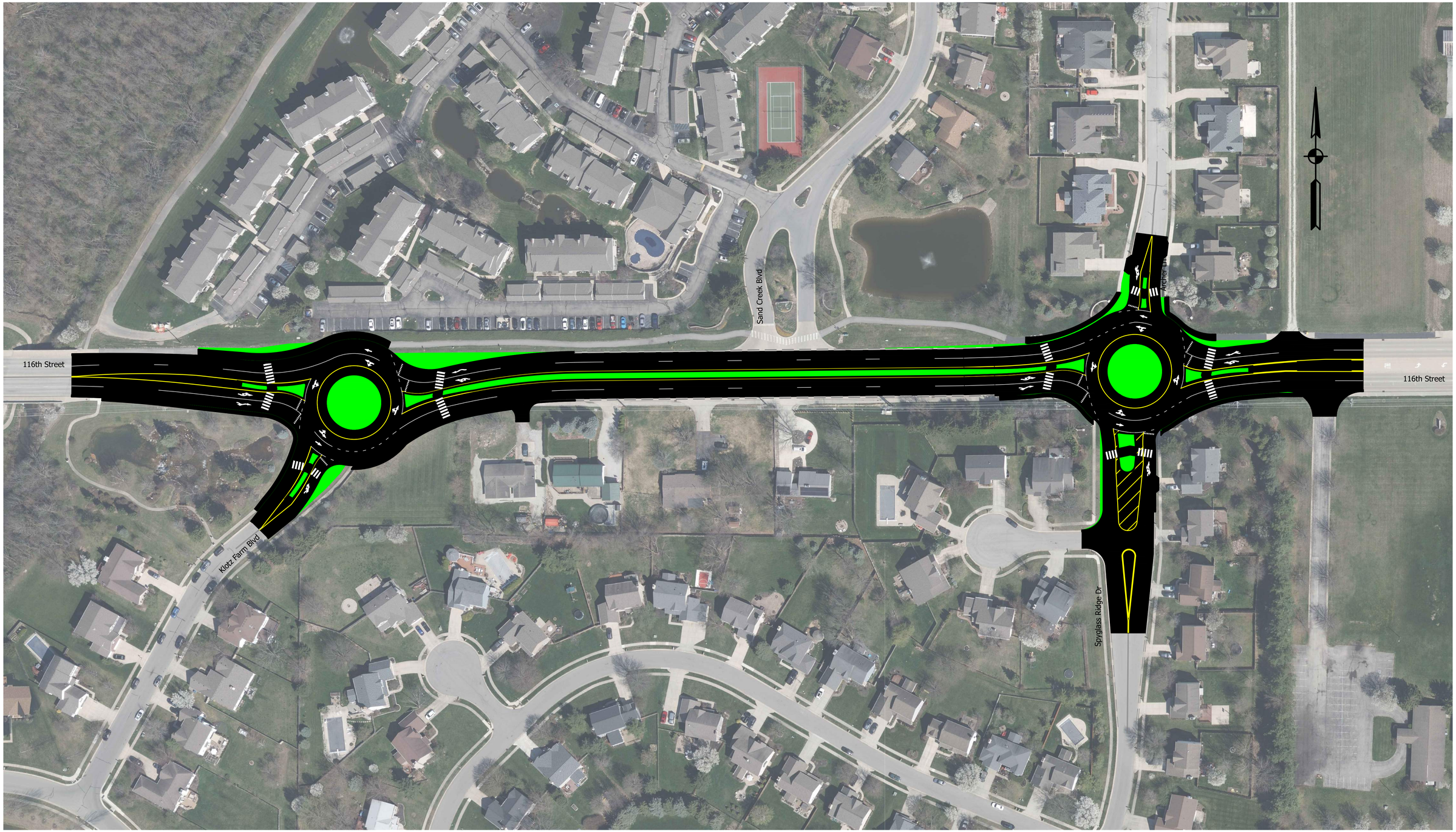
DESIGNED: BGA DRAWN: MIK
CHECKED: XXX CHECKED: XXX

CITY OF FISHERS

OPTION 7
ROUNDABOUT
116th St & Spyglass Ridge Dr/Archer Ln

HORIZONTAL SCALE	BRIDGE FILE
1"=30'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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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
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Appendix I – Crash Reports along 116th Street

Cumberland Rd.
Hoosier Rd.
Brooks School Rd.
Olio Road
SANDCREEK WOODS
ARCHER ESTATES
ROLLING KNOLL
ESTATES AT MEADOW BROOK
MEADOW BROOK VILLAGE
SANDSTONE
TAMARISK
GRAY EAGLE
15
4
5
2
1
6
0
4
7
3
3
7
ARBOR GLEN
SPYGLASS HILL
SANDSTONE
IDLEWOOD
SPYGLASS FALLS
LAKE STONEBRIDGE
2

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902554803

Local ID: 201544860

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/05/2015	Thu	7:00 AM	HAMILTON	FALL CREEK	3	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	TAMARISK DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]		SLOUGH,MARLA,L	

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201544860

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:00 AM	7:30 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/05/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RALPH, S		3059	FISHERS PD		

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

Local ID: 201544860

902554803

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46038	
Date of Birth: 11/02/1991	Age: 24
Gender: FEMALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	Certified Test: [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2009	MAZDA	MAZDA CX-7	UT

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM INSURANCE	3172882944

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 / By	Due to Disabling Damage
YES	To GARNERS TOWING / By GARNERS 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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: GOING STRAIGHT

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
- [x] 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

Local ID: 201544860

902554803

2 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
06/03/1961	54	MALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [x] 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

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	YELLOW	2002	JEEP	WRANGLER	UT

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE INSURANCE	3173861370

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 / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS 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# | Hazzard 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: 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
- [x] 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

Local ID: 201544860

902554803

3 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
10/14/1960	55	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
3	WHITE	2010	SUBARU	OUTBACK	4W

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	GEICO INSURANCE	UNK

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]

FISHERS IN 46038

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	By	

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License #			Address (Street, City, State, Zip)	
Veh Year	Make			

Vehicle Type: PASSENGER CAR/STATION WAGON

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License #			Address (Street, City, State, Zip)	
Veh Year	Make			

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: WEST

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
- [x] 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#

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE

State Id
904553107

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-36973

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E. 116TH ST at intersection of TAMARISK BLVD			**HAMILTON**	**FALL CREEK**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1800	**1814**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**				**$10001 TO $25000**

	Investigative Officer	Agency	ID Number
	KHAN, QAIUMUZZAMAN	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904553107

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-36973

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	E

Address	DOB	Age	Gender
[redacted]	07/11/1981	43	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OM	INDIANA	A

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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	WHITE	2021	3

Make	Model
CHEVROLET	SILVERADO

Style: PICK-UP (TRUCKS)
Insured By: ERIE

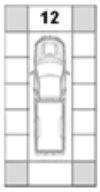
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

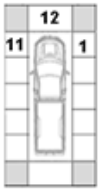
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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]	R

Address	DOB	Age	Gender
[redacted]	11/22/1973	50	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	INDIANA	

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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	GRAY	2022	2

Make	Model
HONDA	CIVIC

Style: 4-DOOR
Insured By: STATE FARM

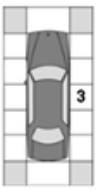
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

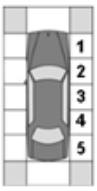
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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

Official copy obtained through buycrash.com

State Id
904553107

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-36973

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 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)

Official copy obtained through buycrash.com

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

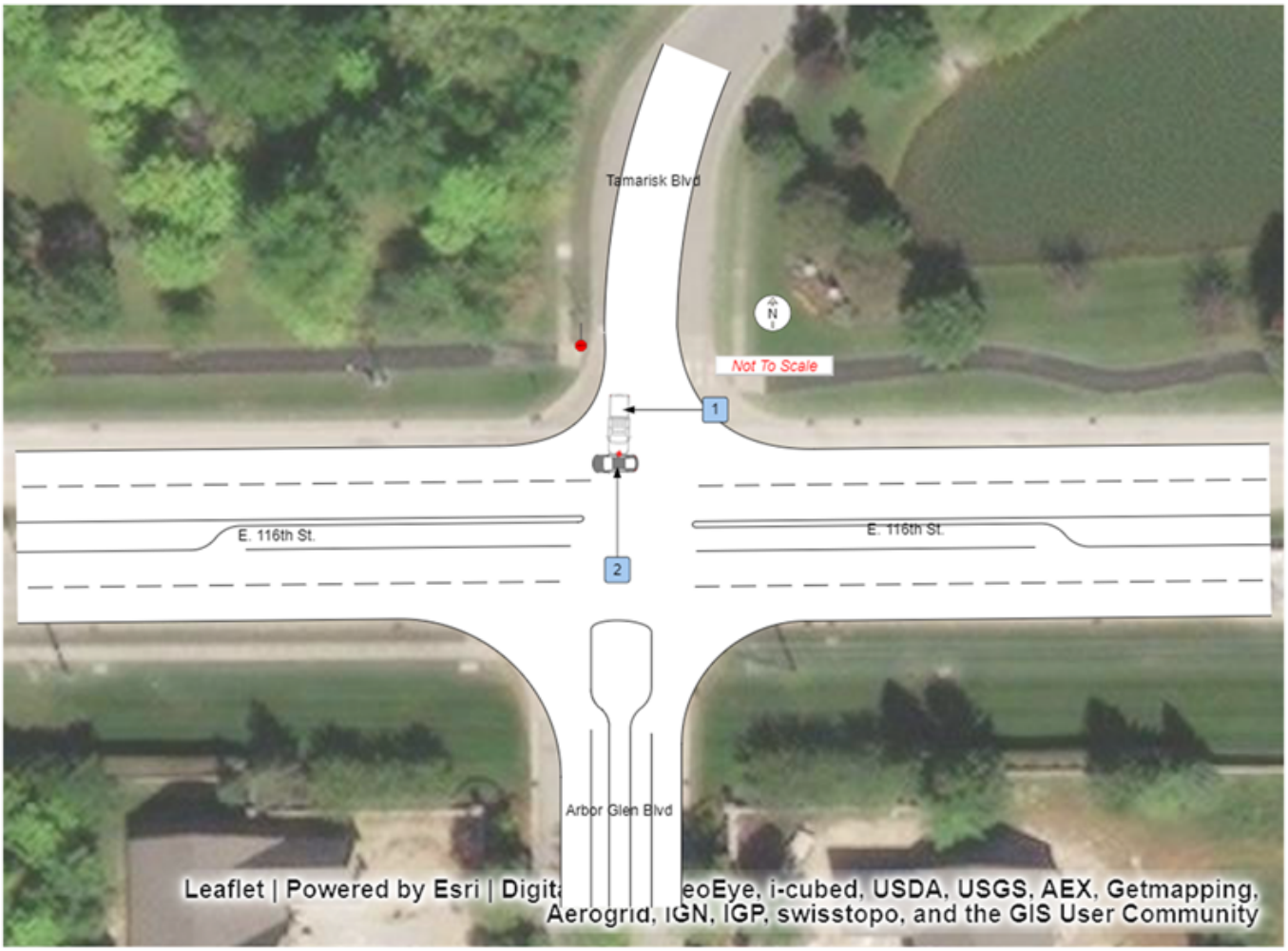
Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903848784

Local ID: 202128587

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
08/04/2021	Wed	6:15 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	TAMARISK BLVD	500	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
202128587

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
4:19 PM	4:20 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/04/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ARNO, M		3196	FISHERS PD		

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.

1 Driver's Name (Last, First, MI) [redacted]

Address (Street, City, State, Zip) [redacted]

INDIANAPOLIS IN 46226

Date of Birth	Age	Gender
04/08/1997	24	FEMALE

Driver's License # [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	2018	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	BRISTOL WEST INSURANCE	3173771100

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip)
4918 E 41ST STREET

INDIANAPOLIS IN 46226

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# | Hazzard Class #

Safety Equipment Used: UNKNOWN

Safety Equipment Effective? N/A

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [x] Infraction [ ] Misdemeanor [ ] Felony

IC Codes: 9-24-19-1

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: 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
[x] 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

Local ID: 202126587

903848784

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: BLACK / Vehicle Year: 2015 / Make: HYUNDAI / Model: SONATA / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# 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]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
INDIANAPOLIS IN 46236	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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	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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901526446

Page 1 of 4

Local ID: 201037086

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
11/03/2010	Wed	11:43 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	TAMARISK BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	✓				

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
Type of Roadway Junction	FOUR-WAY 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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201037086

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
11:45 AM	12:03 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/03/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MURRAY, R		3125	FISHERS PD		

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

Local ID: 201037086

901526446

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46038	
Date of Birth: 02/27/1975	Age: 35
Gender: FEMALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2005	HYUNDAI	ELANTRA	4D

# Occupants	Lic Year	License #	License State
1	2011	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	255-6171

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Towed? YES — To: BOGGS — By: BOGGS — 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201037086

901526446

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): 1[redacted]IR	Safety Equipment Effective?: YES
FISHERS IN 46038	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 01/18/1971 / Age: 39 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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# 2 / Color: RED / Vehicle Year: 2006 / Make: NISSAN / Model: PATHFINDER / Style: UT		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2011 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: USAA / Phone Number: 800-531-8222		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46038		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: YES / To: HUBLER COLLISION / By: MILLERS / Due to Disabling Damage		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: UTILITY (SUV)
Veh Year / Make		Pre-Crash Vehicle Action: TURNING LEFT
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver		Direction of Travel: SOUTH
License # / Address (Street, City, State, Zip)		
Veh Year / Make		Type of Primary/Secondary Roadway — One Way Traffic: [ ] One Lane; [ ] Two Lanes; [ ] Multi-Lanes (3 or more). Two Way Traffic: [x] 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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902538182

Local ID: 201540863

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/08/2015	Thu	2:50 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SPYGLASS RDG			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	FOUR-WAY INTERSECTION
Road Character	STRAIGHT/HILLCREST
Roadway Surface	CONCRETE
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	LANE CONTROL
Traffic Control Device Operational?	NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201540863

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
2:58 PM	3:00 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/08/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
THOMPSON, R		3069	FISHERS PD		

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 .

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: 10/09/1952 / Age: 62 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License # [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Restrictions: [x] 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
	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: WHITE / Vehicle Year: 2007 / Make: TOYOTA / Model: HIGHLANDER / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2016 / License # [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: TRAVLERS / Phone Number: 8008425072	
Vehicle Identification # [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x]
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? NO / To / By / Due to Disabling Damage	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: SPORT UTILITY VEHICLE
Veh Year / Make	Pre-Crash Vehicle Action: TURNING LEFT
Lic State / Lic Year / 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 Road; [ ] One Lane - One Way; [ ] Two Lanes - One Way; [ ] Multi-Lanes (3 or more) - One Way; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

UNIT INFORMATION

Local ID: 201540863

902538182

2 [redacted] R	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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
02/25/1994	21	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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:

If Cited? [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results PBT	Certified Test	Pending	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT			[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2008	HYUNDAI	ELANTRA	4D

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO	8004956578

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]

FISHERS IN 46037

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To / By	Due to Disabling Damage
YES	To BOGGS TOWING / By BOGGS TOWING	YES

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

	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: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: LEAVING TRAFFIC LANE

Direction of Travel: EAST

HAZMAT Proper Shipping Name:	State DOT#

US DOT#	ICC#	CMV Inspection	If Yes

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
- [x] 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

Gross Vehicle Weight Rating	Cargo Body Type

Event Collision With: 1. ANOTHER MOTOR VEHICLE

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903395854

Local ID: 201924059

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
06/21/2019	Fri	6:42 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	SPYGLASS RIDGE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201924059

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
6:42 PM	6:42 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	YES
Assisting Officer		ID No.	Agency	Date of Report	
				06/21/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SIMMONDS, M		3030	FISHERS PD		

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.

Local ID: 201924059

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
04/25/2001	18	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRAY	2016	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
2	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNITED SERVICES AUTOMOBILE ASS	2105318722

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
96	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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 2. OTHER POST/POLE OR SUPPORT

UNIT INFORMATION

Local ID: 201924059

903395854

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 05/04/1996	Age: 23 — Gender: MALE
Driver's License # [redacted]	Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT — Certified Test: [ ] Pending — Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2018	Ford	MUSTANG	2D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE INS	8772467814

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES — To/By: MILLERS TOWING — 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# — Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED (NO RESTRAINT)

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
96	NO	NON-INCAPACITATING - TREATED AT

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HEAD

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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 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; [x] 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

State Id
903958945

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-2356

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Printed on 1/14/2022 8:05:01 AM

FISHERS PD, ORI 0290700

Drivers

[redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of SPYGLASS RIDGE DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
01/14/2022	**Friday**	**06:21**	**01/14/2022**	**39.95710512**	**-85.98422456**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLEAR	**DARK (NOT LIGHTED)**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			FOUR-WAY INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0624	**0626**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**			**$10001 TO $25000**

Investigative Officer	Agency	ID Number
DRUELINGER, WAYNE	**FISHERS PD**	**3065**
Reviewing Officer		
DRUELINGER, WAYNE	**FISHERS PD**	**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

Official copy obtained through buycrash.com

State Id
903958945

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-2356

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Printed on 1/14/2022 8:05:01 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	03/11/1979	42	M

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	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
1	BLACK	2012	1

Make	Model
TOYOTA	TACOMA

Style: **PICK-UP (TRUCKS)**

Insured By: **PROGRESSIVE**

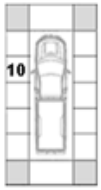
Policy #	Ins Phone #
[redacted]	800-876-5581

VIN: [redacted]

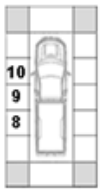
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
GARNERS	FORTVILLE	NO

Vehicle Use: **PERSONAL (FARM, COMPANY)**

Event Collision With: **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)
[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]	

Address	DOB	Age	Gender
[redacted]	06/10/2004	17	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	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
2	SILVER/ALU	2004	1

Make	Model
AUDI	A4

Style: **4-DOOR**

Insured By: **TETRIS**

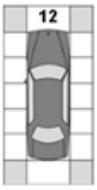
Policy #	Ins Phone #
[redacted]	317-568-1527

VIN: [redacted]

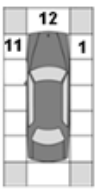
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
MILLERS	NOBLESVILLE	NO

Vehicle Use: **PERSONAL (FARM, COMPANY)**

Event Collision With: **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)
[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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

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 Name	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
[redacted]	[redacted]	[redacted]	WB 116TH EAST OF INTERSECTION

Official copy obtained through buycrash.com

State Id
903958945

Indiana Officer's Standard Crash Report

Hit and Run ☐

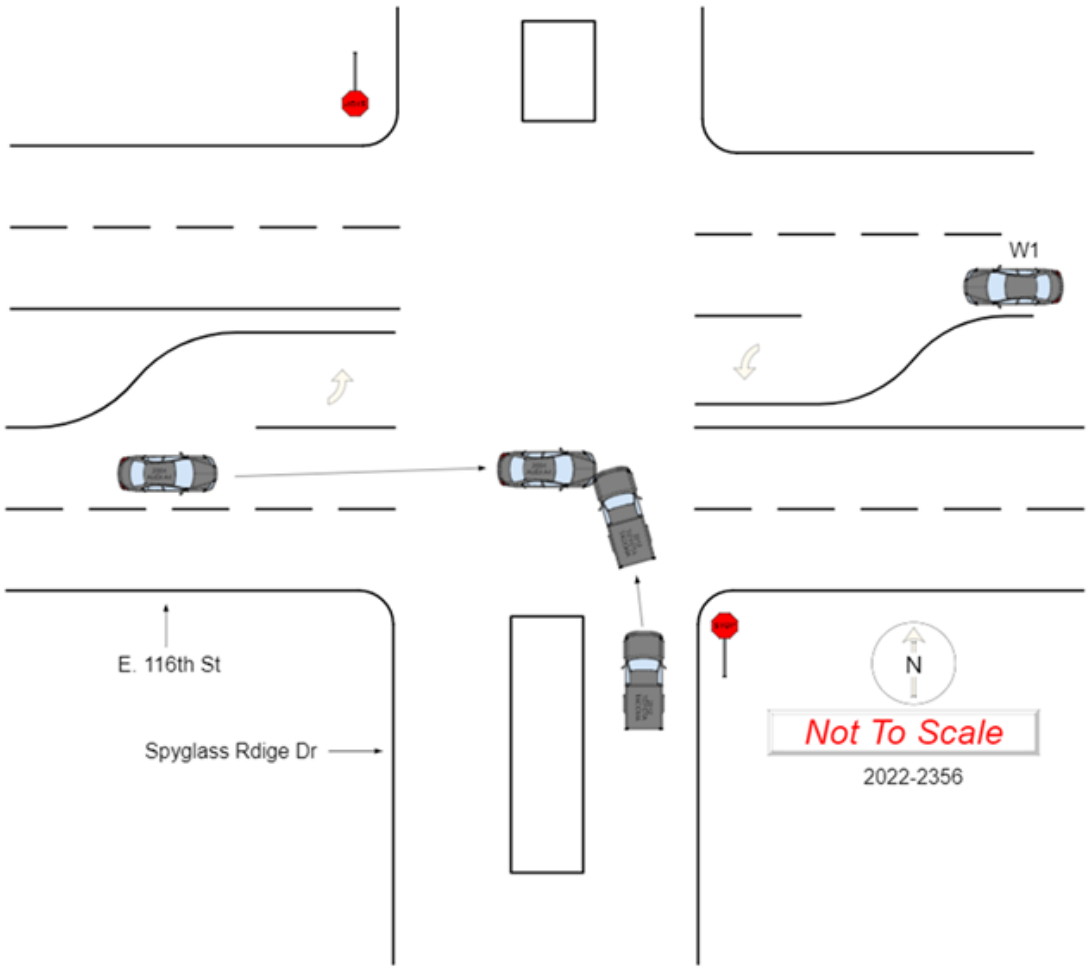
Local Id
2022-2356

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Printed on 1/14/2022 8:05:01 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901751686

Local ID: 201141516

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/24/2011	Sat	7:06 PM	HAMILTON	DELAWARE	3	3	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SPYGLASS RIDGE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]	[redacted]	

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓	✓	

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
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

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

Was this crash the result of aggressive driving? YES

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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.

Phone # [redacted] Location at Time of Crash: EASTBOUND 116TH ST

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.

Phone # Location at Time of Crash

Non-Motorist

(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
201141516

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:07 PM	7:09 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/24/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MURRAY, R		3125	FISHERS PD		

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

Local ID: 201141516

901751686

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	CARMEL IN 46032
Date of Birth	09/04/1962
Age	49
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BEIGE	1995	TOYOTA	CAMRY	4D

# Occupants	Lic Year	License #	License State
1	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	8007828332

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46032

Towed?	To / By	Due to Disabling Damage
YES	To GARNERS / By GARNERS	YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
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#	Hazzard Class #

Safety Equipment Used	AIRBAG DEPLOYED + BELT RESTRAINT
Safety Equipment Effective?	YES
Ejection/Trapped	NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
0625	YES	NON-INCAPACITATING

Nature of Most Severe Injury	COMPLAINT OF PAIN
Location of Most Severe Injury	ELBOW/LOWER ARM

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	[x] 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

Local ID: 201141516

901751686

2 — 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: 06/09/1962 / Age: 49 / Gender: MALE	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 [x] 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 [x] None	Location of Most Severe Injury
	If Cited?: [ ] Infraction [x] Misdemeanor [ ] Felony / IC Codes: 9-30-5-2
Test Given: ALCOHOL / Type Given: [x] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	
Alcohol Results: PBT .21 / Certified Test [x] Pending / Drug Results	
Veh#: 2 / Color: TAN / Vehicle Year: 2004 / Make: GMC / Model: YUKON / Style: UT	Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown
# Occupants: 2 / Lic Year: 2012 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: UNKNOWN / Phone Number: UNKNOWN	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46038	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: YES / To: MILLERS / By: MILLERS / 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: SPORT UTILITY VEHICLE
Veh Year / Make	Pre-Crash Vehicle Action: TURNING LEFT
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver	Direction of Travel: SOUTH
License# / Address (Street, City, State, Zip)	
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 [x] 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# / Hazzard Class #	

UNIT INFORMATION

Local ID: 201141516

901751686

3 — 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: 02/17/1959 / Age: 52 / Gender: MALE	EMS No.: 1133 / Immed 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: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Location of Most Severe Injury: ELBOW/LOWER ARM
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; [x] 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#	Color	Vehicle Year	Make	Model	Style
3	BLACK	2005	GMC	ENVOY	UT

# Occupants	Lic Year	License #	License State
3	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8002557828

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]

FISHERS IN 46037

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To / By	Due to Disabling Damage
YES	To BROOKS II / By BROOKS II	YES

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

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: 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	[x] 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#

US DOT# / ICC# / CMV Inspection / If Yes

Gross Vehicle Weight Rating / Cargo Body Type

HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE

NON-DRIVER INJURED INFORMATION

Local ID: 201141516

901751686

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
	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
	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
	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	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/27/2015	Fri	8:26 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SPYGLASS RIDGE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CONCRETE
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	LANE CONTROL
Traffic Control Device Operational?	NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20158296

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
8:26 AM	8:34 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/27/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
PATTON, E		3072	FISHERS PD		

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

Local ID: 20158296

902403505

1 Driver's Name (Last, First, MI) [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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
03/15/1964	50	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IL	

Location of Most Severe Injury:

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results PBT	Certified Test	Pending	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT			[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BROWN	2014	Mercedes Benz	450	UT

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8002557828

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	Due to Disabling Damage
NO	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#	Hazzard 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: 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
- [x] 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

Local ID: 20158296

902403505

2 Driver's Name (Last, First, MI): [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: 07/30/1965 / Age: 49 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: GRAY / Vehicle Year: 2000 / Make: MAZDA / Model: 626 / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# 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]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
NEW WHITELAND IN 46184	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: TURNING LEFT
Lic State / Lic Year / 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 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903184644

Local ID: 201832786

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
07/14/2018	Sat	9:20 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SPYGLASS RIDGE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS		39 57.427	-85 59.052

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	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

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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201832786

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
9:23 PM	9:23 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/14/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MATT, K		3170	FISHERS PD		

Narrative

D1 stated he was attempting to turn left from westbound 116th Street into a driveway just west of Spyglass Ridge Dr. D1stated 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.

Local ID: 201832786

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46256

Date of Birth	Age	Gender
05/26/2000		MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT: ; Certified Test: ; [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	2008	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
3	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE	8004213535

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46256

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 201832786

903184644

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]R

FISHERS IN 46037

Date of Birth	Age	Gender
12/05/1967	50	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2010	CHEVROLET	EQUINOX	4D

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	2196592111

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To FISHERS TOWING | By FISHERS TOWING | Due to Disabling Damage: YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	
Veh Year	Make			

[ ] Same as Driver

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	
Veh Year	Make			

[ ] Same as Driver

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
[x] 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

902695876

Local ID: 201618003

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
04/30/2016	Sat	1:01 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	HAMBLE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	NONE
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

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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: WB ON 116TH STREET BEHIND V2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201618003

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
1:02 PM	1:08 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				04/30/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MCFERRAN, K		3147	FISHERS PD		

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.

Local ID: 201618003

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): 10583 GEIST RIDGE CT

FISHERS IN 46040

Date of Birth	Age	Gender
10/12/1998		MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2007	ACURA	RDX	4W

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	SAFECO	8884816855

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46040

Towed? YES | 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

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: ENTERING TRAFFIC LANE

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
[x] 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

Local ID: 201618003

902695876

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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
03/31/1979		MALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [x] 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

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results	Certified Test	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLK	2008	CHRYSLER	SEBRING	4D

# Occupants	Lic Year	License #	License State
2	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ERIE	3175772445

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]

FISHERS IN 46037-8719

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING By FISHERS TOWING	YES

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License #			Address (Street, City, State, Zip)	
Veh Year	Make			

Vehicle Type: PASSENGER CAR/STATION WAGON

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)	
Veh Year	Make			

Direction of Travel: WEST

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
- [x] 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#

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#	Hazzard Class #

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902811539

Local ID: 201646671

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
11/07/2016	Mon	7:30 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	HAMBLE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201646671

Type of Crash	RIGHT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:30 AM	7:40 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/07/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
OWENS, C		3115	FISHERS PD		

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

Local ID: 201646671

902811539

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. / Immed Attn / Driver Injury Status
[redacted] Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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: BLK / Vehicle Year: 2005 / Make: JEEP / Model: LIBERTY / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: LIBERTY MUTUAL / Phone Number: 8002252467	
[redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear
Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver	
[redacted]	
FISHERS IN 46038	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: UNKNOWN TYPE
Veh Year / Make	Pre-Crash Vehicle Action: TURNING LEFT
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 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

UNIT INFORMATION

Local ID: 201646671

902811539

2 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: 09/19/1972 / Age: 44 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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#: 2 / Color: GRY / Vehicle Year: 2010 / Make: LANDROVER / Model: LR4 / Style: 4W		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: FARM BUREAU / Phone Number: 8007233276		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46037-4203		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage		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		Direction of Travel: WEST
License# / Address (Street, City, State, Zip)		
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; [x] 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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902843182

Local ID: 201652542

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
12/21/2016	Wed	8:35 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	HAMBLE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	SNOW/SLUSH
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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201652542

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
8:37 AM	8:39 AM	SEE NARRATIVE			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/21/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MYERS, B		3035	FISHERS PD		

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

Local ID: 201652542

902843182

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: 03/23/1972 / Age: 44 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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: RED / Vehicle Year: 2002 / Make: CHEVROLET / Model: TAHOE 4X4 / Style: UT		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: USAA / Phone Number: 8889797430		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
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?: NO / To By / Due to Disabling Damage		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: SPORT UTILITY VEHICLE
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: 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; [x] 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# / Hazzard Class #		

UNIT INFORMATION

Local ID: 201652542

902843182

2 Driver's Name (Last, First, MI): [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: 10/18/1976 / Age: 40 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: BLUE / Vehicle Year: 2006 / Make: HONDA / Model: PILOT EX / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: PROGRESSIVE INSURANCE / Phone Number: 8772467814	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
NOBLESVILLE IN 46060	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: SPORT UTILITY VEHICLE
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 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

State Id
904282148

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-23052

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH ST at intersection of HAMBLE BLVD			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **05/25/2023**	Day of Week: **Thursday**	Crash Time: **18:03 PM**	Date of Report: **05/26/2023**	Latitude: **39.95766963**	Longitude: **-85.94569963**
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: **T-INTERSECTION**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1804	**1805**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**			**$10001 TO $25000**

Investigative Officer	Agency	ID Number
REUTER, JEFFREY	**FISHERS PD**	**3223**
Reviewing Officer		
Assisting 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.

Official copy obtained through buycrash.com

State Id
904282148

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-23052

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

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
1	WHITE	2011	1

Make	Model
GMC	TERRAIN

Style: UTILITY (SUV)
Insured By: GEICO

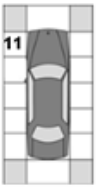
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

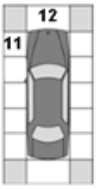
Plate Number	Plate Exp Year	Plate State
232VAV	2024	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	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]	

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
2	BLACK	2016	3

Make	Model
RAM	1500

Style: TRUCK/OTHER
Insured By: ALLSTATE

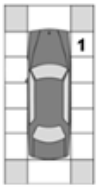
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

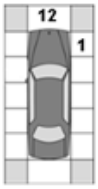
Plate Number	Plate Exp Year	Plate State
REC133	2023	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	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]	

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

Official copy obtained through buycrash.com

State Id
904282148

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-23052

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 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)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

State Id
904607338

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-51303

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH ST. at intersection of HAMBLE BLVD.			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **11/05/2024**	Day of Week: **Tuesday**	Crash Time: **16:20 PM**	Date of Report: **11/05/2024**	Latitude: **39.95765073**	Longitude: **-85.94574503**
Weather Condition: **CLOUDY**	Light Condition: **DAYLIGHT**		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: **T-INTERSECTION**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1641	**1641**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation				Total Estimate of all damage in Crash:
SAME DIRECTION SIDESWIPE	**AT SCENE ONLY**	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	**$2501 TO $5000**

Investigative Officer	Agency	ID Number
FERRIS, CALEB	**FISHERS PD**	**3242**
Reviewing Officer		
Assisting Officer		
Assisting Officer		
Reconstruction 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

Official copy obtained through buycrash.com

State Id
904607338

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-51303

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	09/30/2000	24	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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	RED	2015	1

Make	Model
NISSAN	SENTRA

Style: 4-DOOR

Insured By: BRISTOL WEST

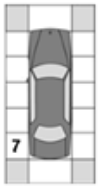
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VIN: [redacted]

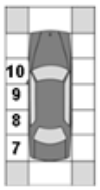
Plate Number	Plate Exp Year	Plate State
[redacted]	2026	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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]	

Address	DOB	Age	Gender
[redacted]	12/09/2000	23	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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	GRAY	2015	1

Make	Model
TOYOTA	RAV4

Style: UTILITY (SUV)

Insured By: USAA GENERAL INDEMNITY

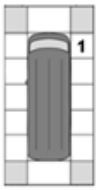
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

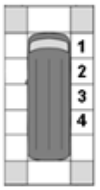
Plate Number	Plate Exp Year	Plate State
[redacted]	2025	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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

Official copy obtained through buycrash.com

State Id
904607338

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-51303

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 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,IMPROPER TURNING,NONE (ENVIRONMENTAL)

Unit 2 :

NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Official copy obtained through buycrash.com

State Id
904607338

Indiana Officer's Standard Crash Report

Hit and Run ☐

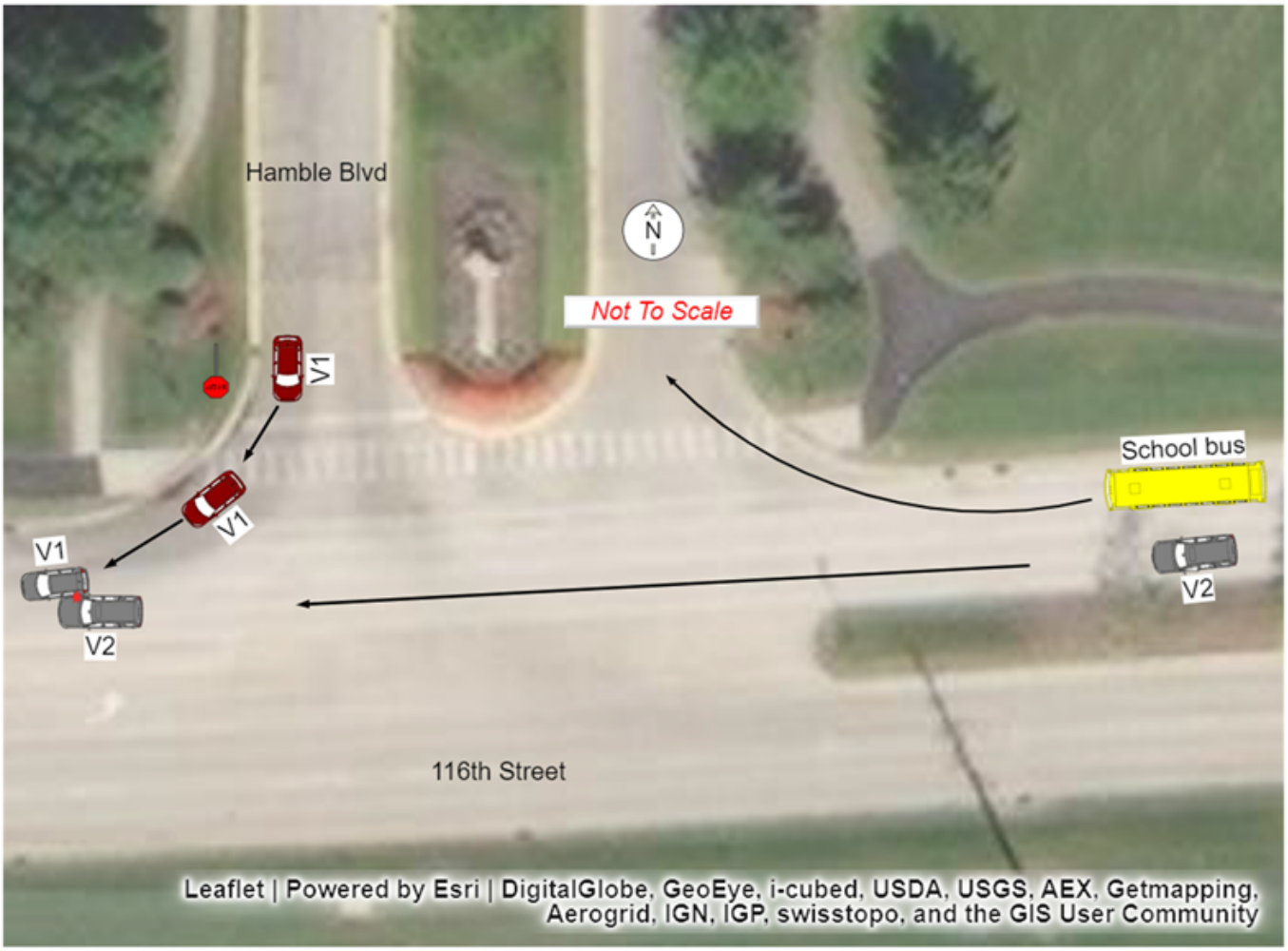
Local Id
2024-51303

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902158941

Local ID: 20141509

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
01/13/2014	Mon	7:53 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	HAMBLE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20141509

Type of Crash	RIGHT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:54 PM	7:59 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/13/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEESNER, T		3141	FISHERS PD		

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.

UNIT INFORMATION

Local ID: 20141509

902158941

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	11030 GALLEY WAY
	FORTVILLE IN 46040
Date of Birth	09/22/1966
Age	47
Gender	FEMALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GREEN	2005	CHRYSLER	TOWN AND COUNTRY	VN

# Occupants	Lic Year	License #	License State
1	2014	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM INSURANCE CO	7657782181

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FORTVILLE IN 46040

Towed?	To / By	Due to Disabling Damage
YES	To BROOKS TOWING / By BROOKS 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: SOUTHWEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20141509

902158941

2 — Driver's Name (Last, First, MI): [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. — Immed Attn — Driver Injury Status
Driver's License #: [redacted] — Lic Type: OP — CDL Class — Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Location of Most Severe Injury
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; [x] 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#: 2 — Color: BLACK — Vehicle Year: 2002 — Make: GMC — Model: SON — Style: PK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — [x] Front
# Occupants: 1 — Lic Year: 2014 — License #: [redacted] — License State: IN	
# Axles: 2 — Speed Limit: 40 — Insured By: PROGRESSIVE — Phone Number: 8007764737	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — [x] Front
Registered Owner's Name (Last, First, MI): [redacted] — [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
INDIANAPOLIS IN 46239	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed? NO — To — By — Due to Disabling Damage	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: PICKUP
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: WEST
License# — Address (Street, City, State, Zip)	Type of Primary/Secondary Roadway
Veh Year — Make	One Way Traffic: [ ] One Lane; [ ] Two Lanes; [ ] Multi-Lanes (3 or more) — Two Way Traffic: [ ] Two Lanes; [x] 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# — Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902383011

Local ID: 20153360

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
01/24/2015	Sat	3:40 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	HAMBLE BLVD	5	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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: $25001 TO $50000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20153360

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
3:46 PM	3:50 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				NO	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/24/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
THOMPSON, R		3069	FISHERS PD		

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.

UNIT INFORMATION

Local ID: 20153360

902383011

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	INDIANAPOLIS IN 46260
Date of Birth	06/27/1976
Age	38
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2005	NISSAN	MAXIMA	4D

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	STATE FARM	3172880266

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46260

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 RIGHT

Direction of Travel: SOUTHEAST

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
[x] 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

Local ID: 20153360

902383011

2 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: 04/01/1998 / Age: 16 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: BLACK / Vehicle Year: 2011 / Make: FORD / Model: FIESTA / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2015 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 35 / Insured By: SELECTIVE / Phone Number: 3175772445	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
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?: YES / To: FISHERS TOWING / By: FISHERS TOWING / Due to Disabling Damage: YES	
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: GOING STRAIGHT
Lic State / Lic Year / 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902729356

Local ID: 201626607

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/24/2016	Fri	7:08 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	STOP SIGN
Traffic Control Device Operational?	NA

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

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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: 116TH AND BROOKS SCHOOL ROAD

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201626607

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:09 PM	7:10 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/24/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
DOSSEY, J		3158	FISHERS PD		

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

Local ID: 201626607

902729356

1 Driver's Name (Last, First, MI): [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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
08/18/2000	15	FEMALE		NO	

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status: [x] 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; [x] None

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAROON	2008	CHRYSLER	TOWN & COUNTRY M	VN

# Occupants	Lic Year	License #	License State
3	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	00	STATE FARM	3178494119

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] DRIVE

FISH IN 46038

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To / By	Due to Disabling Damage
YES	To GARNERS TOWING / By GARNERS TOWING	YES

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

	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: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: ENTERING TRAFFIC LANE

Direction of Travel: SOUTH

HAZMAT Proper Shipping Name:	State DOT#

US DOT#	ICC#	CMV Inspection	If Yes

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
- [x] 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

Gross Vehicle Weight Rating	Cargo Body Type

Event Collision With: 1. ANOTHER MOTOR VEHICLE

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Local ID: 201626607

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Location of Most Severe Injury
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; [x] 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# 2 / Color: WHITE / Vehicle Year: 2011 / Make: FORD / Model: F250 / Style: TK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: STATE FARM / Phone Number: 8007828332	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
MCCORDSVILLE IN 46055	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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	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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

NON-DRIVER INJURED INFORMATION

902729356

Local ID: 201626607

Veh#			
Injured Pre-crash Location:	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	Ejection/Trapped	NOT EJECTED OR TRAPPED
		EMS No. / Immed Attn / Injury Status	/ NO / NON-INCAPACITATING -
FISHERS	IN 46038		
Date of Birth / Age / Gender	01/27/2006 / 10 / 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	

Veh#			
Injured Pre-crash Location:		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	

Veh#			
Injured Pre-crash Location:		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	

Veh#			
Injured Pre-crash Location:		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

903065739

Local ID: 201753810

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/20/2017	Wed	5:57 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201753810

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
5:57 PM	6:05 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/20/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
TYLER, L		3169	FISHERS PD		

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. Drive 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

Local ID: 201753810

903065739

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46040	
Date of Birth: 11/04/1975	Age: 42
Gender: FEMALE	
Driver's License #: 5340027657	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2015	BMW	X3	UT

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8778102920

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 RIGHT

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
[x] 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

Local ID: 201753810

903065739

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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# 2 / Color: BLUE / Vehicle Year: 2007 / Make: CHEVROLET / Model: TAHOE / Style: UT		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2018 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: GRANGE / Phone Number: 5742693500		
Vehicle Identification#: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
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?: NO / To By / Due to Disabling Damage		
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: TURNING LEFT
Lic State / Lic Year / 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; [x] 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#		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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903232160

Local ID: 201844557

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/03/2018	Wed	7:30 PM	HAMILTON	FALL CREEK	1	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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	Time Arrived	Other Location of Investigation			
7:30 PM	7:33 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/03/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SIEG, Z		3176	FISHERS PD		

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

Local ID: 201844557

903232160

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: 12/02/1964 / Age: 53 / Gender: MALE	EMS No. / Immed 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	
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: 2007 / Make: CHEVROLET / Model: SILVERADO / Style: PK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear [✓]
# Occupants: 1 / Lic Year: 2019 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 35 / Insured By: ERIE INSURANCE / Phone Number: 3172721010	
Vehicle Identification#: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [✓] None; [ ] Unknown — Front / Rear
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?: NO / To / By / Due to Disabling Damage	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: PICKUP
Veh Year / Make	Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver	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	
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. BICYCLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

NON-DRIVER INJURED INFORMATION

Local ID: 201844557

903232160

Veh#

Injured Pre-crash Location: PEDALCYCLIST

Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

MCCORDSVILLE IN 46055

Date of Birth: 01/20/1941 | Age: | Gender: FEMALE

Position in or on Vehicle: Front / Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.: 97 | Immed Attn: YES | Injury Status: INCAPACITATING -

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: KNEE/LOWER LEG/FOOT

Test Given: | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: | Certified Test: | ☐ Pending | Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth | Age | Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No. | Immed Attn | Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: | Certified Test: | ☐ Pending | Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth | Age | Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No. | Immed Attn | Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: | Certified Test: | ☐ Pending | Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth | Age | Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No. | Immed Attn | Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: | Certified Test: | ☐ Pending | Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth | Age | Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No. | Immed Attn | Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: | Certified Test: | ☐ Pending | Drug Results:

State Id
904119443

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202239304

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of WINDSWEPT DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
09/23/2022	**Friday**	**17:28**	**09/23/2022**	**39.95773906**	**-85.93964177**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLEAR	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			T-INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1732	**1746**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**			**$1001 TO $2500**

Investigative Officer	Agency	ID Number
SMILEY, NICHOLAS	**FISHERS PD**	**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

Official copy obtained through buycrash.com

State Id
904119443

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202239304

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	A

Address	DOB	Age	Gender
[redacted]	10/03/2005	16	M

Driver 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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes
REDACTED	REDACTED

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	GRAY	2013	2

Make	Model
NISSAN	ALTIMA

Style: 4-DOOR

Insured By: INDIANA FARM BUREAU

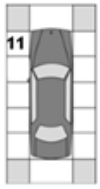
Policy #	Ins Phone #
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VIN: [redacted]

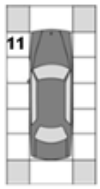
Plate Number	Plate Exp Year	Plate State
THJ169	2023	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
		NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANIMAL DRAWN 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
SOUTH	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40	STOP SIGN	

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	A

Address	DOB	Age	Gender
[redacted]	06/13/1994	28	M

Driver 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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	BLACK	2012	1

Make	Model
CHEVROLET	CRUZE

Style: 4-DOOR

Insured By: ALLSTATE, PROGRESSIVE

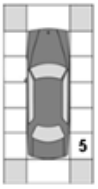
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VIN: [redacted]

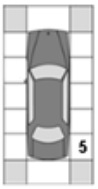
Plate Number	Plate Exp Year	Plate State
EVB454	2022	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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
WEST	GOING STRAIGHT	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

Official copy obtained through buycrash.com

State Id
904119443

Local Id
202239304

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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 Name	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
[redacted]	[redacted]	[redacted]	**FRONT PASSENGER SEAT OF UNIT 1**

Official copy obtained through buycrash.com

Crash Diagram



End of Report

Official copy obtained through buycrash.com

State Id
904353409

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-42106

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH ST at intersection of WINDSWEPT DR			**HAMILTON**	**FALL CREEK**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0709	**0710**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**				**$10001 TO $25000**

	Investigative Officer	Agency	ID Number
	DIETZ, ADAM	**FISHERS PD**	**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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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
1	WHITE	2023	1

Make	Model
FORD	F150

Style: PICK-UP (TRUCKS)

Insured By: OLD REPUBLIC

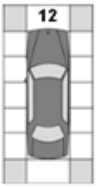
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

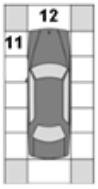
Plate Number	Plate Exp Year	Plate State
TK341NYA	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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]	

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
2	WHITE	2023	1

Make	Model
CHEVROLET	MALIBU

Style: 4-DOOR

Insured By: SHELTER MUTUAL

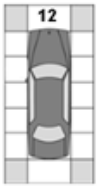
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

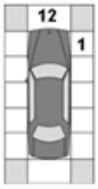
Plate Number	Plate Exp Year	Plate State
739ADV	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)

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

Official copy obtained through buycrash.com

State Id
904353409

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-42106

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 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)

Official copy obtained through buycrash.com

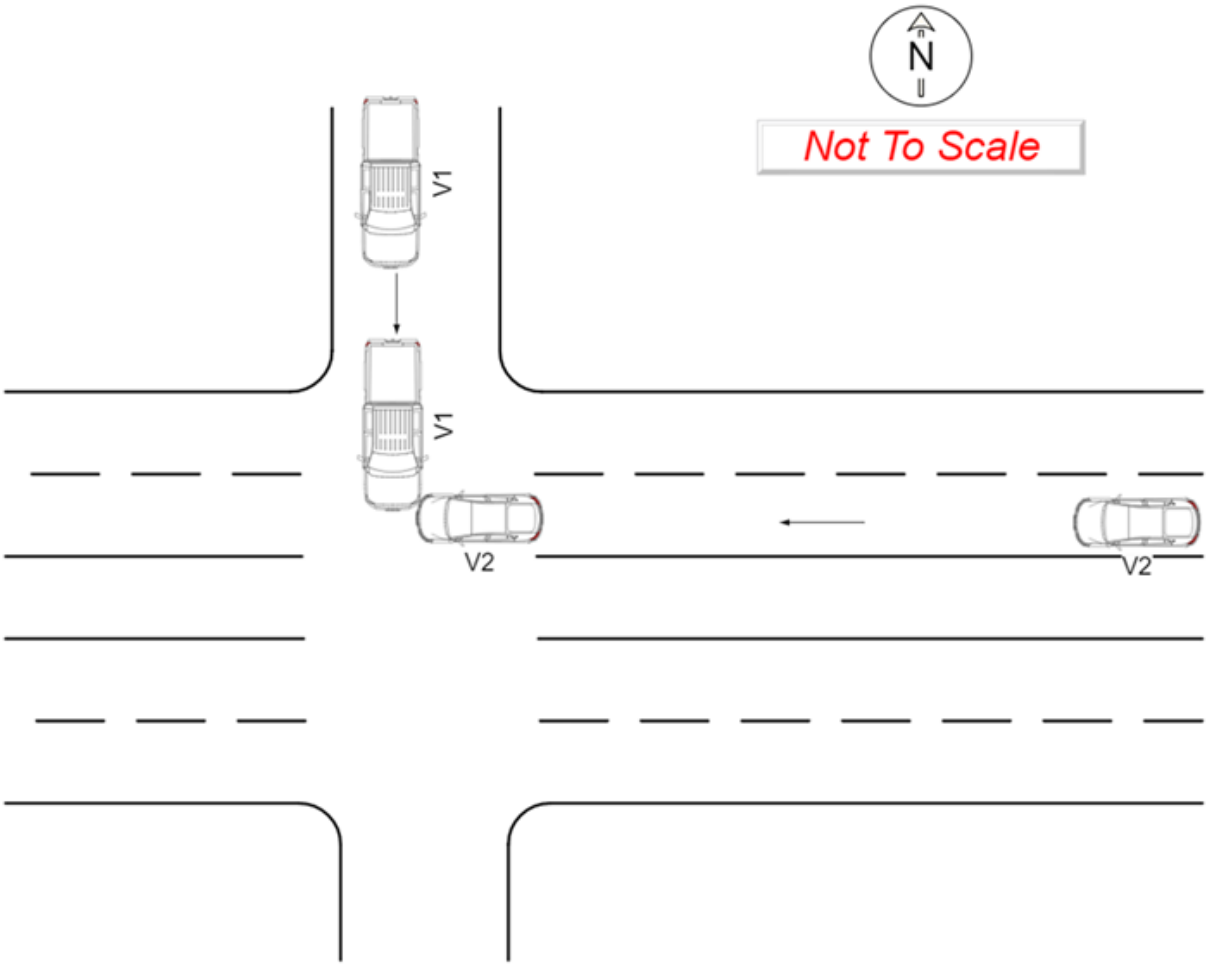
Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903339753

Local ID: 201910056

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
03/15/2019	Fri	7:35 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201910056

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:35 AM	7:40 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				03/15/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
OWENS, C		3115	FISHERS PD		

Narrative

D1 stated he was turning WB onto E 116th st from NB Windswept Dr. D1 did not see V2, whob 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

Local ID: 201910056

903339753

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 10/17/1958	Age: 60
Gender: MALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2015	KIA MOTORS CORP	K900	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8002557828

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 201910056

903339753

2 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: 04/14/1996 / Age: 22 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None
Location of Most Severe Injury	
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# 2 / Color: BLACK / Vehicle Year: 2019 / Make: TOYOTA / Model: TACOMA / Style: PK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2019 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: NATIONWIDE / Phone Number: 8004213535	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
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?: NO / To By / Due to Disabling Damage	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	Direction of Travel: WEST
License# / Address (Street, City, State, Zip)	
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; [x] 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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903684928

Local ID: 202040170

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
10/29/2020	Thu	7:39 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
202040170

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:43 AM	7:47 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/29/2020	
Investigating Officer		ID No.	Agency	Reviewing Officer	
DRUELINGER, W		3065	FISHERS PD		

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 WINDSWEPT 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.

Driver's Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth | Age | Gender

Driver's License # | Lic Type | CDL Class | Lic State

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 | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results | PBT | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	0000	UNKNOWN	UNKNOWN	4D

# Occupants	Lic Year	License #	License State
00	0000	UNKNOWN	

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNWN	000000000

Vehicle Identification#: UNKNOWN

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# | Hazzard Class #

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes

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: 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
- [x] 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

Local ID: 202040170

903684928

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None
Location of Most Severe Injury	
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# 2 / Color: BLUE / Vehicle Year: 2013 / Make: CHEVROLET / Model: CRUZE / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — [x] Front Rear
# Occupants: 1 / Lic Year: 2020 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: FARM BUREAU / Phone Number: 3174629255	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [x] Trailer; [ ] None; [ ] Unknown — Front [x] [ ] [ ] / [x] [ ] [ ] / [x] [x] [x] Rear
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
GREENFIELD IN 46140	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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	Direction of Travel: WEST
License# / Address (Street, City, State, Zip)	
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; [x] 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# / Hazzard Class #	

State Id
904442622

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-5210

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 2/1/2024 8:02:18 AM
Printed on 2/1/2024 2:20:07 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH STREET at intersection of WINDSWEPT DRIVE			**HAMILTON**	**FALL CREEK**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0716	**0718**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
SAME DIRECTION SIDESWIPE	**AT SCENE ONLY**				**$2501 TO $5000**

	Investigative Officer	Agency	ID Number
	THOMPSON, ROB	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904442622

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-5210

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 2/1/2024 8:02:18 AM
Printed on 2/1/2024 2:20:07 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	K

Address	DOB	Age	Gender
[redacted]	04/17/1978	45	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	INDIANA	

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
SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	SILVER/ALU	2015	2

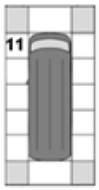
Make	Model
SUBARU	FORESTER

Style: 4-DOOR
Insured By: STATE FARM
Policy #: [redacted] Ins Phone #: [redacted]7-770-1318
VIN: [redacted]

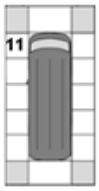
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	Oversized
WEST	TURNING RIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
35	LANE CONTROL	

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	10/10/1977	46	F

[redacted]	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
SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	SILVER/ALU	2007	1

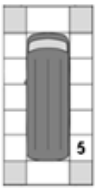
Make	Model
HONDA	ODYSSEY

Style: VAN
Insured By: ERIE
Policy #: [redacted] Ins Phone #:
VIN: [redacted]

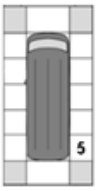
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	Oversized
WEST	TURNING LEFT	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

Official copy obtained through buycrash.com

State Id
904442622

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-5210

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 2/1/2024 8:02:18 AM
Printed on 2/1/2024 2:20:07 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)

Official copy obtained through buycrash.com

State Id
904442622

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-5210

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 2/1/2024 8:02:18 AM
Printed on 2/1/2024 2:20:07 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902392719

Local ID: 20156279

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/12/2015	Thu	9:19 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	BLOWING SAND/SOIL/SNOW
Surface 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?	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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20156279

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
9:19 AM	9:19 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/12/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
BAKER, D		3113	FISHERS PD		

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

Local ID: 20156279

902392719

1 Driver's Name (Last, First, MI): [redacted] L

Address (Street, City, State, Zip): [redacted]

MCCORDSVILLE IN 46055

Date of Birth: 05/28/1971 | Age: | Gender: FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLU	2015	TOYOTA	RAV4	4W

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	3177761500

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

MCCORDSVILLE IN 46055-9514

Towed? YES | To/By MILLERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: [redacted]

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: 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
[x] 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

Local ID: 20156279

902392719

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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
03/16/1961		FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Pending	Drug Results
PBT		[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2010	LEXUS	GS 350	4D

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AAA	8662098442

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]

FISHERS IN 46037-8146

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	By	

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

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)

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
- [x] 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#

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#	Hazzard Class #

State Id
904181251

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-51421

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 12/23/2022 1:50:05 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of SAND CREEK BLVD			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
12/23/2022	**Friday**	**12:24**	**12/23/2022**	**39.95715513**	**-85.98600733**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
BLOWING SAND/SOIL/SNOW	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**ICE**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			T-INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1225	**1238**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
REAR END	**AT SCENE ONLY**			**$5001 TO $10000**

Investigative Officer	Agency	ID Number
RIDLEN, ALEX	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904181251

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-51421

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

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
[redacted]	[redacted]	B

Address	DOB	Age	Gender
[redacted]	11/23/1998	24	M

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
LAP BELT, SHOULDER BELT		NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	SILVER/ALU	2004	1

Make	Model
HONDA	ACCORD

Style: 4-DOOR

Insured By: NO INSURANCE

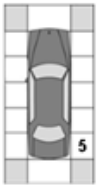
Policy #	Ins Phone #

VIN: [redacted]

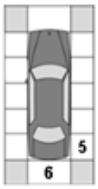
Plate Number	Plate Exp Year	Plate State
[redacted]		IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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 (TWOWAY)	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)
[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]	

Address	DOB	Age	Gender
[redacted]	09/13/1989	33	M

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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	GRAY	2021	1

Make	Model
TOYOTA	SIENNA

Style: 4-DOOR

Insured By: STATE FARM

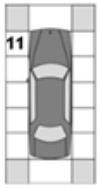
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

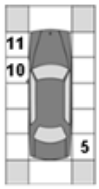
Plate Number	Plate Exp Year	Plate State
[redacted]		IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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 (TWOWAY)	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)
[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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Printed on 12/23/2022 1:50:05 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

State Id
904425539

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-709

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH at intersection of SAND CREEK BLVD			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **01/06/2024**	Day of Week: **Saturday**	Crash Time: **04:20 AM**	Date of Report: **01/06/2024**	Latitude: **39.95713087**	Longitude: **-85.98574927**
Weather Condition: **BLOWING SAND/SOIL/SNOW**	Light Condition: **DARK (NOT LIGHTED)**		Locality: **URBAN**	Inside Corporate Limits? **YES**	☐ School Zone
Roadway Surface: **ASPHALT**	Surface Condition: **SNOW/SLUSH**		Roadway Classification: **LOCAL/CITY ROAD**		☐ Train or Rail Equipment
☐ Construction Zone	Construction Type		Roadway Junction: **NO JUNCTION INVOLVED**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0420	**0430**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash (HEAD-ON BETWEEN TWO MOTOR VEHICLES)	Other Location of Investigation	☑ Investigation Complete	☑ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
	AT SCENE ONLY				**$25001 TO $50000**

Investigative Officer	Agency	ID Number
APP, LEVI	**FISHERS PD**	**3237**
Reviewing Officer		
Assisting Officer: **GRAHAM**	**FISHERS PD**	
Assisting Officer		
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.

Official copy obtained through buycrash.com

State Id
904425539

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-709

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run | ☑ Aggressive Driving | ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	B

Address	DOB	Age	Gender
[redacted]	04/19/1956	67	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	INDIANA	

Apparent Physical Status	Restrictions
HAD BEEN DRINKING	CORRECTIVE LENSES

Test Given	Type Given
REFUSED	BLOOD, OTHER - EXPLAIN IN NARRATIVE

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	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes
MISDEMEANOR	9-30-5-2(A)

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	BLUE	2010	1

Make	Model
HONDA	CIVIC

Style: 4-DOOR

Insured By: PROGRESSIVE

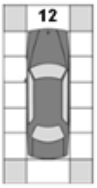
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

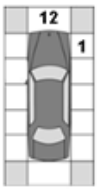
Plate Number	Plate Exp Year	Plate State
[redacted]	2023	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Company Towed By	City Towed To	Fire?
INTERSTATE DELEWARE SOUTH	INTERSTATE DELEWARE SOUTH	NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE, SEPARATION OF UNITS

Emergency Run?	Type of Roadway	Roadway Character
	MULTI-LANE UNDIVIDED 2-WAY LEFT (TWOWAY)	STRAIGHT/LEVEL

Direction of Travel	Pre-Crash Vehicle Action	# of Axes	Oversized
NORTH	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40	NONE	

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	01/26/1993	30	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
AIRBAG DEPLOYED	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	WHITE	2022	1

Make	Model
MERCEDESBENZ	GLECLASS

Style: UTILITY (SUV)

Insured By: ALLSTATE

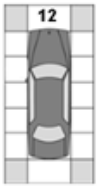
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

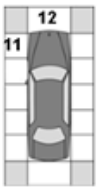
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Company Towed By	City Towed To	Fire?
GARNERS	GARNERS	NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE, SEPARATION OF UNITS

Emergency Run?	Type of Roadway	Roadway Character
	MULTI-LANE UNDIVIDED 2-WAY LEFT (TWOWAY)	STRAIGHT/LEVEL

Direction of Travel	Pre-Crash Vehicle Action	# of Axes	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]	

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

Official copy obtained through buycrash.com

State Id
904425539

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-709

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 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),ALCOHOLIC BEVERAGES,FAILURE TO YIELD RIGHT OF WAY,NONE (ENVIRONMENTAL)

Unit 2 :

NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Official copy obtained through buycrash.com

State Id
904425539

Local Id
2024-709

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902384090

Local ID: 20154543

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
01/31/2015	Sat	3:23 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	SAND CREEK BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20154543

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
3:26 PM	3:30 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/31/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MARSH, T		3062	FISHERS PD		

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 Creed 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

Local ID: 20154543

902384090

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	INDIANAPOLIS IN 46250
Date of Birth: 04/28/1971	Age: 43
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2014	Kia Motors	OPTIMA	4D

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	3178632173

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46250

Towed?	To	Due to Disabling Damage
YES	By FISHERS TOWING	YES

To: FISHERS TOWING LOT

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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [x] 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: 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
[x] 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

Local ID: 20154543

902384090

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/29/1965	Age: 49 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT: — Certified Test: — [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2014	Jeep (post 1968)	WRANGLER	UT

# Occupants	Lic Year	License #	License State
2	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
1	40	GEICO	8008413000

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] — [ ] Same as Driver

Zip): [redacted]

FISHERS IN 46037

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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: GOING STRAIGHT

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
- [x] 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

903183118

Local ID: 201832312

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
07/11/2018	Wed	5:53 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SAND CREEK BLVD	25	N	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201832312

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
5:53 PM	6:05 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/11/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
STREET, C		3172	FISHERS PD		

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

Local ID: 201832312

1	Driver's Name (Last, First, MI) [redacted]										
Address (Street, City, State, Zip) [redacted]											
INDIANAPOLIS						IN	46222				
Date of Birth: 09/17/1984		Age: 33			Gender: MALE						
Driver's License #			Lic Type: NL		CDL Class		Lic State: IN				

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE

Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT — Certified Test: [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLUE	1998	FORD	F150	PK

# Occupants	Lic Year	License #	License State
2	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	VELOX INSURANCE	3173296500

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46222

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [x] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes: 9-24-19-1

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: 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
[x] 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

Local ID: 201832312

903183118

2 — 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: 12/26/1997 / Age: 20 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Restrictions: [x] Glasses/Contact Lenses; [x] 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
		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#: 2 / Color: RED / Vehicle Year: 2016 / Make: HONDA / Model: FIT / Style: 4D		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 2 / Lic Year: 2018 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: STATE FARM / Phone Number: 3178493009		
Vehicle Identification#: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x] [x] [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
[redacted]		
FISHERS IN 46037		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage		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: TURNING RIGHT
Lic State / Lic Year / 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; [x] 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		Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903313587

Local ID: 20194570

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/03/2019	Sun	6:06 PM	HAMILTON	FALL CREEK	2	0	1	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	BELLE PLAINE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER	39 57.440	-85 58.199

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

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	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: $25001 TO $50000

Other Property Damage (1)	State Property	Owner's Name and Address
SIGN	NO	CITY OF FISHERS 1 MUNICPAL DR FISHERS INDIANA 46038
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

✓ Witness / Other Participant	# 1	Name: [redacted]
Address etc.: [redacted]		
Phone #: [redacted]	Location at Time of Crash: BELLE PLAIN BLVD AND E 116TH	
✓ Witness / Other Participant	# 2	Name: [redacted]
Address etc.: [redacted]		
Phone #: [redacted]	Location at Time of Crash: BELLE PLAIN BLVS AND E 116TH	

Non-Motorist

(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
20194570

Type of Crash	HEAD ON BETWEEN TWO MOTOR VEHICLES				
Time Notified	Time Arrived	Other Location of Investigation			
6:08 PM	6:09 PM	AT SCENE ONLY			
Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?	
KEVIN KOBLI	3084	FISHERS PD	NO	YES	
Assisting Officer	ID No.	Agency	Date of Report		
LASHAWN TYLER	3169	FISHERS PD	02/03/2019		
Investigating Officer	ID No.	Agency	Reviewing Officer		
BENBOW, K	3184	FISHERS PD			

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.

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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
11/01/1952	66	FEMALE		NO	

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Apparent Physical Status
- [ ] Normal
- [x] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [x] 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
- [x] None

Location of Most Severe Injury:

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [x] Felony

IC Codes: 9-30-5-5 9-30-5-1(B)

Test Given: ALCOHOL

Type Given: [ ] Blood [ ] Urine [x] Breath [ ] SFST [x] PBT

Alcohol Results: PBT ..15 Certified Test ..15 [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2017	HONDA	CRV	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS	8002524633

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]

INDIANAPOLIS IN 46220

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To	Due to Disabling Damage
YES	By GARNERS	YES

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

	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 #	Hazzard Class #

Vehicle Type: SPORT UTILITY VEHICLE

Pre-Crash Vehicle Action: TURNING LEFT

Direction of Travel: NORTHEAST

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
- [x] 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

Driver's Name (Last, First, MI)
[redacted]

Address (Street, City, State, Zip)
4623 CAMERON RIDGE DR APT 127

INDIANAPOLIS IN 46240

Date of Birth	Age	Gender
10/08/1994	24	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status
- [ ] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [x] 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
- [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2015	YAMAHA	YFZ	XA

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	0000000000

Vehicle Identification#
[redacted]

Registered Owner's Name (Last, First, MI) [ ] Same as Driver
[redacted]

Address (Street, City, State, Zip)
[redacted]

INDIANAPOLIS IN 46240

Towed?	To	Due to Disabling Damage
YES	By GARNERS	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#	Hazzard Class #

Safety Equipment Used
HELMET

Safety Equipment Effective?
NO

Ejection/Trapped
EJECTED

EMS No.	Immed Attn	Driver Injury Status
0715	YES	FATAL

Nature of Most Severe Injury
OTHER - EXPLAIN IN NARRATIVE

Location of Most Severe Injury
HEAD

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes

Initial Impact Area
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Areas Damaged (Multiples)
- [ ] Undercarriage
- [x] Trailer
- [ ] None
- [ ] Unknown



Vehicle Use
PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type
MOTOR DRIVEN CYCLE CLASS A

Pre-Crash Vehicle Action
GOING STRAIGHT

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
- [x] 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

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
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
Other Property Damage	#	State Property	Owner's Name and Address
Other Property Damage	#	State Property	Owner's Name and Address

Witness/Other Participant

☑ Witness ☐ Other Participant	# 3	Name [redacted]	Phone # [redacted]
Address etc.		Location at Time of Crash	
10824 HARBOR BAY CT FISHERS INDIANA		116TH AND OLIO RD	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901667747

Local ID: 201124126

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
07/25/2011	Mon	5:25 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	WEDGEPORT LN	300	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	DNR		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201124126

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
5:30 PM	5:50 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/25/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVEY, B		3070	FISHERS PD		

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

Local ID: 201124126

901667747

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FRANKLIN IN 46131	
Date of Birth: 01/21/1970	Age: 41
Gender: MALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLK	1998	CHEVROLET	SILVARADO	PK

# Occupants	Lic Year	License #	License State
1	2011	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	GEICO	8008413000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FRANKLIN IN 46131

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

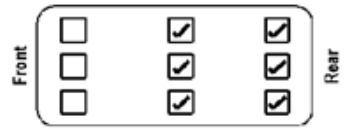
If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: PICKUP

Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC

Direction of Travel: EAST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201124126

901667747

2 — 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: 04/20/1992 / Age: 19 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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# 2 / Color: BLUE / Vehicle Year: 2000 / Make: CHEVROLET / Model: SILVARADO / Style: PK		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2011 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: GEICO / Phone Number: 8008413000		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
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? YES / To: FISHERS TOWING / By: FISHERS 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: PICKUP
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)		
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; [x] 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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901667924

Local ID: 201124129

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
07/25/2011	Mon	5:25 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	WEDGEPORT LN	300	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	DNR		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

	#	Name
☐ Witness ☑ Other Participant	1	[redacted]

Address etc.: [redacted]

Phone #:

Location at Time of Crash: DIRECTLY IN FRONT OF V2

	#	Name
☐ Witness ☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201124129

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
5:30 PM	5:50 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/25/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVEY, B		3070	FISHERS PD		

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

Local ID: 201124129

901667924

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 05/03/1976	Age: 35
Gender: FEMALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BRONZE	2003	FORD	EXPIDITION	UT

# Occupants	Lic Year	License #	License State
1	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	3175772722

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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	[x] 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

Local ID: 201124129

901667924

2 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
10/31/1960	50	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results PBT	Certified Test	Pending	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT			[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2005	FORD	F1S	UT

# Occupants	Lic Year	License #	License State
1	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	8006926326

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]

FISHERS IN 46037

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To By	Due to Disabling Damage
NO		

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
			[ ]

License # | Address (Street, City, State, Zip)

Veh Year | Make

Vehicle Type: SPORT UTILITY VEHICLE

Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC

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: 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
[ ] Two Lanes	[x] 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 #

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 #	Hazzard Class #

State Id
903964235

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-3312

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 1/24/2022 6:10:17 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of WEDGEPORT LN			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
01/20/2022	**Thursday**	**14:41**	**01/20/2022**	**39.95754122**	**-85.95447037**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLEAR	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			NO JUNCTION INVOLVED		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1441	**1451**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation			Total Estimate of all damage in Crash:
SAME DIRECTION SIDESWIPE	**AT SCENE ONLY**	☑ Investigation Complete	☐ Photos taken	**$5001 TO $10000**

Investigative Officer	Agency	ID Number
STREET, CODY	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
903964235

Local Id
2022-3312

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	10/21/1961	60	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
1	WHITE	2005	1

Make	Model
CHEVROLET	Silverado

Style: PICK-UP (TRUCKS)

Insured By: FARMERS

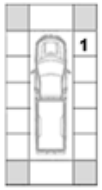
Policy #	Ins Phone #
[redacted]	888-327-6335

VIN: [redacted]

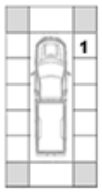
Plate Number	Plate Exp Year	Plate State
[redacted]	2023	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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)
[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]	

Address	DOB	Age	Gender
[redacted]	12/07/1962	59	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
2	BLACK	2003	1

Make	Model
MERCEDES-BENZ	C-Class

Style: 4-DOOR

Insured By: ALLSTATE

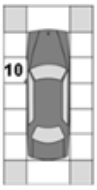
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

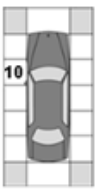
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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

Official copy obtained through buycrash.com

State Id
903964235

Local Id
2022-3312

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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)

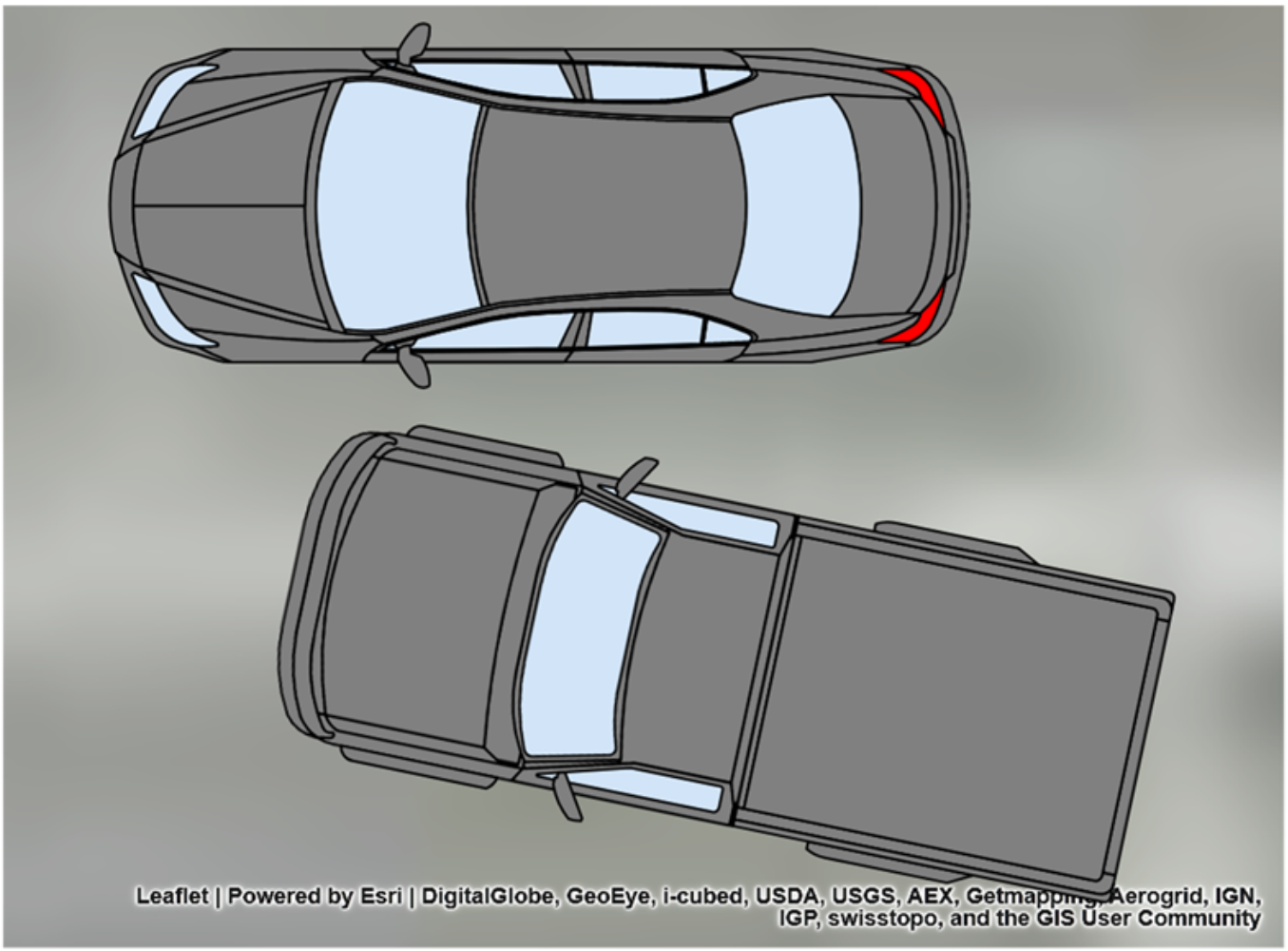
Unit 2 :

NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902797781

Local ID: 201643896

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/17/2016	Mon	3:15 PM	HAMILTON	FALL CREEK	3	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	THE LEGENDS BLVD	700	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓	✓	

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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?	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201643896

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
3:22 PM	3:26 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/17/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVEY, B		3070	FISHERS PD		

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.

Local ID: 201643896

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
04/28/1976		FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2016	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IL

# Axles	Speed Limit	Insured By	Phone Number
2	40	SELF INSURED	0000000000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted]

DESPLAINES IL 60018

Towed?	To	Due to Disabling Damage
YES	By MILLERS	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
[x] 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 2. ANOTHER MOTOR VEHICLE

Local ID: 201643896

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDPLS IN 46221

Date of Birth	Age	Gender
04/14/1990		MALE

Driver's License #	Lic Type	CDL Class	Lic State
	U		

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2000	FORD	SE	SW

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	0000000000

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDPLS IN 46221

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED IN TRAFFIC

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
[x] 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

Local ID: 201643896

902797781

3 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 10/06/1960	Age:	Gender: MALE
Driver's License #	[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
3	SIL	2007	VOLVO	S80	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	USAA CASUALTY	8005318722

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI) [ ] Same as Driver: [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED IN TRAFFIC

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
- [x] 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

902886781

Local ID: 201710102

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
03/10/2017	Fri	8:45 AM	HAMILTON	FALL CREEK	2	1	0	1	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	THE LEGENDS BLVD	150	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/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 $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201710102

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
8:48 AM	8:53 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				03/10/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MYERS, B		3035	FISHERS PD		

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

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

ANDERSON IN 46011

Date of Birth	Age	Gender
06/23/1975	41	MALE

Driver's License #: [redacted] | Lic Type: CD | CDL Class: A | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAROON	2006	MERCURY	GRAND MARQUIS LS	4D

# Occupants	Lic Year	License #	License State
2	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY INSURANCE	8006926326

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To BOGGS | By BOGGS | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3337	NO	NON-INCAPACITATING - TREATED AT

Nature of Most Severe Injury: MINOR BLEEDING

Location of Most Severe Injury: FACE

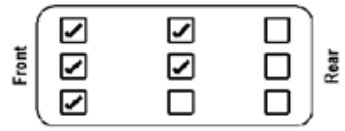
If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SOUTHEAST

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
- [x] 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

Local ID: 201710102

902886781

2 Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: YES
[redacted] MI 48876	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 05/07/1986 / Age: 30 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: CD / CDL Class: A / Lic State: MI	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown Restrictions: [x] 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 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#: 2 / Color: WHITE / Vehicle Year: 2017 / Make: Freightliner / Model: TT 80000 / Style: CC	Initial Impact Area: [ ] Undercarriage; [x] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: MI	
# Axles: 3 / Speed Limit: 40 / Insured By: ZURICH AMERICAN / Phone Number: 8003822150	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [x] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
WYOMING MI 49548	Vehicle Use: COMMERCIAL(TAXIS,COMMON,CONTRACT)
Towed?: NO / To By: / Due to Disabling Damage	Emergency Run?: / Fire?: NO
2a Lic State: PA / Lic Year: 2017 / Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
License #: [redacted] / Address (Street, City, State, Zip): [redacted]	Vehicle Type: TRACTOR/ONE SEMI TRAILER
Veh Year: 2017 / Make: GREAT DANE / EASTON PA 18045	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
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; [x] Multi-Lane w/ Concrete Barrier; [ ] Multi-Lane w/ Metal Guardrail Median; [ ] Private Drive; [ ] Alley; [ ] Ramp
Commercial Vehicle: Carrier's Name and Address 2 A&K LOGISTICS INC	
3747 HECKTOWN ROAD	
EASTON PA 18045	
HAZMAT Proper Shipping Name: / State DOT #:	
US DOT #: [redacted] / ICC #: [redacted] / CMV Inspection: YES / If Yes	
Gross Vehicle Weight Rating: 10,001# - 26,000# / Cargo Body Type: VAN/ENCLOSED BOX	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard: NO / HAZMAT Release of Cargo / HAZMAT 4-Digit ID # / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903552376

Local ID: 20208629

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/28/2020	Fri	11:42 AM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	THE LEGENDS BLVD	50	N	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20208629

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
11:42 AM	12:02 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/28/2020	
Investigating Officer		ID No.	Agency	Reviewing Officer	
STREET, C		3172	FISHERS PD		

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

UNIT INFORMATION

Local ID: 20208629

903552376

1 Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: YES
GAS CITY IN 46933	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 04/24/1993 / Age: 26 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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: WHITE / Vehicle Year: 2005 / Make: FREIGHTLINER / Model: MT 45 CHASSIS / Style: VN	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Center
# Occupants: 1 / Lic Year: 2020 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: ATLANTIC SPECIALITY INSURANCE / Phone Number: 8772483455	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Center
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted] VE	
GREENFIELD IN 46140	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: VAN
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: NORTH
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; [x] 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#	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# / Hazzard Class #	

UNIT INFORMATION

Local ID: 20208629

903552376

2	Driver's Name (Last, First, MI): [redacted]							Safety Equipment Used: LAP + HARNESS	
Address (Street, City, State, Zip): [redacted]								Safety Equipment Effective?: NO	
FORTVILLE				IN	46040			Ejection/Trapped: NOT EJECTED OR TRAPPED	
Date of Birth: 01/09/1947		Age: 73		Gender: MALE				EMS No.	Immed Attn	Driver Injury Status
Driver's License #: [redacted]		Lic Type: OP	CDL Class	Lic State: IN				Nature of Most Severe Injury	

Apparent Physical Status: [x] 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; [x] None

Location of Most Severe Injury:

If Cited? [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	MAROON	2015	LINCOLN	NAVIGATOR	4D

# Occupants	Lic Year	License #	License State
1	2020	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	USAA	8005318722

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]

FORTVILLE IN 46040

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Towed?	To By	Due to Disabling Damage
NO		

Emergency Run?

Fire: NO

	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: 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
- [x] 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#:

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903854229

Local ID: 202128917

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
08/06/2021	Fri	6:29 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	THE LEGENDS BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	LANE CONTROL
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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]T

Phone #: [redacted]

Location at Time of Crash: AT INTERSECTION SEE NARRATIVE

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
202128917

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
6:32 PM	6:37 PM	SEE NARRATIVE			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				NO	YES
Assisting Officer		ID No.	Agency	Date of Report	
				08/06/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RODRIGUEZ, C		3136	FISHERS PD	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

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
10/23/1975	45	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status
- [x] 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
- [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2010	CADILLAC	SRX	4D

# Occupants	Lic Year	License #	License State
2	2022	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SECURA	8005583405

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

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
- [x] 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

3	Driver's Name (Last, First, MI): [redacted]				
Address (Street, City, State, Zip): [redacted]					
FISHERS			IN	46038	
Date of Birth: 12/12/1988	Age: 32	Gender: FEMALE			
Driver's License #: 0570064487	Lic Type: OP	CDL Class:	Lic State: IN		

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT				
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		

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

903106482

Local ID: 20189588

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/24/2018	Sat	9:50 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	IDLEWOOD DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20189588

Type of Crash	OTHER - EXPLAIN IN NARRATIVE				
Time Notified	Time Arrived	Other Location of Investigation			
10:03 PM	10:06 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/24/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MILLER, C		3166	FISHERS PD		

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

Local ID: 20189588

903106482

1 Driver's Name (Last, First, MI) [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. / Immed 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
		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: BLK / Vehicle Year: 1999 / Make: TOYOTA / Model: 4RU / Style: 4W		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [✓] Trailer
# Occupants: 1 / Lic Year: 2019 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: AMERICAN FAMILY / Phone Number: 3175672457		
Vehicle Identification # [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [✓] Front-Left; [✓] Front-Center; [✓] Trailer
Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip) [redacted]		
FISHERS IN 46037-9137		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed? YES / To BOGGS / 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
Veh Year / Make		Direction of Travel: NORTH
Lic State / Lic Year / 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)		
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		Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #		

UNIT INFORMATION

Local ID: 20189588

903106482

2 — Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]Y

FISHERS IN 46037

Date of Birth: 10/14/1999 | Age: | Gender: MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BRZ	2007	MERCEDES BENZ	CLS550	4D

Occupants: 1 | Lic Year: 2019 | License #: [redacted] | License State: IN

Axles: 2 | Speed Limit: 40 | Insured By: STATE FARM | Phone Number: 8007233276

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]Y

FISHERS IN 46037-4084

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
[x] 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

State Id
904346502

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202340625

Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH ST at intersection of IDLEWOOD DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **09/11/2023**	Day of Week: **Monday**	Crash Time: **14:41 PM**	Date of Report: **09/11/2023**	Latitude: **39.95759147**	Longitude: **-85.93510533**
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: **TRAIL CROSSINGS**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1443	**1444**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash (OTHER - EXPLAIN IN NARRATIVE)	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
	AT SCENE ONLY				**$1001 TO $2500**

Investigative Officer	Agency	ID Number
STARKEY, KEVIN	**FISHERS PD**	**3186**
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.

Official copy obtained through buycrash.com

State Id
904346502

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202340625

Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	N

Address	DOB	Age	Gender
[redacted]	06/27/1976	47	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
UNKNOWN	N/A	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	SILVER/ALU	2018	1

Make	Model
KIA	SORENTO

Style: UTILITY (SUV)

Insured By: GEICO

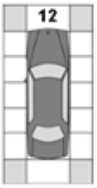
Policy #	Ins Phone #
[redacted]	000-000-0000

VIN: [redacted]

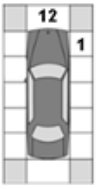
Plate Number	Plate Exp Year	Plate State
HAB568	2024	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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

☐ 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

Make	Model

Style:

Insured By:

Policy #	Ins Phone #

VIN:

Plate Number	Plate Exp Year	Plate State

Towed?	Towed Due to Disabling Damage?

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

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

Official copy obtained through buycrash.com

State Id
904346502

Local Id
202340625

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Hit and Run ☐

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 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)

Witnesses

☐ Witness ☑ Other Participant Name	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
[redacted]	[redacted]	[redacted]	**RIDING BICYCLE**

Official copy obtained through buycrash.com

State Id
904346502

Indiana Officer's Standard Crash Report

Hit and Run ☐

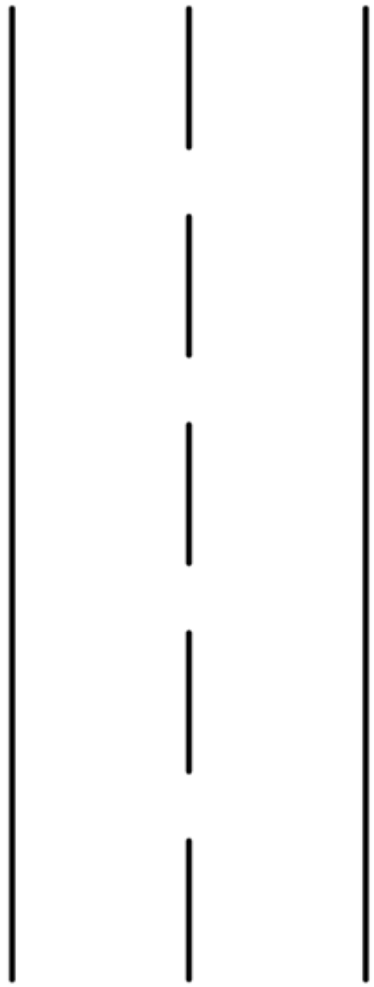
Local Id
202340625

Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902772932

Local ID: 201638042

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/07/2016	Wed	3:53 PM	HAMILTON	FALL CREEK	2	0	0	1	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	IDLEWOOD LN			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]

Phone #: [redacted] Location at Time of Crash: BEHIND V2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #: Location at Time of Crash:

Non-Motorist

(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
201638042

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
3:56 PM	4:29 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/07/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
AHNERT, A		3090	FISHERS PD		

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

Local ID: 201638042

902772932

1 Driver's Name (Last, First, MI): [redacted] P	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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
07/31/1999	17	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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:

If Cited? [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BEIGE	2005	HONDA	CIVIC EX	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	3172537550

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]

FISHERS IN 46037

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	By	

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

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: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: TURNING LEFT

Direction of Travel: NORTHEAST

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; [x] 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#

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201638042

902772932

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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# 2 / Color: SILVER / Vehicle Year: 2006 / Make: DODGE / Model: RAM PICKUP / Style: TK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — [x] Front
# Occupants: 2 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: PROGRESSIVE / Phone Number: 8004444487	
[redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [x] None; [ ] Unknown — [x] Front
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
[redacted]	
PENDLETON IN 46064	Vehicle Use: COMMERCIAL(TAXIS,COMMON,CONTRACT)
Towed? NO / To By / Due to Disabling Damage	Emergency Run? / Fire?: NO
2a 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)
Veh Year: 2007 / Make: BIG TEX / PENDLETON IN 46064	Pre-Crash Vehicle Action: GOING STRAIGHT
Lic State / Lic Year / 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; [x] 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: 2 TOP NOTCH CUTS	
9278 N STATE RD 9	
PENDLETON IN 46064	
HAZMAT Proper Shipping Name: / State DOT#	
US DOT# [redacted] / ICC# / CMV Inspection / If Yes	
Gross Vehicle Weight Rating: 10,001# - 26,000# / Cargo Body Type: OTHER - EXPLAIN IN NARRATIVE	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard: NO / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902757059

Local ID: 201633977

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
08/12/2016	Fri	7:30 PM	HAMILTON	DELAWARE	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: WESTBOUND FOLLOWING D2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.

Phone #

Location at Time of Crash

Non-Motorist

(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
201633977

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:30 PM	7:34 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/12/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEESNER, K		3121	FISHERS PD		

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

UNIT INFORMATION

Local ID: 201633977

902757059

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	05/01/1998
Age	18
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAROON	2010	JEEP	WRANGLER	4D

# Occupants	Lic Year	License #	License State
2	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	CINCINNATI INSURANCE	8882879940

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

[redacted]te, Zip)

FISHERS IN 46037

Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3338	YES	INCAPACITATING - TRANSPORTED

Nature of Most Severe Injury: FRACTURE/DISLOCATION

Location of Most Severe Injury: KNEE/LOWER LEG/FOOT

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 RIGHT

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
[x] 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 2. RAN OFF ROADWAY

UNIT INFORMATION

Local ID: 201633977

902757059

2 [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Date of Birth	Age	Gender
07/30/1961	55	MALE

Driver's License #: [redacted]

Lic Type	CDL Class	Lic State
OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	Pending	Drug Results
		[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2014	CADILLAC	SRX	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AAA	8002073618

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 / By	Due to Disabling Damage
YES	To MILLERS TOWING 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3338	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: GOING STRAIGHT

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
[x] 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

903003188

Local ID: 201741298

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/25/2017	Mon	7:27 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201741298

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
7:41 AM	7:55 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/25/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
VANNATTA, C		3173	FISHERS PD		

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.

Local ID: 201741298

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
10/16/2000		MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GEY	2007	AUDI	A6	4D

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AUTO-OWNERS INS	2607499541

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-7990

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: CHANGING LANES

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
- [x] 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

Local ID: 201741298

903003188

2 | Driver's Name (Last, First, MI): [redacted]R

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
10/30/1999	17	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT: | Certified Test: | [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	WHITE	2017	FORD	FUSION	4D

# Occupants	Lic Year	License #	License State
2	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8778102920

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted]

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
[x] 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

903209193

Local ID: 201839112

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
08/27/2018	Mon	6:42 AM	HAMILTON	FALL CREEK	2	2	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS		39 57.459	-85 55.838

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: 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

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

- ✓ Witness / Other Participant: # 1, Name [redacted]
- Address etc: [redacted]
- Phone #: [redacted]
- Location at Time of Crash: BEHIND V1
- Witness / Other Participant: # , Name
- Address etc.
- Phone #
- Location at Time of Crash

Non-Motorist

- (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
201839112

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
6:42 AM	6:43 AM	SEE NARRATIVE			
Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?	
E PATTON	9235	FISHERS PD	YES	NO	
Assisting Officer	ID No.	Agency	Date of Report		
			08/27/2018		
Investigating Officer	ID No.	Agency	Reviewing Officer		
AHNERT, J	3089	FISHERS PD			

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

Local ID: 201839112

903209193

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 09/09/1997	Age:	Gender: FEMALE
Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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:	Certified Test: [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SIL	2006	TOYOTA	COROLLA	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVCO INSURANCE COMPANY	8774038584

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-8155

Towed?	To / By	Due to Disabling Damage
YES	To BOGGS TOWING; By BOGGS TOWING	YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	[ ] 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			

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3338	YES	INCAPACITATING - TRANSPORTED

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: NECK

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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: 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; [x] 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

Local ID: 201839112

903209193

2 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

NOBLESVILLE IN 46060

Date of Birth	Age	Gender
05/15/1976		FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2017	GENERAL MOTORS	ACADIA	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AUTO OWNERS	7654550901

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

NOBLESVILLE IN 46060-9790

Towed?	To	Due to Disabling Damage
YES	By GARNERS 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	NON-INCAPACITATING - TREATED AT

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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: 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
- [x] 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

903781839

Local ID: 202115346

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
04/24/2021	Sat	10:14 PM	HAMILTON	FALL CREEK	2	3	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS		39 57.459	-85 55.838

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

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

✓ Witness / Other Participant	# 1	Name: [redacted]
Address etc.		
Phone #: [redacted]	Location at Time of Crash: BEHIND D2	
✓ Witness / Other Participant	# 2	Name: [redacted]
Address etc.		
Phone #: [redacted]	Location at Time of Crash: WEST BOUND 116	

Non-Motorist

(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
202115346

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
10:19 PM	10:24 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				04/25/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEAVER, C		3203	FISHERS PD		

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

1 Driver's Name (Last, First, MI): [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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
12/20/2002	18	MALE	0792	NO	NON-INCAPACITATING - TREATED AT

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: SHOULDER/UPPER ARM

Apparent Physical Status: [x] 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; [x] None

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHI/	2019	NISSAN	ROGUE	4W

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	METROPOLITAIN GROUP	3178496639

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-8156

Towed?	To / By	Due to Disabling Damage
YES	To GARNERS / By GARNERS	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#	Hazzard 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: 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
- [x] 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

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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
11/13/2003	17	FEMALE	0792	NO	NON-INCAPACITATING - TREATED AT

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HEAD

Apparent Physical Status: [x] 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; [x] None

If Cited? [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results PBT	Certified Test	Pending	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT			[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLU/	2012	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
2	2020	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	3178497660

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted] Zip)

FISHERS IN 46038-3207

Towed?	To / By	Due to Disabling Damage
YES	To GARNERS / By GARNERS	YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
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#	Hazzard 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: 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
- [x] 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

NON-DRIVER INJURED INFORMATION

Local ID: 202115346

903781839

Veh# / Injured Pre-crash Location: 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 / Immed Attn: NO / Injury Status: NON-INCAPACITATING -
Date of Birth: 04/14/2004 / Age: 17 / Gender: FEMALE	Nature of Most Severe Injury: COMPLAINT OF PAIN
Position in or on Vehicle: Front ☑	Location of Most Severe Injury: HEAD
	Test Given / Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT / Certified Test ☐ Pending / Drug Results

Veh# / Injured Pre-crash Location:	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 ☐	Location of Most Severe Injury
	Test Given / Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT / Certified Test ☐ Pending / Drug Results

Veh# / Injured Pre-crash Location:	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 ☐	Location of Most Severe Injury
	Test Given / Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT / Certified Test ☐ Pending / Drug Results

Veh# / Injured Pre-crash Location:	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 ☐	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

901653285

Local ID: 201120779

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/26/2011	Sun	3:05 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR	95	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201120779

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
3:05 PM	3:10 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/26/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
PHELPS, J		3037	FISHERS PD		

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.

UNIT INFORMATION

Local ID: 201120779

901653285

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

PEORIA AZ 85383

Date of Birth: 07/31/1948 | Age: | Gender: FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: AZ

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY/	2010	HONDA	CR-V	4W

Occupants: 1 | Lic Year: 2011 | [redacted] | License State: IN

Axles: 2 | Speed Limit: 40 | Insured By: STATE FARM | Phone Number: 8888888888

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [x] 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: [ ] One Lane [ ] Two Lanes [ ] Multi-Lanes (3 or more)

Two Way Traffic: [ ] Two Lanes [x] 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

UNIT INFORMATION

Local ID: 201120779

901653285

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
[redacted], Zip): [redacted]ET	Safety Equipment Effective?: YES
FISHERS IN 46037	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 09/17/1957 / Age: / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: BLK/ / Vehicle Year: 2002 / Make: CHRYSLER / Model: SEBRING / Style: 2D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Left
# Occupants: 2 / Lic Year: 2012 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: INDIANA FARM BUREAU / Phone Number: 8007233276	
[redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Left
Registered Owner's Name (Last, First, MI): [redacted] — [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46037-9730	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By: / Due to Disabling Damage	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	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; [x] Multi-Lane Divided (3 or more); [ ] Multi-Lane Undivided 2 way left turn; [ ] Multi-Lane Undivided (3 or more); [ ] Private Drive; [ ] Alley
Veh Year / Make	
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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

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901301042

Local ID: 20106223

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/25/2010	Thu	7:40 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20106223

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:44 AM	7:47 AM	AT SCENE ONLY			
Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?	
M THOMPSON	3009	FISHERS PD	YES	NO	
Assisting Officer	ID No.	Agency	Date of Report		
R THOMPSON	3069	FISHERS PD	02/25/2010		
Investigating Officer	ID No.	Agency	Reviewing Officer		
YEAGER, C	3060	FISHERS PD			

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

Local ID: 20106223

901301042

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 02/01/1963	Age: 47
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2003	Volvo	S80	4D

# Occupants	Lic Year	License #	License State
1	2010	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	AMERICAN FAMILY	800-692-6326

[redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Towed? YES — To: BOGGS TOWING — By: BOGGS 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: ENTERING TRAFFIC LANE

Direction of Travel: SOUTH

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20106223

901301042

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury 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#: 2 / Color: BLACK / Vehicle Year: 2007 / Make: Ford / Model: ESCAPE / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown Front / Rear: [ ] [ ] [ ] / [ ] [ ] [ ] / [x] [ ] [ ]
# Occupants: 1 / Lic Year: 2010 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 35 / Insured By: MET LIFE / Phone Number: 800GETMET8	
Vehicle Identification#: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown Front / Rear: [ ] [ ] [ ] / [x] [ ] [ ] / [x] [ ] [ ]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
NOBLESVILLE IN 46060	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: UTILITY (SUV)
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: WEST
License# / Address (Street, City, State, Zip)	
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; [x] 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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902038944

Local ID: 201322428

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/11/2013	Tue	6:00 PM	HAMILTON	FALL CREEK	2	2	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	DNR		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	NONE
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

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

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

✓ Witness / ☐ Other Participant	# 1	Name: [redacted]
Address etc.	[redacted] R	
Phone #	[redacted]	Location at Time of Crash: BEHIND V2 TURNING NORTH
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #		Location at Time of Crash

Non-Motorist

(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
201322428

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
6:00 PM	6:10 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/11/2013	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVEY, B		3070	FISHERS PD		

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.

1 Driver's Name (Last, First, MI) [redacted]

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/08/1973	40	FEMALE

Driver's License # [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2012	HYUNDAI	SONATA	4D

# Occupants	Lic Year	License #	License State
1	2013	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARM BUREAU	3175761864

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

[redacted] Zip)

FISHERS IN 46037

Towed? YES | To FISHERS TOWING | By FISHERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
0625	YES	NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [x] 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: SOUTH

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201322428

902038944

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Date of Birth	Age	Gender
06/07/1981	32	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	GREEN	2000	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
2	2013	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	BRISTOL WEST	3176630405

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted]

FISHERS IN 46038

Towed? YES | 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

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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [x] 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: WEST

Type of Primary/Secondary Roadway

One Way Traffic: [ ] One Lane [ ] Two Lanes [ ] Multi-Lanes (3 or more)

Two Way Traffic: [ ] Two Lanes [x] 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

NON-DRIVER INJURED INFORMATION

902038944

Local ID: 201322428

Veh# 2 — **INJURED**

Injured Pre-crash Location:

Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Date of Birth	Age	Gender
02/08/1998	15	MALE

Position in or on Vehicle: Front ☑ (row 1, left) ☐ (row 1, center) ☐ (row 1, right) ☐ (row 2, left) ☐ (row 2, center) ☐ (row 2, right) ☐ (row 3, left) ☐ (row 3, center) ☐ (row 3, right) ☐ Rear ☐

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Injury Status
3338	NO	NON-INCAPACITATING

Nature of Most Severe Injury: MINOR BLEEDING

Location of Most Severe Injury: FACE

Test Given: Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test ☐ Pending

Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle: Front ☐ (row 1, left) ☐ (row 1, center) ☐ (row 1, right) ☐ (row 2, left) ☐ (row 2, center) ☐ (row 2, right) ☐ (row 3, left) ☐ (row 3, center) ☐ (row 3, right) ☐ Rear ☐

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test ☐ Pending

Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle: Front ☐ (row 1, left) ☐ (row 1, center) ☐ (row 1, right) ☐ (row 2, left) ☐ (row 2, center) ☐ (row 2, right) ☐ (row 3, left) ☐ (row 3, center) ☐ (row 3, right) ☐ Rear ☐

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test ☐ Pending

Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle: Front ☐ (row 1, left) ☐ (row 1, center) ☐ (row 1, right) ☐ (row 2, left) ☐ (row 2, center) ☐ (row 2, right) ☐ (row 3, left) ☐ (row 3, center) ☐ (row 3, right) ☐ Rear ☐

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: Type Given ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test ☐ Pending

Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle: Front ☐ (row 1, left) ☐ (row 1, center) ☐ (row 1, right) ☐ (row 2, left) ☐ (row 2, center) ☐ (row 2, right) ☐ (row 3, left) ☐ (row 3, center) ☐ (row 3, right) ☐ Rear ☐

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury:

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

902748153

Local ID: 201631672

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
07/28/2016	Thu	8:30 PM	HAMILTON	FALL CREEK	1	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

	#	Name
☐ Witness ☐ Other Participant		

Address etc.

Phone # Location at Time of Crash

	#	Name
☐ Witness ☐ Other Participant		

Address etc.

Phone # Location at Time of Crash

Non-Motorist

(Last Name, First Name, MI): ULICZNY, ERIC

Non-Motorist Type	Non-Motorist Action
PEDALCYCLIST	ON ROADWAY

Apparent Physical Condition	
NORMAL	

Cited?	Direction	
NO	WEST	

Street/Highway: 116TH ST

Traffic Control?	If yes, was traffic control operational?
NO	NO

Local ID
201631672

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
8:36 PM	8:41 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/28/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
CAMPBELL, K		3143	FISHERS PD		

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

Local ID: 201631672

902748153

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: 06/25/1996 / Age: / Gender: MALE	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: [x] 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; [x] None	Location of Most Severe Injury:
		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: WHI / Vehicle Year: 2016 / Make: TOYOTA / Model: RAV / Style: 4W		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2016 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: INDIANA FARM BUREAU / Phone Number: 3175981864		
[redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46037-8109		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By: / Due to Disabling Damage		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: TURNING RIGHT
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver		Direction of Travel: SOUTHWEST
License# / Address (Street, City, State, Zip)		
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; [x] 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. BICYCLE
US DOT# / ICC# / CMV Inspection / If Yes		
Gross Vehicle Weight Rating / Cargo Body Type		
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #		

NON-DRIVER INJURED INFORMATION

Local ID: 201631672

902748153

Veh#

Injured Pre-crash Location: PEDALCYCLIST

Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
07/10/1972	44	MALE

Position in or on Vehicle: Front / Rear

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status
	NO	NON-INCAPACITATING -

Nature of Most Severe Injury: CONTUSION/BRUISE

Location of Most Severe Injury: FACE

Test Given | Type Given: Blood, Urine, Breath, SFST, PBT

Alcohol Results | Certified Test | Pending | Drug Results

PBT

Veh#

Injured Pre-crash Location:

Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth	Age	Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Test Given | Type Given: Blood, Urine, Breath, SFST, PBT

Alcohol Results | Certified Test | Pending | Drug Results

PBT

Veh#

Injured Pre-crash Location:

Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth	Age	Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Test Given | Type Given: Blood, Urine, Breath, SFST, PBT

Alcohol Results | Certified Test | Pending | Drug Results

PBT

Veh#

Injured Pre-crash Location:

Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth	Age	Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Test Given | Type Given: Blood, Urine, Breath, SFST, PBT

Alcohol Results | Certified Test | Pending | Drug Results

PBT

Veh#

Injured Pre-crash Location:

Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth	Age	Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Test Given | Type Given: Blood, Urine, Breath, SFST, PBT

Alcohol Results | Certified Test | Pending | Drug Results

PBT

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903852645

Local ID: 202129507

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
08/10/2021	Tue	1:40 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KITTERY DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
202129507

Type of Crash	RIGHT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
1:45 PM	1:52 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/10/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SKAGGS, T		3117	FISHERS PD		

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.

1 Driver's Name (Last, First, MI) [redacted]

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/07/2001	20	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status
- [x] 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
- [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRAY	2013	TOYOTA	PRIUS	HB

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM INS	7652865303

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	Due to Disabling Damage
YES	By GARNERS 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#	Hazzard Class #

Safety Equipment Used
LAP + HARNESS

Safety Equipment Effective?
YES

Ejection/Trapped
NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes

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 RIGHT

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
- [x] 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

Local ID: 202129507

903852645

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
01/10/1963	58	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2012	CHEVROLET	CAPTIVA	4W

# Occupants	Lic Year	License #	License State
2	2022	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO INS CO	3172242780

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To/By: FISHERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

State Id
904122301

Local Id
202240046

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Hit and Run ☐

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			County	Township	City
E 116TH ST at intersection of KITTERY DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
09/29/2022	**Thursday**	**14:32**	**09/29/2022**	**39.95745949**	**-85.96052030**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLOUDY	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			T-INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1435	**1444**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☑ Photos taken	Total Estimate of all damage in Crash:
LEFT TURN	**AT SCENE ONLY**			**$25001 TO $50000**

Investigative Officer	Agency	ID Number
YODER, ROSS	**FISHERS PD**	**3210**
Reviewing Officer		
Assisting 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

Official copy obtained through buycrash.com

State Id
904122301

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202240046

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

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	First	Middle
[redacted]	[redacted]	[redacted]

Address	DOB	Age	Gender
[redacted]	11/09/2003	18	M

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
AIRBAG DEPLOYED, LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	WHITE	2013	2

Make	Model
FORD	F150

Style: 2-DOOR

Insured By: BARRETT AND ASSOCIATES

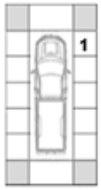
Policy #	Ins Phone #
[redacted]	[redacted]

VIN: [redacted]

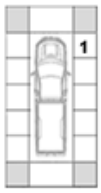
Plate Number	Plate Exp Year	Plate State
[redacted]	2023	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
FISHERS TOWING	CICERO	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/GRADE

Direction of Travel	Pre-Crash Vehicle Action	# of Axles	Oversized
NORTHEAST	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40	LANE CONTROL	

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	E

Address	DOB	Age	Gender
[redacted]	02/21/1973	49	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	IN	

Apparent Physical Status	Restrictions
NORMAL	CORRECTIVE LENSES

Test Given	Type Given
NONE	

Driver Injury Status	EMS Number
NON-INCAPACITATING	1133

Nature of Most Severe Injury	Location of Most Severe Injury
CONTUSION/BRUISE	ELBOW/LOWER ARM

Safety Equipment Used	Safety Equipment Effective	Ejection/Trapped
AIRBAG DEPLOYED, LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	BLACK	2015	2

Make	Model
LEXUS	RX

Style: 4-DOOR

Insured By: AAA

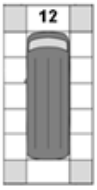
Policy #	Ins Phone #
[redacted]	800-207-3618

VIN: [redacted]

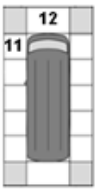
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
MILLERS TOWING	NOBLESVILLE	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/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)
[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

Official copy obtained through buycrash.com

State Id
904122301

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202240046

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Printed on 9/29/2022 4:10:17 PM

FISHERS PD, ORI 0290700

Non-Driver Injured

Injured Pre-crash Location	Name (Last, First MI)	Address (Street, City, State, Zip)	Gender	Date of Birth	Age
Unit 2 - REAR RIGHT	[redacted]	[redacted]	**MALE**	**6/24/2016**	**6**

Injury Status	Nature of Most Severe Injury	Location of Most Severe Injury	Taken for Immediate Medical Attention	EMS Number
POSSIBLE	**COMPLAINT OF PAIN**	**NECK**	**NO**	**1133**

Safety Equipment Used	Safety Equipment Effective?	Ejection/Trapped
MULTI-POINT HARNESS	**YES**	**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)

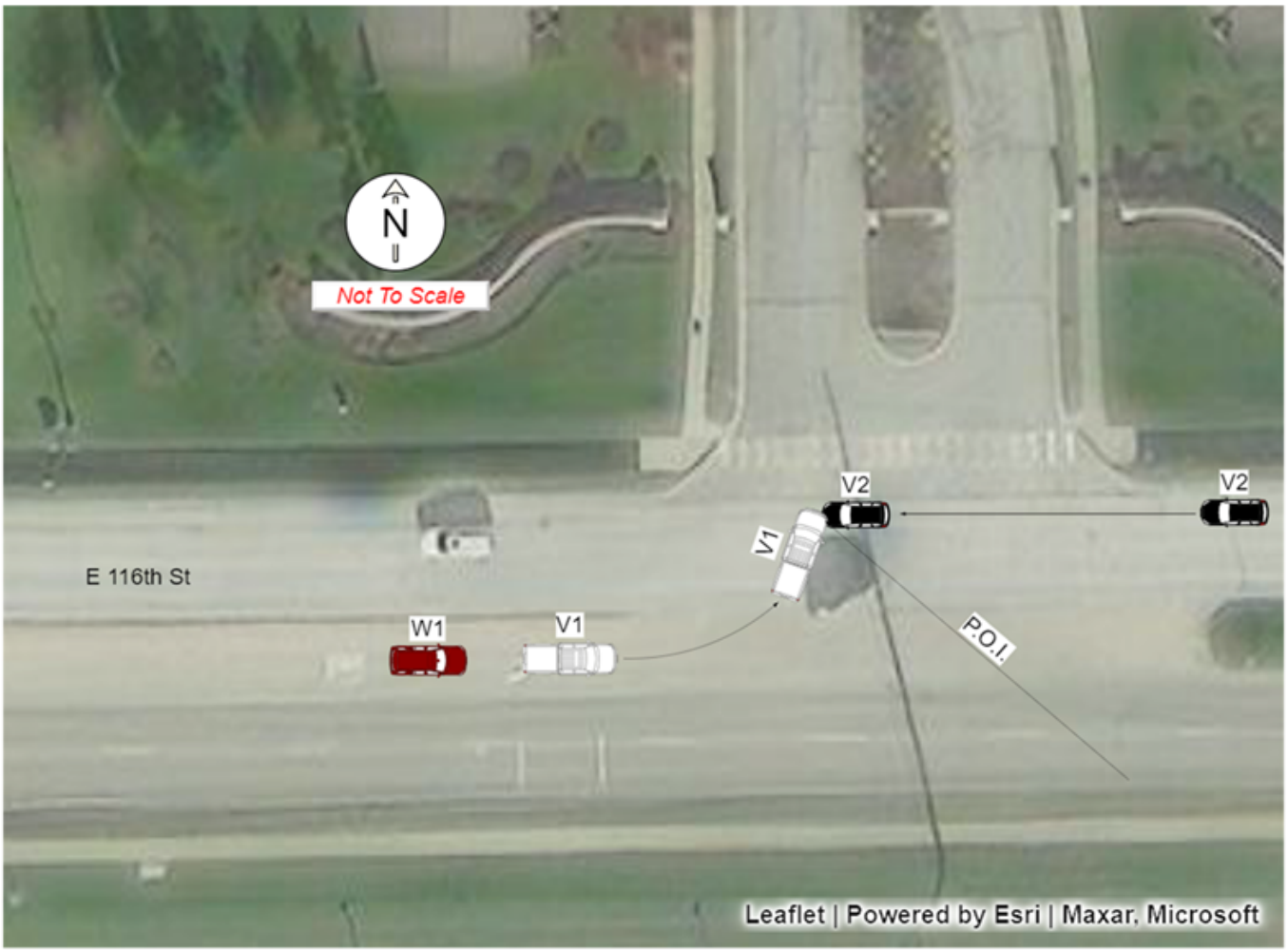
Witnesses

Witness / Other Participant	Name	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
☑ Witness ☐ Other Participant	[redacted]	[redacted]	3[redacted]	**EB BEHIND V1**

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Crash Diagram



End of Report

State Id
904210877

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-00002796

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 1/23/2023 6:20:14 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of KITTERY DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
01/19/2023	**Thursday**	**07:45 AM**	**01/19/2023**	**39.95748394**	**-85.96063524**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLOUDY	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
CONCRETE	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	☐ Underride crash
			T-INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0753	**0756**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
REAR END	**AT SCENE ONLY**			**$10001 TO $25000**

Investigative Officer	Agency	ID Number
THOMPSON, ROB	**FISHERS PD**	**3069**
Reviewing Officer		
THOMPSON, ROB	**FISHERS PD**	**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 thoght he had enough room to pull into traffic. D1 stated he pulled forwrd 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.

Official copy obtained through buycrash.com

State Id
904210877

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-00002796

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 1/23/2023 6:20:14 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	12/05/1994	28	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
1	BLACK	2022	1

Make	Model
TOYOTA	CAMRY

Style: 4-DOOR

Insured By: TRAVLERS

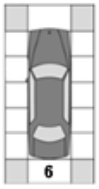
Policy #	Ins Phone #
[redacted]	877-490-4454

VIN: [redacted]

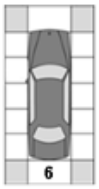
Plate Number	Plate Exp Year	Plate State
782DLM	2023	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	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)
[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]	O

Address	DOB	Age	Gender
[redacted]	07/03/1993	29	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
2	BLACK	2018	1

Make	Model
JEEP	COMPASS

Style: 4-DOOR

Insured By: NATIONWIDE

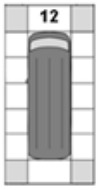
Policy #	Ins Phone #
[redacted]	800-421-3535

VIN: [redacted]

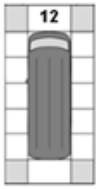
Plate Number	Plate Exp Year	Plate State
UI3983	2023	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Company Towed By	City Towed To	Fire?
MILLERS TOWING	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 Axes	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)
[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

Official copy obtained through buycrash.com

State Id
904210877

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-00002796

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

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)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 1/23/2023 6:20:14 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

State Id
904469808

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-12396

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Created on 3/11/2024 9:27:29 PM
Printed on 3/11/2024 9:30:07 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E. 116TH ST. 100 feet W of KITTERY DR.			**HAMILTON**	**DELAWARE**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1904	**1909**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☑ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**				**$25001 TO $50000**

	Investigative Officer	Agency	ID Number
	DOYLE, ERIC	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904469808

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-12396

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Created on 3/11/2024 9:27:29 PM
Printed on 3/11/2024 9:30:07 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	L

Address	DOB	Age	Gender
[redacted]	02/09/1959	65	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	INDIANA	

Apparent Physical Status	Restrictions
NORMAL	NONE

Test Given	Type Given
ALCOHOL	BLOOD

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, LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	BLACK	2019	1

Make	Model
HONDA	HR-V

Style: 4-DOOR

Insured By: INDIANA FARMERS

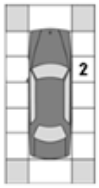
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VIN: [redacted]

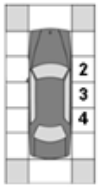
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Company Towed By	City Towed To	Fire?
INSTERSTATE DELAWARE	FISHERS	NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE

Emergency Run?	Type of Roadway	Roadway Character
	M-LANE RD WTHCONCRETE BARRIER MEDIAN	STRAIGHT/LEVEL

Direction of Travel	Pre-Crash Vehicle Action	# of Axes	Oversized
SOUTH	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
35	TRAFFIC CONTROL SIGNAL	YES

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	M

Address	DOB	Age	Gender
[redacted]	02/22/2005	19	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, LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	SILVER/ALU	2011	1

Make	Model
FORD	F150

Style: PICK-UP (TRUCKS)

Insured By: WISE INSURANCE AGENCY

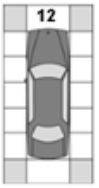
Policy #	Ins Phone #
[redacted]	800-558-9473

VIN: [redacted]

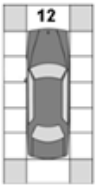
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Company Towed By	City Towed To	Fire?
MILLERS TOWING	NOBLESVILLE	NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE

Emergency Run?	Type of Roadway	Roadway Character
	M-LANE RD WTHCONCRETE BARRIER MEDIAN	STRAIGHT/LEVEL

Direction of Travel	Pre-Crash Vehicle Action	# of Axes	Oversized
EAST	GOING STRAIGHT	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

Official copy obtained through buycrash.com

State Id
904469808

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-12396

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Created on 3/11/2024 9:27:29 PM
Printed on 3/11/2024 9:30:07 PM

FISHERS PD, ORI 0290700

Unit 3 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	J

Address	DOB	Age	Gender
[redacted]	05/06/1990	33	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
3	BLACK	2009	2

Make	Model
TOYOTA	CAMRY

Style: 4-DOOR

Insured By: AUTO OWNERS INSURANCE

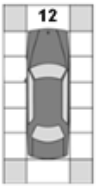
Policy #	Ins Phone #
[redacted]	517-323-1200

VIN: [redacted]

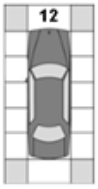
Plate Number	Plate Exp Year	Plate State
542CEC	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 W/THCONCRETE 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)
[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

☐ 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

Make	Model

Style:

Insured By:

Policy #	Ins Phone #

VIN:

Plate Number	Plate Exp Year	Plate State

Towed?	Towed Due to Disabling Damage?

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Hit and Run ☐

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)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902364869

Local ID: 201500280

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
01/03/2015	Sat	7:20 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KITTERY DR	75	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	✓				

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (NOT LIGHTED)
Weather Conditions	RAIN
Surface Condition	WET
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	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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201500280

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:20 PM	7:25 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/03/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RUBLE, R		3149	FISHERS PD		

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.

Local ID: 201500280

1 Driver's Name (Last, First, MI): [redacted]

[redacted]

FISHERS IN 46037

Date of Birth: 03/20/1997 | Age: | Gender: FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test | [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLU	2011	FORD	ESCAPE	4W

# Occupants	Lic Year	License #	License State
3	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARMERS	3175746600

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46236-8358

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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: GOING STRAIGHT

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
[x] 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

Local ID: 201500280

902364869

2 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
09/07/1967		FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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

If Cited? [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLK	2010	HONDA	CR-V	4W

# Occupants	Lic Year	License #	License State
1	2014	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	IDS PROP	8884045365

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]

FISHERS IN 46037-7551

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	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#	Hazzard 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 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
- [x] 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

902831413

Local ID: 201650798

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
12/06/2016	Tue	6:33 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KITTERY DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (NOT LIGHTED)
Weather Conditions	CLOUDY
Surface Condition	DRY
Type of Median	
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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201650798

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
6:38 PM	6:45 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/06/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
TUCKER, C		3032	FISHERS PD		

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

Local ID: 201650798

902831413

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth: 08/11/1977	Age: 39 — Gender: FEMALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY/	2005	ACURA	MDX	UT

# Occupants	Lic Year	License #	License State
3	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS INS	8002524633

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-7846

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 201650798

902831413

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	11/06/1963
Age	53
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
2	DRK	2014	TOYOTA	SIE	VN

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERIPRISE	8884045365

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 / By	Due to Disabling Damage
YES	To BOGGS / By BOGGS	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

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
[x] 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

903050216

Local ID: 201751065

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
12/03/2017	Sun	5:03 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KITTERY DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201751065

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
5:02 PM	5:07 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/03/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SMTIH, J		3157	FISHERS PD		

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 collison. The occupants of Unit 2 were uninjured.

UNIT INFORMATION

Local ID: 201751065

903050216

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
08/06/1975	42	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLU	2015	FORD	FUSION	4D

# Occupants	Lic Year	License #	License State
2	18	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	0000000000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To/By BOGGS | 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 201751065

903050216

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
01/26/1999	18	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	GRN	1997	HONDA	CIVIC	4D

# Occupants	Lic Year	License #	License State
2	18	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	GEICO	3176168353

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To FISHERS | By FISHERS | Due to Disabling Damage: YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Appendix J – Crash Reports along Cumberland Rd.


106th street
116th street
Cumberland Rd.
WALNUT CREEK
WALNUT HILLS
HIGHPOINT RIDGE
SPYGLASS HILL
SPYGLASS FALLS
0
0
0
1

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901948674

Local ID: 201244176

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/28/2012	Fri	4:00 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
CUMBERLAND RD	HIGHPOINT RIDGE DR	50	N	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	NONE
Type of Roadway Junction	T-INTERSECTION
Road Character	STRAIGHT/GRADE
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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201244176

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
4:05 PM	4:06 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/28/2012	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ROBINSON, C		3068	FISHERS PD		

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

Local ID: 201244176

901948674

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
12/17/1943	69	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLUE	2009	Mercedes Benz	R320	SW

# Occupants	Lic Year	License #	License State
1	2013	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AAA	8002224357

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [x] Trailer [x] 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: 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 [x] Multi-Lane Undivided (3 or more)

[ ] Private Drive [ ] Alley

Event Collision With: 1. ANOTHER MOTOR VEHICLE

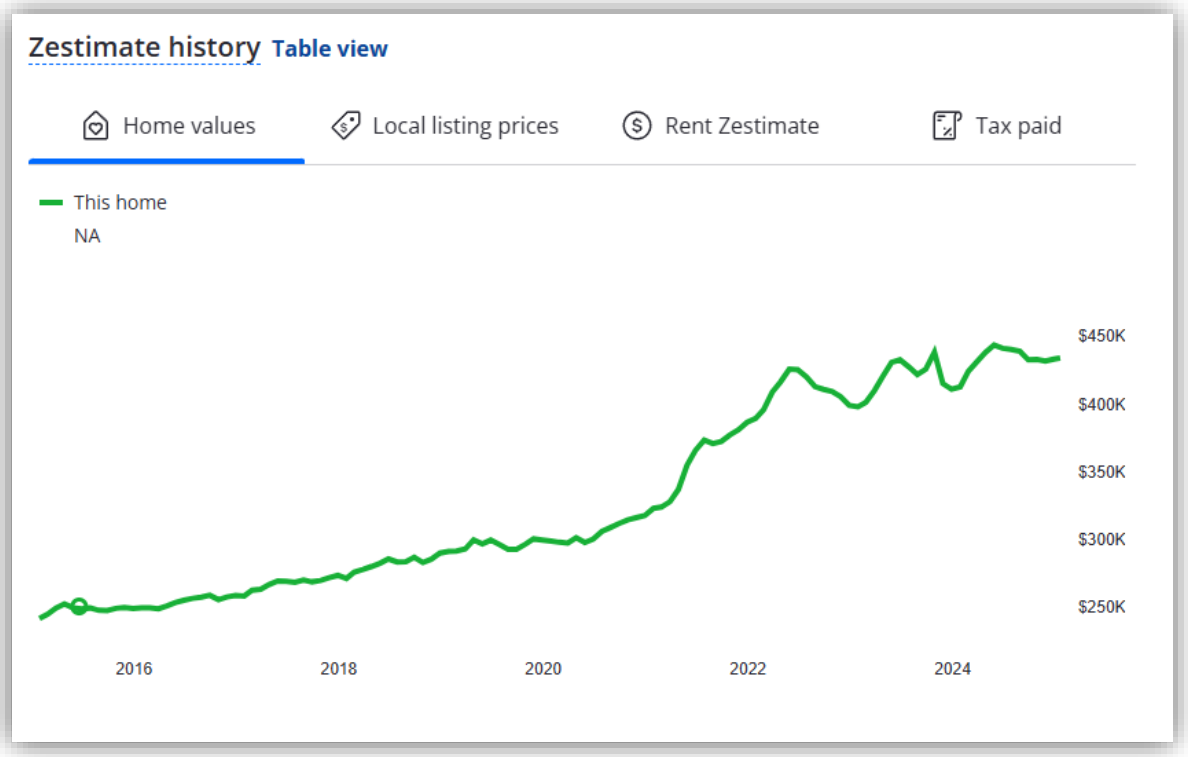
UNIT INFORMATION

Local ID: 201244176

901948674

2 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: 02/16/1958 / Age: 54 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: GRAY / Vehicle Year: 2000 / Make: Chevrolet / Model: TAHOE / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Center
# 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): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Center
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?: NO / To By / Due to Disabling Damage	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: SPORT UTILITY VEHICLE
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: SOUTH
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; [x] Multi-Lane Undivided (3 or more). [ ] Private Drive; [ ] Alley
Veh Year / Make	
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# / Hazzard Class #	

Appendix K – Zillow Home Values along Connector Roads



Home at Connector



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.

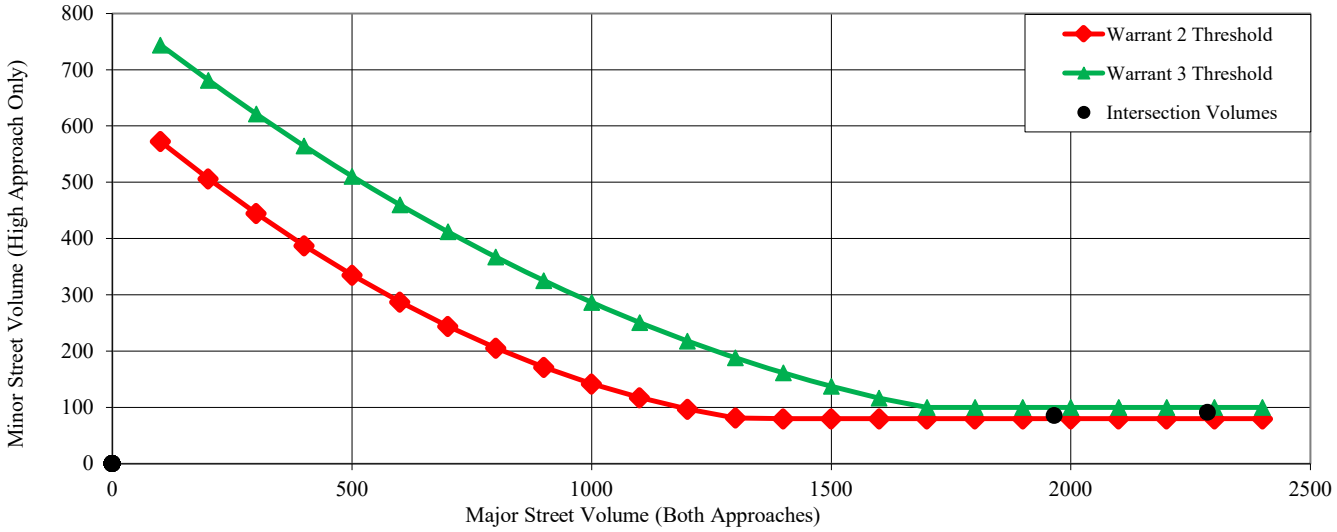
Warrant 1, Eight Hour Vehicular Volume			
	Condition A	**Condition B**	**Condition A+B***
Condition Satisfied?	**Not satisfied**	**Not satisfied**	**Not satisfied**
Required values reached for	0 hours	3 hours	0 (Cond. A) & 4 (Cond. B)
Criteria - Major Street (veh/hr)	600	900	480 (Cond. A) & 720 (Cond. 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

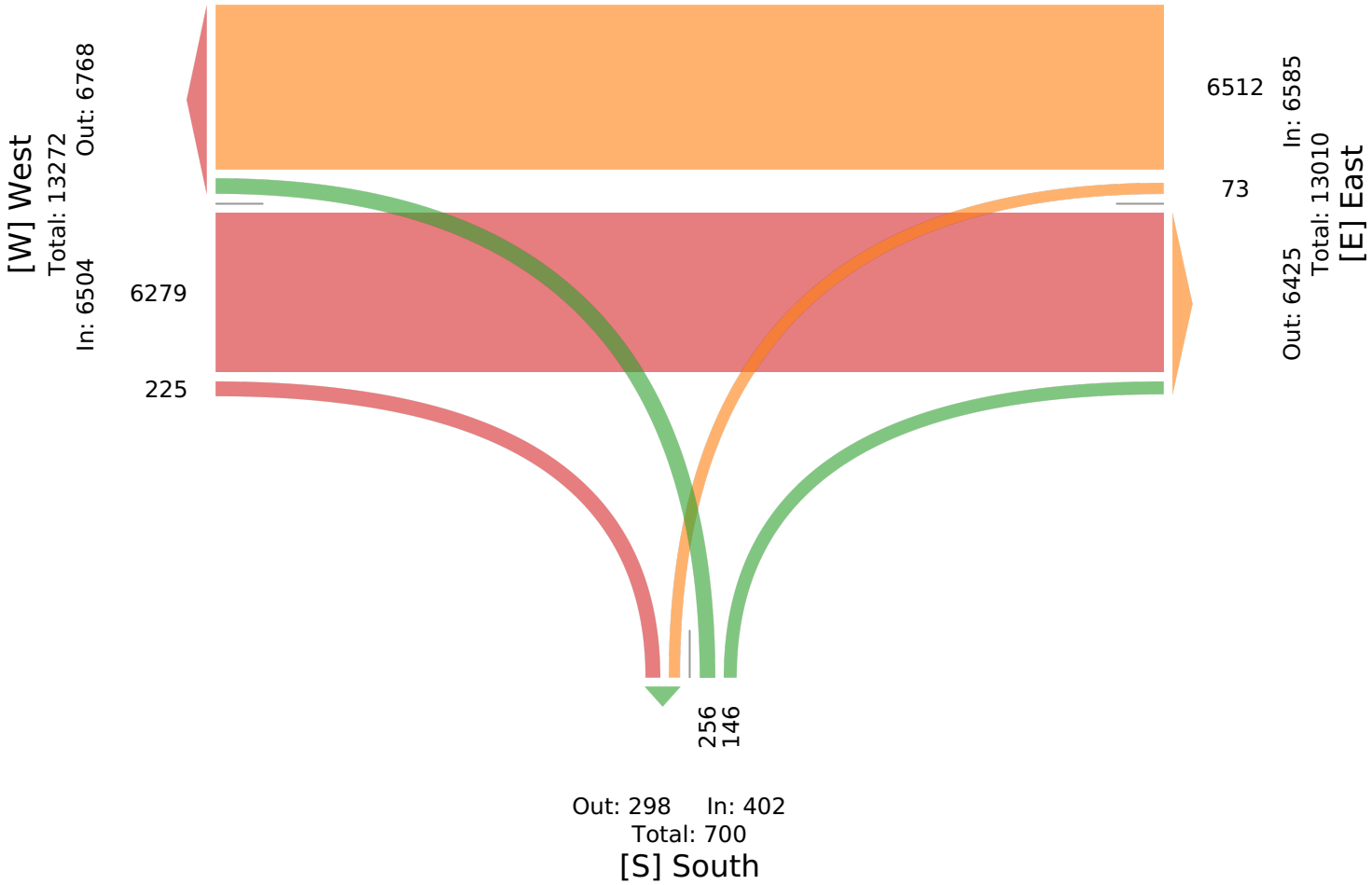
Thu Aug 31, 2023
Full Length (6:30 AM-9 AM, 3 PM-6 PM)
All Classes (Lights and Motorcycles, Heavy)
All Movements
ID: 1104845, Location: 39.957084, -85.987855

Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South				West				East				
Direction	Northbound				Eastbound				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

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

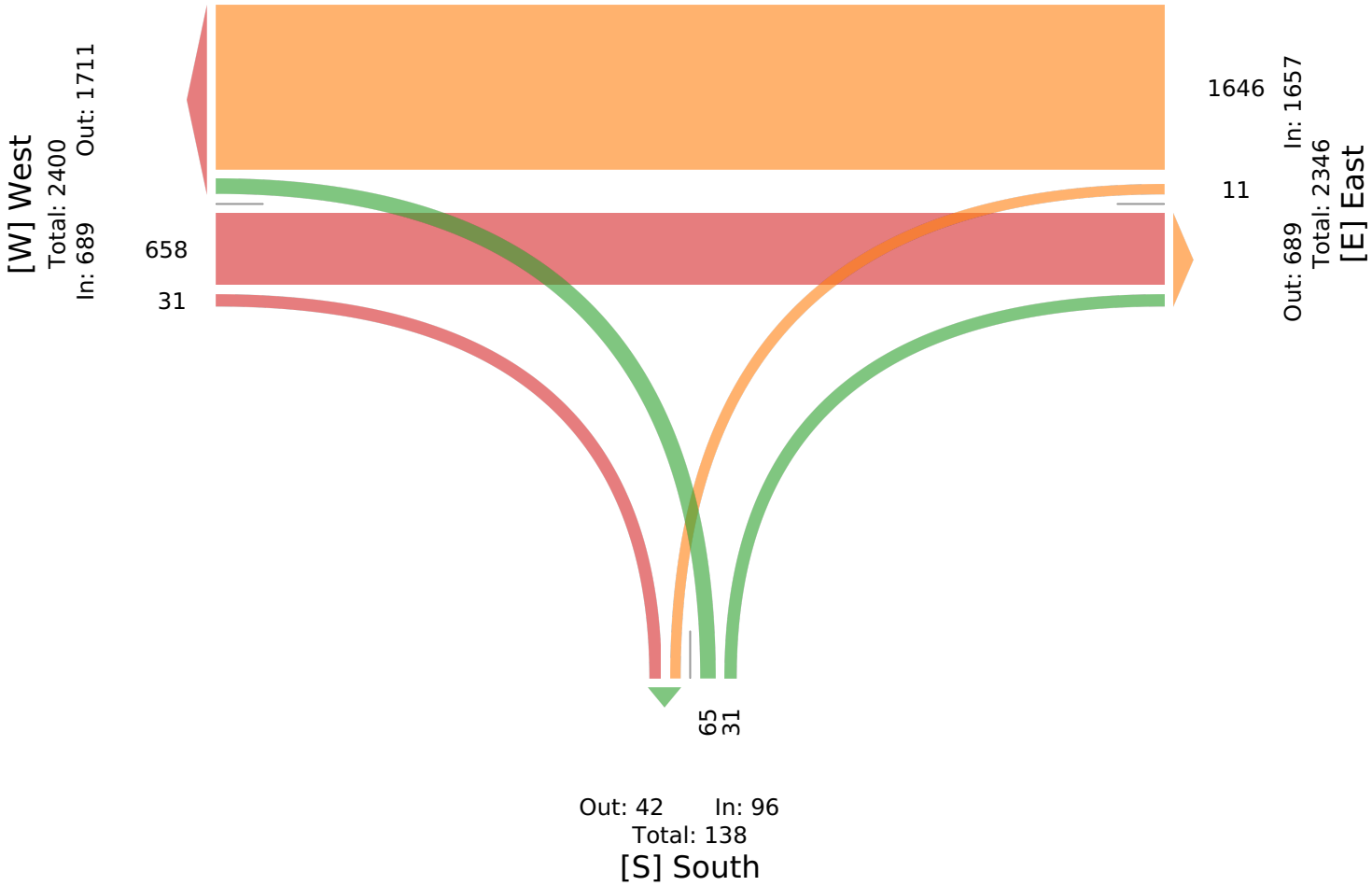
Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South				West				East				
Direction	Northbound				Eastbound				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

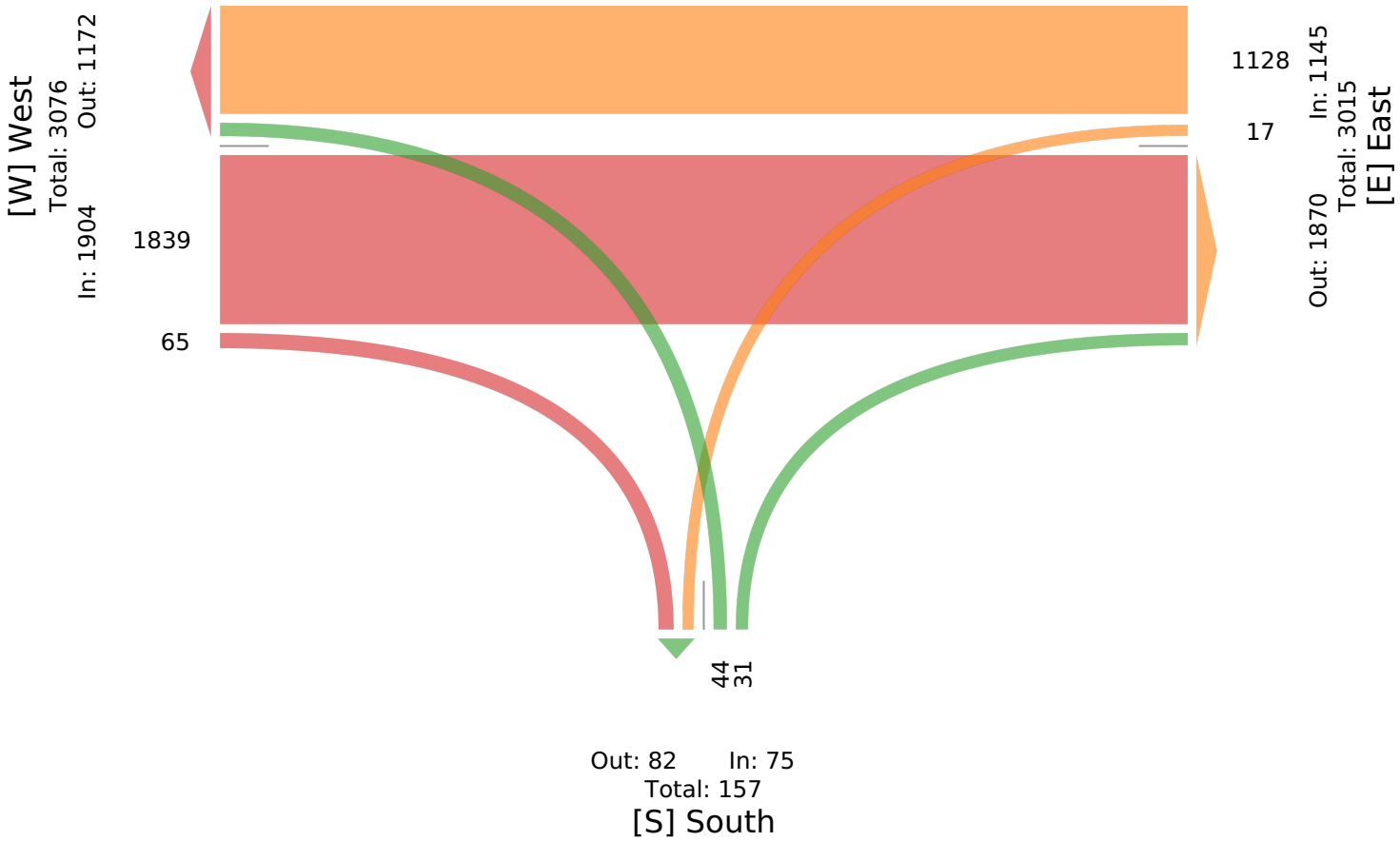
Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South				West				East				
Direction	Northbound				Eastbound				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.

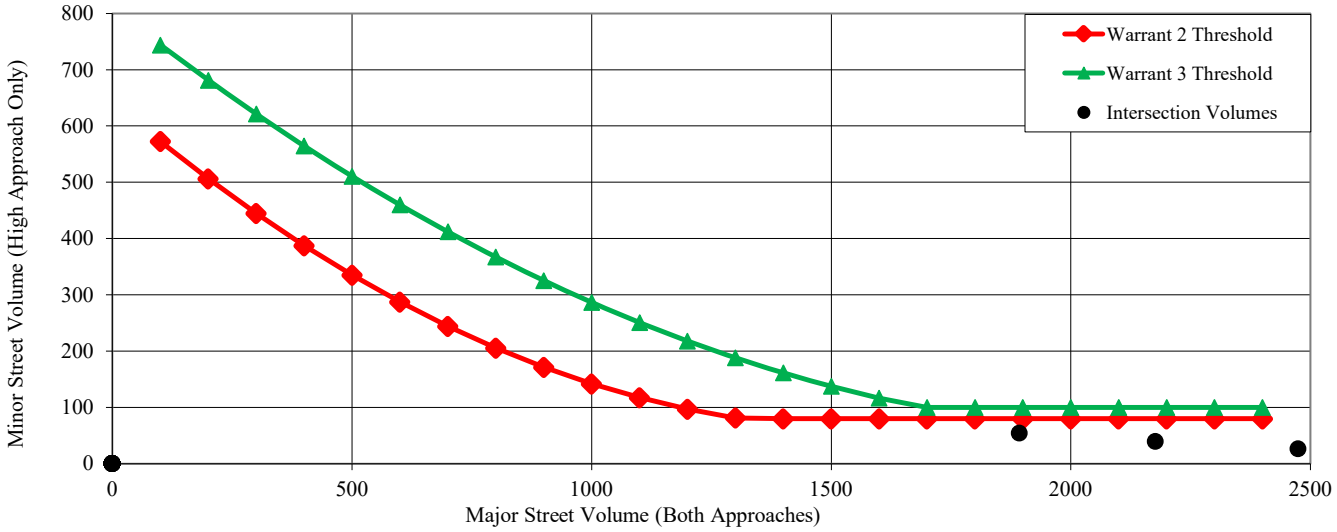
Warrant 1, Eight Hour Vehicular Volume			
	Condition A	**Condition B**	**Condition A+B***
Condition Satisfied?	**Not satisfied**	**Not satisfied**	**Not satisfied**
Required values reached for	0 hours	0 hours	0 (Cond. A) & 0 (Cond. B)
Criteria - Major Street (veh/hr)	600	900	480 (Cond. A) & 720 (Cond. 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

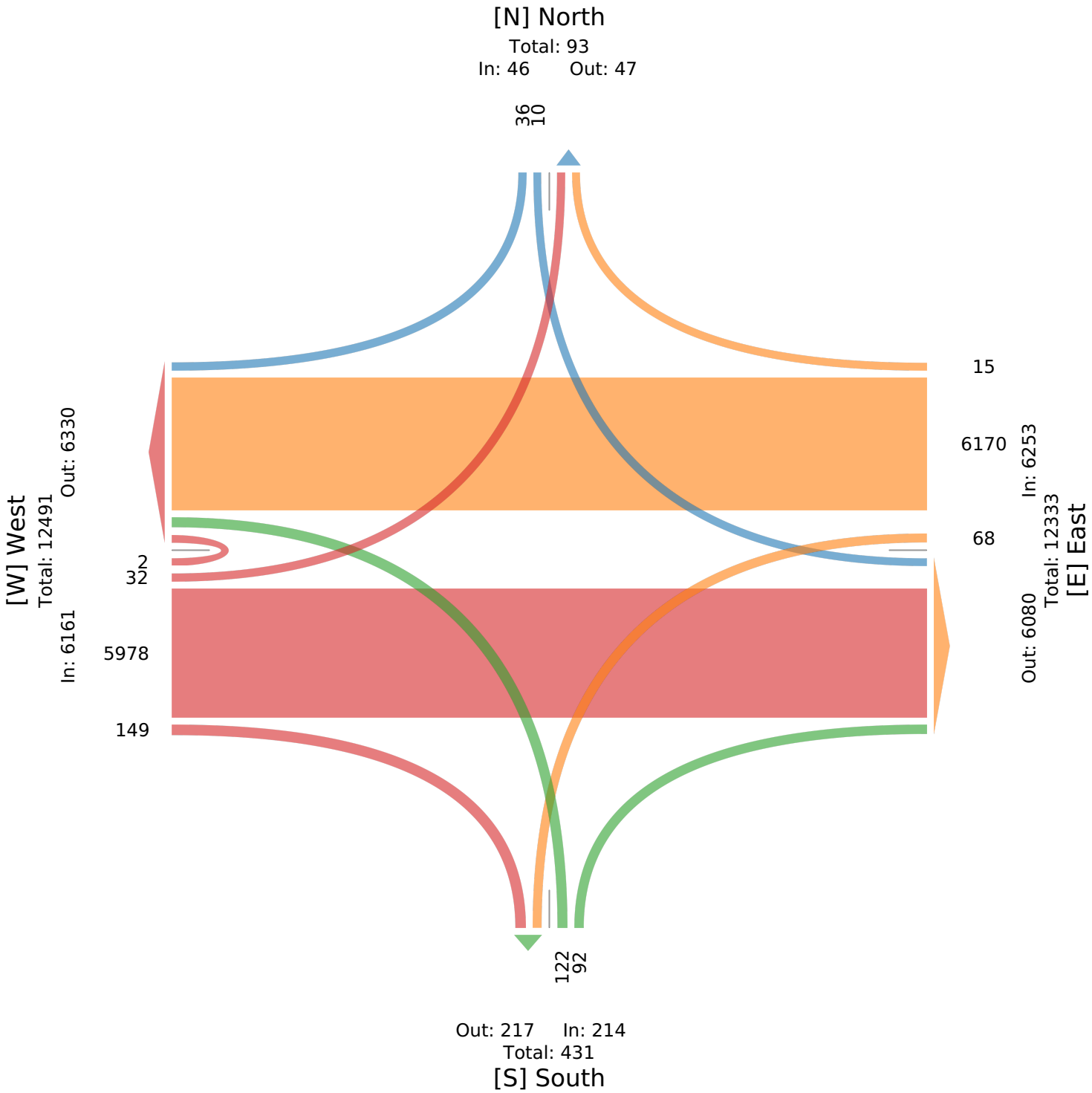
Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South					North					West					East					
Direction	Northbound					Southbound					Eastbound					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



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

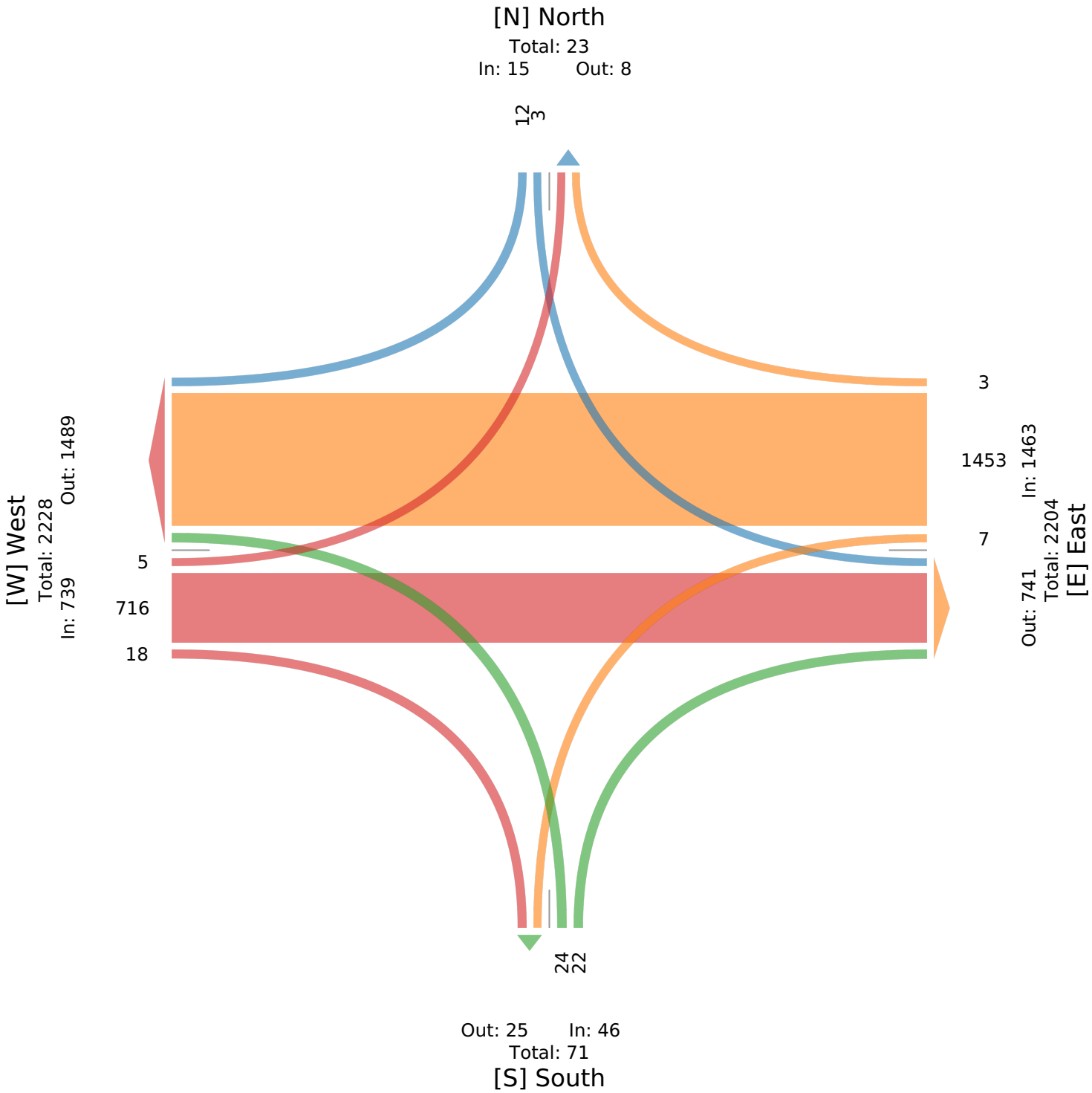
Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South					North					West					East					
Direction	Northbound					Southbound					Eastbound					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



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

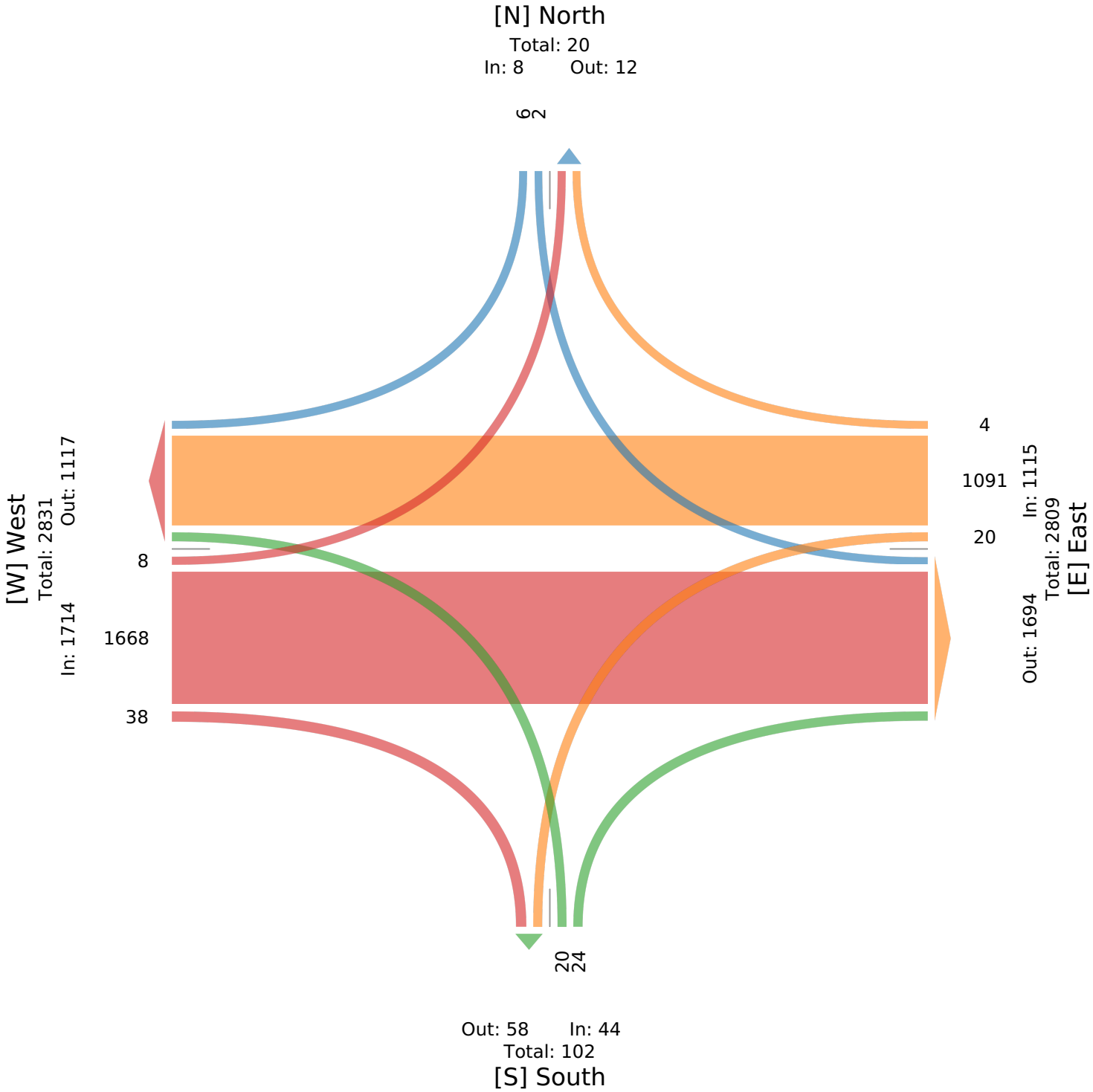
Leg	South					North					West					East					
Direction	Northbound					Southbound					Eastbound					Westbound					
Time	L	T	R	U	**App**	L	T	R	U	**App**	L	T	R	U	**App**	L	T	R	U	**App**	**Int**
2023-08-31 5:00PM	1	0	7	0	**8**	1	0	1	0	**2**	3	396	6	0	**405**	5	252	0	0	**257**	**672**
5:15PM	7	0	5	0	**12**	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
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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.

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MISSOURI
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

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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

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8365 Keystone Crossing, Suite 201
Indianapolis, Indiana 46240
(317) 202-0864
www.af-eng.com

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.

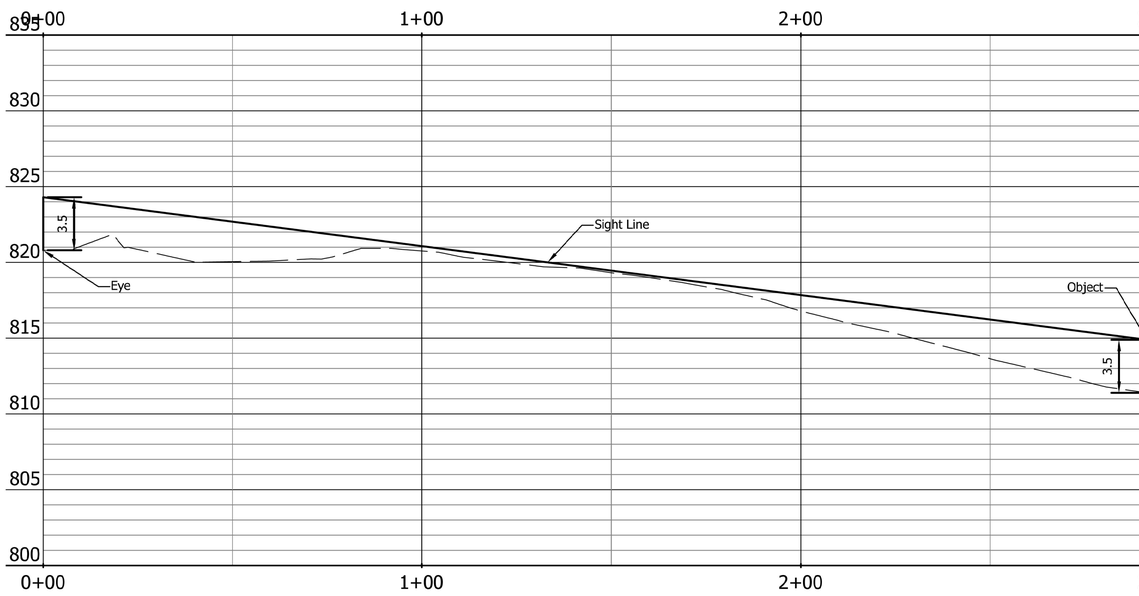
If you have any questions or comments, please contact me.

Sincerely,
A&F Engineering Co., LLC

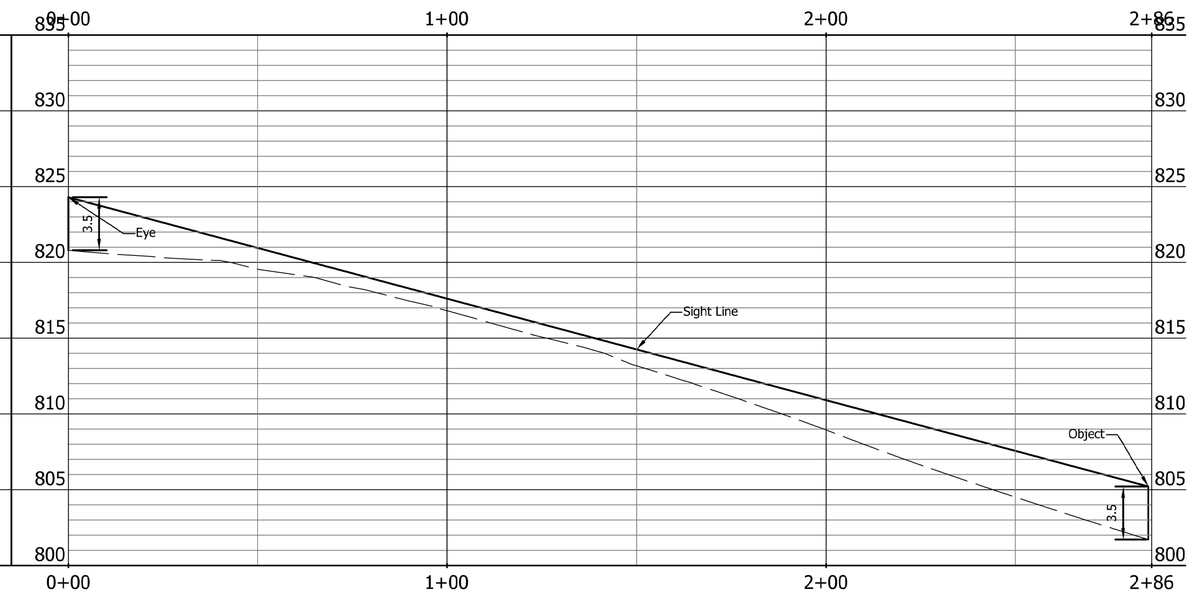
Steven J. Fehribach, P.E.
President

/cmc





ISD Lt Turn Looking Left



ISD Lt Turn Looking Right

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RECOMMENDED FOR APPROVAL _____ DESIGN ENGINEER DATE

DESIGNED: BGC DRAWN: BGC

CHECKED: XXX CHECKED: XXX

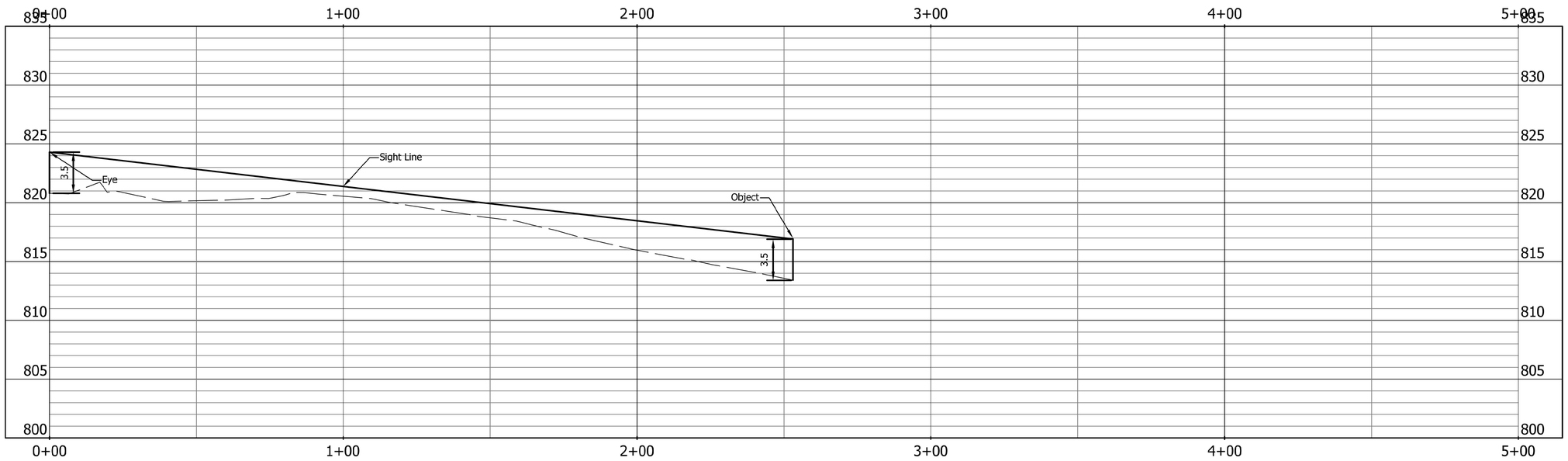
CITY OF FISHERS

LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE
SIGHT DISTANCE- Left Turn

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
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





ISD Rt Turn

Z:\2016\16034P CUMBERLAND ROAD\DWG\FISHERS EXHIBITS\KNIGHTSBRIDGE CONNECTION ONE WAY.DWG Created By:: {Initials} Date Created: xx/xx/20xx

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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
--	--

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)

FISHERS
EST. 1872

Appendix P – 2016 Report

FISHERS
EST. 1872

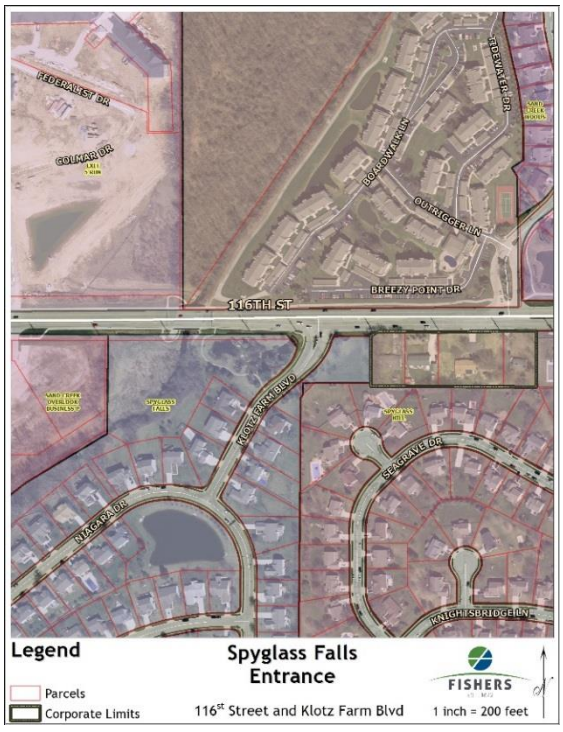
To: Mayor Scott Fadness
Jason Meyer
Jeff Lantz
Fishers Board of Public Works and Safety

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.

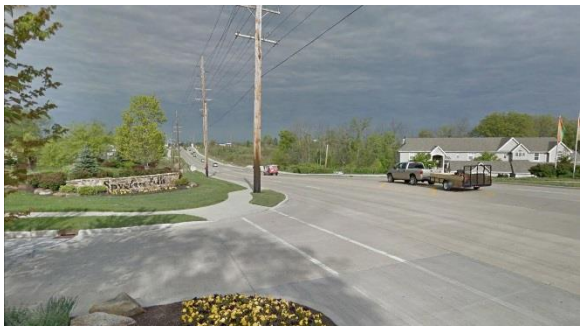
Other Information

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.



Aerial View of Cascades Court from 2004 with Haul Road to Cumberland Road

- 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.

- 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.

FISHERS
EST. 1872

Appendix A – Crash Reports
116th Street and Klotz Farm Boulevard

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901398523

Local ID: 201016535

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/25/2010	Tue	3:18 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: 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

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

- ☐ Witness / ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness / ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201016535

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
3:21 PM	3:21 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/25/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEESNER, K		3121	FISHERS PD		

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

1 Driver's Name (Last, First, MI) [redacted]

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/11/1989	21	MALE

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 | Certified Test [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	2008	TRIUMPH	BONNEVILLE	MC

# Occupants	Lic Year	License #	License State
1	2010	237117	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE INSURANCE	800-776-4737

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: HELMET

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
1946		NON-INCAPACITATING

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: MOTORCYCLE

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	[ ] 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

Local ID: 201016535

901398523

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 08/12/1992	Age: 17 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLUE	2005	SAAB	93	4D

# Occupants	Lic Year	License #	License State
1	2010	641AVY	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY INSURANCE	317-576-0055

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

SOUTH BEND IN 46615

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

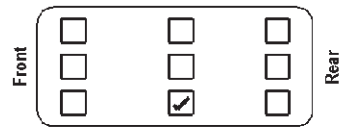
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

901498103

Local ID: 201030101

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/08/2010	Wed	10:51 AM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

	#	Name
✓ Witness	1	TERESA MENKE
☐ Other Participant		

Address etc.: 11710 GATWICK VIEW DRIVE

Phone #: 317-288-0653

Location at Time of Crash: RIGHT LANE BEHIND ACCIDENT

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201030101

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
10:51 AM	10:55 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
ROB THOMPSON		3069	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/08/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
PARSHALL, H		3126	FISHERS PD		

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

Local ID: 201030101

901498103

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	02/18/1935
Age	75
Gender	FEMALE
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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2001	Honda	ODYSSEY	VN

# Occupants	Lic Year	License #	License State
1	2011	D407CN	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	WOLF INSURANCE	317-842-1924

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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

UNIT INFORMATION

Local ID: 201030101

901498103

2	Driver's Name (Last, First, MI): [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 / Immed 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: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Restrictions: [x] Glasses/Contact Lenses; [x] Outside Rearview Mirror; [x] 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	
								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#: 2	Color: GREEN	Vehicle Year: 2005	Make: HONDA	Model: PILOT		Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown	
	# 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]							Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown	
	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? YES	To: FISHERS TOWING / By: FISHERS TOWING	Due to Disabling Damage					Emergency Run?:	Fire?: NO
		Lic State:	Lic Year:	Registered Owner's Name (Last, First, MI): [ ] Same as Driver				Vehicle Type: UTILITY (SUV)	
	License#:	Address (Street, City, State, Zip):						Pre-Crash Vehicle Action: GOING STRAIGHT	
	Veh Year:	Make:						Direction of Travel: EAST	
		Lic State:	Lic Year:	Registered Owner's Name (Last, First, MI): [ ] Same as Driver				Type of Primary/Secondary Roadway	
	License#:	Address (Street, City, State, Zip):						One Way Traffic: [ ] One Lane; [x] 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
	Veh Year:	Make:							
	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#:	Hazzard Class #:					

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901585957

Local ID: 20113894

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/05/2011	Sat	11:42 AM	HAMILTON	FALL CREEK	2	2	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZFARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name

Address etc.

Phone # | Location at Time of Crash

☐ Witness / ☐ Other Participant	#	Name

Address etc.

Phone # | Location at Time of Crash

Non-Motorist

(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
20113894

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
11:52 AM	11:56 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/05/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ROBINSON, C		3068	FISHERS PD		

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

Local ID: 20113894

901585957

1	Driver's Name (Last, First, MI): [redacted]
Address (Street, City, State, Zip): [redacted]	
FAIRLAND IN 46126	
Date of Birth: 12/19/1991	Age: 19	Gender: MALE
Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2000	PLYMOUTH	BREEZE	4D

# Occupants	Lic Year	License #	License State
1	2011	NH96391	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE MUTUAL	800-421-1444

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FAIRLAND IN 46126

Towed? YES — To: MILLERS; By: MILLERS — 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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? NO

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
AM95		NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: KNEE/LOWER LEG/FOOT

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20113894

901585957

2	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: 08/14/1967	Age: 43	Gender: FEMALE				EMS No.: AM95	Immed 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: HIP/UPPER LEG		
							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# 2	Color: BLUE	Vehicle Year: 2006	Make: TOYOTA	Model: SIENNA	Style: SV	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown		
	# Occupants: 2	Lic Year: 2011	License #: 855HAE	License State: IN					
	# Axles: 2	Speed Limit: 40	Insured By: AMERICAN FAMILY INS	Phone Number: 513-738-3470					
	Vehicle Identification # [redacted]						Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown		
	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?: NO	To 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: GOING STRAIGHT		
	Veh Year	Make					Direction of Travel: WEST		
		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#				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#	Hazzard Class #					

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)	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901700845

Local ID: 201131783

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/30/2011	Fri	7:09 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

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	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

	#	Name
✓ Witness	1	CHRISTOPHER CONGDON
☐ Other Participant		

Address etc.: 11714 CANYON CT FISHERS IN 46037

Phone #: 317-459-6750

Location at Time of Crash: EASTBOUND 116TH ST BEHIND V2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201131783

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:10 AM	7:15 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/30/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
LINDAUER, J		3118	FISHERS PD		

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

1 Driver's Name (Last, First, MI) [redacted]

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
11/12/1964	46	MALE

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 | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAR/	2011	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
1	2012	718NI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	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

Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING By FISHERS 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

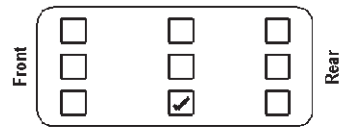
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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 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

Local ID: 201131783

901700845

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
CARMEL IN 46033	
Date of Birth: 05/28/1976	Age:	Gender: MALE
Driver's License #	[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT: — Certified Test: — [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN/	2005	ACURA	TL	4D

# Occupants	Lic Year	License #	License State
2	2012	CC5126	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8002252467

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46033-8282

Towed?	To / By	Due to Disabling Damage
YES	To BROOKS TOWING / By BROOKS 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901749764

Local ID: 201141432

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/23/2011	Fri	7:13 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstance	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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

	#	Name
✓ Witness	1	MICHELLE LEE
☐ Other Participant		

Address etc.: 8821 S 650 W PENDELTON INDIANA

Phone #: 317 698 1576

Location at Time of Crash: BEHIND DRIVER 2 AT THE TIME

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201141432

Type of Crash	LEFT TURN

Time Notified	Time Arrived	Other Location of Investigation
7:14 PM	7:16 PM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			12/23/2011

Investigating Officer	ID No.	Agency	Reviewing Officer
RODRIGUEZ, C	3136	FISHERS PD	

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

Local ID: 201141432

901749764

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 12/21/1983 / Age: 28 / Gender: MALE	
Driver's License # [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2003	FORD	EXPLORER	4D

# Occupants	Lic Year	License #	License State
1	2012	179MCU	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	ALLSTATE INSURANCE	8002176423

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 / By	Due to Disabling Damage
YES	GARNERS TOWING SERVICE / GARNERS TOWING SERVICE	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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [x] Trailer [x] 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 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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201141432

901749764

2 — 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: 03/09/1975 / Age: 36 / Gender: FEMALE	EMS No. / Immed 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	Location of Most Severe Injury
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	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#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2007	Chrysler	PACIFICA	4W

# Occupants	Lic Year	License #	License State
1	2012	2937554	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	ILLINOIS STATE FARM INSURANCE	6185461112

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

ROBINSON IL 62454

Towed? YES — To: PREFERRED TOWING SERVICE — 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

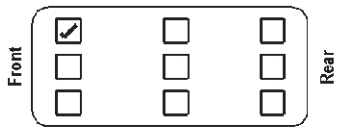
HAZMAT Proper Shipping Name: / State DOT#

US DOT# / ICC# / CMV Inspection / If Yes

Gross Vehicle Weight Rating / Cargo Body Type

HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard 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

Page 1 of 3

901920880

Local ID: 201238547

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/12/2012	Mon	7:50 AM	HAMILTON	FALL CREEK	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

☐ Witness / ☐ Other Participant	#	Name

Address etc.

Phone # | Location at Time of Crash

☐ Witness / ☐ Other Participant	#	Name

Address etc.

Phone # | Location at Time of Crash

Non-Motorist

(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
201238547

Type of Crash	HEAD ON				
Time Notified	Time Arrived	Other Location of Investigation			
7:45 AM	7:46 AM	SCENE OLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/12/2012	
Investigating Officer		ID No.	Agency	Reviewing Officer	
OSBORN, D		3019	FISHERS PD		

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

Local ID: 201238547

901920880

1	Driver's Name (Last, First, MI): [redacted]
Address (Street, City, State, Zip): [redacted]	
INDIANAPOLIS IN 46219	

Date of Birth	Age	Gender
12/05/1977	34	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2008	Chevrolet	TRAILBLAZER	UT

# Occupants	Lic Year	License #	License State
1	2012	367CS	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFE AUTO	8007233288

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46219

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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	[x] 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. DEER

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901974789

Local ID: 20136148

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/15/2013	Fri	3:26 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20136148

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
3:29 PM	3:36 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/15/2013	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WYNN, S		3104	FISHERS PD		

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

Local ID: 20136148

901974789

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
TIPTON IN 46072	
Date of Birth: 10/16/1992	Age: 20	Gender: FEMALE
Driver's License #	[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [ ] Employer's Vehicle Only; [ ] Outside Rearview Mirror; [ ] State-Owned Vehicles; [ ] Daylight Driving; [ ] PP Chauffeurs Taxi Only; [ ] Automatic Transmission; [ ] Power Steering; [ ] Special Controls; [ ] Special Restrictions; [ ] Employment Only; [ ] Probation DWI; [ ] Motorcycle Only; [ ] Probation HTO; [ ] To/From Employment; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT / Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2000	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
1	2013	469AMW	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	UNKNOWN

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]ET

TIPTON IN 46072

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20136148

901974789

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
MUNCIE IN 47304	
Date of Birth: 02/09/1932	Age: 81 — Gender: FEMALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT / Certified Test: [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2004	TOYOTA	AVALON	4D

# Occupants	Lic Year	License #	License State
1	2013	395DDM	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	IN FARMERS MUTUAL INS COMPANY	7658464211

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

MUNCIE IN 47304

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	[x] 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

Local ID: 201318464

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/14/2013	Tue	7:46 AM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	DRIVABLE
Type of Roadway Junction	NO JUNCTION INVOLVED
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: $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

☐ Witness / ☐ Other Participant	#	Name

Address etc.

Phone # | Location at Time of Crash

☐ Witness / ☐ Other Participant	#	Name

Address etc.

Phone # | Location at Time of Crash

Non-Motorist

(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
201318464

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:48 AM	7:49 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/14/2013	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SMITH, W		3137	FISHERS PD		

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

Local ID: 201318464

902019193

1	Driver's Name (Last, First, MI) [redacted]										
Address (Street, City, State, Zip) [redacted]NG											
FISHERS					IN	46040					
Date of Birth: 08/31/1963		Age: 49		Gender: FEMALE							
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	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test: [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2006	TOY	SEQ	4D

# Occupants	Lic Year	License #	License State
2	2014	762DDO	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARMERS	1111111111

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address [redacted]NG

FISHERS IN 46040

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

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

UNIT INFORMATION

Local ID: 201318464

902019193

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted] T
FISHERS IN 46037	
Date of Birth: 03/06/1973 — Age: 40 — Gender: FEMALE	
Driver's License #: [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2012	BUICK	VER	4D

# Occupants	Lic Year	License #	License State
1	2014	612GEX	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8005871481

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip): [redacted] T

FISHERS IN 46037

Towed?	To	Due to Disabling Damage
NO	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# — Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. — Immed Attn — Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: SLOWING OR STOPPED IN TRAFFIC

Direction of Travel: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

902189455

Local ID: 20146185

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/15/2014	Sat	8:25 AM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	SNOW/SLUSH
Type of Median	DRIVABLE
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

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

☐ Witness / ☐ Other Participant	#	Name

Address etc.

Phone # | Location at Time of Crash

☐ Witness / ☐ Other Participant	#	Name

Address etc.

Phone # | Location at Time of Crash

Non-Motorist

(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
20146185

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
8:27 AM	8:29 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/15/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
THOMPSON, R		3069	FISHERS PD		

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

Local ID: 20146185

902189455

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/15/1975	Age: 38 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2010	SUBARU	FORESTER	4D

# Occupants	Lic Year	License #	License State
1	2014	249LMK	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	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? 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3337	NO	NON-INCAPACITATING

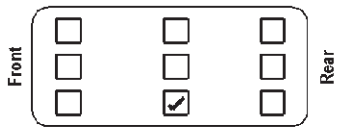
Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HEAD

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20146185

902189455

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	7[redacted]VE
INDIANAPOLIS IN 46217	
Date of Birth: 11/09/1987 — Age: 26 — Gender: FEMALE	
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 / Certified Test [ ] Pending — Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BROWN	2013	Volkswagen	CC SPORT	2D

# Occupants	Lic Year	License #	License State
1	2014	9729A	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATION WIDE	8002821446

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46025

Towed? YES — To: MILLERS TOWING — By: MILLERS TOWING — 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

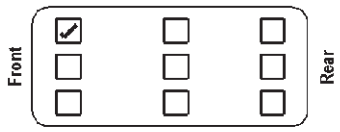
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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

902231407

Local ID: 201418168

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/12/2014	Mon	7:14 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER	39 57.426	-85 59.266

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	DRIVABLE
Type of Roadway Junction	T-INTERSECTION
Road Character	STRAIGHT/HILLCREST
Roadway Surface	CONCRETE
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	STOP SIGN
Traffic Control Device Operational?	NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

	#	Name
✓ Witness	1	AMITAV R THAMBA
☐ Other Participant		

Address etc.: 9880 CASCADES CT FISHERS INDIANA

Phone #: 3174108808

Location at Time of Crash: BEHIND V1

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201418168

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:14 AM	7:16 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
B DENNIS		9334	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/12/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
AHNERT, J		3089	FISHERS PD		

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

Local ID: 201418168

902231407

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
01/28/1958	56	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2012	Ford	FUSION	4D

# Occupants	Lic Year	License #	License State
1	2015	SVU753	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS	8006372830

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To/By FISHERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201418168

902231407

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/22/1965	Age: 48 — Gender: FEMALE
Driver's License # [redacted]	Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status
- [x] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [x] 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 — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2002	HONDA	ACCORD LX	4D

# Occupants	Lic Year	License #	License State
1	2014	310BEQ	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AAA	8002073618

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Towed? YES — To/By: BOGGS TOWING — 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 # — Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. — Immed Attn — Driver Injury Status

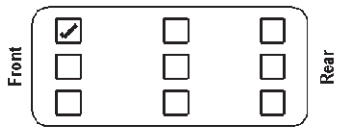
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes

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	[x] 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

902300804

Local ID: 201435998

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/12/2014	Fri	7:15 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ DR	116 ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	NONE
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: $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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201435998

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:15 AM	7:19 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/12/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GAINES, R		3067	FISHERS PD		

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

Local ID: 201435998

902300804

1 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	1[redacted]
FISHERS IN 46038	
Date of Birth: 10/15/1967	Age:	Gender: MALE
Driver's License #: 8[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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:	Certified Test: [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SIL	2001	TOYOTA	SEQUOIA	4W

# Occupants	Lic Year	License #	License State
1	2015	234FAB	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	STATE FARM	3173560958

Vehicle Identification #: 5[redacted]

Registered Owner's Name (Last, First, MI): F[redacted] [ ] Same as Driver

Address (Street, City, State, Zip): 1[redacted]

FISHERS IN 46038-1954

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: NORTHWEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201435998

902300804

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Date of Birth	Age	Gender
04/17/1972		MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		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	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2006	Cadillac	Dts	4D

# Occupants	Lic Year	License #	License State
2	2014	705BHI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE	8002744499

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Towed?	To / By	Due to Disabling Damage
YES	To BOGGS TOWING By BOGGS 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

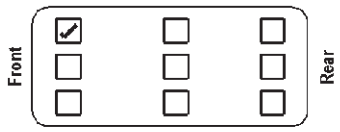
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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

902333483

Local ID: 201444809

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/13/2014	Thu	8:45 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
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

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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201444809

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
8:50 AM	8:55 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/13/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
KEHL, S		3015	FISHERS PD	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

Local ID: 201444809

902333483

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth: 08/09/1972	Age: 42 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT: — Certified Test: — [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2011	TOYOTA	SIENNA	SV

# Occupants	Lic Year	License #	License State
1	2015	577LLX	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	AAA	8002073618

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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	[x] 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

Local ID: 201444809

902333483

2	Driver's Name (Last, First, MI): [redacted]
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46038	

Date of Birth	Age	Gender
06/06/1954	60	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2006	Mercedes Benz	E500	4D

# Occupants	Lic Year	License #	License State
1	2015	934ARI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	AAA	8002073618

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address: [redacted]

FISHERS IN 46038

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED 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	[x] 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

902360511

Local ID: 201450488

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/26/2014	Fri	1:55 AM	HAMILTON	DELAWARE	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201450488

Type of Crash

Time Notified	Time Arrived	Other Location of Investigation			
1:58 AM	2:15 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/26/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
BROCKMAN, A		3145	FISHERS PD		

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 Mclahlan (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

Local ID: 201450488

902360511

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
LEBANON IN 46052	
Date of Birth: 09/15/1961	Age:	Gender: MALE
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; ☐ Employer's Vehicle Only; ☐ Outside Rearview Mirror; ☐ State-Owned Vehicles; ☐ Daylight Driving; ☐ PP Chauffeurs Taxi Only; ☐ Automatic Transmission; ☐ Power Steering; ☐ Special Controls; ☐ Special Restrictions; ☐ Employment Only; ☐ Probation DWI; ☐ Motorcycle Only; ☐ Probation HTO; ☐ To/From Employment; ☑ None

Test Given: NONE	Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
Alcohol Results: PBT / Certified Test ☐ Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHI	2015	HONDA	ODYSSEY	VN

# Occupants	Lic Year	License #	License State
2	2015	WMV327	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO	3178617524

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] ☐ Same as Driver

Address (Street, City, State, Zip): [redacted]

LEBANON IN 46052-8142

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

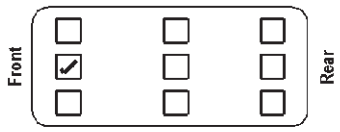
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

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. DEER

FISHERS
EST. 1872

Appendix B – Crash Reports
Knightsbridge Lane

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901460992

Local ID: 201021079

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/28/2010	Mon	11:50 PM	HAMILTON	FALL CREEK	1	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KNIGHTSBRIDGE LN	SPYGLASS RIDGE DR	65	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	PRIVATE		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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 $10000

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
MAILBOX	NO	GLENN POTTS 11498 KNIGHTSBRIDGE LANE FISHERS IN 46037
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201021079

Type of Crash	BACKING CRASH				
Time Notified	Time Arrived	Other Location of Investigation			
11:56 PM	11:59 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/28/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RALPH, S		3059	FISHERS PD		

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

Local ID: 201021079

901460992

1 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]CLE
FISHERS IN 46037	
Date of Birth: 07/15/1991	Age: 18 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2005	TOYOTA	SIENA	VN

# Occupants	Lic Year	License #	License State
1	2011	385AKQ	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	AMICA INSURANCE	877-6026422

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]LCE

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: VAN

Pre-Crash Vehicle Action: BACKING

Direction of Travel: SOUTHWEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[x] 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. MAILBOX

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902350930

Local ID: 201448201

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/08/2014	Mon	9:20 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KNIGHTSBRIDGE LN	DEERING ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	PRIVATE		-

Driver #1	Driver #2	Driver #3	Driver #4

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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
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 - 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

	#	Name
✓ Witness	1	DAN CROWE
☐ Other Participant		

Address etc.: 10034 DEERING STREET FISHERS IN 46037

Phone #: 3177526967

Location at Time of Crash: DRIVEWAY OF 11034 DEERING ST

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201448201

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
9:26 PM	9:35 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/08/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GOLDSTEIN, S		3142	FISHERS PD		

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

Local ID: 201448201

902350930

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.	Immed Attn	Driver Injury Status

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury

Location 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

If Cited?
- ☐ Infraction
- ☐ Misdemeanor
- ☐ Felony

IC Codes

Test Given	Type Given
	☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

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

Initial Impact Area
- ☐ Undercarriage
- ☐ Trailer
- ☐ None
- ☐ Unknown



Vehicle Identification#

Registered Owner's Name (Last, First, MI) ☐ Same as Driver

Address (Street, City, State, Zip)

Areas Damaged (Multiples)
- ☐ Undercarriage
- ☐ Trailer
- ☐ None
- ☑ Unknown



Vehicle Use

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			

Emergency Run?	Fire?
NO	

Vehicle Type: UNKNOWN TYPE

Pre-Crash Vehicle Action: TURNING LEFT

Direction of Travel: 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
- ☑ 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#

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. PARKED MOTOR VEHICLE 2. MAILBOX

Local ID: 201448201

Driver's Name (Last, First, MI)	Safety Equipment Used
Address (Street, City, State, Zip) [redacted]	Safety Equipment Effective?
	Ejection/Trapped

Date of Birth	Age	Gender	EMS No.	Immed Attn	Driver Injury Status

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]				

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

If Cited?
- ☐ Infraction
- ☐ Misdemeanor
- ☐ Felony

IC Codes

Test Given	Type Given
	☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT	Certified Test	☐ Pending	Drug Results

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 # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] ☐ Same as Driver

Address (Street, City, State, Zip) [redacted]

KEMPTON IN 46049

Towed?	To	Due to Disabling Damage
NO	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

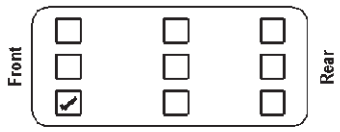
HAZMAT Proper Shipping Name:	State DOT#

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard 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: VAN

Pre-Crash Vehicle Action: PARKED

Direction of Travel:

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

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EST. 1872

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

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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

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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

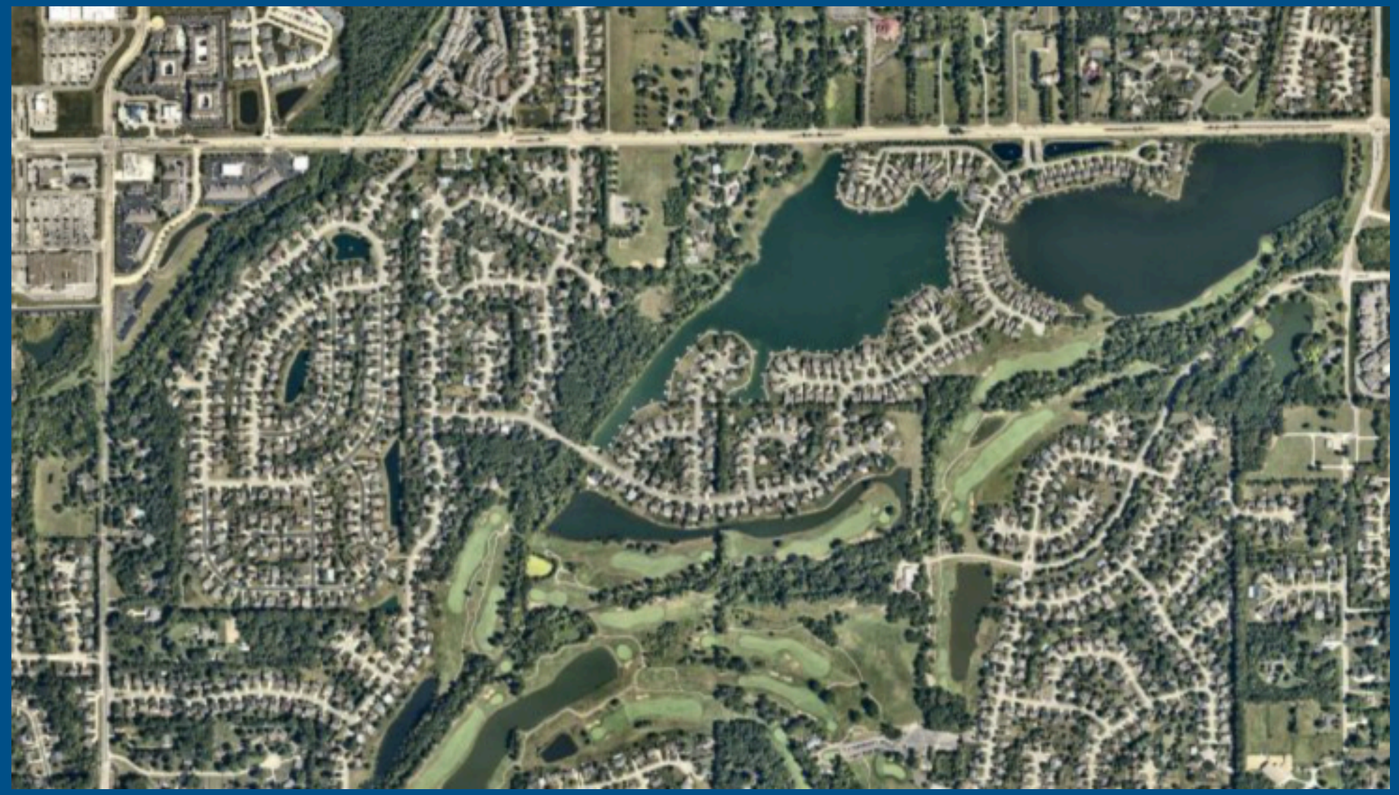
Time	06/20 MON	06/21 TUE	06/22 WED	06/23 THU	06/24 FRI	Weekday Average	06/25 SAT	06/26 SUN	Weekend Average	Week Average
- AM -										
12 - 1		1	2			2				2
1 - 2		5	4			5				5
2 - 3		3	1			2				2
3 - 4		1	2			2				2
4 - 5		4	2			3				3
5 - 6		15	10			13				13
6 - 7		25	21			23				23
7 - 8		77	70			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

FISHERS
EST. 1872

Spyglass Falls - Spyglass Hill



AGENDA



History



Update to Report



Recommendation



FAQ

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AGENDA



History

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Spyglass Hill - 2024



Intersection of 116th & Klotz Farm



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2016 Study

FISHERS
EST. 1872

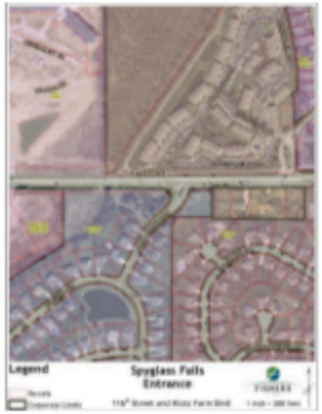
To: Mayor Scott Fadness
Jason Meyer
Jeff Lantz
Fishers Board of Public Works and Safety

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."

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Fishers, Indiana 46038

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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 deterrant
- There is no sight distance, road on a hill and on a blind curve
- Significant construction occuring, 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 infront 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

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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 feasability 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.

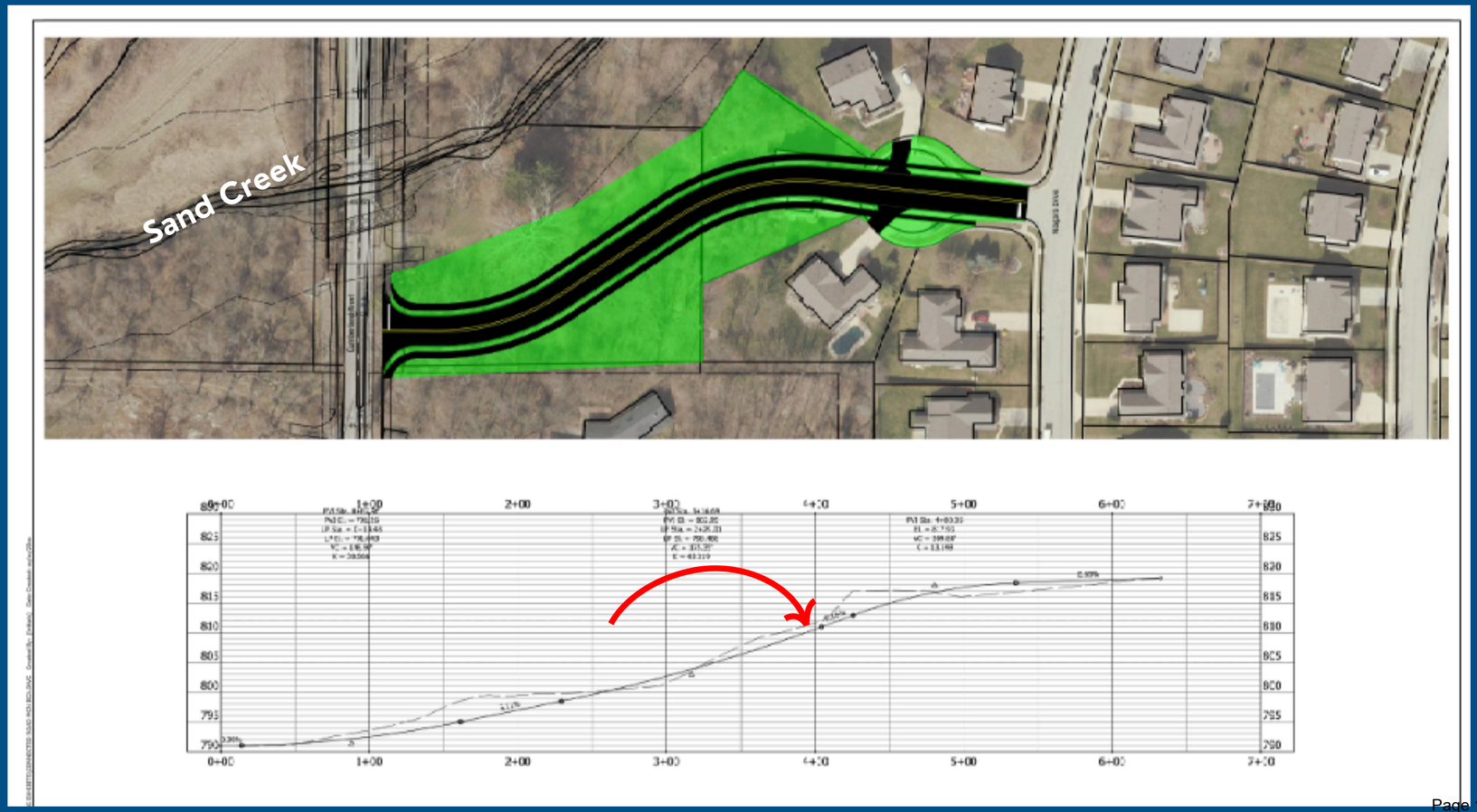
Update To Report - Solutions

- 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.

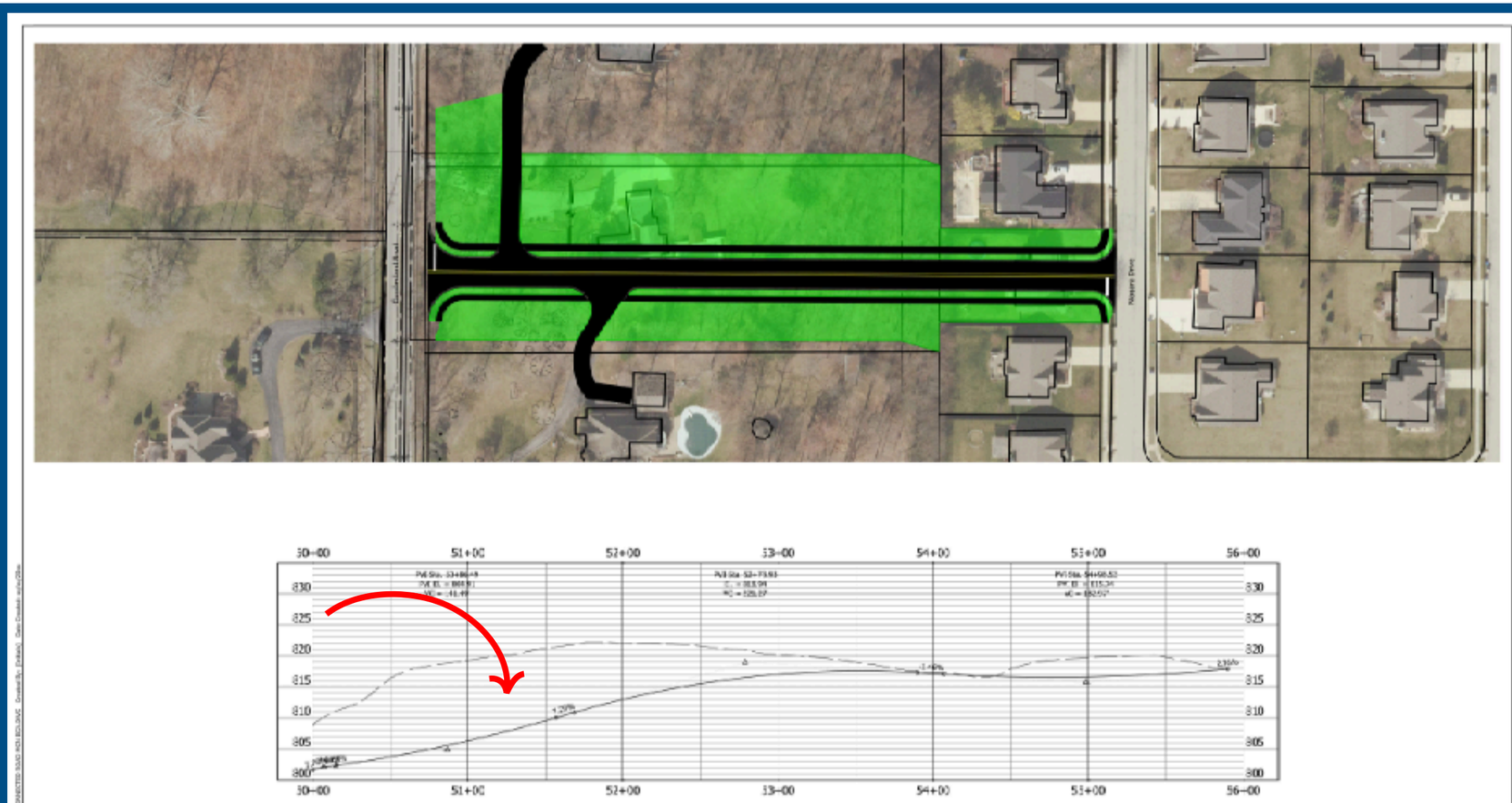
Cost≈ $1.8 Million



Update To Report - Solutions

Connection of Niagara Dr. to Cumberland Rd.

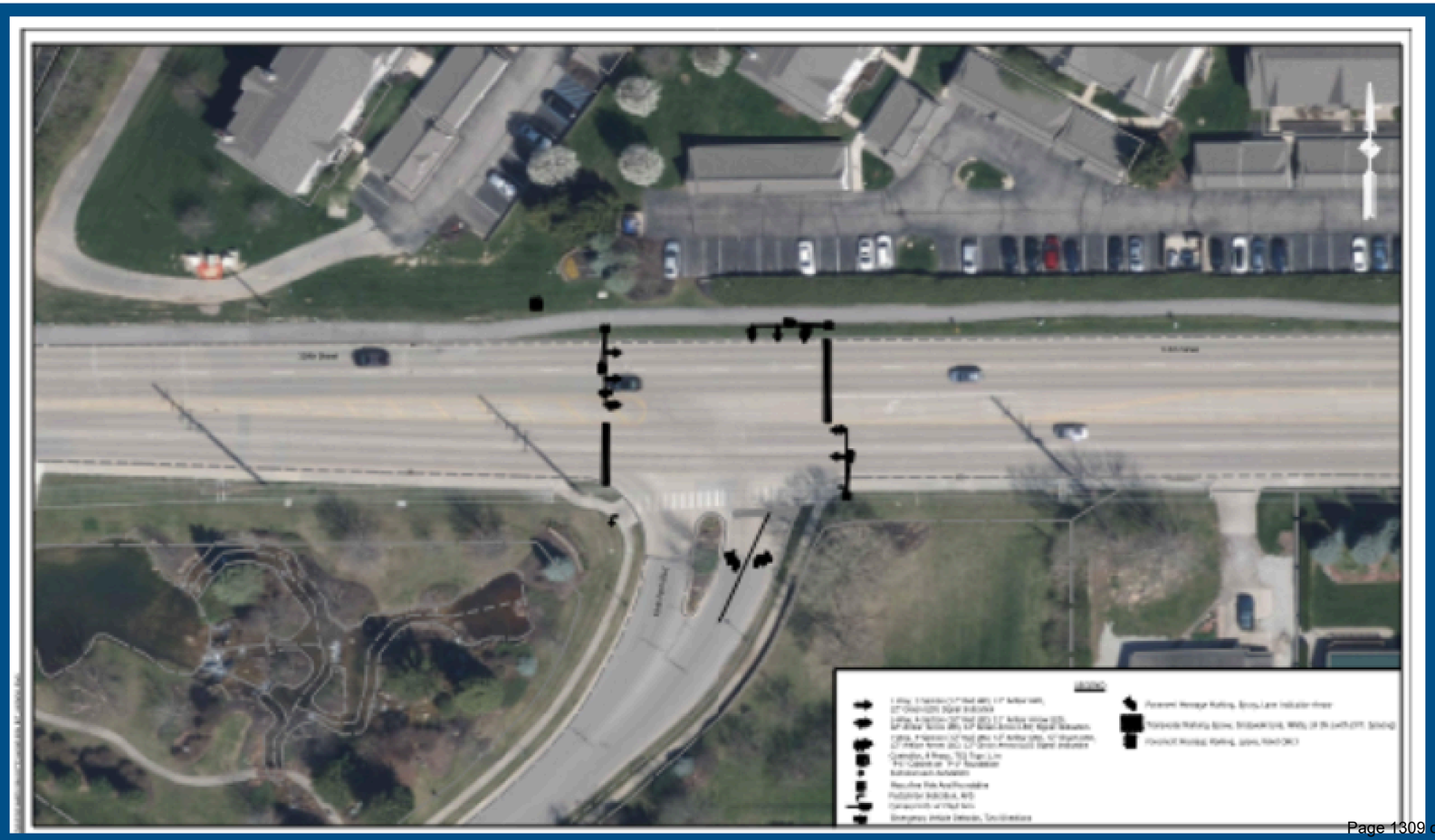
Cost ≈ $3.5 Million



Update To Report - Solutions

Signal at Klotz Farm Blvd.

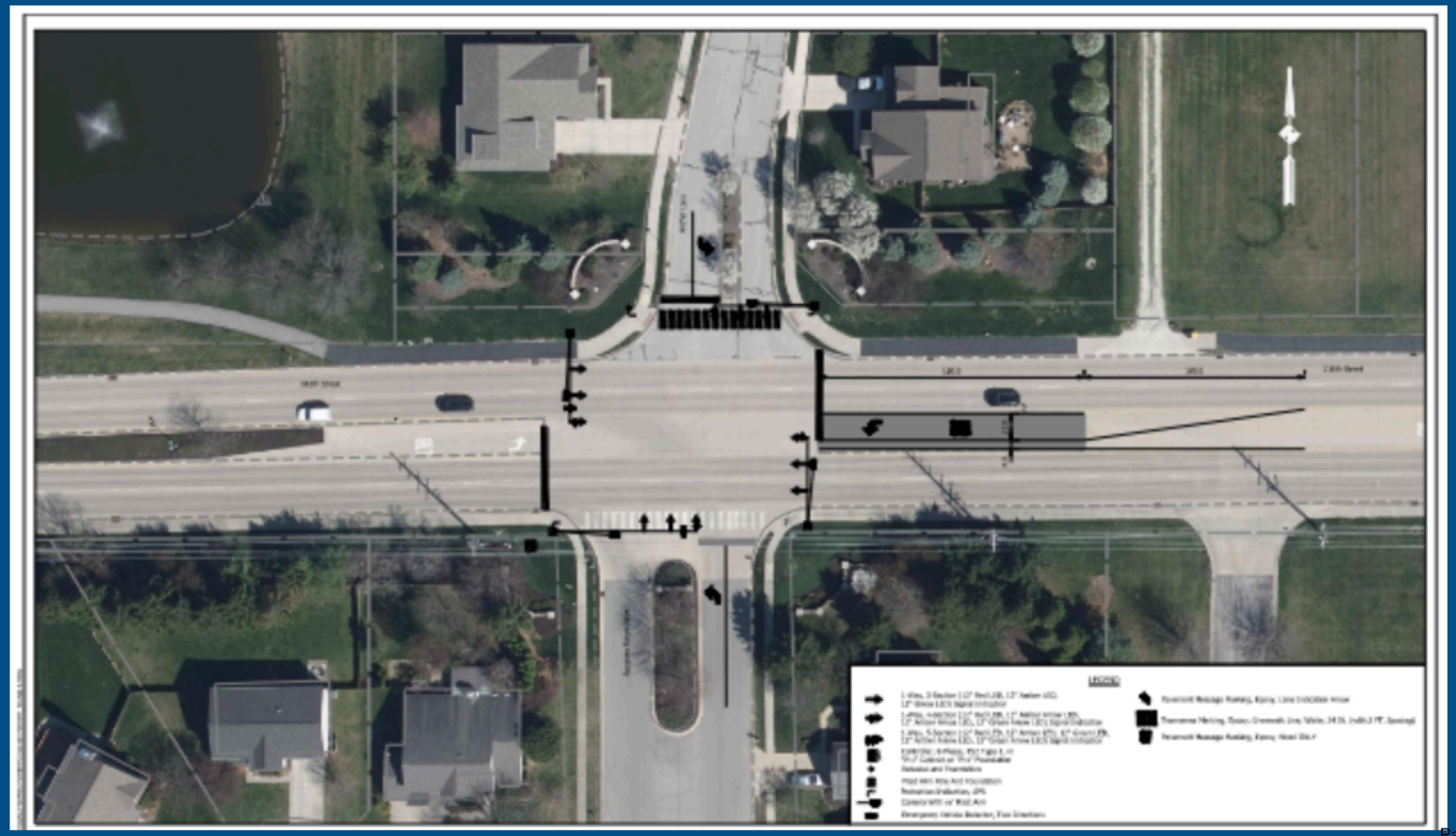
Cost ≈ $520 k



Update To Report - Solutions

Signal at Spyglass Ridge Dr.

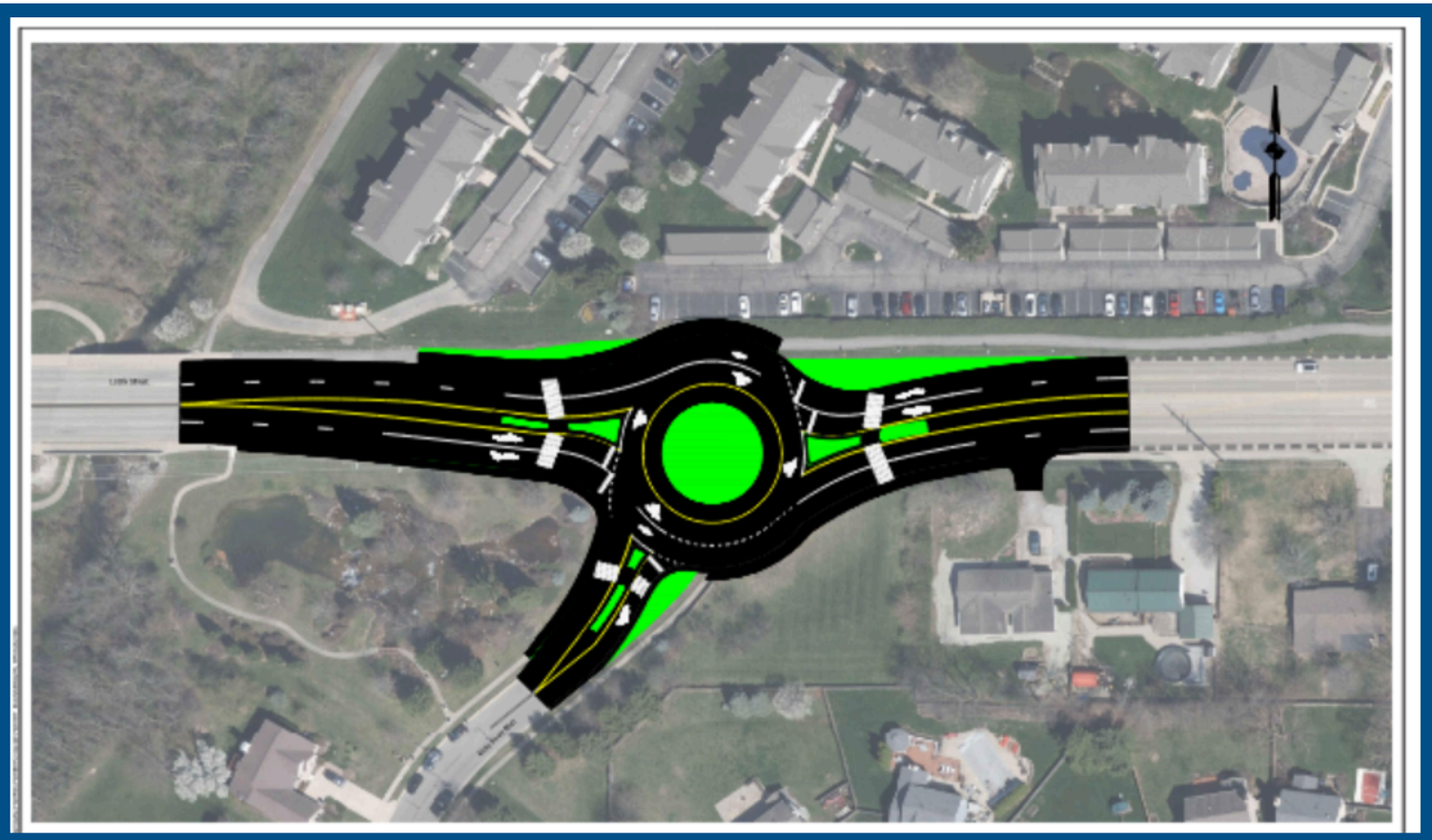
Cost ≈ $526 k



Update To Report - Solutions

Roundabout at Klotz Farm Blvd.

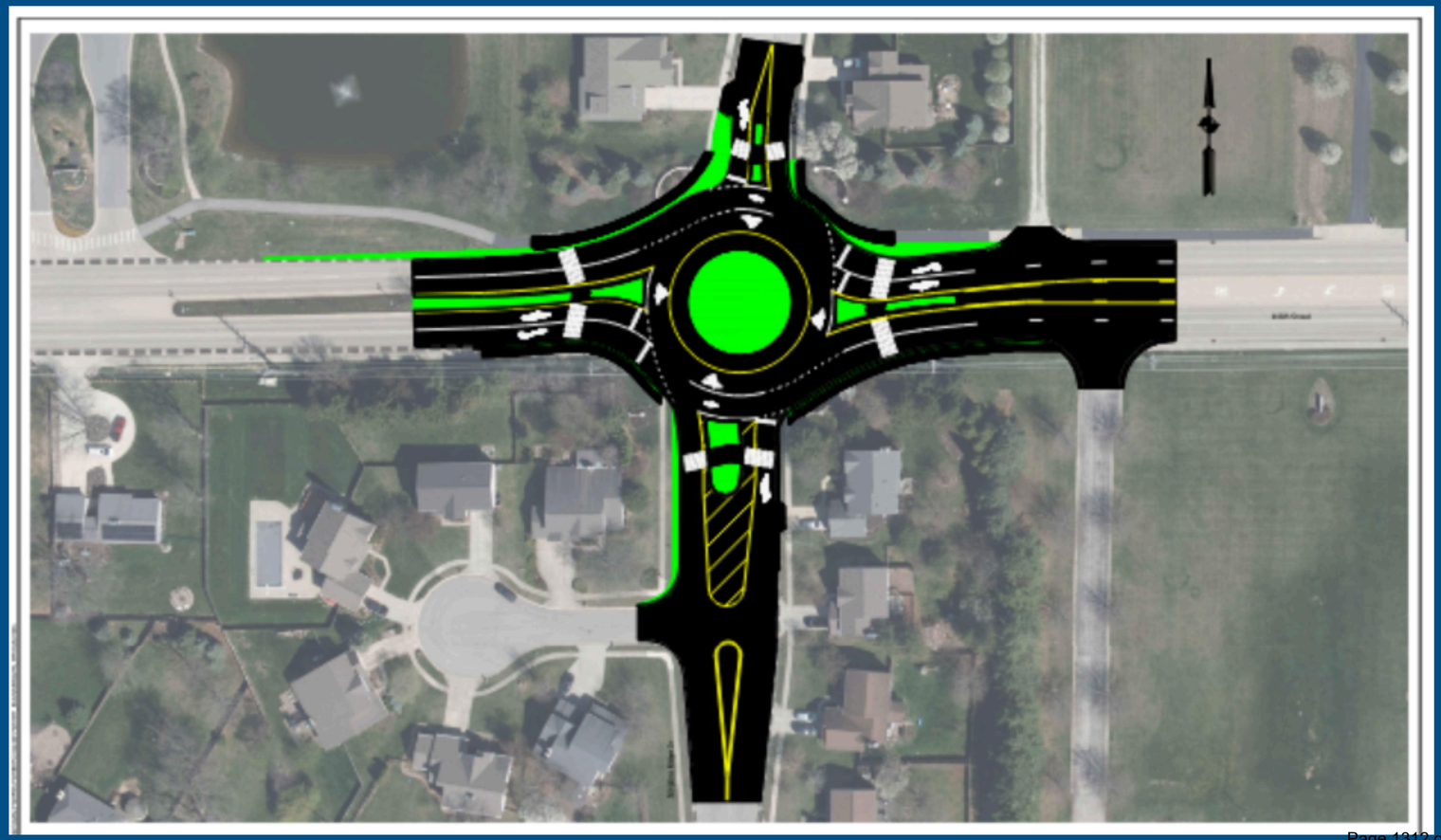
Cost ≈ $4.62 Million



Update To Report - Solutions

Roundabout at Spyglass Ridge Dr.

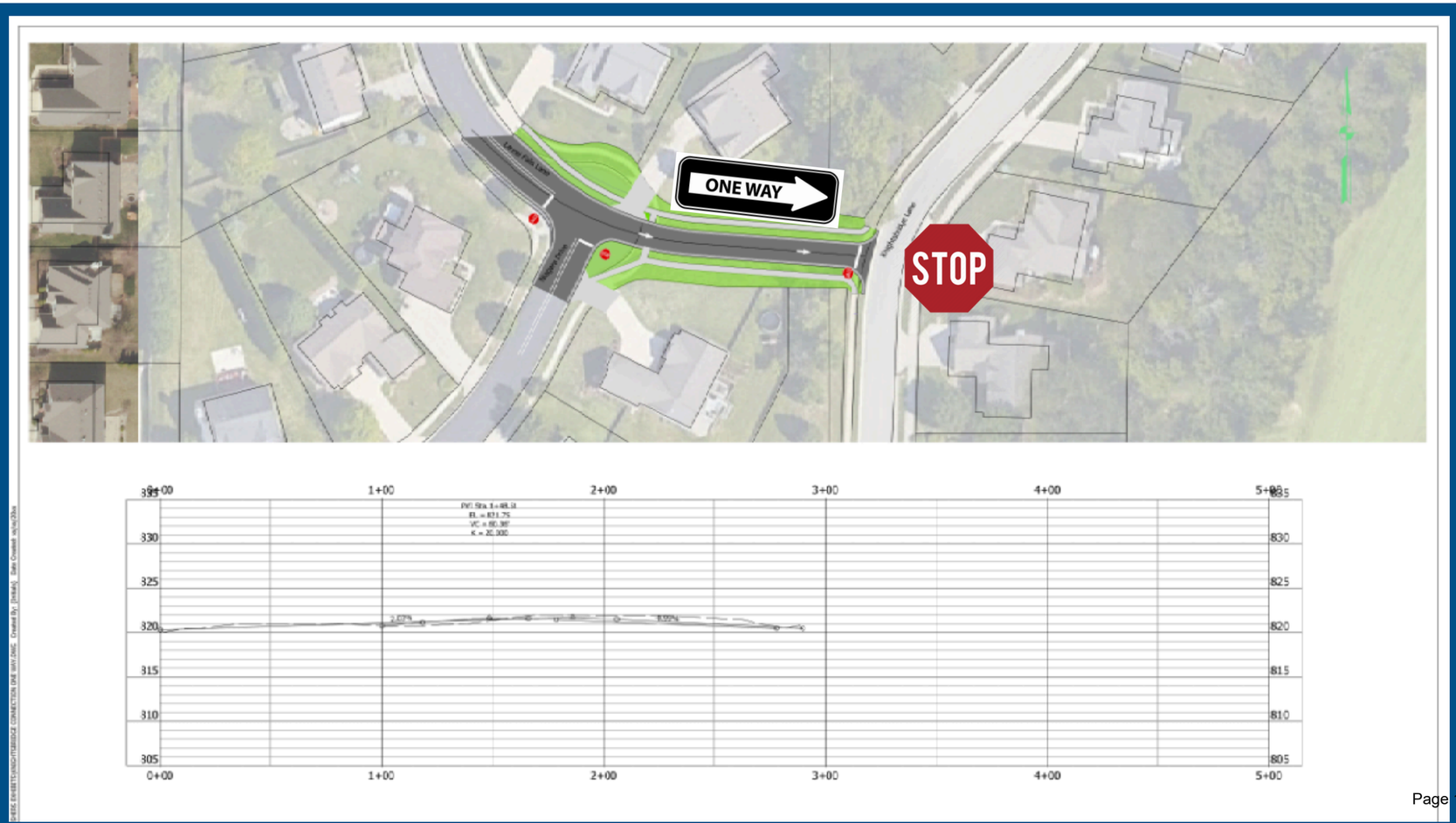
Cost ≈ $4.18 Million



Update To Report - Solutions

Laurel Falls Lane To Knightsbridge Blvd.

Cost≈ $345 k



AGENDA



Recommendation

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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

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AGENDA



FAQ

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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



Crash Data Along Cumberland Road

Failure to Yield Right of Way

106th street

116th street

Cumberland Rd.



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Traffic Impact

Traffic Report

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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. Fehribach, P.E.
President

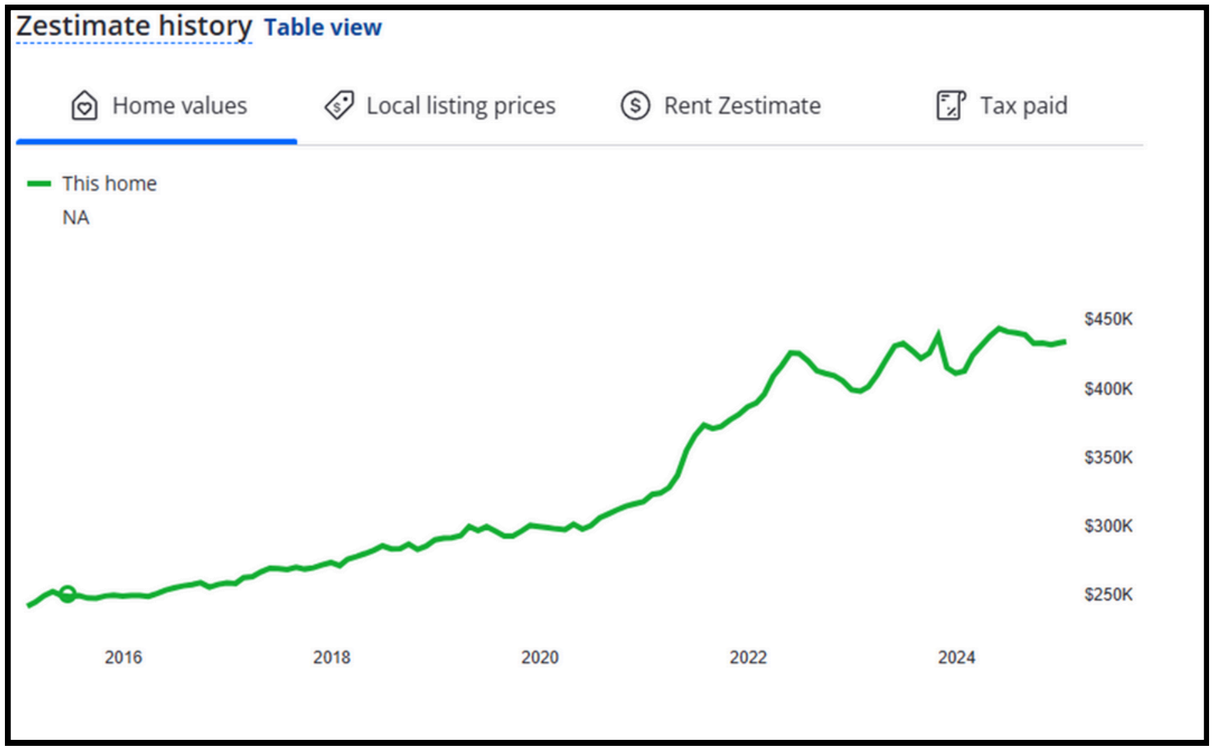
/cmc

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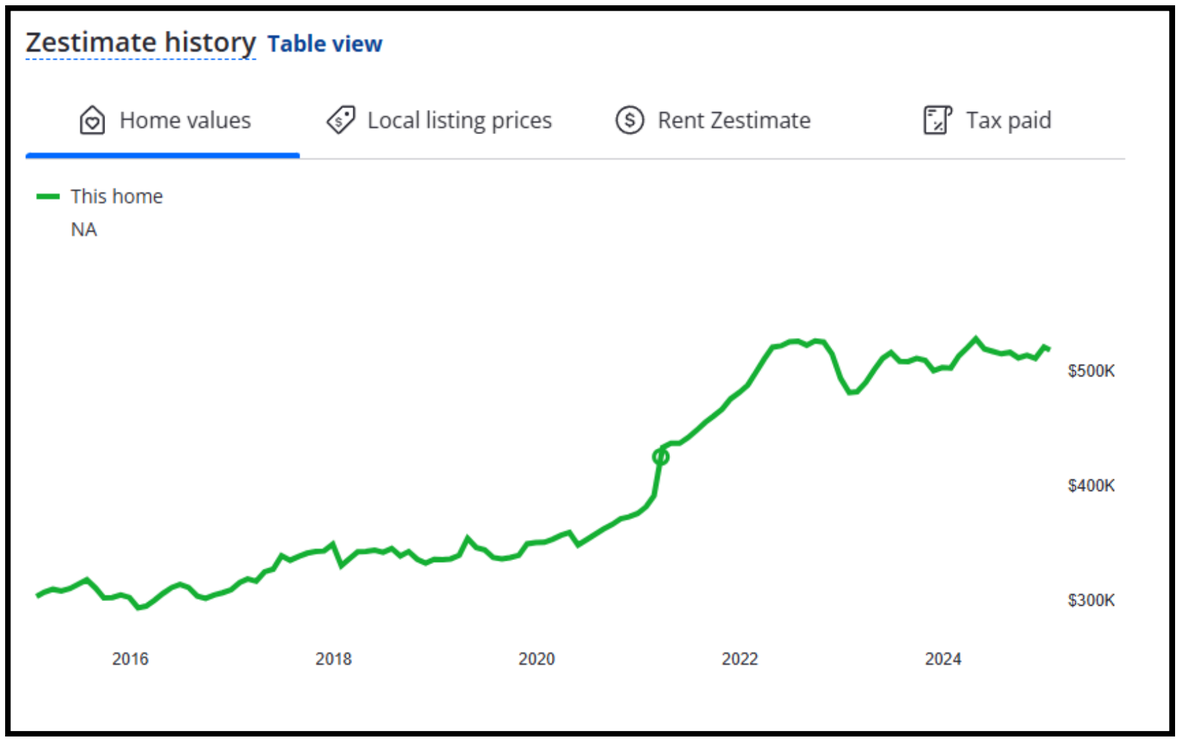
Home Values

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

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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

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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.

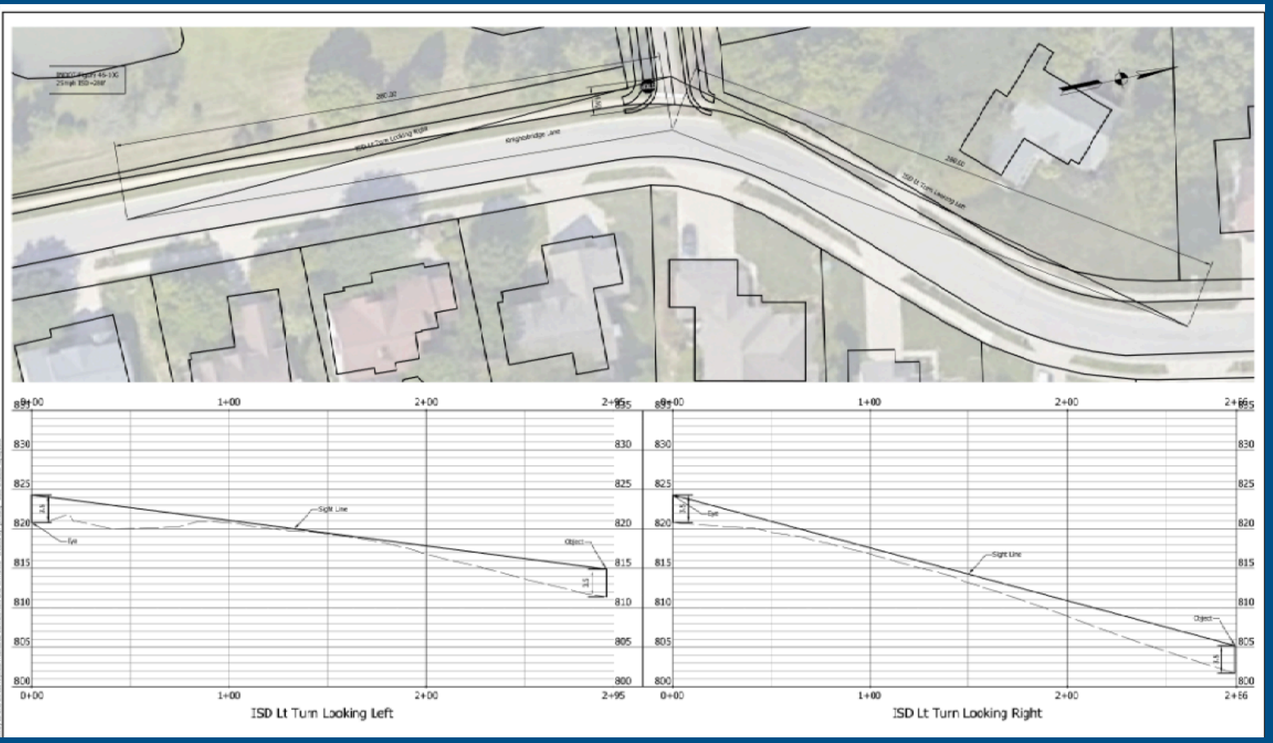
- HSE highschool
- Fishers highschool
- Riverside intermediate/junior high
- Lantern Rd Elementary
- 2 exceptional schools

They would encourage the connection stating that it would create a safer route for the students on these busses.

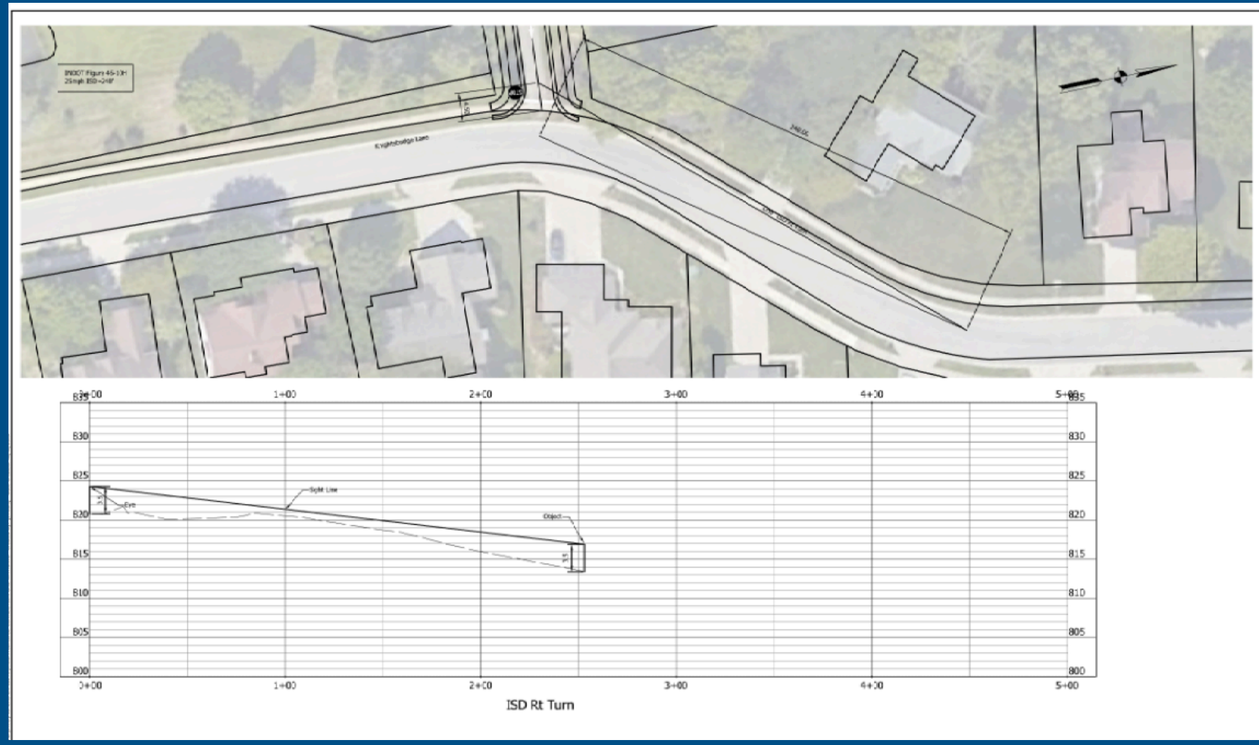
Connector Safety

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 tress 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

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Thank You

Hatem Mekky
Director of Engineering
City of Fishers



RESOLUTION NO. R022525K

A RESOLUTION OF THE CITY OF FISHERS BOARD OF PUBLIC WORKS & SAFETY APPROVING A CONNECTION ROAD FROM LAUREL FALLS TO KNIGHTSBRIDGE LANE IN SPYGLASS FALLS/SPYGLASS HILLS NEIGHBORHOODS

WHEREAS, the City of Fishers, Indiana ("City"), by and through its Board of Public Works and Safety (the "Board"), supervises the streets, alleys, sewers, public grounds, and other property of the City, pursuant to Ind. Code §36-9-6-2;

WHEREAS, the Board may regulate the use of right-of-way through, under, or over public ways, pursuant to Ind. Code §36-9-2-6;

WHEREAS, the Board may lay out, open, change fix or change the grade of any public way, sidewalk or public place in the City, pursuant to Ind. Code 36-9-6-6;

WHEREAS, the- Board may design, order, contract for, and execute all work required to improve or repair any street, alley, or public place within the city, pursuant to Ind. Code §36-9-6-7;

WHEREAS, since 2010, a number of vehicle accidents have occurred at the exit of Spyglass Falls at 116th Street and Klotz Farm Boulevard ("Intersection");

WHEREAS, in 2016, due to concern over the accidents occurring at the Intersection, the City met with residents of Spyglass Falls and Spyglass Hills and initiated an engineering study to determine the cause of the number of accidents and to provide solutions to increase the safety and decrease the amount of vehicle accidents at the Intersection ("2016 Study");

WHEREAS, the 2016 Study examined several solutions but ultimately the City decided to pause the 2016 Study due to multiple road projects occurring near and around the Intersection as well as development in the area with the intention of reexamining the area once construction was complete;

WHEREAS, since the 2016 Study, many residents have contacted the Mayor and the City staff and requested them to revisit the 2016 Study due to ongoing concerns about the safety at the Intersection;

WHEREAS, in 2024, the City updated the 2016 Study, examined the crash reports at the Intersection, performed a new traffic study, and considered several alternatives, taking into consideration the impact to the area and cost of the project, attached hereto as Exhibit A and incorporated herein (the "2024 Study");

WHEREAS, the 2024 Study found that traffic on 116th has increased 53% since 2016 and crashes at the Intersection have continued to occur at a rate 3-4 times higher than other subdivision entrances/exits, and therefore evaluated several alternatives to provide a safe ingress/egress at the Intersection, rejected some alternatives and then determined cost of construction for each viable alternative;

WHEREAS, the 2024 Study concluded that the safest, most cost-effective solution with the lowest impact on the overall area of the Intersection would be to extend Laurel Falls to Knightsbridge to allow an alternative outlet for drivers seeking to exit Spyglass Falls;

WHEREAS, based on the Study, the City's Engineering Department concurs with the 2024 Study and now recommends the City construct the one-way connection road from Laurel Falls to Knightsbridge Lane (the "Recommendation") and requests the Board to approve the same;

WHEREAS, the Board held a regularly scheduled meeting on January 28, 2025, where the Department of Engineering presented a summary of the 2024 Study; the Board allowed a written comment period from January 28, 2025, to February 25, 2025; and the Board allowed oral public comment regarding the 2024 Study and the Recommendation at the February 25, 2025 meeting.

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, having reviewed the 2024 Study and Recommendation, and having read and heard public comments finds that the Recommendation is in the best interest of the public's safety, health and welfare.

Section 2. The Board hereby approves the construction of connection road from Laurel Falls to Knightsbridge Lane in Spyglass Falls/Spyglass Hills neighborhoods, as recommended by the City's Engineering Department and directs the Engineering Department to solicit bids for the construction of same.

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 25th day or February 2025.

BOARD OF PUBLIC WORKS & SAFETY,
CITY OF FISHERS
HAMILTON COUNTY, INDIANA

NAY		YAY	ABSTAIN
	Scott Fadness, Chairman		
	Jeff Lantz, Member		
	Steven Orusa Member		

ATTEST: Kari Adriano DATE: 2/25/25
Kari Adriano, Board Clerk

CITY OF FISHERS SEAL INDIANA

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

FISHERS
ENGINEERING

SPYGLASS FALLS/SPYGLASS HILL – REPORT UPDATES

January 2025



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- Traffic Signal at 116th Street and Klotz Farm Boulevard 8
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- Connection of Niagara Drive to Cumberland Road 11
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APPENDICES 15

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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

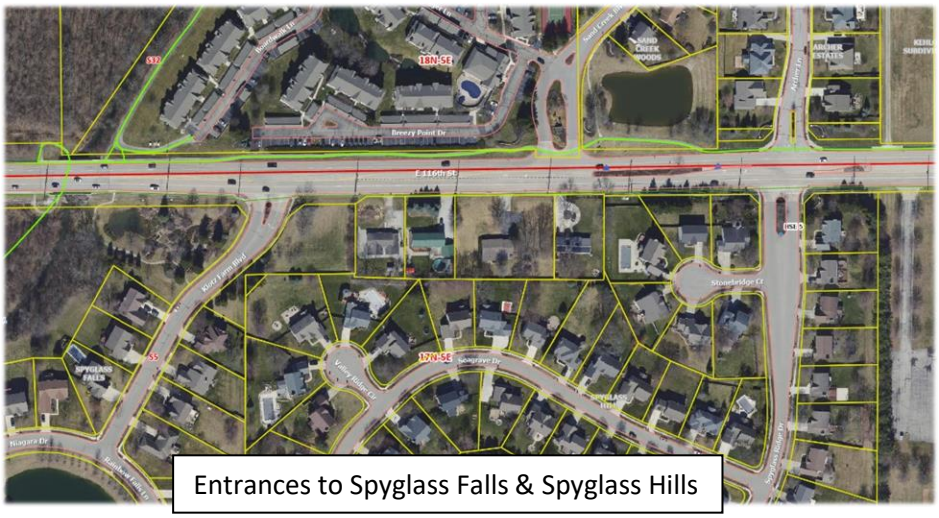
RE: Spyglass Falls/Spyglass Hill Traffic Study – 2025 Updates

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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



Entrances to Spyglass Falls & Spyglass Hills

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 116th 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
116th Street between Cumberland Road and Hoosier Road	27,788	42,497	+53%
Cumberland Road between 106th Street and 116th Street	10,491	12,105	+15%

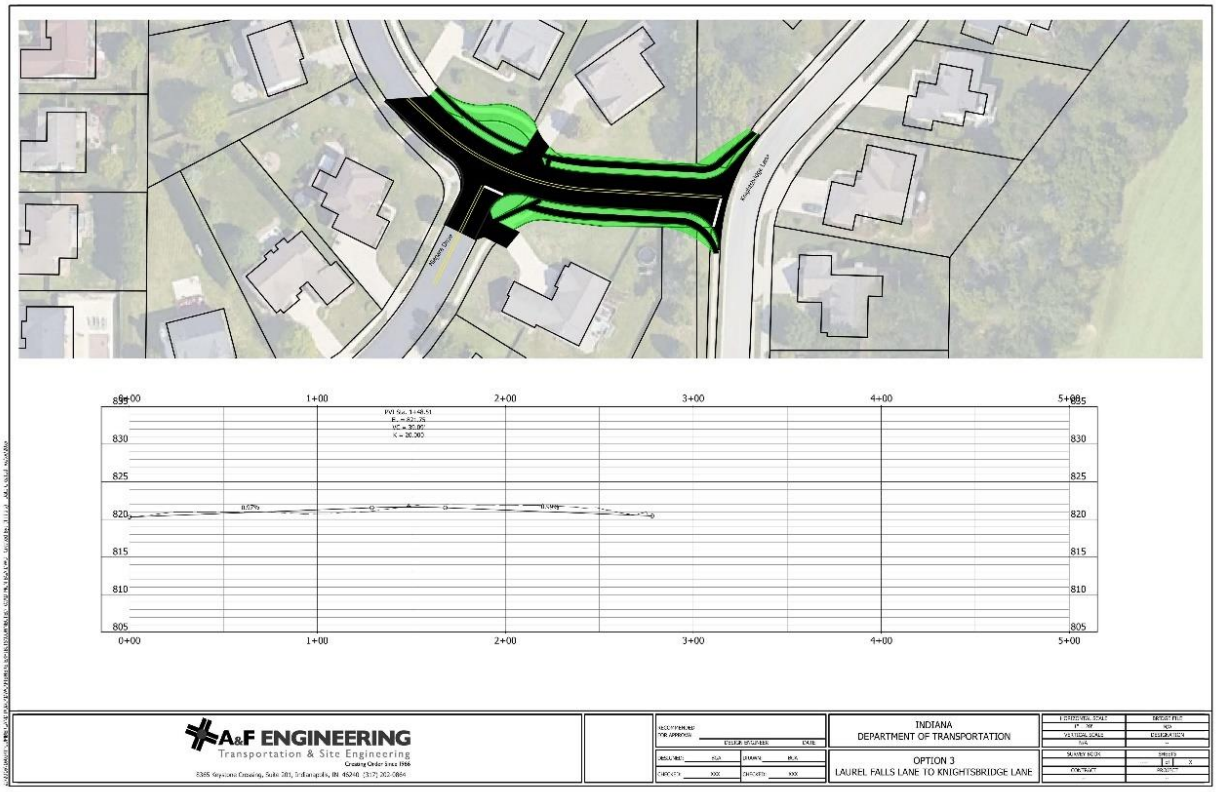
Alternatives Investigated

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)

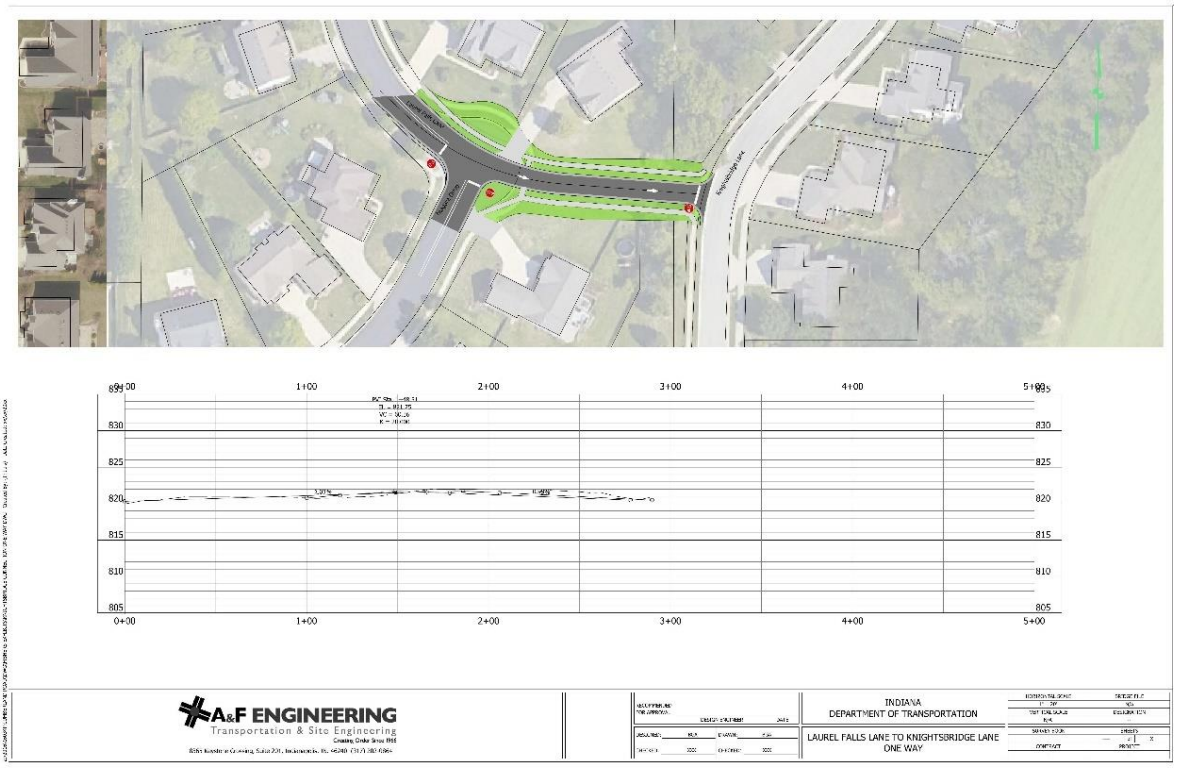
Construct Connector Road between Spyglass Falls & Spyglass Hills

This option would involve constructing a two-way two-lane new street connection between Knightsbridge Lane and Laurel Falls Lane/Niagara Drive to connect the two neighborhoods. This street connection would be constructed in a manner with pavement, curb, underdrains, and sidewalks in a manner that this street would look like the existing streets in the two neighborhoods. This effort would utilize existing right-of-way. It would be expected that approximately 25% of the homes from Spyglass Falls might utilize this connection and enter/exit the neighborhood from Deering Street. An opinion of probable construction cost for this alternative is $379,500. 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 a low amount of increased traffic between the two neighborhoods.



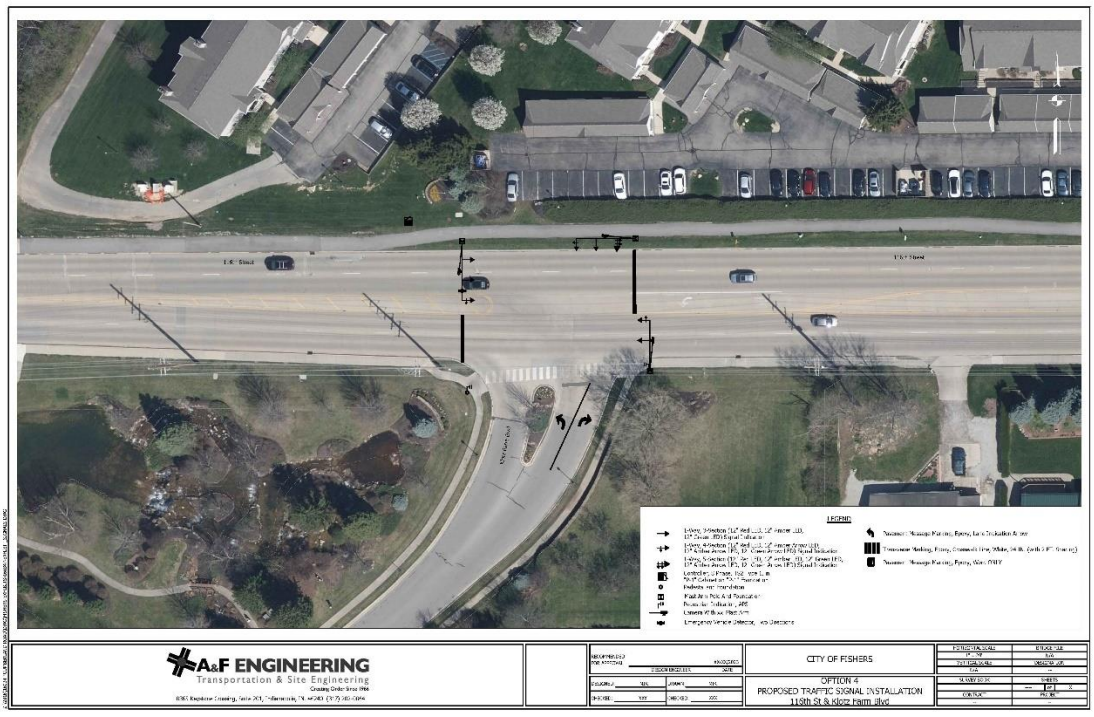
Construct Connector Road between Spyglass Falls & Spyglass Hills – One Way

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 warming 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.



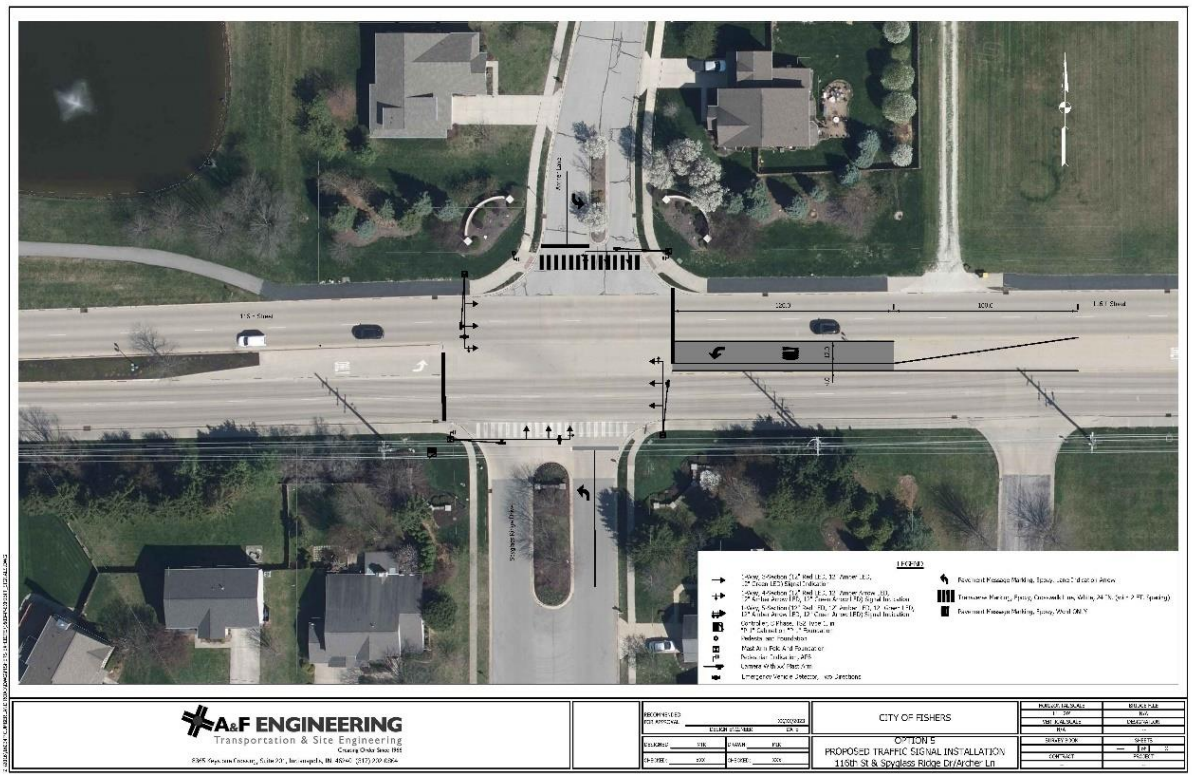
Traffic Signal at 116th Street and Klotz Farm Boulevard

This option would involve installing a traffic signal with the Spyglass Falls neighborhood entrance on 116th Street. If it was present, it would allow improved access for the neighborhood at its existing entrance, in particular making left turns out of the subdivision under a green light or green arrow which would improve safety. The Indiana Manual on Uniform Traffic Control Devices (MUTCD) recommends only installing traffic signals where they are warranted. Traffic volumes were investigated at this location and this intersection does not meet any of the 3 primary traffic signal warrants, nor does it meet any of the secondary traffic signal warrants and its installation is not recommended. See Appendix L. This potential signal installation may continue to be monitored to see if the warrants are met at some point in the future. An opinion of probable construction cost for this alternative is $400,000. 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. If an unwarranted traffic signal was installed, it could cause undue delay on 116th Street or even corridor congestion that could result in undesired rear-end collisions.



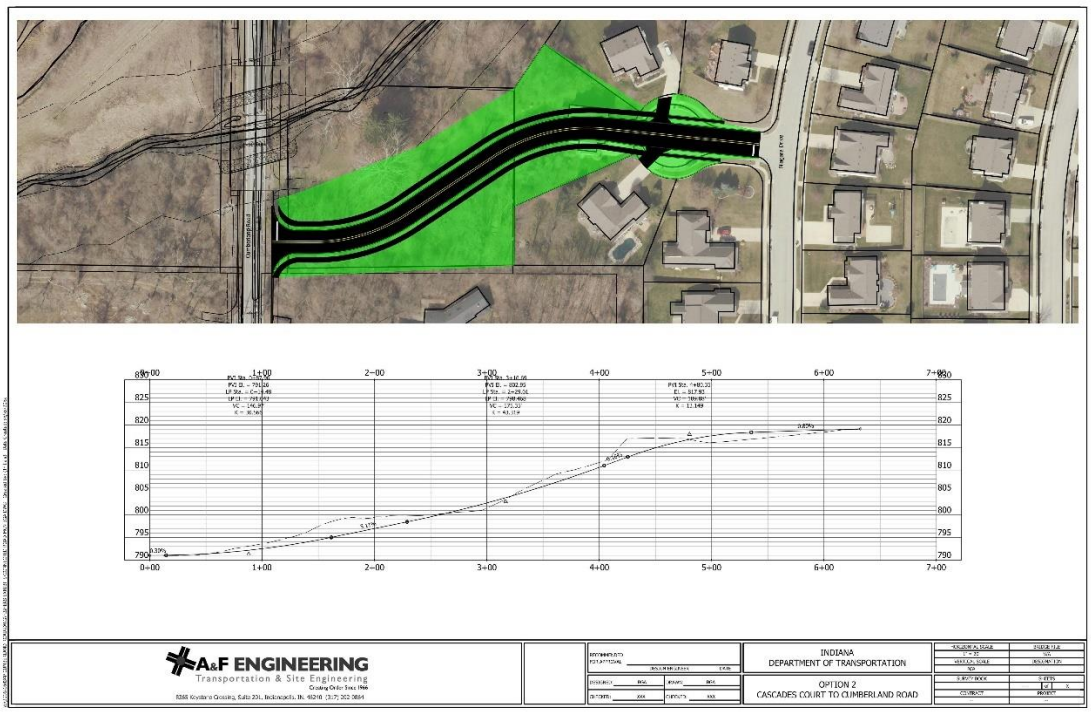
Traffic Signal at 116th Street and Spyglass Ridge Drive

This option would involve installing a traffic signal with the Spyglass Hills neighborhood entrance on 116th Street. If it was present, it would allow improved access for the neighborhood at its existing entrance, in particular making left turns out of the subdivision under a green light or green arrow which would improve safety. As a result, access would also be improved for the Archer Estates neighborhood entrance. The Indiana Manual on Uniform Traffic Control Devices (MUTCD) recommends only installing traffic signals where they are warranted. Traffic volumes were investigated at this location and this intersection does not meet any of the 3 primary traffic signal warrants, nor does it meet any of the secondary traffic signal warrants and its installation is not recommended. See Appendix M. This potential signal installation may continue to be monitored to see if the warrants are met at some point in the future. An opinion of probable construction cost for this alternative is $400,000. 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. If an unwarranted traffic signal was installed, it could cause undue delay on 116th Street or even corridor congestion that could result in undesired rear-end collisions.



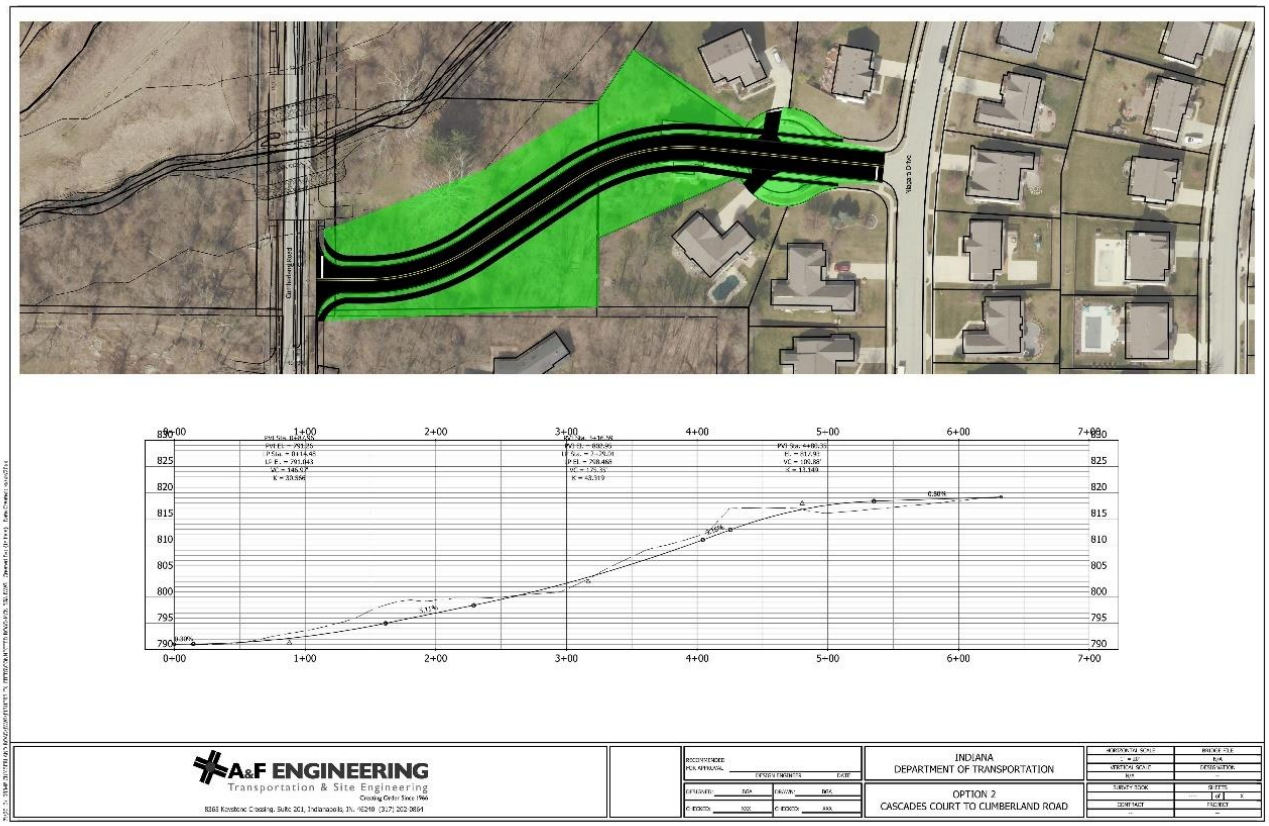
Extension of Cascades Court to Cumberland Road

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

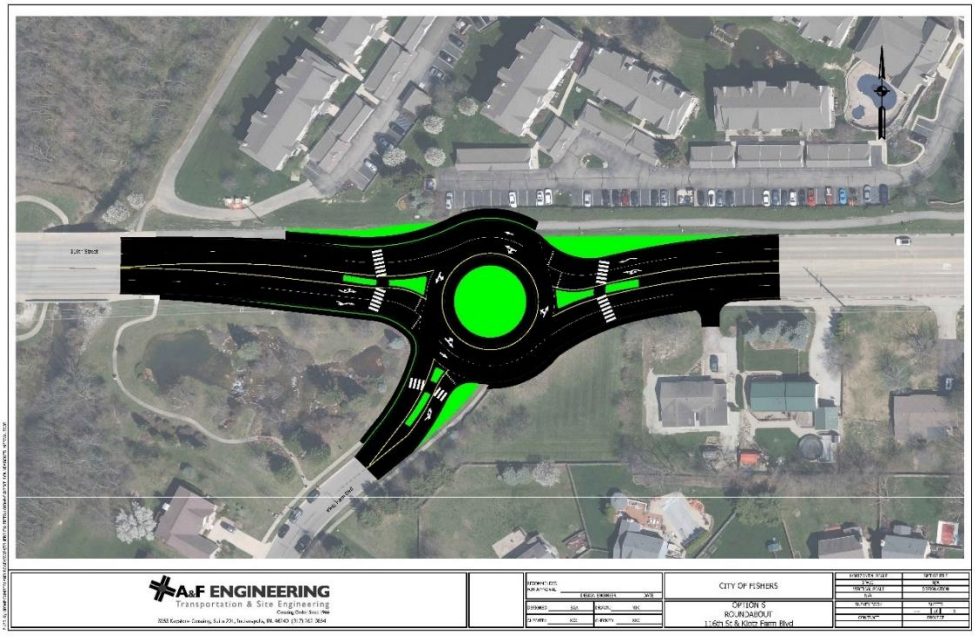
This option would involve constructing a new roadway and creating a t-intersection with Niagara Drive in Spyglass Falls with connection to Cumberland Road. Connecting a new roadway to Cumberland Road would require the acquisition of a home and displacement of its residents on both Niagara Drive and also 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

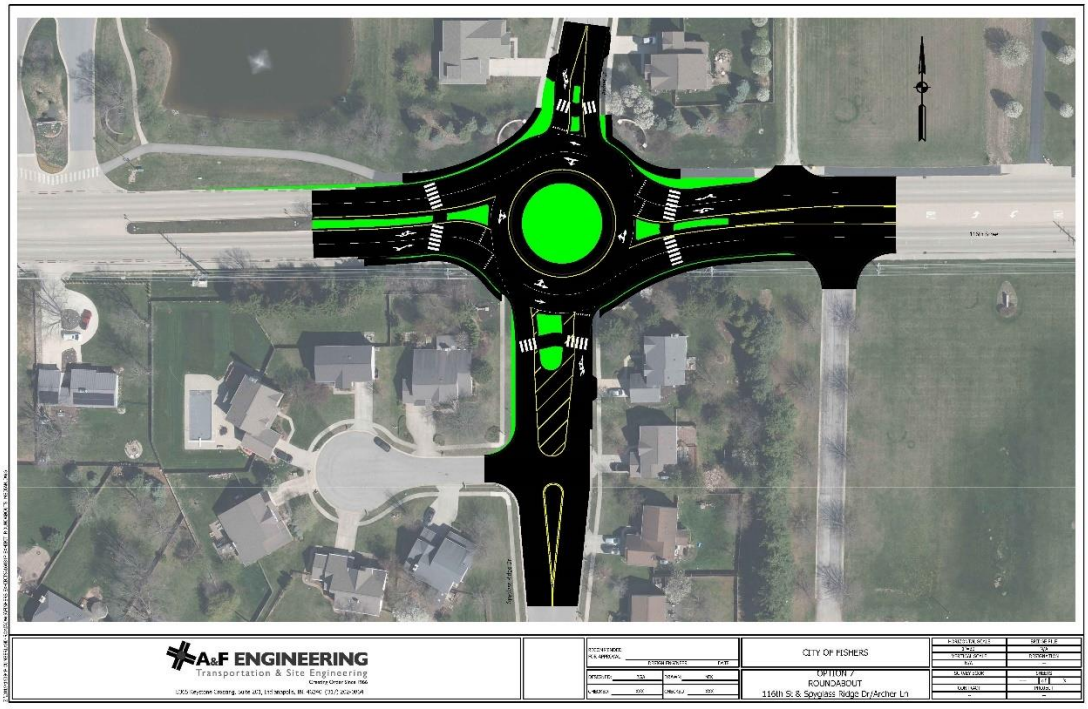
This option would involve constructing a roundabout on 116th Street at the entrance to Spyglass Falls neighborhood. Since roundabouts are yield-at-entry traffic control devices, traffic entering the roundabout would have a good opportunity to safely find gaps in 116th Street traffic needing to seek them 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 persepctives, 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 occurance 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 ordiances now on number of exits needed for a neigborhood 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 Hiil? 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 alow 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 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 18:43
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: 202142148

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/16/2021	Tue	7:28 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
202142148

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:33 AM	7:36 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/16/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GRIFFITH, K		3193	FISHERS PD		

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

Local ID: 202142148

903916980

1	Driver's Name (Last, First, MI): [redacted]						Safety Equipment Used: UNKNOWN		
	Address (Street, City, State, Zip): [redacted]						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	Immed Attn: NO	Driver Injury Status: REFUSED - REFUSED TREATMENT
	Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN			Nature of Most Severe Injury: ABRASION		
	Apparent Physical Status: [x] 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; [x] None						Location of Most Severe Injury: KNEE/LOWER LEG/FOOT		
							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: 2018	Make: JEEP	Model: CHE	Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown	Front / Rear: [ ] [ ] [ ] / [ ] [ ] [ ] / [x] [ ] [ ]	
	# Occupants: 3	Lic Year: 2022	License #: [redacted]	License State: IN					
	# Axles: 2	Speed Limit: 35	Insured By: ERIE	Phone Number: 0000000000					
	Vehicle Identification #: [redacted]						Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown	Front / Rear: [x] [ ] [ ] / [x] [ ] [ ] / [x] [ ] [ ]	
	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? YES	To: FISHERS TOWING / By: FISHERS TOWING		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: SPORT UTILITY VEHICLE		
	License#	Address (Street, City, State, Zip)					Pre-Crash Vehicle Action: TURNING LEFT		
	Veh Year	Make					Direction of Travel: NORTH		
		Lic State	Lic Year	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	[ ] Two Lanes - Two Way; [ ] Multi-Lane Divided (3 or more) - Two Way; [x] 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					Event Collision With: 1. ANOTHER MOTOR VEHICLE		
	HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #					

UNIT INFORMATION

Local ID: 202142148

903916980

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Date of Birth	Age	Gender
09/14/1988	33	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2021	KIA	SOUL	4D

# Occupants	Lic Year	License #	License State
1	2022	[redacted]	KS

# Axles	Speed Limit	Insured By	Phone Number
2	35	LIBERTY MUTUAL	0000000000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

TULSA OK 74134

Towed?	To	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#	Hazzard Class #

Safety Equipment Used: UNKNOWN

Safety Equipment Effective?: N/A

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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 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; [x] 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 2. CURB

State Id
904314376

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-32222

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/21/2023 8:14:12 PM
Printed on 7/21/2023 8:25:13 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH STREET at intersection of KLOTZ FARM BLVD			**HAMILTON**	**DELAWARE**	**FISHERS**
Crash Date: **07/21/2023**	Day of Week: **Friday**	Crash Time: **19:27 PM**	Date of Report: **07/21/2023**	Latitude: **39.95712856**	Longitude: **-85.98782445**
Weather Condition: **CLEAR**	Light Condition: **DAYLIGHT**		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: **T-INTERSECTION**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1934	**1938**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
LEFT TURN	**AT SCENE ONLY**			**$10001 TO $25000**

Investigative Officer	Agency	ID Number
SINGH, JASMEET	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904314376

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-32222

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/21/2023 8:14:12 PM
Printed on 7/21/2023 8:25:13 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	08/13/1965	57	M

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
LAP BELT, MULTI-POINT HARNESS	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	SILVER/ALU	2023	1

Make	Model
KIA	Rio

Style: 4-DOOR

Insured By: SAFE AUTO

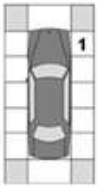
Policy # [redacted] Ins Phone # [redacted]

VIN [redacted]

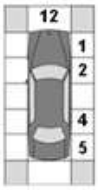
Plate Number	Plate Exp Year	Plate State
[redacted]	2023	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	Oversized
NORTHWEST	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	06/24/2004	19	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
LAP BELT, MULTI-POINT HARNESS	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	BLUE	2012	1

Make	Model
CHEVROLET	Express

Style: VAN

Insured By: GREAT AMERICAN ALLIANCE COMPAN

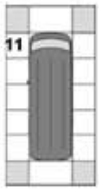
Policy # [redacted] Ins Phone #

VIN [redacted]

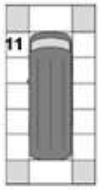
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☑ None ☐ Unknown ☐ Damage to Roof



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 Axes	Oversized
WEST	GOING STRAIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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

Official copy obtained through buycrash.com

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)

Official copy obtained through buycrash.com

Crash Diagram

End of Report

Official copy obtained through buycrash.com

State Id
904447702

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-07087

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 2/12/2024 3:18:35 AM
Printed on 2/12/2024 3:50:05 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
EAST 116TH ST at intersection of KLOTZ FARM BLVD			**HAMILTON**	**DELAWARE**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1814	**1819**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
LEFT TURN	**AT SCENE ONLY**				**$10001 TO $25000**

	Investigative Officer	Agency	ID Number
	NOEL, BRANDON	**FISHERS PD**	**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, Silver\Aluminum 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).

Official copy obtained through buycrash.com

State Id
904447702

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-07087

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 2/12/2024 3:18:35 AM
Printed on 2/12/2024 3:50:05 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	09/28/2001	22	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
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
1	SILVER/ALU	2017	1

Make	Model
SUBARU	Impreza

Style: 4-DOOR

Insured By: PROGRESSIVE

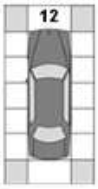
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

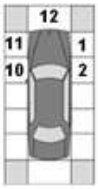
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ 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 Axes	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)
[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]	

Address	DOB	Age	Gender
[redacted]	03/25/1960	63	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
2	WHITE	2003	1

Make	Model
CHEVROLET	MALIBU

Style: 4-DOOR

Insured By: NO INSURANCE

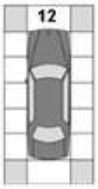
Policy #	Ins Phone #

VIN: [redacted]

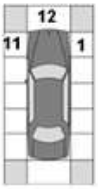
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☑ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ 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 Axes	Oversized
EAST	GOING STRAIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Hit and Run ☐

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)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Hit and Run ☐

Created on 2/12/2024 3:18:35 AM
Printed on 2/12/2024 3:50:05 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902720555

Local ID: 201624382

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/11/2016	Sat	7:30 AM	HAMILTON	FALL CREEK	1	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM DR	500	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/GRADE
Roadway Surface	ASPHALT
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	LANE CONTROL
Traffic Control Device Operational?	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

✓ Witness / Other Participant	# 1	Name: [redacted]
Address etc.: [redacted]		
Phone #: [redacted]	Location at Time of Crash: LEFT LANE WB BEHIND CRASH	
✓ Witness / Other Participant	# 2	Name: KASEY K MCELHINEY
Address etc.: [redacted]		
Phone #: [redacted]	Location at Time of Crash: RIGHT LANE WB BEHIND CRASH	

Non-Motorist

(Last Name, First Name, MI): [redacted]		
Non-Motorist Type: PEDALCYCLIST	Non-Motorist Action: WITH TRAFFIC	
Apparent Physical Condition: NORMAL		
Cited? NO	Direction: WEST	
Street/Highway: 116TH ST		
Traffic Control? NO	If yes, was traffic control operational? NO	

Local ID
201624382

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
7:31 AM	7:32 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/11/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GROUT, D		3048	FISHERS PD		

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

Local ID: 201624382

902720555

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 05/25/1994	Age: 22
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLUE	2003	Pontiac	Vibe	4W

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE	8004213535

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: OVERTAKING/PASSING

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
[x] 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. BICYCLE

NON-DRIVER INJURED INFORMATION

Local ID: 201624382

902720555

Veh#

Injured Pre-crash Location: PEDALCYCLIST

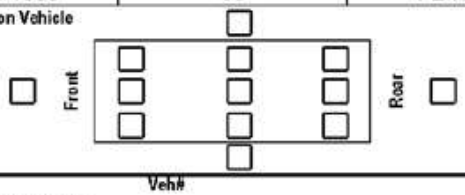
Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
01/15/1960	56	FEMALE

Position in or on Vehicle



Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status
3337	YES	INCAPACITATING -

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: SHOULDER/UPPER ARM

Test Given | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT | Certified Test | ☐ Pending | Drug Results

---

Veh#

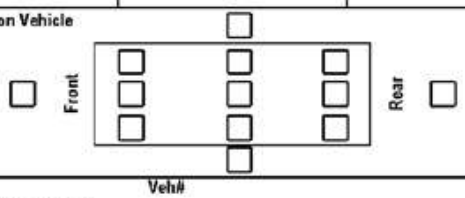
Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle



Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Test Given | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT | Certified Test | ☐ Pending | Drug Results

---

Veh#

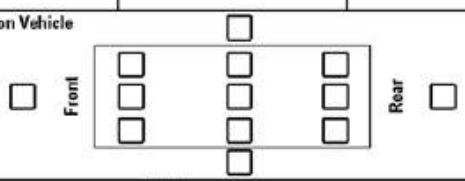
Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle



Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Test Given | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT | Certified Test | ☐ Pending | Drug Results

---

Veh#

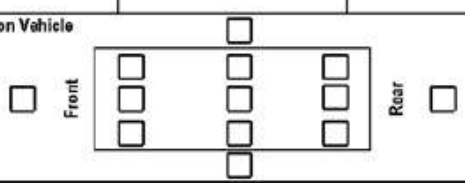
Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle



Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

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

902771625

Local ID: 201637776

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/06/2016	Tue	8:28 AM	HAMILTON	FALL CREEK	3	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD	300	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]		BOKMA,STEPHANIE.L	

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓	✓	✓

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/GRADE
- Roadway Surface: ASPHALT
- Construction: NO
- If Yes, Construction Type:
- Traffic Control Devices: LANE CONTROL
- 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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201637776

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
8:28 AM	8:32 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/06/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
DAVID, A		3033	FISHERS PD		

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

Local ID: 201637776

902771625

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 08/10/1987	Age:	Gender: FEMALE
Driver's License # [redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLK	2011	VOLKSWAGEN	JETTA	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS	8008425075

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037-7286

Towed?	To / By	Due to Disabling Damage
YES	BOGGS / BOGGS	YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	[ ] 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			

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 #	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 201637776

902771625

2 — 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: 10/04/1977 / Age: / Gender: MALE	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: [x] 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; [x] None	Location of Most Severe Injury:
		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#: 2 / Color: SIL / Vehicle Year: 2015 / Make: SUBARU / Model: OUTBACK / Style: 4D		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Rear
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: TRAVCO / Phone Number: 8002524633		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [x] Trailer; [ ] None; [ ] Unknown — Front: [x] Trailer / Rear: [x] Trailer
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46037-9253		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		Emergency Run?: / Fire?: NO
License #: / Address (Street, City, State, Zip):		Vehicle Type: PASSENGER CAR/STATION WAGON
Veh Year / Make		Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC
Lic State / Lic Year / 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; [x] 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		Event Collision With: 1. ANOTHER MOTOR VEHICLE 2. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #		

UNIT INFORMATION

Local ID: 201637776

902771625

3 Driver's Name (Last, First, MI): [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: 10/05/1979 / Age: / Gender: FEMALE	EMS No.: 3337 / Immed Attn: YES / 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: [x] 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; [x] None	Location of Most Severe Injury: BACK 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#: 3 / Color: BLK / Vehicle Year: 2013 / Make: CADILLAC / Model: XTS / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown Front / Rear: [ ] [ ] [ ] / [ ] [ ] [x] / [ ] [ ] [ ]
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: LIBERTY MUTUAL / Phone Number: 8002252467	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown Front / Rear: [ ] [ ] [ ] / [ ] [ ] [x] / [ ] [ ] [ ]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46040-9018	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To: / By: / Due to Disabling Damage	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: SLOWING OR STOPPED IN TRAFFIC
Lic State / Lic Year / 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902773528

Local ID: 201638030

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/07/2016	Wed	2:58 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

- ✓ Witness / Other Participant: # 1 — Name: T [redacted]
- Address etc.:
- Phone #: [redacted] Location at Time of Crash:
- ✓ Witness / Other Participant: # 2 — Name: [redacted]
- Address etc.:
- Phone #: [redacted] Location at Time of Crash: WB BEHIND VEHICLE 1 AND 2

Non-Motorist

- (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
201638030

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
2:59 PM	3:04 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/07/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GROUT, D		3048	FISHERS PD		

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

Local ID: 201638030

902773528

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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
Test Given: NONE / Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	If Cited?: [x] Infraction; [ ] Misdemeanor; [ ] Felony / IC Codes: 9-25-8-2 9-24-19-1
Alcohol Results PBT / Certified Test [ ] Pending / Drug Results	
Veh# 1 / Color: BLACK / Vehicle Year: 2007 / Make: CHRYSLER / Model: 300M / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: UNKNOWN / Phone Number: 0000000000	
Vehicle Identification#: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
ELWOOD IN 46036	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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	Direction of Travel: WEST
License# / Address (Street, City, State, Zip)	
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; [x] 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 2. CURB
US DOT# / ICC# / CMV Inspection / If Yes	
Gross Vehicle Weight Rating / Cargo Body Type	
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

UNIT INFORMATION

Local ID: 201638030

902773528

2 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

MC CORDSVILLE IN 46055

Date of Birth	Age	Gender
01/08/1982	34	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2001	TOYOTA	SIENNA	SV

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	0000000000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46229-9765

Towed? YES | To FISHERS TOWING | By FISHERS TOWING | 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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

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
- [x] 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

902807335

Local ID: 201645832

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/01/2016	Tue	7:25 AM	HAMILTON	FALL CREEK	2	00	00	00	00

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (NOT LIGHTED)
- Weather Conditions: CLEAR
- Surface Condition: DRY
- Type of Median:
- Type of Roadway Junction: T-INTERSECTION
- Road Character: STRAIGHT/GRADE
- Roadway Surface: ASPHALT
- Construction: NO
- If Yes, Construction Type:
- Traffic Control Devices: LANE CONTROL
- Traffic Control Device Operational? NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201645832

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:27 AM	7:30 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/01/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
EMMONS, D		3045	FISHERS PD		

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

Local ID: 201645832

902807335

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	12/23/1993
Age	22
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	FL

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2012	DODGE	AVENGER	4D

# Occupants	Lic Year	License #	License State
01	2017	[redacted]	FL

# Axles	Speed Limit	Insured By	Phone Number
02	40	STATE FARM	3058226921

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 / By	Due to Disabling Damage
YES	MILLERS TOWING / 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

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	[ ]	[ ]	[ ]
	[x]	[ ]	[ ]
	[ ]	[ ]	[ ]
Rear			

Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown

Front	[x]	[ ]	[ ]
	[x]	[ ]	[ ]
	[x]	[ ]	[ ]
Rear			

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: GOING STRAIGHT

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
- [x] 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

Local ID: 201645832

902807335

2 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	Age	Gender
10/08/1973	43	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Apparent Physical Status
- [x] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [x] 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

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#	Color	Vehicle Year	Make	Model	Style
2	WHITE	2002	TOYOTA	HIGHLANDER	UT

# Occupants	Lic Year	License #	License State
01	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
02	40	STATE FARM	8124256338

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



Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



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 # | Hazzard Class #

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run? | Fire?: NO

Vehicle Type: UNKNOWN TYPE

Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC

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
- [x] 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

902840023

Local ID: 201652036

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/16/2016	Fri	1:50 PM	HAMILTON	FALL CREEK	1	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD	200	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

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	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

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

	#	Name
✓ Witness	1	[redacted]
Other Participant		

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: 50 FT NORTHEAST

	#	Name
✓ Witness	2	[redacted]
Other Participant		

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: 50 WEST

Non-Motorist

(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
201652036

Type of Crash	RAN OFF ROAD				
Time Notified	Time Arrived	Other Location of Investigation			
1:55 PM	2:05 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
BEN COLLING		3098	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/16/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
KEHL, S		3015	FISHERS PD	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

Local ID: 201652036

902840023

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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
07/22/1932	84	FEMALE	1133	YES	INCAPACITATING - TRANSPORTED

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Nature of Most Severe Injury: NONE VISIBLE

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 ☐ To/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

IC Codes:

Test Given	Type Given
NONE	☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results — PBT: — Certified Test: ☐ Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2012	Chevrolet	IMPALA	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	CELINA	3174856415

Initial Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Vehicle Identification #: [redacted]

Areas Damaged (Multiples): ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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 / By	Due to Disabling Damage
YES	MILLERS TOWING / MILLERS TOWING	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: EAST

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#:

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

Event Collision With: 1. MAILBOX 2. UTILITY POLE

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903923584

Local ID: 202142117

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/15/2021	Mon	7:53 PM	HAMILTON	DELAWARE	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

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 (NOT LIGHTED)
Weather Conditions	CLEAR
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	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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
202142117

Type of Crash	COLLISION WITH DEER				
Time Notified	Time Arrived	Other Location of Investigation			
7:53 PM	8:00 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				NO	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/15/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
LAWSON, M		3201	FISHERS PD		

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

Local ID: 202142117

903923584

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

MOUNT JULIET TN 37121

Date of Birth	Age	Gender
10/22/1961	60	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2010	MITSUBISHI	GALANT	4D

# Occupants	Lic Year	License #	License State
1	2022	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	USAA CASUALTY INSURANCE	8005318722

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

MOUNT JULIET TN 37121

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP BELT ONLY

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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 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
- [x] 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. DEER

State Id
904544388

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-34726

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/24/2024 12:54:15 PM
Printed on 7/24/2024 12:55:14 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH STREET at intersection of KLOTZ FARM BLVD			**HAMILTON**	**FALL CREEK**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1056	**1058**	**UNSAFE LANE MOVEMENT (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**				**$10001 TO $25000**

	Investigative Officer	Agency	ID Number
	MATT, KEVIN	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904544388

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-34726

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/24/2024 12:54:15 PM
Printed on 7/24/2024 12:55:14 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	03/22/1961	63	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
NONE		NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	BRONZE	2014	1

Make	Model
TOYOTA	VENZA

Style: 4-DOOR

Insured By: PROGRESSIVE

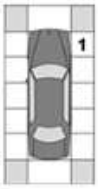
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

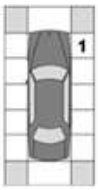
Plate Number	Plate Exp Year	Plate State
[redacted]	2025	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage
☐ Trailer
☐ None
☐ Unknown
☐ Damage to Roof



Areas of Damage
☐ Undercarriage
☐ Trailer
☐ None
☐ Unknown
☐ Damage to Roof



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 Axes	Oversized
WEST	GOING STRAIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	04/02/1987	37	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
UNKNOWN		NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	BLUE	2024	4

Make	Model
HONDA	ODYSSEY

Style: 4-DOOR

Insured By: ALL STATE

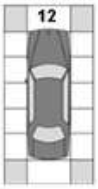
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

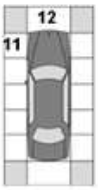
Plate Number	Plate Exp Year	Plate State
[redacted]	2025	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area
☐ Undercarriage
☐ Trailer
☐ None
☐ Unknown
☐ Damage to Roof



Areas of Damage
☑ Undercarriage
☐ Trailer
☐ None
☐ Unknown
☐ Damage to Roof



Company Towed By	City Towed To	Fire?
INTERSTATE DELEWARE AND S	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 Axes	Oversized
EAST	GOING STRAIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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

Official copy obtained through buycrash.com

State Id
904544388

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-34726

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 7/24/2024 12:54:15 PM
Printed on 7/24/2024 12:55:14 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 MAINTAIN LANE,FAILURE TO YIELD RIGHT OF WAY,IMPROPER LANE USAGE,UNSAFE LANE MOVEMENT,NONE (ENVIRONMENTAL)

Unit 2 :

NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901398523

Local ID: 201016535

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/25/2010	Tue	3:18 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201016535

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
3:21 PM	3:21 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/25/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEESNER, K		3121	FISHERS PD		

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

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/11/1989	21	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status
- [x] 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
- [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test | [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	2008	TRIUMPH	BONNEVILLE	MC

# Occupants	Lic Year	License #	License State
1	2010	237117	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE INSURANCE	800-776-4737

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	Due to Disabling Damage
NO	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 # | Hazzard Class #

Safety Equipment Used: HELMET

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
1946		NON-INCAPACITATING

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

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: MOTORCYCLE

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	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201016535

901398523

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 08/12/1992 — Age: 17 — Gender: MALE	
Driver's License # [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT / Certified Test [ ] Pending — Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLUE	2005	SAAB	93	4D

# Occupants	Lic Year	License #	License State
1	2010	641AVY	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY INSURANCE	317-576-0055

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

SOUTH BEND IN 46615

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# — Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. — Immed Attn — Driver Injury Status

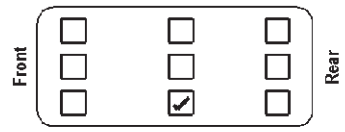
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

901498103

Local ID: 201030101

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/08/2010	Wed	10:51 AM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

	#	Name
✓ Witness	1	TERESA MENKE
☐ Other Participant		

Address etc.: 11710 GATWICK VIEW DRIVE

Phone #: 317-288-0653

Location at Time of Crash: RIGHT LANE BEHIND ACCIDENT

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201030101

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
10:51 AM	10:55 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
ROB THOMPSON		3069	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/08/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
PARSHALL, H		3126	FISHERS PD		

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

Local ID: 201030101

901498103

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
02/18/1935	75	FEMALE

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 / Certified Test [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2001	Honda	ODYSSEY	VN

# Occupants	Lic Year	License #	License State
1	2011	D407CN	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	WOLF INSURANCE	317-842-1924

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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

UNIT INFORMATION

Local ID: 201030101

901498103

2	Driver's Name (Last, First, MI) [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	Immed 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#	Color	Vehicle Year	Make	Model	Style				Initial Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		
2	GREEN	2005	HONDA	PILOT	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]									Areas Damaged (Multiples): ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown		
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? YES	To: FISHERS TOWING / By: FISHERS TOWING				Due to Disabling Damage				Emergency Run?	Fire?: NO	
	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver						Vehicle Type: UTILITY (SUV)		
License#			Address (Street, City, State, Zip)						Pre-Crash Vehicle Action: GOING STRAIGHT		
Veh Year	Make								Direction of Travel: EAST		
	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) ☐ Same as Driver						Type of Primary/Secondary Roadway		
License#			Address (Street, City, State, Zip)						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
Veh Year	Make										
	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#	Hazzard Class #								

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901585957

Local ID: 20113894

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/05/2011	Sat	11:42 AM	HAMILTON	FALL CREEK	2	2	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZFARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20113894

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
11:52 AM	11:56 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/05/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ROBINSON, C		3068	FISHERS PD		

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

Local ID: 20113894

901585957

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FAIRLAND IN 46126
Date of Birth	12/19/1991
Age	19
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2000	PLYMOUTH	BREEZE	4D

# Occupants	Lic Year	License #	License State
1	2011	NH96391	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE MUTUAL	800-421-1444

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FAIRLAND IN 46126

Towed?	To MILLERS	Due to Disabling Damage
YES	By MILLERS	

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? NO

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
AM95		NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: KNEE/LOWER LEG/FOOT

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20113894

901585957

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
08/14/1967	43	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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 / Certified Test [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLUE	2006	TOYOTA	SIENNA	SV

# Occupants	Lic Year	License #	License State
2	2011	855HAE	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY INS	513-738-3470

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	Due to Disabling Damage
NO	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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
AM95		NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HIP/UPPER LEG

If Cited?: [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

901700845

Local ID: 201131783

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/30/2011	Fri	7:09 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

	#	Name
✓ Witness	1	CHRISTOPHER CONGDON
☐ Other Participant		

Address etc.: 11714 CANYON CT FISHERS IN 46037

Phone #: 317-459-6750

Location at Time of Crash: EASTBOUND 116TH ST BEHIND V2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201131783

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:10 AM	7:15 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/30/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
LINDAUER, J		3118	FISHERS PD		

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

Local ID: 201131783

901700845

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 11/12/1964	Age: 46
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT:	Certified Test: [ ] Pending
Drug Results:	

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAR/	2011	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
1	2012	718NI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	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

Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING; By FISHERS 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#	Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

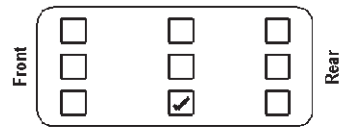
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201131783

901700845

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
CARMEL IN 46033	
Date of Birth: 05/28/1976	Age:	Gender: MALE
Driver's License #	[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN/	2005	ACURA	TL	4D

# Occupants	Lic Year	License #	License State
2	2012	CC5126	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8002252467

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

CARMEL IN 46033-8282

Towed?	To / By	Due to Disabling Damage
YES	BROOKS TOWING / BROOKS 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#	Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901749764

Local ID: 201141432

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/23/2011	Fri	7:13 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstance	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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

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

	#	Name
✓ Witness	1	MICHELLE LEE
☐ Other Participant		

Address etc.: 8821 S 650 W PENDELTON INDIANA

Phone #: 317 698 1576

Location at Time of Crash: BEHIND DRIVER 2 AT THE TIME

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201141432

Type of Crash	LEFT TURN

Time Notified	Time Arrived	Other Location of Investigation
7:14 PM	7:16 PM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			12/23/2011

Investigating Officer	ID No.	Agency	Reviewing Officer
RODRIGUEZ, C	3136	FISHERS PD	

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

Local ID: 201141432

901749764

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth: 12/21/1983	Age: 28 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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: — Certified Test: — [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2003	FORD	EXPLORER	4D

# Occupants	Lic Year	License #	License State
1	2012	179MCU	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	ALLSTATE INSURANCE	8002176423

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 / By	Due to Disabling Damage
YES	To GARNERS TOWING SERVICE; By GARNERS TOWING SERVICE	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#	Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201141432

901749764

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/09/1975	36	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2007	Chrysler	PACIFICA	4W

# Occupants	Lic Year	License #	License State
1	2012	2937554	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	ILLINOIS STATE FARM INSURANCE	6185461112

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

ROBINSON IL 62454

Towed? YES | To/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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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)	[x] 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

Page 1 of 3

901920880

Local ID: 201238547

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/12/2012	Mon	7:50 AM	HAMILTON	FALL CREEK	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201238547

Type of Crash HEAD ON

Time Notified	Time Arrived	Other Location of Investigation				
7:45 AM	7:46 AM	SCENE OLY				
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?	
				YES	NO	
Assisting Officer		ID No.	Agency	Date of Report		
				11/12/2012		
Investigating Officer		ID No.	Agency	Reviewing Officer		
OSBORN, D		3019	FISHERS PD			

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

Local ID: 201238547

901920880

1	Driver's Name (Last, First, MI): [redacted]
Address (Street, City, State, Zip): [redacted]	
INDIANAPOLIS IN 46219	
Date of Birth: 12/05/1977	Age: 34	Gender: FEMALE
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 | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2008	Chevrolet	TRAILBLAZER	UT

# Occupants	Lic Year	License #	License State
1	2012	367CS	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFE AUTO	8007233288

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46219

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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. DEER

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901974789

Local ID: 20136148

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/15/2013	Fri	3:26 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20136148

Type of Crash	LEFT TURN

Time Notified	Time Arrived	Other Location of Investigation
3:29 PM	3:36 PM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			02/15/2013

Investigating Officer	ID No.	Agency	Reviewing Officer
WYNN, S	3104	FISHERS PD	

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

Local ID: 20136148

901974789

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

TIPTON IN 46072

Date of Birth	Age	Gender
10/16/1992	20	FEMALE

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 | Certified Test | [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2000	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
1	2013	469AMW	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	UNKNOWN

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]ET

TIPTON IN 46072

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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

Local ID: 20136148

901974789

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
MUNCIE IN 47304	
Date of Birth: 02/09/1932	Age: 81 — Gender: FEMALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2004	TOYOTA	AVALON	4D

# Occupants	Lic Year	License #	License State
1	2013	395DDM	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	IN FARMERS MUTUAL INS COMPANY	7658464211

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

MUNCIE IN 47304

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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	[x] 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

Local ID: 201318464

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/14/2013	Tue	7:46 AM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

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

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	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	DRIVABLE
Type of Roadway Junction	NO JUNCTION INVOLVED
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: $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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201318464

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:48 AM	7:49 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/14/2013	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SMITH, W		3137	FISHERS PD		

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

Local ID: 201318464

902019193

1	Driver's Name (Last, First, MI) [redacted]										
Address (Street, City, State, Zip) [redacted]NG											
FISHERS					IN	46040					
Date of Birth: 08/31/1963		Age: 49		Gender: FEMALE							
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	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test: [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2006	TOY	SEQ	4D

# Occupants	Lic Year	License #	License State
2	2014	762DDO	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARMERS	1111111111

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address [redacted]NG

FISHERS IN 46040

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

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

Local ID: 201318464

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): 1[redacted]T

FISHERS IN 46037

Date of Birth	Age	Gender
03/06/1973	40	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
0[redacted]	OP		IN

Apparent Physical Status
- [x] 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
- [x] None

Test Given: NONE

Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT: | Certified Test: | [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2012	BUICK	VER	4D

# Occupants	Lic Year	License #	License State
1	2014	612GEX	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8005871481

Vehicle Identification #: 1[redacted]

Registered Owner's Name (Last, First, MI): B[redacted] [ ] Same as Driver

Address (Street, City, State, Zip): 1[redacted]T

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

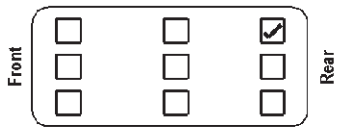
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

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: SLOWING OR STOPPED IN TRAFFIC

Direction of Travel: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

902189455

Local ID: 20146185

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/15/2014	Sat	8:25 AM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: SNOW/SLUSH
- Type of Median: DRIVABLE
- 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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
20146185

Type of Crash	RIGHT ANGLE

Time Notified	Time Arrived	Other Location of Investigation
8:27 AM	8:29 AM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			02/15/2014

Investigating Officer	ID No.	Agency	Reviewing Officer
THOMPSON, R	3069	FISHERS PD	

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

Local ID: 20146185

902189455

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/15/1975	Age: 38
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2010	SUBARU	FORESTER	4D

# Occupants	Lic Year	License #	License State
1	2014	249LMK	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	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	Due to Disabling Damage
NO	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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3337	NO	NON-INCAPACITATING

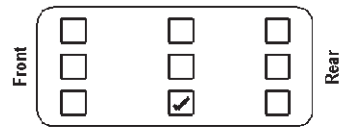
Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HEAD

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20146185

902189455

2	Driver's Name (Last, First, MI) [redacted]				
Address (Street, City, State, Zip) 7[redacted]VE					
INDIANAPOLIS		IN	46217		
Date of Birth: 11/09/1987	Age: 26	Gender: FEMALE			
Driver's License # [redacted]	Lic Type: OP	CDL Class:	Lic State: IN		

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE

Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT / Certified Test [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BROWN	2013	Volkswagen	CC SPORT	2D

# Occupants	Lic Year	License #	License State
1	2014	9729A	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATION WIDE	8002821446

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

INDIANAPOLIS IN 46025

Towed? YES — To: MILLERS TOWING — By: MILLERS TOWING — 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

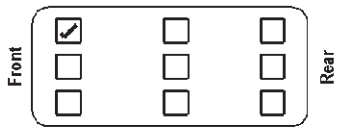
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	[x] 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

902231407

Local ID: 201418168

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/12/2014	Mon	7:14 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER	39 57.426	-85 59.266

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	DRIVABLE
Type of Roadway Junction	T-INTERSECTION
Road Character	STRAIGHT/HILLCREST
Roadway Surface	CONCRETE
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	STOP SIGN
Traffic Control Device Operational?	NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

	#	Name
✓ Witness	1	AMITAV R THAMBA
☐ Other Participant		

Address etc.: 9880 CASCADES CT FISHERS INDIANA

Phone #: 3174108808

Location at Time of Crash: BEHIND V1

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201418168

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:14 AM	7:16 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
B DENNIS		9334	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/12/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
AHNERT, J		3089	FISHERS PD		

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

Local ID: 201418168

902231407

1 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	01/28/1958
Age	56
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2012	Ford	FUSION	4D

# Occupants	Lic Year	License #	License State
1	2015	SVU753	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS	8006372830

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 / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201418168

902231407

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/22/1965 — Age: 48 — Gender: FEMALE	
Driver's License # [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2002	HONDA	ACCORD LX	4D

# Occupants	Lic Year	License #	License State
1	2014	310BEQ	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AAA	8002073618

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Towed? YES — To/By: BOGGS TOWING — 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# — Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. — Immed Attn — Driver Injury Status

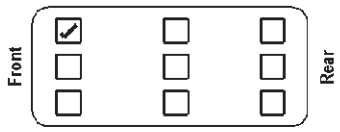
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: [ ] One Lane [ ] Two Lanes [ ] Multi-Lanes (3 or more)

Two Way Traffic: [ ] Two Lanes [x] 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

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902300804

Local ID: 201435998

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/12/2014	Fri	7:15 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ DR	116 ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	NONE
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: $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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201435998

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:15 AM	7:19 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/12/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GAINES, R		3067	FISHERS PD		

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

Local ID: 201435998

902300804

1 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	1[redacted]
FISHERS IN 46038	
Date of Birth: 10/15/1967	Age:	Gender: MALE
Driver's License #: 8[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test: [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SIL	2001	TOYOTA	SEQUOIA	4W

# Occupants	Lic Year	License #	License State
1	2015	234FAB	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	STATE FARM	3173560958

Vehicle Identification #: 5[redacted]

Registered Owner's Name (Last, First, MI): F[redacted] [ ] Same as Driver

Address (Street, City, State, Zip): 1[redacted]

FISHERS IN 46038-1954

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: NORTHWEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201435998

902300804

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Date of Birth	Age	Gender
04/17/1972		MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT / Certified Test [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2006	Cadillac	Dts	4D

# Occupants	Lic Year	License #	License State
2	2014	705BHI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE	8002744499

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Towed?	To / By	Due to Disabling Damage
YES	To BOGGS TOWING By BOGGS 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: [ ] One Lane [ ] Two Lanes [ ] Multi-Lanes (3 or more)

Two Way Traffic: [ ] Two Lanes [x] 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

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902333483

Local ID: 201444809

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/13/2014	Thu	8:45 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: CURBED
- 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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201444809

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
8:50 AM	8:55 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/13/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
KEHL, S		3015	FISHERS PD	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

Local ID: 201444809

902333483

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth: 08/09/1972	Age: 42 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT / Certified Test: [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2011	TOYOTA	SIENNA	SV

# Occupants	Lic Year	License #	License State
1	2015	577LLX	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	AAA	8002073618

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: 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	[x] 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

Local ID: 201444809

902333483

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46038	
Date of Birth: 06/06/1954 — Age: 60 — Gender: FEMALE	
Driver's License #: [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test: [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2006	Mercedes Benz	E500	4D

# Occupants	Lic Year	License #	License State
1	2015	934ARI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	AAA	8002073618

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address: [redacted]

FISHERS IN 46038

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED 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	[x] 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

902360511

Local ID: 201450488

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/26/2014	Fri	1:55 AM	HAMILTON	DELAWARE	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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

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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201450488

Type of Crash

Time Notified	Time Arrived	Other Location of Investigation			
1:58 AM	2:15 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/26/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
BROCKMAN, A		3145	FISHERS PD		

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 Mclahlan (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

Local ID: 201450488

902360511

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
LEBANON IN 46052	
Date of Birth: 09/15/1961	Age:	Gender: MALE
Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHI	2015	HONDA	ODYSSEY	VN

# Occupants	Lic Year	License #	License State
2	2015	WMV327	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO	3178617524

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

LEBANON IN 46052-8142

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: WEST

Type of Primary/Secondary Roadway:

[ ] One Way Road
[x] 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. DEER

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902777319

Local ID: 201639146

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/14/2016	Wed	4:22 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: LANE CONTROL
- 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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201639146

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
4:22 PM	4:23 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/14/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
DAVID, A		3033	FISHERS PD		

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

Local ID: 201639146

902777319

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: 09/03/1947 / Age: / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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: DGR / Vehicle Year: 2001 / Make: FORD / Model: RANGER / Style: TK		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2017 / License #: TK751MQT / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: STATE FARM / Phone Number: 3178702272		
Vehicle Identification#: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46037-4310		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		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 / Registered Owner's Name (Last, First, MI) [ ] Same as Driver		Direction of Travel: NORTH
License# / Address (Street, City, State, Zip)		
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; [x] 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# / Hazzard Class #		

UNIT INFORMATION

Local ID: 201639146

902777319

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 10/09/1977 — Age: — Gender: MALE	
Driver's License #: [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT: — Certified Test: — [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLK	2014	HONDA	CR-V	4W

# Occupants	Lic Year	License #	License State
2	2017	WYE522	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLIED	8002821446

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-5513

Towed?	To	Due to Disabling Damage
NO	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# — Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. — Immed Attn — Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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 Road
[ ] One Lane - One Way
[ ] Two Lanes - One Way
[ ] Multi-Lanes (3 or more) - One Way
[ ] Multi-Lane w/ Grass Median Only
[x] 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

902977587

Local ID: 201734264

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
08/12/2017	Sat	2:52 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZFARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201734264

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
2:59 PM	3:05 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/12/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVIS, J		3057	FISHERS PD		

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

Local ID: 201734264

902977587

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	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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: GRY / Vehicle Year: 2015 / Make: GENERAL MOTORS / Model: ACADIA / Style: 4W	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2018 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: NATIONWIDE / Phone Number: 8004213535	
Vehicle Identification#: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46037-4319	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: TURNING LEFT
Lic State / Lic Year / 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 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

UNIT INFORMATION

Local ID: 201734264

902977587

2	Driver's Name (Last, First, MI): [redacted] W						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: 02/22/1957		Age:		Gender: MALE			EMS No.:	Immed Attn:	Driver Injury Status:
Driver's License #: [redacted]		Lic Type: OP	CDL Class:	Lic State: IN			Nature of Most Severe Injury:		

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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:

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#	Color	Vehicle Year	Make	Model	Style
2	BLKBLK	2012	CADILLAC	ESCALADE	TK

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM INS	3178421962

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]

FISHERS IN 46037-4080

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	By	

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

	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: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: TURNING LEFT

Direction of Travel: SOUTHWEST

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 #: — Hazzard 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
- [x] 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

903246977

Local ID: 201847557

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/26/2018	Fri	4:36 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS		39 57.426	-85 59.266

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201847557

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
4:38 PM	4:44 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/26/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GABRIELSEN, S		3174	FISHERS PD		

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

Local ID: 201847557

903246977

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46202

Date of Birth	Age	Gender
08/29/1968		MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2003	HONDA	CIVIC	2D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	GEICO	8002077847

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46202

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# | Hazzard Class #

Safety Equipment Used: UNKNOWN

Safety Equipment Effective? N/A

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] Multi-Lane w/ Concrete Barrier
[ ] Multi-Lane w/ Metal Guardrail Median
[ ] Private Drive
[ ] Alley
[ ] Ramp

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201847557

903246977

2	Driver's Name (Last, First, MI): [redacted]				Safety Equipment Used: UNKNOWN	
Address (Street, City, State, Zip): [redacted]					Safety Equipment Effective?: N/A	
CARMEL		IN	46032		Ejection/Trapped: NOT EJECTED OR TRAPPED	
Date of Birth: 12/15/1986	Age:	Gender: MALE			EMS No.	Immed Attn	Driver Injury Status
Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN		Nature of Most Severe Injury		

Apparent Physical Status: [x] 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; [x] None

Location of Most Severe Injury:

If Cited? [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	WHITE	2011	CHEVROLET	MALIBU	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	PROGRESSIVE	8007764737

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46032

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard 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: SLOWING OR STOPPED IN TRAFFIC

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
- [x] 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

903360759

Local ID: 201915838

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
04/23/2019	Tue	1:00 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM RD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
201915838

Type of Crash	LEFT/RIGHT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
1:02 PM	1:07 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				04/27/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MARSHALL, C		3144	FISHERS PD		

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

Local ID: 201915838

903360759

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46217-4868

Date of Birth	Age	Gender
01/25/1951	68	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT: | Certified Test: | [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SIL	2012	BMW	7LX	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	USAA	1111111111

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46217-4868

Towed? YES | To BOGGS | By BOGGS | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

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	[ ]	[ ]	[ ]
	[ ]	[ ]	[ ]
	[x]	[ ]	[ ]

Rear

Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [x] Unknown

Front	[ ]	[ ]	[ ]
	[x]	[ ]	[ ]
	[x]	[x]	[ ]

Rear

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type: PASSENGER CAR/STATION WAGON

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
[x] 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

Local ID: 201915838

903360759

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 07/28/1960	Age:	Gender: FEMALE
Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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: | Certified Test: | [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2009	TOYOTA	CAMRY	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN SELECT	1111111111

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-8876

Towed?	To / By	Due to Disabling Damage
YES	To BOGGS / By BOGGS	YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	[ ] 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			

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 #	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [x] 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 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
[x] 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

903419126

Local ID: 201929972

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
07/31/2019	Wed	2:20 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

- ✓ Witness / Other Participant: # 1
- Name: [redacted]
- Address etc.: [redacted]
- Phone #: [redacted]
- Location at Time of Crash: DRIVING WEST ON 116TH STREET

- Witness / Other Participant: #
- Name:
- Address etc.:
- Phone #:
- Location at Time of Crash:

Non-Motorist

- (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
201929972

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
2:23 PM	2:25 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/31/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MYERS, B		3035	FISHERS PD		

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

Local ID: 201929972

903419126

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
12/25/2002	16	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2007	FORD	FOCUS	4D

# Occupants	Lic Year	License #	License State
2	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE	8004213535

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
- [x] 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

Local ID: 201929972

903419126

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: YES
MUNCIE IN 47304	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 11/05/1981 / Age: 37 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: GRAY / Vehicle Year: 2019 / Make: CHEVROLET / Model: TRAVERSE / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 2 / Lic Year: 2019 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: AMERICAN FAMILY / Phone Number: 7652810100	
Vehicle Identification#: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
MUNCIE IN 47304	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: SPORT UTILITY VEHICLE
Veh Year / Make	Pre-Crash Vehicle Action: TURNING LEFT
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver	Direction of Travel: NORTHWEST
License# / Address (Street, City, State, Zip)	
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; [x] 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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903663275

Local ID: 202036838

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/02/2020	Fri	4:11 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/HILLCREST
- Roadway Surface: ASPHALT
- Construction: NO
- If Yes, Construction Type:
- Traffic Control Devices: STOP SIGN
- Traffic Control Device Operational? NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

- ✓ Witness / Other Participant: # 1
- Name: [redacted]
- Address etc.: [redacted]
- Phone #: [redacted]
- Location at Time of Crash: WB 116TH AT KLOTZ FARM BLVD

- Witness / Other Participant: #
- Name:
- Address etc.:
- Phone #:
- Location at Time of Crash:

Non-Motorist

- (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
202036838

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
4:12 PM	4:12 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/02/2020	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MYERS, B		3035	FISHERS PD		

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

Local ID: 202036838

903663275

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	05/17/1939
Age	81
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2020	HONDA	CRV	UT

# Occupants	Lic Year	License #	License State
1	2020	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	SAFECO INSURANCE	8664273326

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 / By	Due to Disabling Damage
YES	To GARNERS / By GARNERS	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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
0715	YES	INCAPACITATING - TRANSPORTED

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: ENTIRE BODY

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 202036838

903663275

2 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
07/02/1980	40	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	MAROON	2000	TOYOTA	CAMRY	4D

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	GEICO INSURANCE	8008413000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To MILLERS | By MILLERS | 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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
- [x] 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

903725669

Local ID: 20211739

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
01/14/2021	Thu	1:50 PM	HAMILTON	DELAWARE	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KOTZ FARM BLVD	EAST 116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: 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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
20211739

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
12:52 PM	12:52 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/14/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SMITH, W		3137	FISHERS PD		

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

Local ID: 20211739

903725669

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/05/2004	16	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2019	FORD	MUSTANG	4D

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	1111111111

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 20211739

903725669

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

CORAL SPRINGS FL 33071

Date of Birth	Age	Gender
12/08/1997	23	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		FL

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE

Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT: [ ] Certified Test [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLK	2014	FORD	FOCUS	4D

# Occupants	Lic Year	License #	License State
2	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNK	UNK

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

CORAL SPRINGS FL 33071

Towed? YES | To MILLERS | By MILLERS | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3338	YES	INCAPACITATING - TRANSPORTED

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HIP/UPPER LEG

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED IN TRAFFIC

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
- [x] 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

903745807

Local ID: 20216972

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/20/2021	Sat	10:28 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (NOT LIGHTED)
- Weather Conditions: CLEAR
- 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: $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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
20216972

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
10:28 PM	10:34 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/20/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SIEG, Z		3176	FISHERS PD		

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.

UNIT INFORMATION

Local ID: 20216972

903745807

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
10/12/2002	18	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2016	Chevrolet	SONIC	4D

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO	3173534369

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To FISHERS TOWING | By FISHERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 20216972

903745807

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: YES
INDIANAPOLIS IN 46236	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 08/16/1981 / Age: 39 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: LBL / Vehicle Year: 2014 / Make: JEEP / Model: WRANGLER / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2021 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: PROGRESSIVE / Phone Number: 8664071786	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
INDIANAPOLIS IN 46256	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed? YES / To MILLERS / By MILLERS / 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: SPORT UTILITY VEHICLE
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 Road; [ ] One Lane - One Way; [ ] Two Lanes - One Way; [ ] Multi-Lanes (3 or more) - One Way; [ ] Multi-Lane w/ Grass Median Only; [x] 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#	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# / Hazzard Class #	

Appendix C – Crash Reports
Knightsbridge Lane

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902620420

Local ID: 20161303

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
01/11/2016	Mon	3:48 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KNIGHTSBRIDGE LN	DEERING ST	300	S	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20161303

Type of Crash	OTHER - EXPLAIN IN NARRATIVE				
Time Notified	Time Arrived	Other Location of Investigation			
3:51 PM	3:54 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/11/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MARSH, T		3062	FISHERS PD		

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

Local ID: 20161303

902620420

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Date of Birth	Age	Gender
06/24/1963	52	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	1989	CHEVROLET	SML CNV CAB 4X2-	PD

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	US

# Axles	Speed Limit	Insured By	Phone Number
2	25	SELF INSURED	3179137902

[redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Vehicle Use: OTHER GOVERNMENT (POSTAL, ETC.)

Emergency Run? | Fire? NO

Vehicle Type: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: NORTHEAST

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
[x] 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
[ ] Multi-Lane w/ Cable Barrier [ ] Ramp

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 20161303

902620420

2 [redacted]

Address (Street, City, State, Zip): [redacted]N

FISHERS IN 46037

Date of Birth	Age	Gender
07/23/1967	48	FEMALE

Driver's License #: [redacted]

Lic Type	CDL Class	Lic State
OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	Pending	Drug Results
		[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	GRAY	2012	Honda	ODYSSEY	SV

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	INDIANA FARM BUREAU	3177732431

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]N

FISHERS IN 46037

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: SOUTHWEST

Type of Primary/Secondary Roadway:

- [ ] One Way Road
- [x] 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

902968827

Local ID: 201727558

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
07/03/2017	Mon	11:29 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
BRIXTON LN	KNIGHTSBRIDGE LN	100	S	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201727558

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
11:29 AM	11:50 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/03/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
COLLING, B		3098	FISHERS PD		

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.

D1said that she was also traveling on Knightsbridge Ln. and observed the D2 was heading southbound as well. D2 said that she took her eye of 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

Local ID: 201727558

902968827

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
02/19/1996	21	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRAY	2013	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	ALLSTATE INSURANCE	7656422076

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To/By: GARNERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 201727558

902968827

2 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: 11/10/1960 / Age: 56 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None
Location of Most Severe Injury	
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#	Color	Vehicle Year	Make	Model	Style
2	TAN	1996	FORD	VICTORIA	4D

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	PROGRESSIVE	0

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]

INDIANAPOLIS IN 46204

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Towed?	To By	Due to Disabling Damage
NO		

Emergency Run?: | Fire?: NO

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

Vehicle Type: PASSENGER CAR/STATION WAGON

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC

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
- [x] 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#

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE

FISHERS
EST. 1872

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	South				West				East				
Direction	Northbound				Eastbound				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

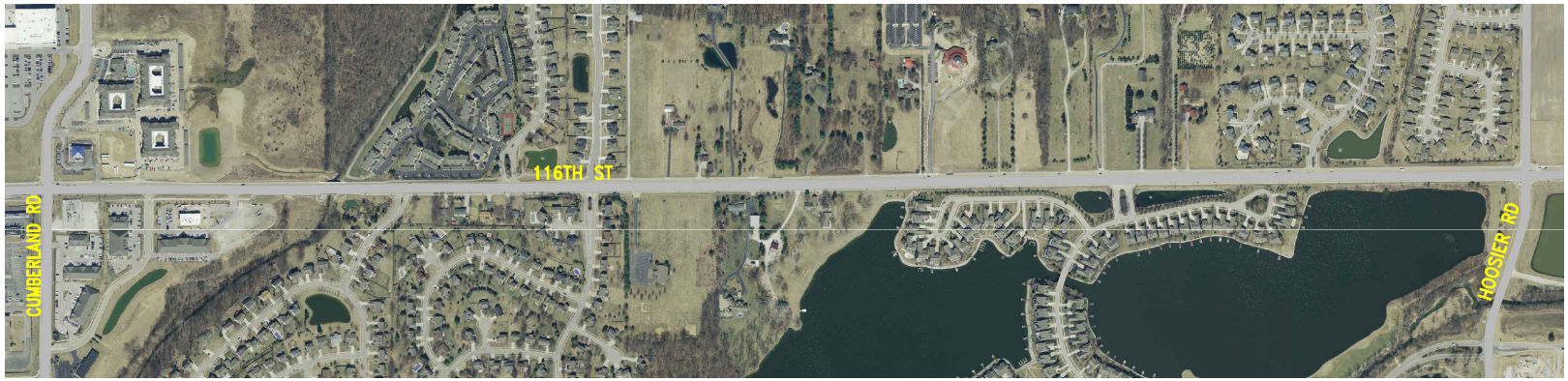
Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South					North					West					East					
Direction	Northbound					Southbound					Eastbound					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

N.T.S.



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) DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	28/72 64/36	28/72 64/36
EXISTING DHV AM EXISTING DHV PM	2,031 2,360	2,031 2,360
LEVEL OF SERVICE AM LEVEL OF SERVICE PM	C C	C C
EXISTING ADT	27,788	27,788

FUTURE CONDITIONS

# LANES/WIDTH EFFECTIVE SHOULDER WIDTH	4/50' CURB & GUTTER	4/50'-67' W/MEDIAN CURB & GUTTER
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB) DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	30/70 60/40	30/70 60/40
PROJECTED 10-YEAR DHV AM PROJECTED 10-YEAR DHV PM	2,907 4,504	2,907 4,504
FUTURE LEVEL OF SERVICE AM FUTURE LEVEL OF SERVICE PM	D F	D F
PROJECTED 10-YEAR ADT	39,822	39,822

LEGEND

EXISTING ROAD

PROPOSED ROAD

A&F ENGINEERING
Transportation & Site Engineering
Creating Order Since 1966

CITY OF FISHERS
TRAFFIC IMPACT PLAN

ROADWAY SEGMENT SUMMARY
116TH STREET
FROM CUMBERLAND RD TO HOOSIER RD

SHT. 31

Z:\2014\140455 FISHERS IMPACT FEE STUDY\FISHERS IMPACT FEE PROPOSAL\140455-FISHERS IMPACT.DWG 1=1 S-31 (SEGMENT SUMMARY) 1=1 10-24-14 MK

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

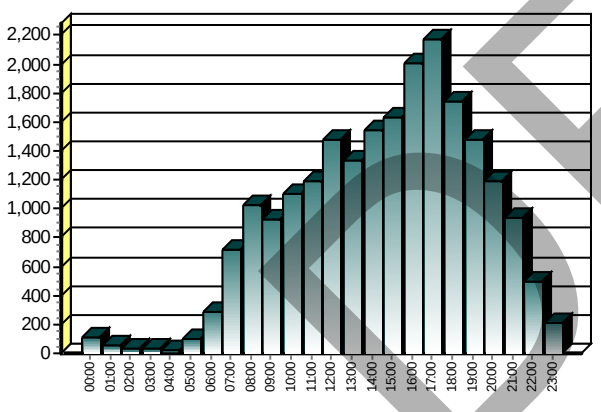
Percents:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
Lane #1	0%	0%	0%	0%	0%	1%	1%	3%	5%	4%	5%	5%	7%	5%	7%	8%	9%	10%	8%	7%	5%	4%	2%	1%
Lane #2	1%	0%	0%	0%	0%	0%	1%	3%	5%	4%	5%	6%	7%	7%	7%	7%	9%	10%	8%	7%	5%	4%	2%	1%
TOTAL	0%	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

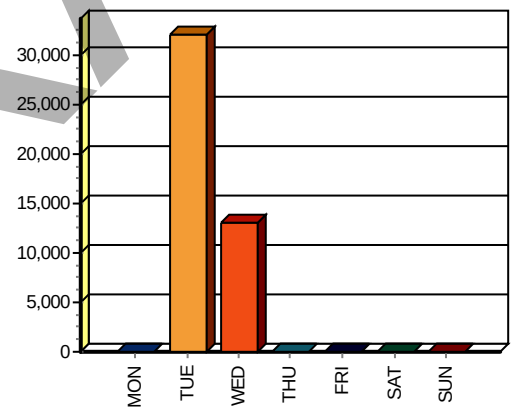
ALL LANES

	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	

ADT Volume vs. Time (all lanes combined)



ADT By Day of Week (all lanes)



DRAFT

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

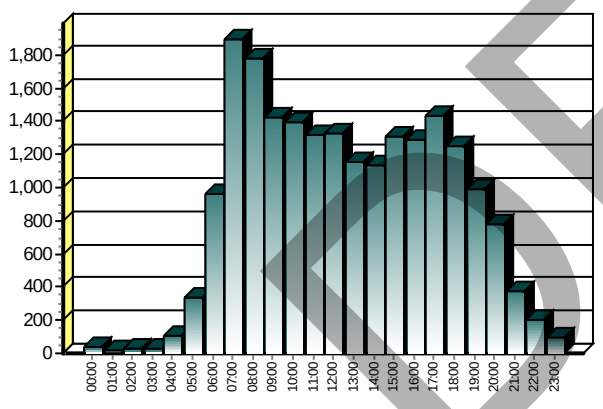
Percents:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
Lane #1	0%	0%	0%	0%	1%	2%	5%	9%	9%	7%	7%	6%	6%	6%	6%	7%	6%	7%	6%	5%	4%	2%	1%	0%
Lane #2	0%	0%	0%	0%	0%	2%	5%	9%	8%	7%	7%	6%	6%	6%	5%	6%	6%	7%	6%	5%	4%	2%	1%	1%
TOTAL	0%	0%	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

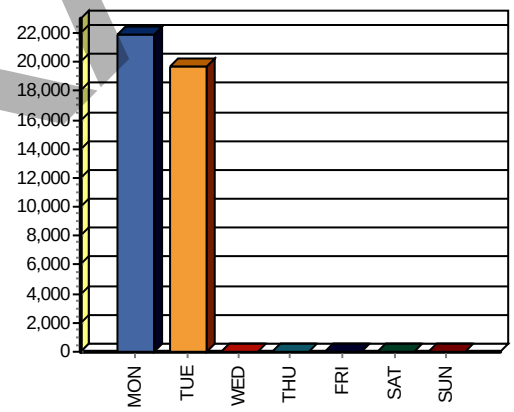
ALL LANES

	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	

ADT Volume vs. Time (all lanes combined)



ADT By Day of Week (all lanes)



DRAFT

Appendix G – Traffic Volume on Cumberland Rd

N.T.S.



EXISTING CONDITIONS

APPROX. LENGTH	4,537 FT	985 FT
% NO PASSING	100%	100%
# LANES/WIDTH	2/21'	2/48'-W/TWLTL
EFFECTIVE SHOULDER WIDTH	1' GRASS	CURB & GUTTER
SPEED LIMIT	35 MPH	35 MPH
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB) DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	49/51 50/50	49/51 50/50
EXISTING DHV AM EXISTING DHV PM	641 827	641 827
LEVEL OF SERVICE AM LEVEL OF SERVICE PM	C C	C C
EXISTING ADT	10,491	10,491

FUTURE CONDITIONS

# LANES/WIDTH EFFECTIVE SHOULDER WIDTH	2/21' 1' GRASS	2/48'-W/TWLTL CURB & GUTTER
DIRECTIONAL SPLIT AM (EB/WB OR NB/SB) DIRECTIONAL SPLIT PM (EB/WB OR NB/SB)	45/55 47/53	45/55 47/53
PROJECTED 10-YEAR DHV AM PROJECTED 10-YEAR DHV PM	1,190 1,552	1,190 1,552
FUTURE LEVEL OF SERVICE AM FUTURE LEVEL OF SERVICE PM	D E	D E
PROJECTED 10-YEAR ADT	19,508	19,508

LEGEND

EXISTING ROAD

PROPOSED ROAD

A&F ENGINEERING
Transportation & Site Engineering
Creating Order Since 1966

CITY OF FISHERS
TRAFFIC IMPACT PLAN

ROADWAY SEGMENT SUMMARY
CUMBERLAND ROAD
FROM 106TH ST TO 116TH ST

SHT. 83

Z:\2014\140455 FISHERS IMPACT FEE STUDY\FISHERS IMPACT FEE PROPOSAL\140455-FISHERS IMPACT.DWG V=S-83 (SEGMENT SUMMARY) 1=1 10-24-14 MMK

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

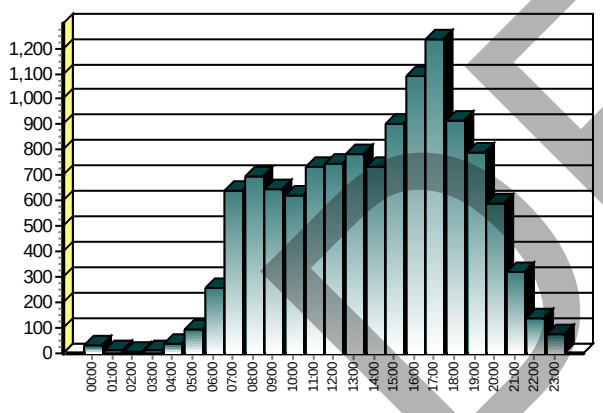
Percents:	0000	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300
Lane #1	0%	0%	0%	0%	0%	1%	3%	6%	6%	6%	6%	6%	6%	6%	6%	7%	10%	10%	7%	7%	4%	2%	1%	1%
Lane #2	0%	0%	0%	0%	0%	0%	2%	5%	5%	5%	5%	6%	6%	7%	6%	8%	9%	11%	8%	6%	6%	3%	1%	1%
TOTAL	0%	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

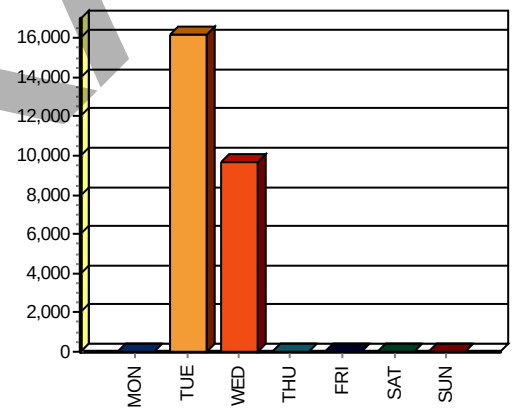
ALL LANES

	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	

ADT Volume vs. Time (all lanes combined)



ADT By Day of Week (all lanes)



DRAFT

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

4/19/2024

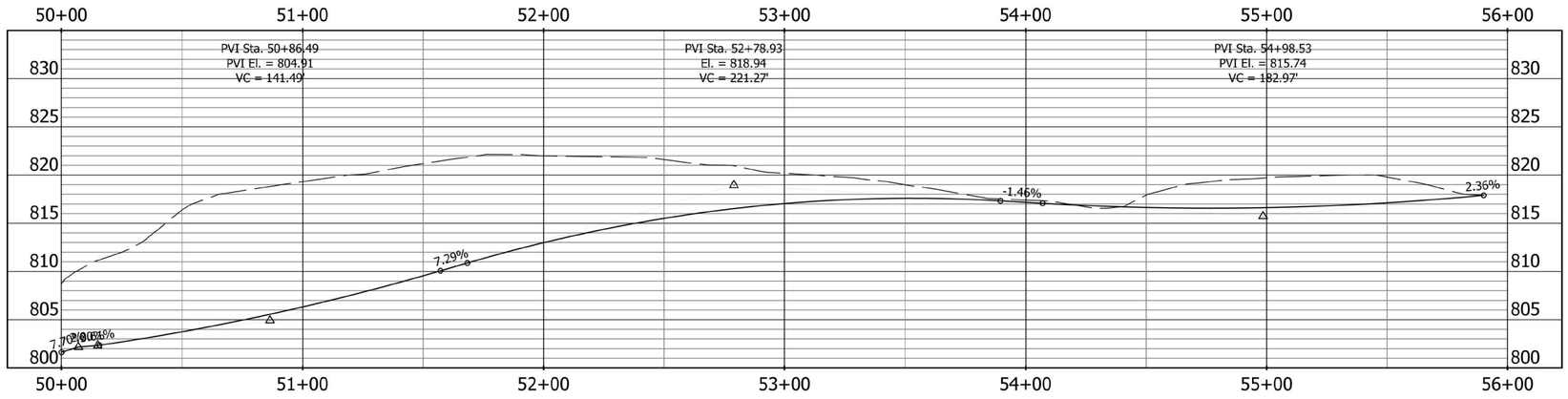


Spyglass Falls - Spyglass Hills Access Proposal Alternatives

	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

8/19/2024





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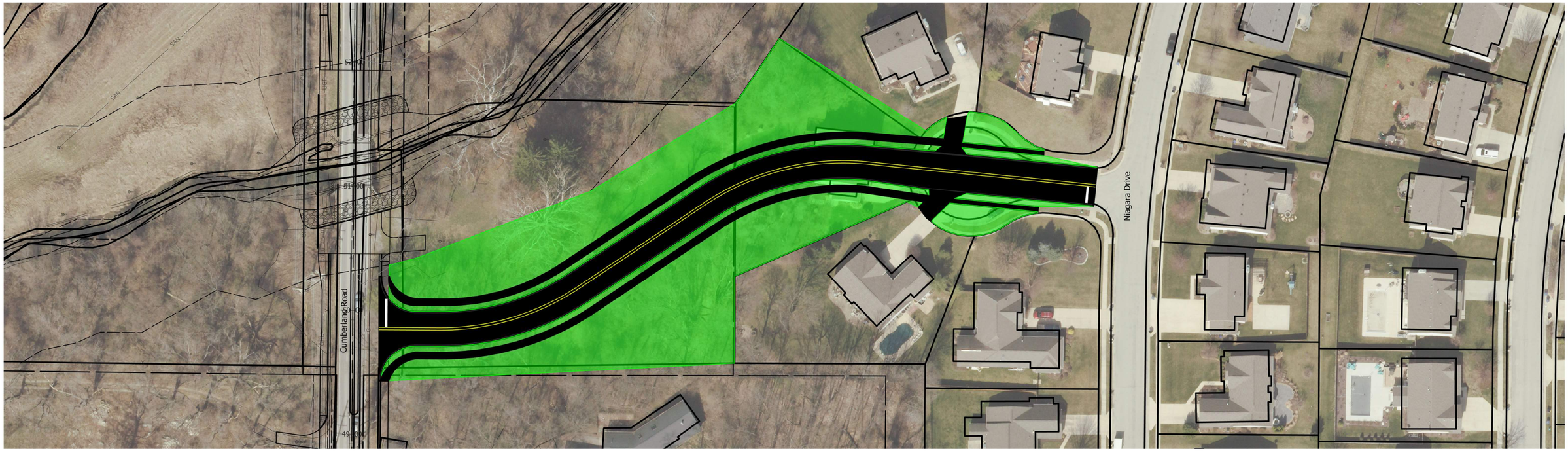
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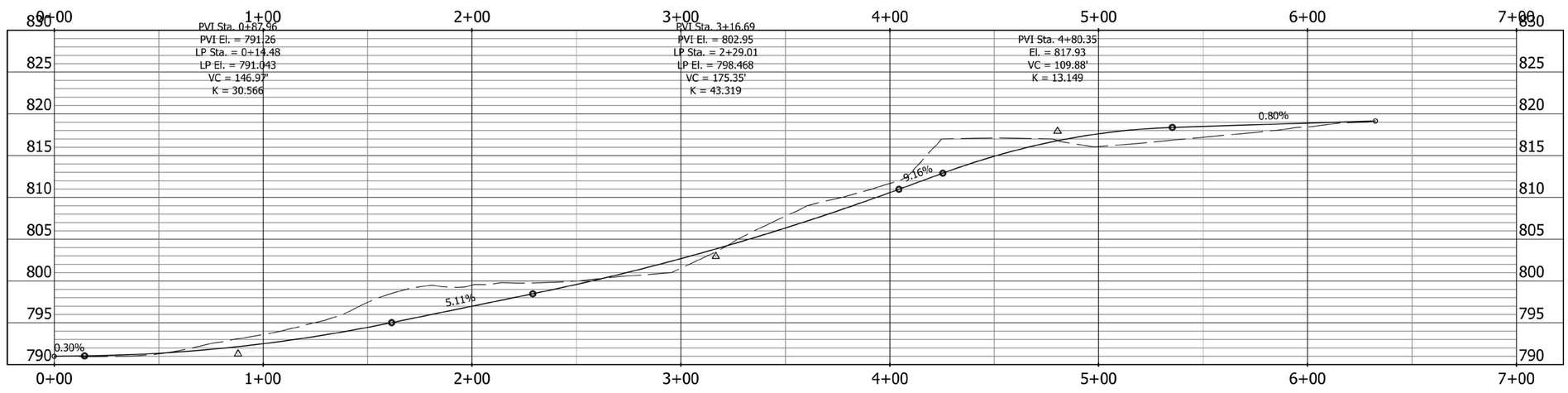
INDIANA
DEPARTMENT OF TRANSPORTATION

OPTION 1
NIAGARA DRIVE 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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DESIGN ENGINEER DATE

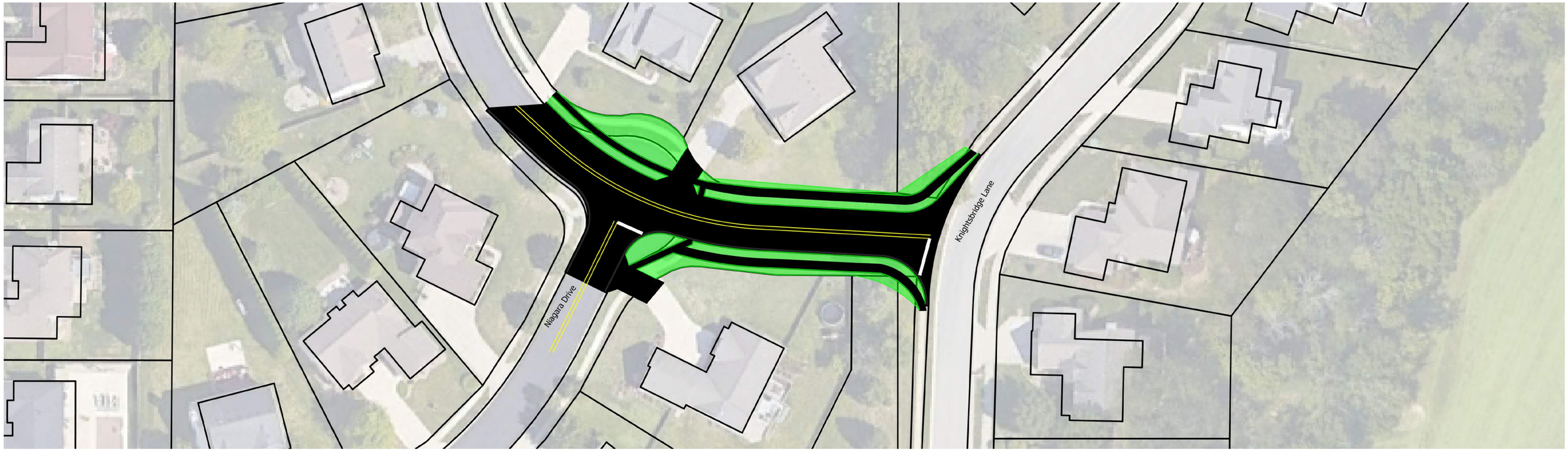
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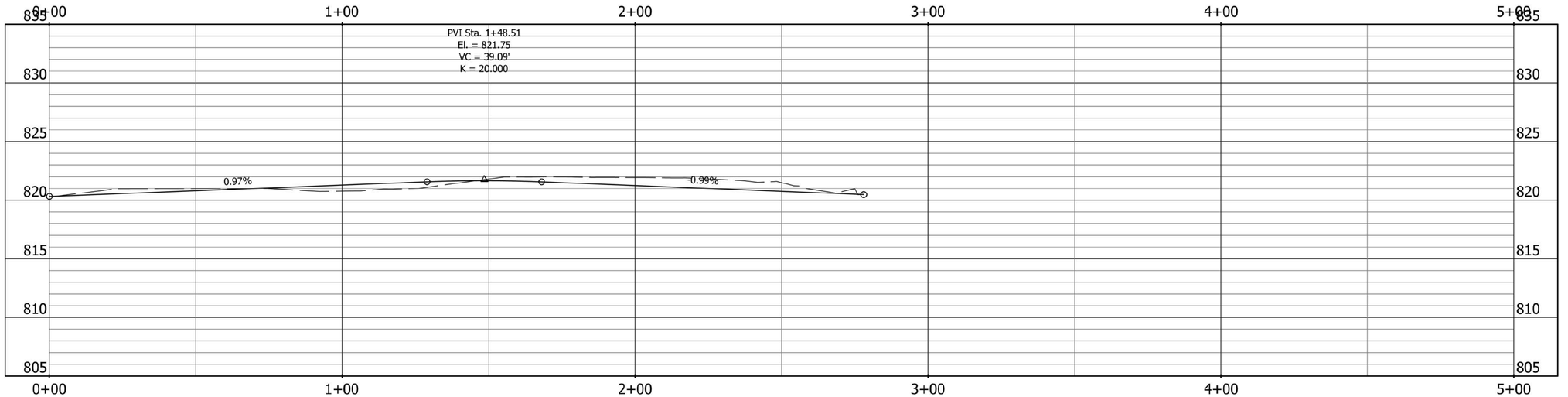
INDIANA
DEPARTMENT OF TRANSPORTATION

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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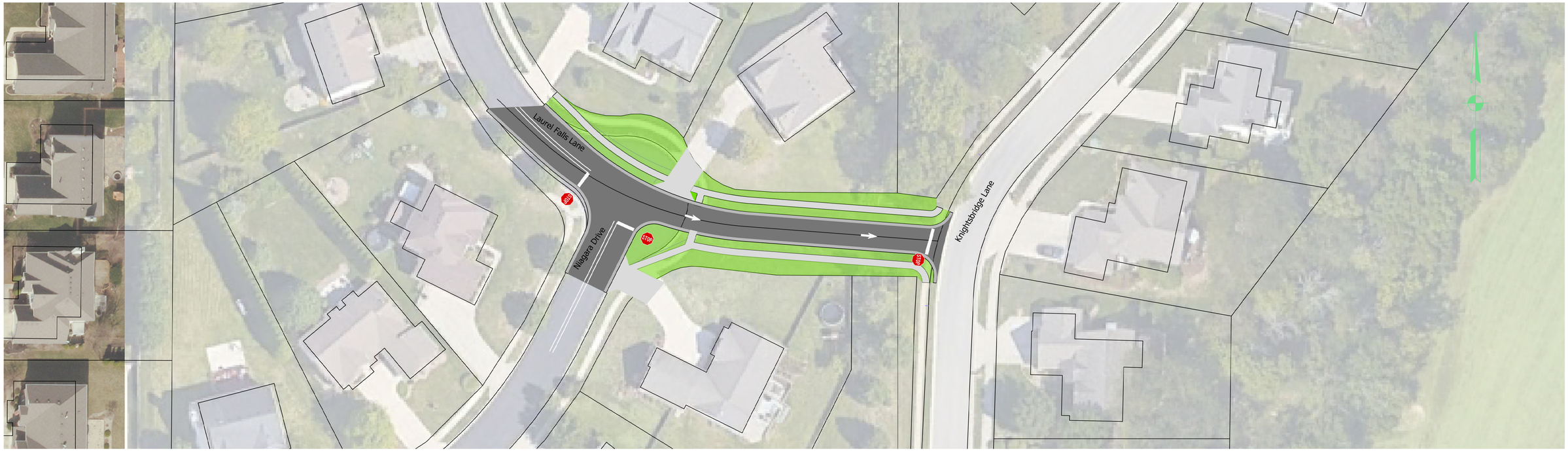
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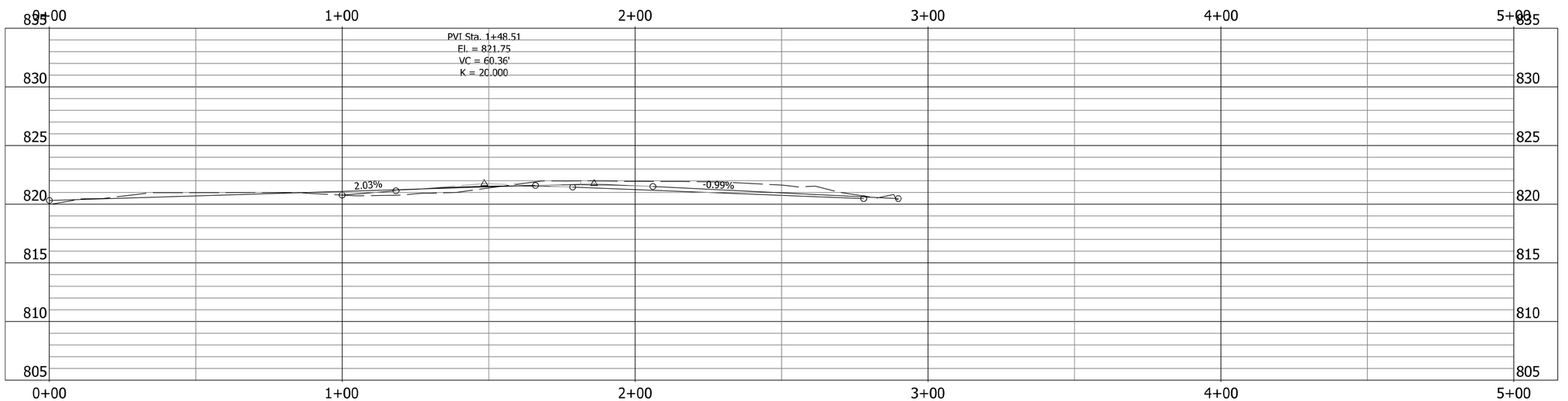
INDIANA
DEPARTMENT OF TRANSPORTATION

OPTION 3
LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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CHECKED: XXX	CHECKED: XXX

INDIANA
DEPARTMENT OF TRANSPORTATION

LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE
ONE WAY

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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LEGEND

- 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" 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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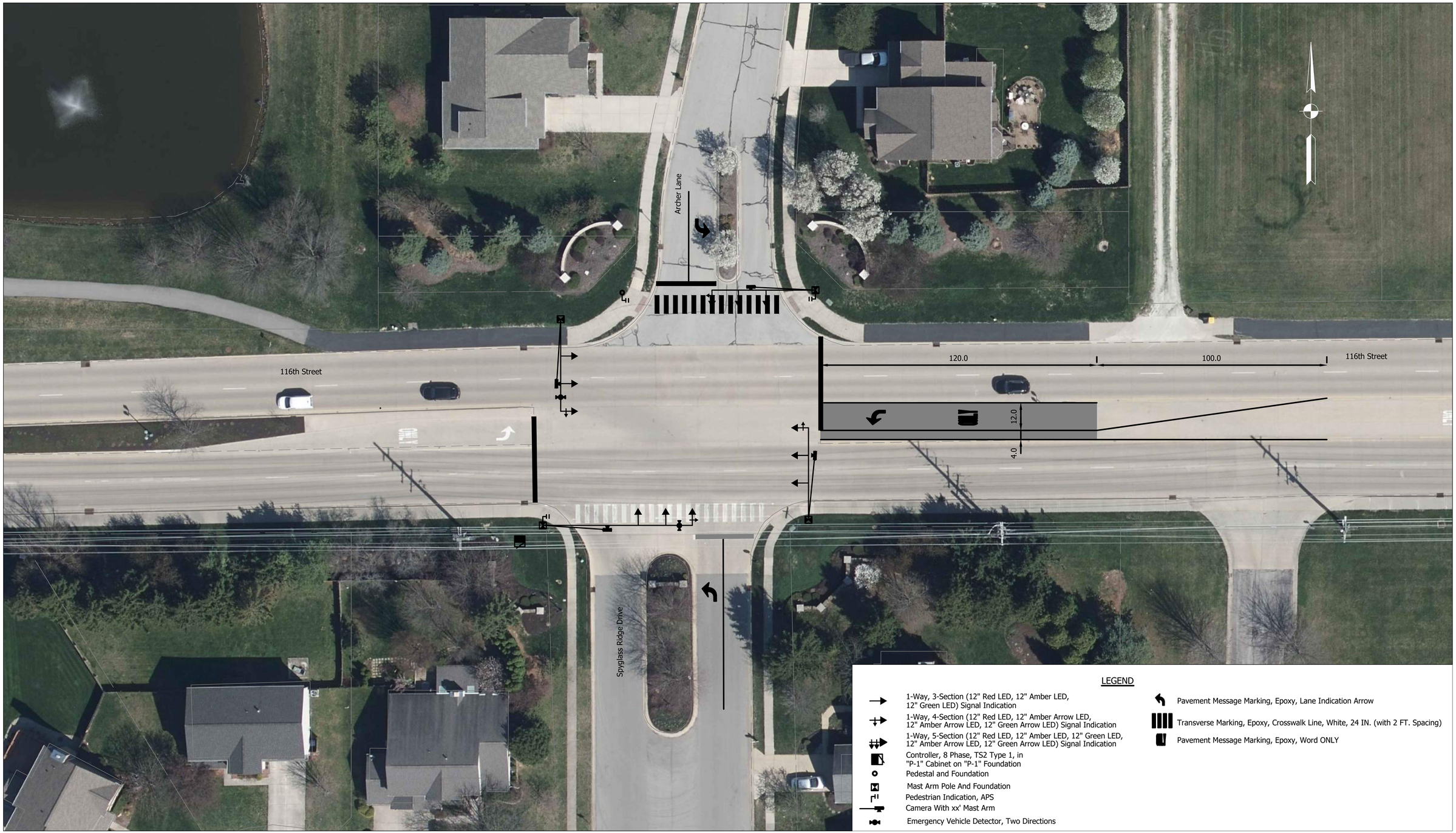
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CITY OF FISHERS

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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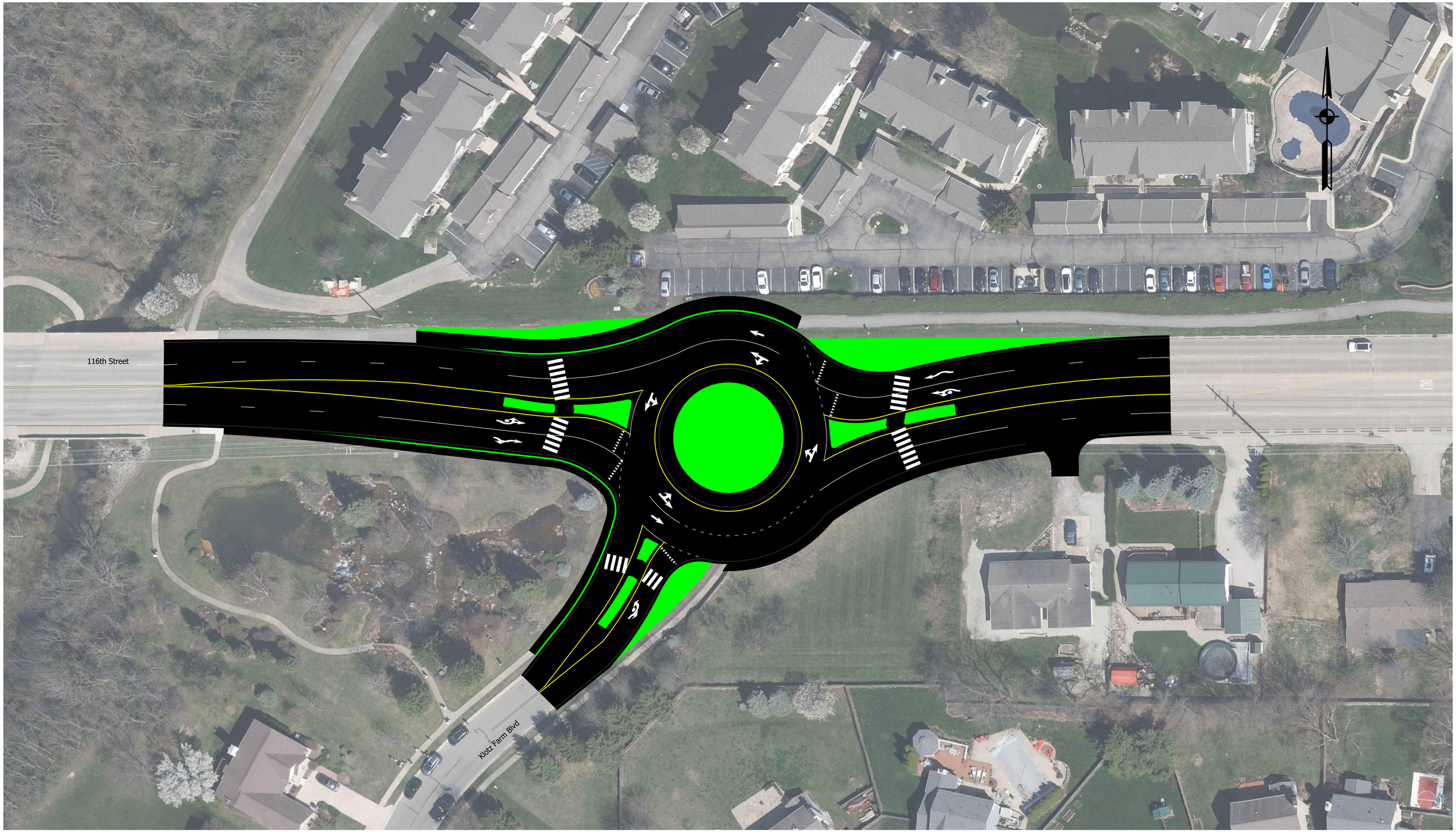
RECOMMENDED FOR APPROVAL _____ XX/XX/2023
DESIGN ENGINEER DATE

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	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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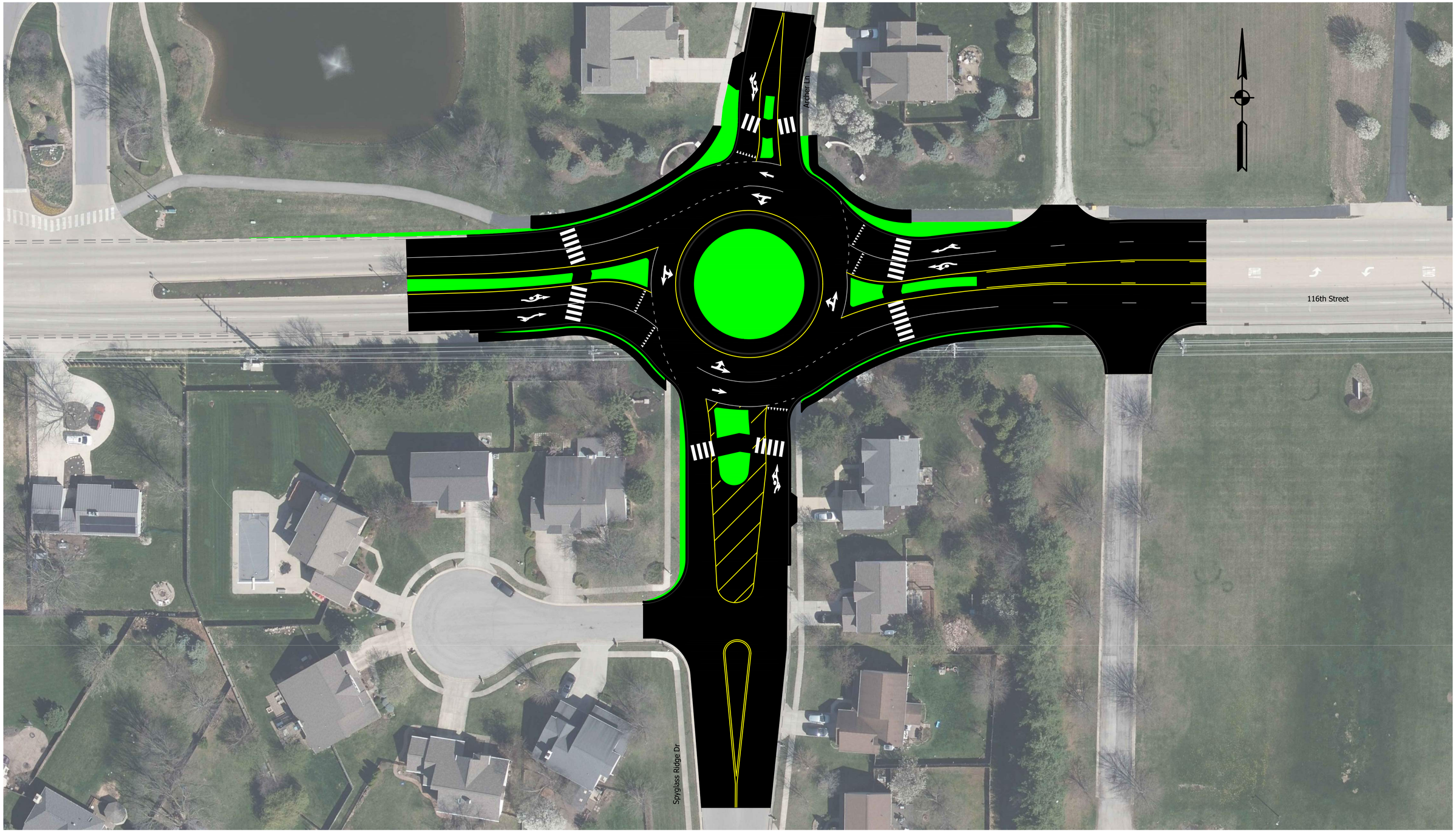
DESIGNED: BGA DRAWN: MIK
CHECKED: XXX CHECKED: XXX

CITY OF FISHERS

OPTION 6
ROUNDABOUT
116th St & Klotz Farm Blvd

HORIZONTAL SCALE	BRIDGE FILE
1"=30'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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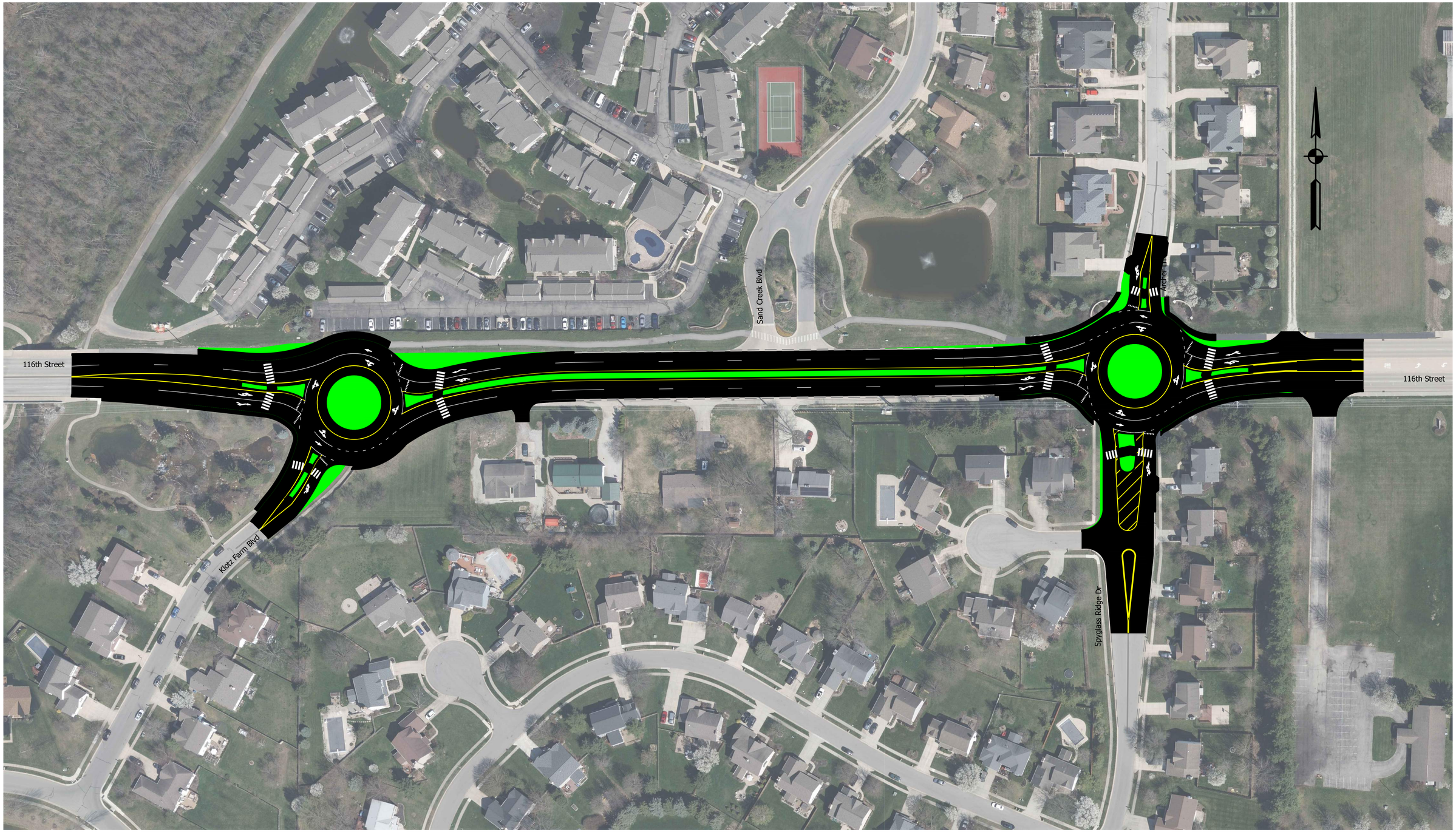
DESIGNED: BGA DRAWN: MIK
CHECKED: XXX CHECKED: XXX

CITY OF FISHERS

OPTION 7
ROUNDABOUT
116th St & Spyglass Ridge Dr/Archer Ln

HORIZONTAL SCALE	BRIDGE FILE
1"=30'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
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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
--	--

Appendix I – Crash Reports along 116th Street

Cumberland Rd.
Hoosier Rd.
Brooks School Rd.
Olio Road
SANDCREEK WOODS
ARCHER ESTATES
ROLLING KNOLL
ESTATES AT MEADOW BROOK
MEADOW BROOK VILLAGE
SANDSTONE
TAMARISK
GRAY EAGLE
15
4
5
2
1
6
0
4
7
3
3
7
ARBOR GLEN
SPYGLASS HILL
SANDSTONE
IDLEWOOD
SPYGLASS FALLS
LAKE STONEBRIDGE
2

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902554803

Local ID: 201544860

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/05/2015	Thu	7:00 AM	HAMILTON	FALL CREEK	3	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	TAMARISK DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]		SLOUGH,MARLA,L	

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201544860

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:00 AM	7:30 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/05/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RALPH, S		3059	FISHERS PD		

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

Local ID: 201544860

902554803

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46038	
Date of Birth: 11/02/1991	Age: 24
Gender: FEMALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	Certified Test: [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2009	MAZDA	MAZDA CX-7	UT

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM INSURANCE	3172882944

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 / By	Due to Disabling Damage
YES	To GARNERS TOWING; By GARNERS 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#: Hazzard Class #:

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.: Immed Attn: Driver Injury Status:

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: GOING STRAIGHT

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
[x] 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

Local ID: 201544860

902554803

2 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
06/03/1961	54	MALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [x] 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

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	YELLOW	2002	JEEP	WRANGLER	UT

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE INSURANCE	3173861370

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]

FISHERS IN 46038

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS TOWING	YES

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

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: 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
- [x] 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#

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201544860

902554803

3 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
10/14/1960	55	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location 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

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
3	WHITE	2010	SUBARU	OUTBACK	4W

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	GEICO INSURANCE	UNK

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]

FISHERS IN 46038

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	By	

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: 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

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#	Hazzard Class #

State Id
904553107

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-36973

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E. 116TH ST at intersection of TAMARISK BLVD			**HAMILTON**	**FALL CREEK**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1800	**1814**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**				**$10001 TO $25000**

	Investigative Officer	Agency	ID Number
	KHAN, QAIUMUZZAMAN	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904553107

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-36973

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	E

Address	DOB	Age	Gender
[redacted]	07/11/1981	43	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OM	INDIANA	A

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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	WHITE	2021	3

Make	Model
CHEVROLET	SILVERADO

Style: PICK-UP (TRUCKS)
Insured By: ERIE

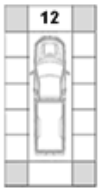
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

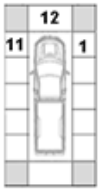
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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]	R

Address	DOB	Age	Gender
[redacted]	11/22/1973	50	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	INDIANA	

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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	GRAY	2022	2

Make	Model
HONDA	CIVIC

Style: 4-DOOR
Insured By: STATE FARM

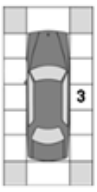
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

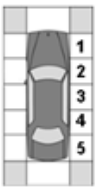
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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

Official copy obtained through buycrash.com

State Id
904553107

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-36973

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 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)

Official copy obtained through buycrash.com

State Id
904553107

Indiana Officer's Standard Crash Report

Hit and Run ☐

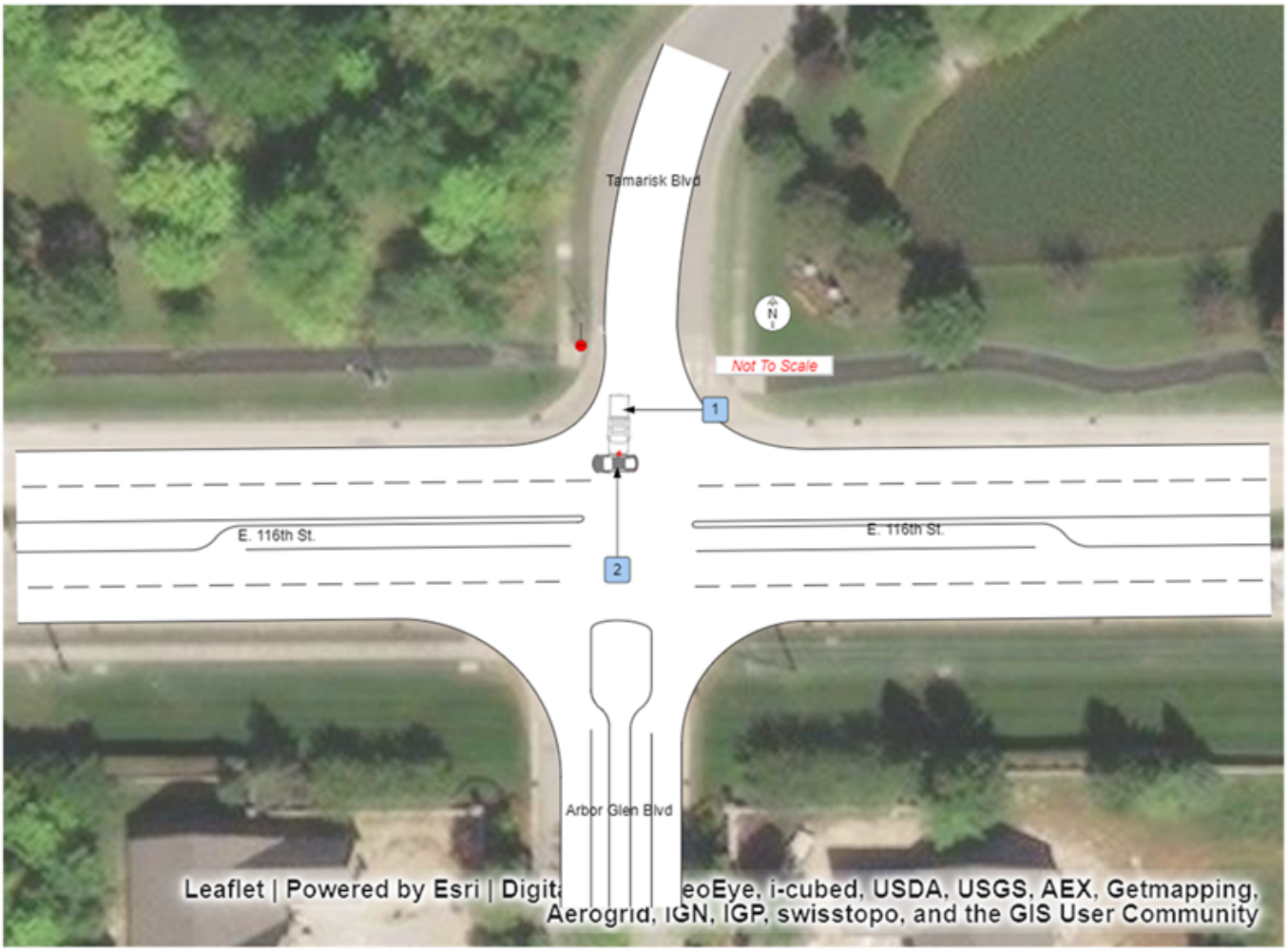
Local Id
2024-36973

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 8/8/2024 11:45:07 PM
Printed on 8/9/2024 12:20:06 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903848784

Local ID: 202128587

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
08/04/2021	Wed	6:15 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	TAMARISK BLVD	500	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
202128587

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
4:19 PM	4:20 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/04/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ARNO, M		3196	FISHERS PD		

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.

Local ID: 202126587

1 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	If Cited?: [x] Infraction; [ ] Misdemeanor; [ ] Felony — IC Codes: 9-24-19-1
Test Given: NONE / Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	
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
# 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]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): 4918 E 41ST STREET	
INDIANAPOLIS IN 46226	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: TURNING LEFT
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 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

UNIT INFORMATION

Local ID: 202126587

903848784

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: BLACK / Vehicle Year: 2015 / Make: HYUNDAI / Model: SONATA / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# 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]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
INDIANAPOLIS IN 46236	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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	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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Page 1 of 4

901526446

Local ID: 201037086

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/03/2010	Wed	11:43 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	TAMARISK BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	✓				

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
Type of Roadway Junction	FOUR-WAY 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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201037086

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
11:45 AM	12:03 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/03/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MURRAY, R		3125	FISHERS PD		

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

Local ID: 201037086

901526446

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46038	
Date of Birth: 02/27/1975	Age: 35
Gender: FEMALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT	Certified Test: [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2005	HYUNDAI	ELANTRA	4D

# Occupants	Lic Year	License #	License State
1	2011	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	255-6171

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Towed? YES	To BOGGS; By BOGGS
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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201037086

901526446

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): 1[redacted]IR	Safety Equipment Effective?: YES
FISHERS IN 46038	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 01/18/1971 / Age: 39 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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# 2 / Color: RED / Vehicle Year: 2006 / Make: NISSAN / Model: PATHFINDER / Style: UT		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2011 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: USAA / Phone Number: 800-531-8222		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46038		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed? YES / To: HUBLER COLLISION / By: MILLERS / Due to Disabling Damage		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: UTILITY (SUV)
Veh Year / Make		Pre-Crash Vehicle Action: TURNING LEFT
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver		Direction of Travel: SOUTH
License # / Address (Street, City, State, Zip)		
Veh Year / Make		Type of Primary/Secondary Roadway — One Way Traffic: [ ] One Lane; [ ] Two Lanes; [ ] Multi-Lanes (3 or more). Two Way Traffic: [x] 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# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902538182

Local ID: 201540863

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/08/2015	Thu	2:50 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SPYGLASS RDG			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	FOUR-WAY INTERSECTION
Road Character	STRAIGHT/HILLCREST
Roadway Surface	CONCRETE
Construction	NO
If Yes, Construction Type	
Traffic Control Devices	LANE CONTROL
Traffic Control Device Operational?	NA

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201540863

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
2:58 PM	3:00 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/08/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
THOMPSON, R		3069	FISHERS PD		

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 .

Local ID: 201540863

1	Driver's Name (Last, First, MI) [redacted]										
Address (Street, City, State, Zip) [redacted]											
FISHERS					IN	46037					
Date of Birth: 10/09/1952		Age: 62		Gender: FEMALE							
Driver's License # [redacted]			Lic Type: OP		CDL Class:		Lic State: IN				

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2007	TOYOTA	HIGHLANDER	4D

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVLERS	8008425072

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: NORTHWEST

Type of Primary/Secondary Roadway:

[ ] One Way Road
[ ] One Lane - One Way
[ ] Two Lanes - One Way
[ ] Multi-Lanes (3 or more) - One Way
[x] 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

Local ID: 201540863

902538182

2	[redacted]				
Address (Street, City, State, Zip): [redacted]					
FISHERS		IN	46037		
Date of Birth: 02/25/1994	Age: 21	Gender: FEMALE			
Driver's License #: [redacted]	Lic Type: OP	CDL Class:	Lic State: IN		

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2008	HYUNDAI	ELANTRA	4D

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO	8004956578

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 / By	Due to Disabling Damage
YES	To: BOGGS TOWING; By: BOGGS TOWING	YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License #			Address (Street, City, State, Zip)	[ ] 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			

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#	Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: LEAVING TRAFFIC LANE

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
[x] 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

903395854

Local ID: 201924059

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/21/2019	Fri	6:42 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	SPYGLASS RIDGE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201924059

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
6:42 PM	6:42 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	YES
Assisting Officer		ID No.	Agency	Date of Report	
				06/21/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SIMMONDS, M		3030	FISHERS PD		

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

Local ID: 201924059

903395854

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 04/25/2001	Age: 18
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRAY	2016	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
2	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNITED SERVICES AUTOMOBILE ASS	2105318722

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
96	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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 2. OTHER POST/POLE OR SUPPORT

UNIT INFORMATION

Local ID: 201924059

903395854

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 05/04/1996	Age: 23 — Gender: MALE
Driver's License # [redacted]	Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT / Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2018	Ford	MUSTANG	2D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE INS	8772467814

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 / By	Due to Disabling Damage
YES	To: MILLERS TOWING; 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# — Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED (NO RESTRAINT)

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
96	NO	NON-INCAPACITATING - TREATED AT

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HEAD

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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 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; [x] 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

State Id
903958945

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-2356

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Printed on 1/14/2022 8:05:01 AM

FISHERS PD, ORI 0290700

Drivers

[redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of SPYGLASS RIDGE DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
01/14/2022	**Friday**	**06:21**	**01/14/2022**	**39.95710512**	**-85.98422456**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLEAR	**DARK (NOT LIGHTED)**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			FOUR-WAY INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0624	**0626**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**			**$10001 TO $25000**

Investigative Officer	Agency	ID Number
DRUELINGER, WAYNE	**FISHERS PD**	**3065**
Reviewing Officer		
DRUELINGER, WAYNE	**FISHERS PD**	**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

Official copy obtained through buycrash.com

State Id
903958945

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-2356

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Printed on 1/14/2022 8:05:01 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	03/11/1979	42	M

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	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
1	BLACK	2012	1

Make	Model
TOYOTA	TACOMA

Style: **PICK-UP (TRUCKS)**

Insured By: **PROGRESSIVE**

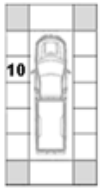
Policy #	Ins Phone #
[redacted]	800-876-5581

VIN: [redacted]

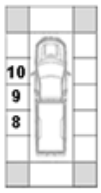
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
GARNERS	FORTVILLE	NO

Vehicle Use: **PERSONAL (FARM, COMPANY)**

Event Collision With: **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)
[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]	

Address	DOB	Age	Gender
[redacted]	06/10/2004	17	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	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
2	SILVER/ALU	2004	1

Make	Model
AUDI	A4

Style: **4-DOOR**

Insured By: **TETRIS**

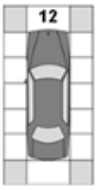
Policy #	Ins Phone #
[redacted]	317-568-1527

VIN: [redacted]

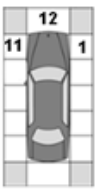
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
MILLERS	NOBLESVILLE	NO

Vehicle Use: **PERSONAL (FARM, COMPANY)**

Event Collision With: **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)
[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

Official copy obtained through buycrash.com

State Id
903958945

Local Id
2022-2356

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Hit and Run ☐

Printed on 1/14/2022 8:05:01 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)

Witnesses

☑ Witness ☐ Other Participant

Name: [redacted]

Address (Street/City, State Zip): [redacted]

Phone Number: [redacted]

Location at Time of Crash: **WB 116TH EAST OF INTERSECTION**

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

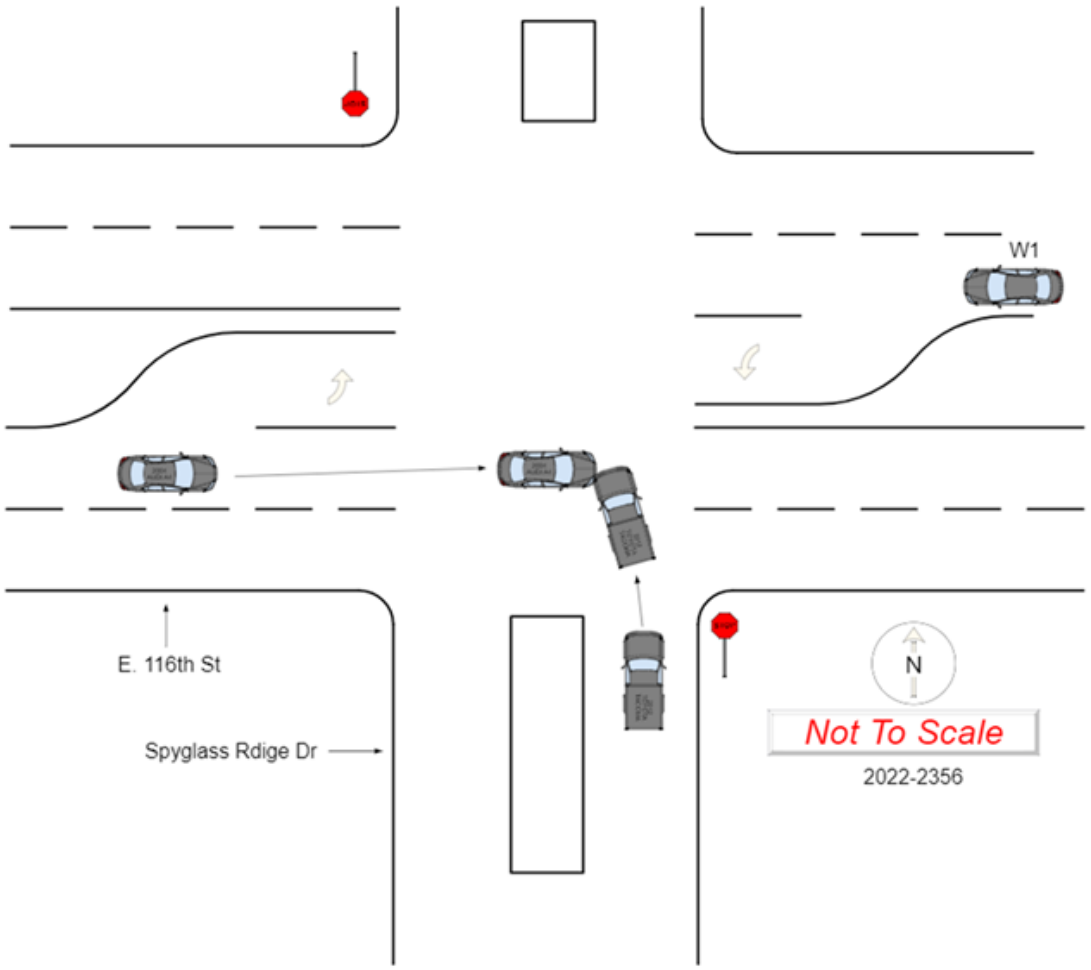
Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Hit and Run ☐

Printed on 1/14/2022 8:05:01 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901751686

Local ID: 201141516

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/24/2011	Sat	7:06 PM	HAMILTON	DELAWARE	3	3	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SPYGLASS RIDGE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]	[redacted]	

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	✓		✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
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?	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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.

Phone # [redacted] Location at Time of Crash: EASTBOUND 116TH ST

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.

Phone # Location at Time of Crash

Non-Motorist

(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
201141516

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:07 PM	7:09 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/24/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MURRAY, R		3125	FISHERS PD		

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

Local ID: 201141516

901751686

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
CARMEL IN 46032	
Date of Birth: 09/04/1962	Age: 49
Gender: MALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BEIGE	1995	TOYOTA	CAMRY	4D

# Occupants	Lic Year	License #	License State
1	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	8007828332

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46032

Towed?	To / By	Due to Disabling Damage
YES	To GARNERS / By GARNERS	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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
0625	YES	NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	[x] 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

Local ID: 201141516

901751686

2 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
06/09/1962	49	MALE		NO	

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location 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

If Cited? ☐ Infraction ☑ Misdemeanor ☐ Felony

IC Codes: 9-30-5-2

Test Given	Type Given
ALCOHOL	☑ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results	Certified Test	Drug Results
PBT .21	☑ Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2004	GMC	YUKON	UT

# Occupants	Lic Year	License #	License State
2	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	UNKNOWN

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]

FISHERS IN 46038

Areas Damaged (Multiples): ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Towed?	To / By	Due to Disabling Damage
YES	MILLERS / MILLERS	YES

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

	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: SOUTH

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#

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201141516

901751686

3 — 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: 02/17/1959 / Age: 52 / Gender: MALE	EMS No.: 1133 / Immed 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: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Location of Most Severe Injury: ELBOW/LOWER ARM
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; [x] 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#: 3 / Color: BLACK / Vehicle Year: 2005 / Make: GMC / Model: ENVOY / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 3 / Lic Year: 2012 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: ALLSTATE / Phone Number: 8002557828	
Vehicle Identification#: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
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?: YES / To: BROOKS II / By: BROOKS II / 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: SPORT UTILITY VEHICLE
License# / Address (Street, City, State, Zip)	Pre-Crash Vehicle Action: GOING STRAIGHT
Veh Year / Make	Direction of Travel: EAST
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver	Type of Primary/Secondary Roadway — One Way Traffic: [ ] One Lane; [ ] Two Lanes; [ ] Multi-Lanes (3 or more) / Two Way Traffic: [ ] Two Lanes; [x] Multi-Lane Divided (3 or more); [ ] Multi-Lane Undivided 2 way left turn; [ ] Multi-Lane Undivided (3 or more); [ ] Private Drive; [ ] Alley
License# / Address (Street, City, State, Zip)	
Veh Year / Make	
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# / Hazzard Class #	

NON-DRIVER INJURED INFORMATION

Local ID: 201141516

901751686

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
			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
			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
			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	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
02/27/2015	Fri	8:26 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SPYGLASS RIDGE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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: $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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20158296

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
8:26 AM	8:34 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/27/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
PATTON, E		3072	FISHERS PD		

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

Local ID: 20158296

902403505

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/15/1964	50	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IL

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	BROWN	2014	Mercedes Benz	450	UT

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8002557828

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: NO

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 20158296

902403505

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

NEW WHITELAND IN 46184

Date of Birth	Age	Gender
07/30/1965	49	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	GRAY	2000	MAZDA	626	4D

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARMERS INSURANCE	3177864321

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

NEW WHITELAND IN 46184

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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
- [x] 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: 201832786

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
07/14/2018	Sat	9:20 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SPYGLASS RIDGE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS		39 57.427	-85 59.052

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	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

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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201832786

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
9:23 PM	9:23 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/14/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MATT, K		3170	FISHERS PD		

Narrative

D1 stated he was attempting to turn left from westbound 116th Street into a driveway just west of Spyglass Ridge Dr. D1stated 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.

Local ID: 201832786

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46256

Date of Birth	Age	Gender
05/26/2000		MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	2008	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
3	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE	8004213535

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46256

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 201832786

903184644

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 12/05/1967	Age: 50 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2010	CHEVROLET	EQUINOX	4D

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	2196592111

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES — To: FISHERS TOWING — By: FISHERS TOWING — 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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 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
[x] 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

902695876

Local ID: 201618003

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
04/30/2016	Sat	1:01 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	HAMBLE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	NONE
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

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

	#	Name
✓ Witness / ☐ Other Participant	1	[redacted]

Address etc.: [redacted]

Phone #: [redacted] Location at Time of Crash: WB ON 116TH STREET BEHIND V2

	#	Name
☐ Witness / ☐ Other Participant		

Address etc.:

Phone #: Location at Time of Crash:

Non-Motorist

(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
201618003

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
1:02 PM	1:08 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				04/30/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MCFERRAN, K		3147	FISHERS PD		

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

Local ID: 201618003

902695876

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	10583 GEIST RIDGE CT
	FISHERS IN 46040
Date of Birth	10/12/1998
Age	
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2007	ACURA	RDX	4W

# Occupants	Lic Year	License #	License State
1	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	SAFECO	8884816855

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	Due to Disabling Damage
YES	By GARNERS	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: ENTERING TRAFFIC LANE

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
[x] 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

Local ID: 201618003

902695876

2 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/31/1979		MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLK	2008	CHRYSLER	SEBRING	4D

# Occupants	Lic Year	License #	License State
2	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ERIE	3175772445

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-8719

Towed? YES | To/By: FISHERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

902811539

Local ID: 201646671

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
11/07/2016	Mon	7:30 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	HAMBLE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201646671

Type of Crash	RIGHT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:30 AM	7:40 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				11/07/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
OWENS, C		3115	FISHERS PD		

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

Local ID: 201646671

902811539

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. / Immed Attn / Driver Injury Status
[redacted] Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#	Color	Vehicle Year	Make	Model	Style
1	BLK	2005	JEEP	LIBERTY	UT

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8002252467

Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Vehicle Identification# [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

[redacted]

FISHERS IN 46038

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Towed?	To	Due to Disabling Damage
NO	By	

Emergency Run?: — Fire?: NO

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
				[ ] Same as Driver
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

Vehicle Type: UNKNOWN TYPE

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)	
Veh Year	Make			

Direction of Travel: SOUTHWEST

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
- [x] 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#

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#	Hazzard Class #

UNIT INFORMATION

Local ID: 201646671

902811539

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
09/19/1972	44	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	Pending	Drug Results
		[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	GRY	2010	LANDROVER	LR4	4W

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARM BUREAU	8007233276

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-4203

Towed?	To	Due to Disabling Damage
NO	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 #	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

902843182

Local ID: 201652542

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
12/21/2016	Wed	8:35 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	HAMBLE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	SNOW/SLUSH
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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201652542

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
8:37 AM	8:39 AM	SEE NARRATIVE			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/21/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MYERS, B		3035	FISHERS PD		

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

Local ID: 201652542

902843182

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: 03/23/1972 / Age: 44 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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: RED / Vehicle Year: 2002 / Make: CHEVROLET / Model: TAHOE 4X4 / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: USAA / Phone Number: 8889797430	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front
Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver	
[redacted] Zip)	
FISHERS IN 46037	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To / By / Due to Disabling Damage	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: SPORT UTILITY VEHICLE
Veh Year / Make	Pre-Crash Vehicle Action: TURNING LEFT
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 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

UNIT INFORMATION

Local ID: 201652542

902843182

2 Driver's Name (Last, First, MI): [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: 10/18/1976 / Age: 40 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: BLUE / Vehicle Year: 2006 / Make: HONDA / Model: PILOT EX / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: PROGRESSIVE INSURANCE / Phone Number: 8772467814	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
NOBLESVILLE IN 46060	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: SPORT UTILITY VEHICLE
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 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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

State Id
904282148

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-23052

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH ST at intersection of HAMBLE BLVD			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **05/25/2023**	Day of Week: **Thursday**	Crash Time: **18:03 PM**	Date of Report: **05/26/2023**	Latitude: **39.95766963**	Longitude: **-85.94569963**
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: **T-INTERSECTION**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1804	**1805**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**			**$10001 TO $25000**

Investigative Officer	Agency	ID Number
REUTER, JEFFREY	**FISHERS PD**	**3223**
Reviewing Officer		
Assisting 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.

Official copy obtained through buycrash.com

State Id
904282148

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-23052

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

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
1	WHITE	2011	1

Make	Model
GMC	TERRAIN

Style: UTILITY (SUV)
Insured By: GEICO

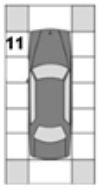
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VIN: [redacted]

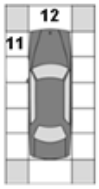
Plate Number	Plate Exp Year	Plate State
232VAV	2024	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	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]	

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
2	BLACK	2016	3

Make	Model
RAM	1500

Style: TRUCK/OTHER
Insured By: ALLSTATE

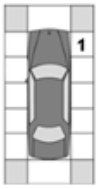
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

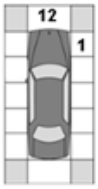
Plate Number	Plate Exp Year	Plate State
REC133	2023	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	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]	

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

Official copy obtained through buycrash.com

State Id
904282148

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-23052

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 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)

Official copy obtained through buycrash.com

State Id
904282148

Local Id
2023-23052

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	1	0

Hit and Run ☐

Created on 5/26/2023 3:16:42 AM
Printed on 5/26/2023 4:20:14 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

State Id
904607338

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-51303

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH ST. at intersection of HAMBLE BLVD.			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **11/05/2024**	Day of Week: **Tuesday**	Crash Time: **16:20 PM**	Date of Report: **11/05/2024**	Latitude: **39.95765073**	Longitude: **-85.94574503**
Weather Condition: **CLOUDY**	Light Condition: **DAYLIGHT**		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: **T-INTERSECTION**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1641	**1641**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation				Total Estimate of all damage in Crash:
SAME DIRECTION SIDESWIPE	**AT SCENE ONLY**	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	**$2501 TO $5000**

Investigative Officer	Agency	ID Number
FERRIS, CALEB	**FISHERS PD**	**3242**
Reviewing Officer		
Assisting Officer		
Assisting Officer		
Reconstruction 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

Official copy obtained through buycrash.com

State Id
904607338

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-51303

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	09/30/2000	24	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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	RED	2015	1

Make	Model
NISSAN	SENTRA

Style: **4-DOOR**

Insured By: **BRISTOL WEST**

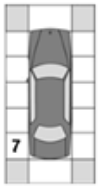
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VIN: [redacted]

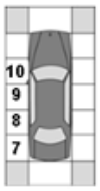
Plate Number	Plate Exp Year	Plate State
[redacted]	2026	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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]	

Address	DOB	Age	Gender
[redacted]	12/09/2000	23	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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	GRAY	2015	1

Make	Model
TOYOTA	RAV4

Style: **UTILITY (SUV)**

Insured By: **USAA GENERAL INDEMNITY**

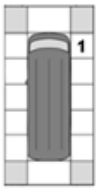
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

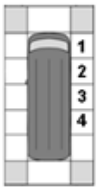
Plate Number	Plate Exp Year	Plate State
[redacted]	2025	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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)
[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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 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,IMPROPER TURNING,NONE (ENVIRONMENTAL)

Unit 2 :

NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Official copy obtained through buycrash.com

State Id
904607338

Indiana Officer's Standard Crash Report

Hit and Run ☐

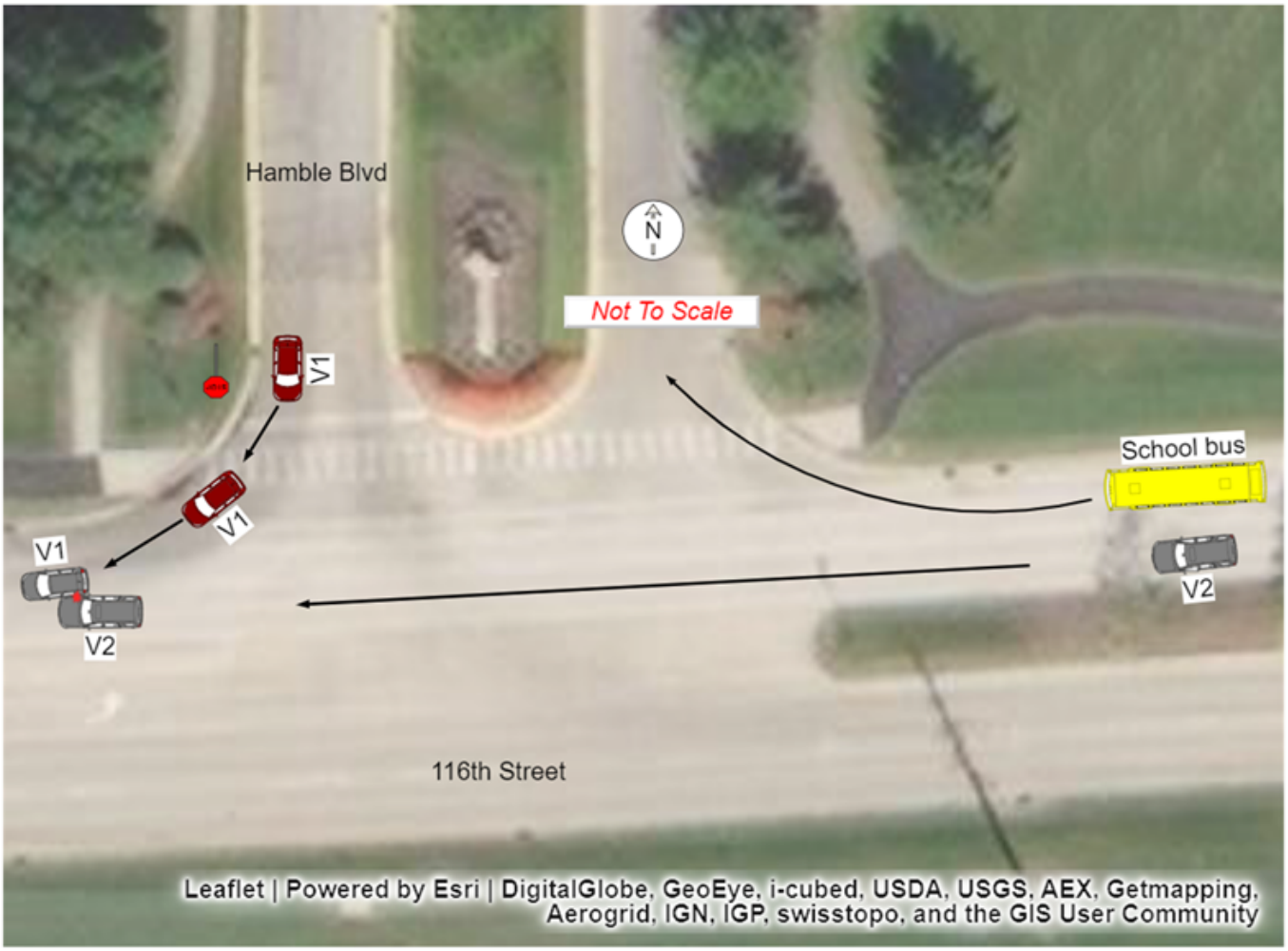
Local Id
2024-51303

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 11/5/2024 10:06:12 PM
Printed on 11/5/2024 10:10:08 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902158941

Local ID: 20141509

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
01/13/2014	Mon	7:53 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	HAMBLE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20141509

Type of Crash	RIGHT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:54 PM	7:59 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/13/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEESNER, T		3141	FISHERS PD		

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.

UNIT INFORMATION

Local ID: 20141509

902158941

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	11030 GALLEY WAY
	FORTVILLE IN 46040
Date of Birth	09/22/1966
Age	47
Gender	FEMALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GREEN	2005	CHRYSLER	TOWN AND COUNTRY	VN

# Occupants	Lic Year	License #	License State
1	2014	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM INSURANCE CO	7657782181

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FORTVILLE IN 46040

Towed?	To / By	Due to Disabling Damage
YES	BROOKS TOWING / BROOKS 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: SOUTHWEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20141509

902158941

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: BLACK / Vehicle Year: 2002 / Make: GMC / Model: SON / Style: PK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2014 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: PROGRESSIVE / Phone Number: 8007764737	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
INDIANAPOLIS IN 46239	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To / By / Due to Disabling Damage	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: PICKUP
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: WEST
License# / Address (Street, City, State, Zip)	
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; [x] 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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902383011

Local ID: 20153360

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
01/24/2015	Sat	3:40 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	HAMBLE BLVD	5	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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: $25001 TO $50000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20153360

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
3:46 PM	3:50 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				NO	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/24/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
THOMPSON, R		3069	FISHERS PD		

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.

UNIT INFORMATION

Local ID: 20153360

902383011

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	INDIANAPOLIS IN 46260
Date of Birth: 06/27/1976	Age: 38
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2005	NISSAN	MAXIMA	4D

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	STATE FARM	3172880266

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46260

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 RIGHT

Direction of Travel: SOUTHEAST

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
[x] 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

Local ID: 20153360

902383011

2 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: 04/01/1998 / Age: 16 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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# 2 / Color: BLACK / Vehicle Year: 2011 / Make: FORD / Model: FIESTA / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2015 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 35 / Insured By: SELECTIVE / Phone Number: 3175772445	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
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? YES / To: FISHERS TOWING / By: FISHERS 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	Direction of Travel: WEST
License# / Address (Street, City, State, Zip)	
Veh Year / Make	Type of Primary/Secondary Roadway: [ ] One Way Road; [ ] One Lane - One Way; [x] 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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902729356

Local ID: 201626607

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/24/2016	Fri	7:08 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	STOP SIGN
Traffic Control Device Operational?	NA

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

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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: 116TH AND BROOKS SCHOOL ROAD

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201626607

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:09 PM	7:10 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/24/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
DOSSEY, J		3158	FISHERS PD		

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

Local ID: 201626607

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted] DRIVE

FISHERS IN 46038

Date of Birth	Age	Gender
08/18/2000	15	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAROON	2008	CHRYSLER	TOWN & COUNTRY M	VN

# Occupants	Lic Year	License #	License State
3	2016	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	00	STATE FARM	3178494119

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted] DRIVE

FISH IN 46038

Towed? YES | To/By: GARNERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: ENTERING TRAFFIC LANE

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
[x] 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

Local ID: 201626607

902729356

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: WHITE / Vehicle Year: 2011 / Make: FORD / Model: F250 / Style: TK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear
# Occupants: 1 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: STATE FARM / Phone Number: 8007828332	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
MCCORDSVILLE IN 46055	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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	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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

NON-DRIVER INJURED INFORMATION

902729356

Local ID: 201626607

Veh# / Injured Pre-crash Location: 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	Ejection/Trapped: NOT EJECTED OR TRAPPED
FISHERS IN 46038	EMS No. / Immed Attn: NO / Injury Status: NON-INCAPACITATING -
Date of Birth: 01/27/2006 / Age: 10 / 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
Veh# / Injured Pre-crash Location:	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
Veh# / Injured Pre-crash Location:	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
Veh# / Injured Pre-crash Location:	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

903065739

Local ID: 201753810

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
12/20/2017	Wed	5:57 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201753810

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
5:57 PM	6:05 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/20/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
TYLER, L		3169	FISHERS PD		

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. Drive 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

Local ID: 201753810

903065739

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46040	
Date of Birth: 11/04/1975	Age: 42
Gender: FEMALE	
Driver's License #: 5340027657	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT:	Certified Test: [ ] Pending
Drug Results:	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2015	BMW	X3	UT

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8778102920

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 RIGHT

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
[x] 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

Local ID: 201753810

903065739

2 [redacted]	Safety Equipment Used: LAP + HARNESS
[redacted] T	Safety Equipment Effective?: YES
FISHERS IN 46037	Ejection/Trapped: NOT EJECTED OR TRAPPED

Date of Birth	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
12/23/1985	31	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Nature of Most Severe Injury:

Location of Most Severe Injury:

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLUE	2007	CHEVROLET	TAHOE	UT

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	GRANGE	5742693500

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]

FISHERS IN 46037

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	By	

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 WAVON

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: 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
- [x] 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#	Hazzard Class #

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903232160

Local ID: 201844557

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/03/2018	Wed	7:30 PM	HAMILTON	FALL CREEK	1	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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	Time Arrived	Other Location of Investigation			
7:30 PM	7:33 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/03/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SIEG, Z		3176	FISHERS PD		

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

Local ID: 201844557

903232160

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: 12/02/1964 / Age: 53 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None
Location of Most Severe Injury	
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: 2007 / Make: CHEVROLET / Model: SILVERADO / Style: PK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Left
# Occupants: 1 / Lic Year: 2019 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 35 / Insured By: ERIE INSURANCE / Phone Number: 3172721010	
Vehicle Identification#: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [x] None; [ ] Unknown — Front / Rear
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?: NO / To By / Due to Disabling Damage	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: PICKUP
Veh Year / Make	Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver	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; [x] 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	Event Collision With: 1. BICYCLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

NON-DRIVER INJURED INFORMATION

Local ID: 201844557

903232160

Veh#

Injured Pre-crash Location: PEDALCYCLIST

Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

MCCORDSVILLE IN 46055

Date of Birth	Age	Gender
01/20/1941		FEMALE

Position in or on Vehicle: ☐ Front ☐ Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status
97	YES	INCAPACITATING -

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: KNEE/LOWER LEG/FOOT

Test Given: Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test: ☐ Pending: Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle: ☐ Front ☐ Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test: ☐ Pending: Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle: ☐ Front ☐ Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test: ☐ Pending: Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle: ☐ Front ☐ Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test: ☐ Pending: Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI):

Address (Street, City, State, Zip):

Date of Birth	Age	Gender

Position in or on Vehicle: ☐ Front ☐ Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

Test Given: Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test: ☐ Pending: Drug Results:

State Id
904119443

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202239304

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of WINDSWEPT DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
09/23/2022	**Friday**	**17:28**	**09/23/2022**	**39.95773906**	**-85.93964177**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLEAR	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			T-INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1732	**1746**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**			**$1001 TO $2500**

Investigative Officer	Agency	ID Number
SMILEY, NICHOLAS	**FISHERS PD**	**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

Official copy obtained through buycrash.com

State Id
904119443

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202239304

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	A

Address	DOB	Age	Gender
[redacted]	10/03/2005	16	M

Driver 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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes
REDACTED	REDACTED

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	GRAY	2013	2

Make	Model
NISSAN	ALTIMA

Style: 4-DOOR

Insured By: INDIANA FARM BUREAU

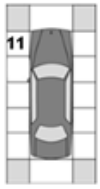
Policy #	Ins Phone #
[redacted]	317-335-4448

VIN: [redacted]

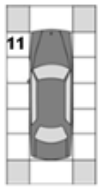
Plate Number	Plate Exp Year	Plate State
THJ169	2023	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
		NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANIMAL DRAWN 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
SOUTH	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40	STOP SIGN	

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	A

Address	DOB	Age	Gender
[redacted]	06/13/1994	28	M

Driver 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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	BLACK	2012	1

Make	Model
CHEVROLET	CRUZE

Style: 4-DOOR

Insured By: ALLSTATE, PROGRESSIVE

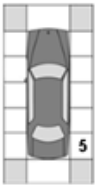
Policy #	Ins Phone #
[redacted]	3-405-1529

VIN: [redacted]

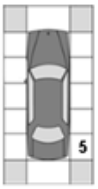
Plate Number	Plate Exp Year	Plate State
EVB454	2022	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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
WEST	GOING STRAIGHT	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

Official copy obtained through buycrash.com

State Id
904119443

Local Id
202239304

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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 Name	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
[redacted]	[redacted]	[redacted]	**FRONT PASSENGER SEAT OF UNIT 1**

Official copy obtained through buycrash.com

State Id
904119443

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202239304

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 9/25/2022 5:55:05 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

State Id
904353409

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-42106

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH ST at intersection of WINDSWEPT DR			**HAMILTON**	**FALL CREEK**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0709	**0710**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**				**$10001 TO $25000**

	Investigative Officer	Agency	ID Number
	DIETZ, ADAM	**FISHERS PD**	**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

Official copy obtained through buycrash.com

State Id
904353409

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-42106

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 AM

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
1	WHITE	2023	1

Make	Model
FORD	F150

Style: PICK-UP (TRUCKS)
Insured By: OLD REPUBLIC

Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

Plate Number	Plate Exp Year	Plate State
TK341NYA	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: 12
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Areas of Damage: 12, 11
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

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]	

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
2	WHITE	2023	1

Make	Model
CHEVROLET	MALIBU

Style: 4-DOOR
Insured By: SHELTER MUTUAL

Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

Plate Number	Plate Exp Year	Plate State
739ADV	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: 12
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Areas of Damage: 12, 1
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

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)

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

Official copy obtained through buycrash.com

State Id
904353409

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-42106

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 9/21/2023 8:12:56 AM
Printed on 9/21/2023 8:15:15 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)

Official copy obtained through buycrash.com

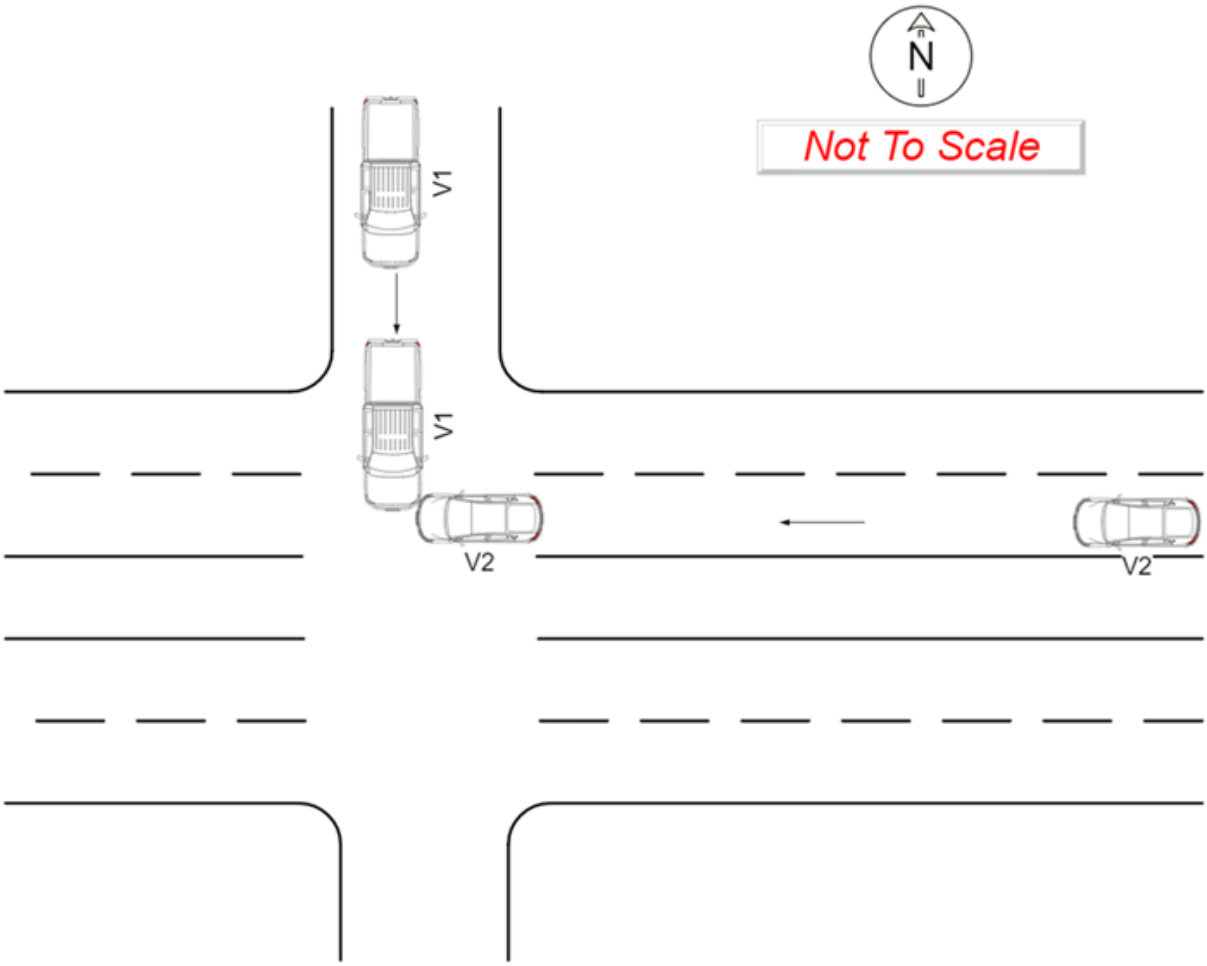
Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903339753

Local ID: 201910056

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
03/15/2019	Fri	7:35 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201910056

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:35 AM	7:40 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				03/15/2019	
Investigating Officer		ID No.	Agency	Reviewing Officer	
OWENS, C		3115	FISHERS PD		

Narrative

D1 stated he was turning WB onto E 116th st from NB Windswept Dr. D1 did not see V2, whob 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

Local ID: 201910056

903339753

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 10/17/1958	Age: 60
Gender: MALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2015	KIA MOTORS CORP	K900	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8002557828

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 201910056

903339753

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]CT

FISHERS IN 46037

Date of Birth	Age	Gender
04/14/1996	22	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2019	TOYOTA	TACOMA	PK

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE	8004213535

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

903684928

Local ID: 202040170

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/29/2020	Thu	7:39 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
202040170

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:43 AM	7:47 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/29/2020	
Investigating Officer		ID No.	Agency	Reviewing Officer	
DRUELINGER, W		3065	FISHERS PD		

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 WINDSWEPT 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.

Local ID: 202040170

Driver's Name (Last, First, MI)	
Address (Street, City, State, Zip)	
Date of Birth / Age / Gender	
Driver's License # / Lic Type / CDL Class / Lic State	

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	Type Given: Blood; Urine; Breath; SFST; PBT
Alcohol Results / PBT / Certified Test / Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	0000	UNKNOWN	UNKNOWN	4D

# Occupants	Lic Year	License #	License State
00	0000	UNKNOWN	

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNWN	000000000

Vehicle Identification#: UNKNOWN

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#	Hazzard Class #

Safety Equipment Used	
Safety Equipment Effective?	
Ejection/Trapped	
EMS No. / Immed Attn / Driver Injury Status	
Nature of Most Severe Injury	
Location of Most Severe Injury	

If Cited? Infraction; Misdemeanor; Felony

IC Codes

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: 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
- [x] 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

Local ID: 202040170

903684928

2 Driver's Name (Last, First, MI): [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. / Immed 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
		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#: 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		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): ☐ Undercarriage; ☑ Trailer; ☐ None; ☐ Unknown — Front / Rear: ☑
Registered Owner's Name (Last, First, MI): [redacted] ☐ Same as Driver		
Address (Street, City, State, Zip): [redacted]		
GREENFIELD IN 46140		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage		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
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# / Hazzard Class #		

State Id
904442622

Local Id
2024-5210

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Created on 2/1/2024 8:02:18 AM
Printed on 2/1/2024 2:20:07 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH STREET at intersection of WINDSWEPT DRIVE			**HAMILTON**	**FALL CREEK**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0716	**0718**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
SAME DIRECTION SIDESWIPE	**AT SCENE ONLY**				**$2501 TO $5000**

	Agency	ID Number
Investigative Officer: **THOMPSON, ROB**	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904442622

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-5210

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 2/1/2024 8:02:18 AM
Printed on 2/1/2024 2:20:07 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	K

Address	DOB	Age	Gender
[redacted]	04/17/1978	45	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	INDIANA	

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
SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	SILVER/ALU	2015	2

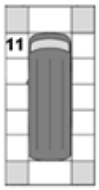
Make	Model
SUBARU	FORESTER

Style: 4-DOOR
Insured By: STATE FARM
Policy #: [redacted] Ins Phone #: [redacted]7-770-1318
VIN: [redacted]

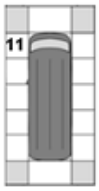
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	Oversized
WEST	TURNING RIGHT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
35	LANE CONTROL	

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	10/10/1977	46	F

[redacted]	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
SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	SILVER/ALU	2007	1

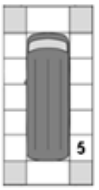
Make	Model
HONDA	ODYSSEY

Style: VAN
Insured By: ERIE
Policy #: [redacted] Ins Phone #:
VIN: [redacted]

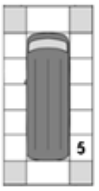
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	Oversized
WEST	TURNING LEFT	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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

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)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902392719

Local ID: 20156279

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/12/2015	Thu	9:19 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	WINDSWEPT DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	BLOWING SAND/SOIL/SNOW
Surface 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?	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20156279

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
9:19 AM	9:19 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/12/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
BAKER, D		3113	FISHERS PD		

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

Local ID: 20156279

902392719

1 Driver's Name (Last, First, MI): [redacted] L

Address (Street, City, State, Zip): [redacted]

MCCORDSVILLE IN 46055

Date of Birth: 05/28/1971 | Age: | Gender: FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLU	2015	TOYOTA	RAV4	4W

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	3177761500

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

MCCORDSVILLE IN 46055-9514

Towed? YES | To/By: MILLERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: [redacted]

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Local ID: 20156279

902392719

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: 03/16/1961 / Age: / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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#: 2 / Color: RED / Vehicle Year: 2010 / Make: LEXUS / Model: GS 350 / Style: 4D		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2015 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: AAA / Phone Number: 8662098442		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46037-8146		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To 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: GOING STRAIGHT
Veh Year / Make		Direction of Travel: WEST
Lic State / Lic Year / 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; [x] 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		
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# / Hazzard Class #		

State Id
904181251

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-51421

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 12/23/2022 1:50:05 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of SAND CREEK BLVD			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **12/23/2022**	Day of Week: **Friday**	Crash Time: **12:24**	Date of Report: **12/23/2022**	Latitude: **39.95715513**	Longitude: **-85.98600733**
Weather Condition: **BLOWING SAND/SOIL/SNOW**	Light Condition: **DAYLIGHT**		Locality: **URBAN**	Inside Corporate Limits?: **YES**	☐ School Zone
Roadway Surface: **ASPHALT**	Surface Condition: **ICE**		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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1225	**1238**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
REAR END	**AT SCENE ONLY**			**$5001 TO $10000**

Investigative Officer	Agency	ID Number
RIDLEN, ALEX	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904181251

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-51421

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

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
[redacted]	[redacted]	B

Address	DOB	Age	Gender
[redacted]	11/23/1998	24	M

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
LAP BELT, SHOULDER BELT		NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	SILVER/ALU	2004	1

Make	Model
HONDA	ACCORD

Style: 4-DOOR

Insured By: NO INSURANCE

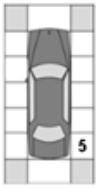
Policy #	Ins Phone #

VIN: [redacted]

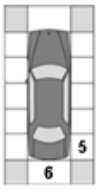
Plate Number	Plate Exp Year	Plate State
[redacted]		IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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 (TWOWAY)	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)
[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]	

Address	DOB	Age	Gender
[redacted]	09/13/1989	33	M

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
LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	GRAY	2021	1

Make	Model
TOYOTA	SIENNA

Style: 4-DOOR

Insured By: STATE FARM

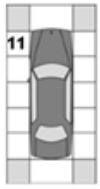
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

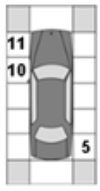
Plate Number	Plate Exp Year	Plate State
[redacted]		IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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 (TWOWAY)	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)
[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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Printed on 12/23/2022 1:50:05 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

State Id
904425539

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-709

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH at intersection of SAND CREEK BLVD			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **01/06/2024**	Day of Week: **Saturday**	Crash Time: **04:20 AM**	Date of Report: **01/06/2024**	Latitude: **39.95713087**	Longitude: **-85.98574927**
Weather Condition: **BLOWING SAND/SOIL/SNOW**	Light Condition: **DARK (NOT LIGHTED)**		Locality: **URBAN**	Inside Corporate Limits? **YES**	☐ School Zone
Roadway Surface: **ASPHALT**	Surface Condition: **SNOW/SLUSH**		Roadway Classification: **LOCAL/CITY ROAD**		☐ Train or Rail Equipment
☐ Construction Zone	Construction Type		Roadway Junction: **NO JUNCTION INVOLVED**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0420	**0430**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☑ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
HEAD ON BETWEEN TWO MOTOR VEHICLES	**AT SCENE ONLY**				**$25001 TO $50000**

Investigative Officer	Agency	ID Number
APP, LEVI	**FISHERS PD**	**3237**
Reviewing Officer		
Assisting Officer: **GRAHAM**	**FISHERS PD**	
Assisting Officer		
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.

Official copy obtained through buycrash.com

State Id
904425539

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-709

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run | ☑ Aggressive Driving | ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	B

Address	DOB	Age	Gender
[redacted]	04/19/1956	67	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	INDIANA	

Apparent Physical Status	Restrictions
HAD BEEN DRINKING	CORRECTIVE LENSES

Test Given	Type Given
REFUSED	BLOOD, OTHER - EXPLAIN IN NARRATIVE

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	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes
MISDEMEANOR	9-30-5-2(A)

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	BLUE	2010	1

Make	Model
HONDA	CIVIC

Style: 4-DOOR

Insured By: PROGRESSIVE

Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

Plate Number	Plate Exp Year	Plate State
[redacted]	2023	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: 12
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Areas of Damage: 12, 1
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Company Towed By	City Towed To	Fire?
INTERSTATE DELEWARE SOUTH	INTERSTATE DELEWARE SOUTH	NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE, SEPARATION OF UNITS

Emergency Run?	Type of Roadway	Roadway Character
	MULTI-LANE UNDIVIDED 2-WAY LEFT (TWOWAY)	STRAIGHT/LEVEL

Direction of Travel	Pre-Crash Vehicle Action	# of Axes	Oversized
NORTH	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40	NONE	

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	01/26/1993	30	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
AIRBAG DEPLOYED	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	WHITE	2022	1

Make	Model
MERCEDESBENZ	GLECLASS

Style: UTILITY (SUV)

Insured By: ALLSTATE

Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: 12
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Areas of Damage: 12, 11
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Company Towed By	City Towed To	Fire?
GARNERS	GARNERS	NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE, SEPARATION OF UNITS

Emergency Run?	Type of Roadway	Roadway Character
	MULTI-LANE UNDIVIDED 2-WAY LEFT (TWOWAY)	STRAIGHT/LEVEL

Direction of Travel	Pre-Crash Vehicle Action	# of Axes	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]	

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

Official copy obtained through buycrash.com

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)

Official copy obtained through buycrash.com

State Id
904425539

Local Id
2024-709

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

Created on 1/6/2024 6:58:16 AM
Printed on 1/6/2024 7:00:04 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902384090

Local ID: 20154543

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
01/31/2015	Sat	3:23 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	SAND CREEK BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20154543

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
3:26 PM	3:30 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/31/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MARSH, T		3062	FISHERS PD		

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 Creed 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.

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46250

Date of Birth	Age	Gender
04/28/1971	43	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2014	Kia Motors	OPTIMA	4D

# Occupants	Lic Year	License #	License State
1	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	3178632173

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46250

Towed?	To	Due to Disabling Damage
YES	By FISHERS TOWING	YES

To: FISHERS TOWING LOT

	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?: [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [x] 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: 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
- [x] 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

Local ID: 20154543

902384090

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/29/1965	Age: 49 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT / Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2014	Jeep (post 1968)	WRANGLER	UT

# Occupants	Lic Year	License #	License State
2	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
1	40	GEICO	8008413000

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI) [ ] Same as Driver: [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: GOING STRAIGHT

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
- [x] 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

903183118

Local ID: 201832312

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
07/11/2018	Wed	5:53 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	SAND CREEK BLVD	25	N	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201832312

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
5:53 PM	6:05 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/11/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
STREET, C		3172	FISHERS PD		

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

UNIT INFORMATION

Local ID: 201832312

903183118

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	INDIANAPOLIS IN 46222
Date of Birth	09/17/1984
Age	33
Gender	MALE
Driver's License #	
Lic Type	NL
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLUE	1998	FORD	F150	PK

# Occupants	Lic Year	License #	License State
2	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	VELOX INSURANCE	3173296500

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46222

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [x] Infraction [ ] Misdemeanor [ ] Felony

IC Codes: 9-24-19-1

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: 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
[x] 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

Local ID: 201832312

903183118

2 — 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: 12/26/1997 / Age: 20 / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Restrictions: [x] Glasses/Contact Lenses; [x] 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
		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# 2 / Color: RED / Vehicle Year: 2016 / Make: HONDA / Model: FIT / Style: 4D		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 2 / Lic Year: 2018 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: STATE FARM / Phone Number: 3178493009		
Vehicle Identification #: [redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x] [x] [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
[redacted]		
FISHERS IN 46037		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed? NO / To / By / Due to Disabling Damage		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: TURNING RIGHT
Lic State / Lic Year / 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; [x] 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		Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #		

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903313587

Local ID: 20194570

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/03/2019	Sun	6:06 PM	HAMILTON	FALL CREEK	2	0	1	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	BELLE PLAINE BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER	39 57.440	-85 58.199

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

Was this crash the result of aggressive driving? NO

Other Property Damage (1)	State Property	Owner's Name and Address
SIGN	NO	CITY OF FISHERS 1 MUNICPAL DR FISHERS INDIANA 46038
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

✓ Witness / Other Participant	# 1	Name: [redacted]
Address etc.	[redacted]	
Phone #	[redacted]	Location at Time of Crash: BELLE PLAIN BLVD AND E 116TH
✓ Witness / Other Participant	# 2	Name: [redacted]
Address etc.	[redacted]	
Phone #	[redacted]	Location at Time of Crash: BELLE PLAIN BLVS AND E 116TH

Non-Motorist

(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
20194570

Type of Crash	HEAD ON BETWEEN TWO MOTOR VEHICLES				
Time Notified	Time Arrived	Other Location of Investigation			
6:08 PM	6:09 PM	AT SCENE ONLY			
Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?	
KEVIN KOBLI	3084	FISHERS PD	NO	YES	
Assisting Officer	ID No.	Agency	Date of Report		
LASHAWN TYLER	3169	FISHERS PD	02/03/2019		
Investigating Officer	ID No.	Agency	Reviewing Officer		
BENBOW, K	3184	FISHERS PD			

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.

Driver's Name (Last, First, MI)
[redacted]

Address (Street, City, State, Zip)
[redacted]E
INDIANAPOLIS IN 46220

Date of Birth	Age	Gender
11/01/1952	66	FEMALE

Driver's License # [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status
- [ ] Normal
- [x] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [x] 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
- [x] None

Test Given: ALCOHOL

Type Given: [ ] Blood [ ] Urine [x] Breath [ ] SFST [x] PBT

Alcohol Results: PBT ..15 Certified Test ..15 [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2017	HONDA	CRV	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS	8002524633

Vehicle Identification# [redacted]1

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]
INDIANAPOLIS IN 46220

Towed? YES | To GARNERS | By GARNERS | Due to Disabling Damage: YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

[ ] Same as Driver

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

[ ] Same as Driver

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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [x] Felony

IC Codes: 9-30-5-5 9-30-5-1(B)

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: NORTHEAST

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
- [x] 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

Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): 4623 CAMERON RIDGE DR APT 127

INDIANAPOLIS IN 46240

Date of Birth	Age	Gender
10/08/1994	24	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		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	Type Given
NONE	☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT	Certified Test	☐ Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2015	YAMAHA	YFZ	XA

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	0000000000

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] ☐ Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46240

Towed?	To	Due to Disabling Damage
YES	By GARNERS	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#	Hazzard Class #

Safety Equipment Used: HELMET

Safety Equipment Effective?: NO

Ejection/Trapped: EJECTED

EMS No.	Immed Attn	Driver Injury Status
0715	YES	FATAL

Nature of Most Severe Injury: OTHER - EXPLAIN IN NARRATIVE

Location of Most Severe Injury: HEAD

If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony

IC Codes:

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: MOTOR DRIVEN CYCLE CLASS A

Pre-Crash Vehicle Action: GOING STRAIGHT

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

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
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
Other Property Damage	#	State Property	Owner's Name and Address
Other Property Damage	#	State Property	Owner's Name and Address

Witness/Other Participant

☑ Witness ☐ Other Participant	# 3	Name [redacted]	Phone # [redacted]
Address etc.		Location at Time of Crash	
10824 HARBOR BAY CT FISHERS INDIANA		116TH AND OLIO RD	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name	Phone #
Address etc.		Location at Time of Crash	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901667747

Local ID: 201124126

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
07/25/2011	Mon	5:25 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	WEDGEPORT LN	300	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	DNR		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201124126

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
5:30 PM	5:50 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/25/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVEY, B		3070	FISHERS PD		

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

Local ID: 201124126

901667747

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FRANKLIN IN 46131

Date of Birth	Age	Gender
01/21/1970	41	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLK	1998	CHEVROLET	SILVARADO	PK

# Occupants	Lic Year	License #	License State
1	2011	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	GEICO	8008413000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FRANKLIN IN 46131

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

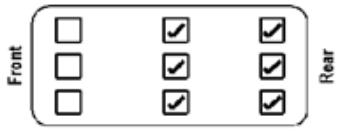
If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: PICKUP

Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC

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 [x] 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

UNIT INFORMATION

Local ID: 201124126

901667747

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
04/20/1992	19	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT — Certified Test — [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLUE	2000	CHEVROLET	SILVARADO	PK

# Occupants	Lic Year	License #	License State
1	2011	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	GEICO	8008413000

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 / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: PICKUP

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	[x] 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

901667924

Local ID: 201124129

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
07/25/2011	Mon	5:25 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	WEDGEPORT LN	300	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	DNR		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

	#	Name
☐ Witness ☑ Other Participant	1	[redacted]

Address etc.: [redacted]

Phone #:

Location at Time of Crash: DIRECTLY IN FRONT OF V2

	#	Name
☐ Witness ☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201124129

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
5:30 PM	5:50 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/25/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVEY, B		3070	FISHERS PD		

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

Local ID: 201124129

901667924

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 05/03/1976	Age: 35
Gender: FEMALE	
Driver's License #: [redacted]	Lic Type: OP
CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BRONZE	2003	FORD	EXPIDITION	UT

# Occupants	Lic Year	License #	License State
1	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	3175772722

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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	[x] 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

Local ID: 201124129

901667924

2 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
10/31/1960	50	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results PBT	Certified Test	Pending	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT			[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2005	FORD	F1S	UT

# Occupants	Lic Year	License #	License State
1	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	8006926326

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]

FISHERS IN 46037

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Towed?	To By	Due to Disabling Damage
NO		

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
			[ ]

License # | Address (Street, City, State, Zip)

Veh Year | Make

Vehicle Type: SPORT UTILITY VEHICLE

Pre-Crash Vehicle Action: SLOWING OR STOPPED IN TRAFFIC

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: 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
[ ] Two Lanes	[x] 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 #

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 #	Hazzard Class #

State Id
903964235

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2022-3312

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 1/24/2022 6:10:17 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of WEDGEPORT LN			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
01/20/2022	**Thursday**	**14:41**	**01/20/2022**	**39.95754122**	**-85.95447037**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLEAR	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			NO JUNCTION INVOLVED		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1441	**1451**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation			Total Estimate of all damage in Crash:
SAME DIRECTION SIDESWIPE	**AT SCENE ONLY**	☑ Investigation Complete	☐ Photos taken	**$5001 TO $10000**

Investigative Officer	Agency	ID Number
STREET, CODY	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
903964235

Local Id
2022-3312

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	10/21/1961	60	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
1	WHITE	2005	1

Make	Model
CHEVROLET	Silverado

Style: PICK-UP (TRUCKS)

Insured By: FARMERS

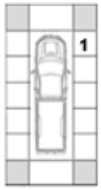
Policy #	Ins Phone #
[redacted]	888-327-6335

VIN: [redacted]

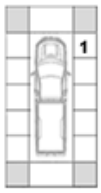
Plate Number	Plate Exp Year	Plate State
[redacted]	2023	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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 Axes	Oversized
WEST	CHANGING LANES	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40		

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	12/07/1962	59	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
2	BLACK	2003	1

Make	Model
MERCEDES-BENZ	C-Class

Style: 4-DOOR

Insured By: ALLSTATE

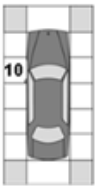
Policy #	Ins Phone #
[redacted]	

VIN: [redacted]

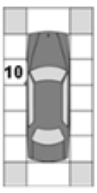
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



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 Axes	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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Hit and Run ☐

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)

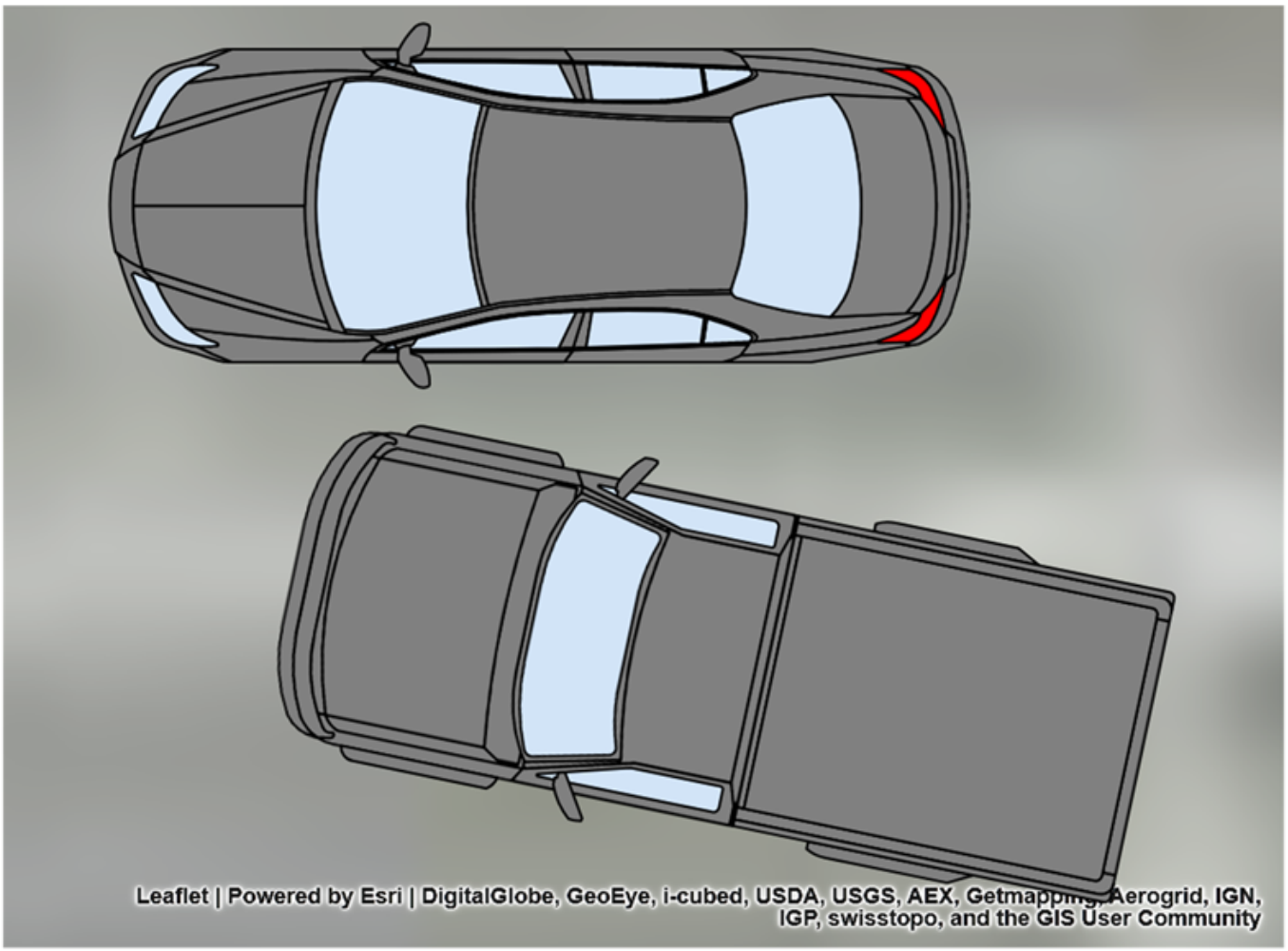
Unit 2 :

NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902797781

Local ID: 201643896

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
10/17/2016	Mon	3:15 PM	HAMILTON	FALL CREEK	3	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	THE LEGENDS BLVD	700	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓	✓	

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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?	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201643896

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
3:22 PM	3:26 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				10/17/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVEY, B		3070	FISHERS PD		

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.

Local ID: 201643896

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
04/28/1976		FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2016	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IL

# Axles	Speed Limit	Insured By	Phone Number
2	40	SELF INSURED	0000000000

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted]

DESPLAINES IL 60018

Towed?	To	Due to Disabling Damage
YES	By MILLERS	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
[x] 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 2. ANOTHER MOTOR VEHICLE

Local ID: 201643896

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

INDPLS IN 46221

Date of Birth	Age	Gender
04/14/1990		MALE

Driver's License #	Lic Type	CDL Class	Lic State
	U		

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT	Certified Test	[ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN	2000	FORD	SE	SW

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	0000000000

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDPLS IN 46221

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED IN TRAFFIC

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
[x] 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

Local ID: 201643896

902797781

3 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 10/06/1960	Age:	Gender: MALE
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 / Certified Test ☐ Pending	Drug Results	
Veh# 3	Color: SIL	Vehicle Year: 2007	Make: VOLVO	Model: S80	Style: 4D
# Occupants: 1	Lic Year: 2017	License #: [redacted]	License State: IN
# Axles: 2	Speed Limit: 40	Insured By: USAA CASUALTY	Phone Number: 8005318722
Vehicle Identification #	[redacted]		
Registered Owner's Name (Last, First, MI)	[redacted] ☐ Same as Driver		
[redacted] Zip)			
FISHERS IN 46037			
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#	Hazzard Class #

Safety Equipment Used	LAP + HARNESS
Safety Equipment Effective?	YES
Ejection/Trapped	NOT EJECTED OR TRAPPED
EMS No. / Immed Attn / Driver Injury Status	
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: ☑ (Rear, center)
Areas Damaged (Multiples): ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown	Front / Rear: ☑ (Front, right); ☑ (Rear, center); ☑ (Rear, right)
Vehicle Use	PERSONAL (FARM, COMPANY)
Emergency Run?	Fire? NO
Vehicle Type	PASSENGER CAR/STATION WAGON
Pre-Crash Vehicle Action	SLOWING OR STOPPED IN TRAFFIC
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

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902886781

Local ID: 201710102

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
03/10/2017	Fri	8:45 AM	HAMILTON	FALL CREEK	2	1	0	1	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	THE LEGENDS BLVD	150	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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/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 $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201710102

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
8:48 AM	8:53 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				03/10/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MYERS, B		3035	FISHERS PD		

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

Local ID: 201710102

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

ANDERSON IN 46011

Date of Birth	Age	Gender
06/23/1975	41	MALE

Driver's License #: [redacted] | Lic Type: CD | CDL Class: A | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAROON	2006	MERCURY	GRAND MARQUIS LS	4D

# Occupants	Lic Year	License #	License State
2	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY INSURANCE	8006926326

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To BOGGS | By BOGGS | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3337	NO	NON-INCAPACITATING - TREATED AT

Nature of Most Severe Injury: MINOR BLEEDING

Location of Most Severe Injury: FACE

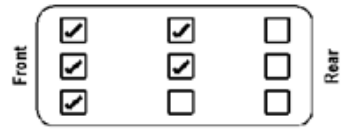
If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SOUTHEAST

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
- [x] 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

Local ID: 201710102

902886781

2	Driver's Name (Last, First, MI): [redacted]				Safety Equipment Used: LAP + HARNESS	
Address (Street, City, State, Zip): [redacted]					Safety Equipment Effective?: YES	
[redacted]			MI	48876	Ejection/Trapped: NOT EJECTED OR TRAPPED	
Date of Birth: 05/07/1986	Age: 30	Gender: MALE			EMS No.	Inmed Attn / Driver Injury Status
Driver's License #: [redacted]	Lic Type: CD	CDL Class: A	Lic State: MI		Nature of Most Severe Injury	

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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:

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#	Color	Vehicle Year	Make	Model	Style
2	WHITE	2017	Freightliner	TT 80000	CC

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	MI

# Axles	Speed Limit	Insured By	Phone Number
3	40	ZURICH AMERICAN	8003822150

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

WYOMING MI 49548

Towed?: NO | To By: | Due to Disabling Damage:

Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
PA	2017	[redacted]	[ ] Same as Driver

License #: [redacted] | Address (Street, City, State, Zip): [redacted]

Veh Year	Make			
2017	GREAT DANE	EASTON	PA	18045

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

2 A&K LOGISTICS INC

3747 HECKTOWN ROAD

EASTON PA 18045

HAZMAT Proper Shipping Name: | State DOT #:

US DOT #: [redacted] | ICC #: [redacted] | CMV Inspection: YES | If Yes:

Gross Vehicle Weight Rating	Cargo Body Type
10,001# - 26,000#	VAN/ENCLOSED BOX

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #
NO			

Initial Impact Area: [ ] Undercarriage; [x] Trailer; [ ] None; [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage; [x] Trailer; [ ] None; [ ] Unknown



Vehicle Use: COMMERCIAL(TAXIS,COMMON,CONTRACT)

Emergency Run?: | Fire?: NO

Vehicle Type: TRACTOR/ONE SEMI TRAILER

Pre-Crash Vehicle Action: GOING STRAIGHT

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
- [x] Multi-Lane w/ Concrete Barrier
- [ ] 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

903552376

Local ID: 20208629

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
02/28/2020	Fri	11:42 AM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	THE LEGENDS BLVD	50	N	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20208629

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
11:42 AM	12:02 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/28/2020	
Investigating Officer		ID No.	Agency	Reviewing Officer	
STREET, C		3172	FISHERS PD		

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

UNIT INFORMATION

Local ID: 20208629

903552376

1 Driver's Name (Last, First, MI) [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip) [redacted]	Safety Equipment Effective?: YES
GAS CITY IN 46933	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 04/24/1993 / Age: 26 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License # [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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: WHITE / Vehicle Year: 2005 / Make: FREIGHTLINER / Model: MT 45 CHASSIS / Style: VN	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2020 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: ATLANTIC SPECIALITY INSURANCE / Phone Number: 8772483455	
Vehicle Identification # [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip) [redacted] VE	
GREENFIELD IN 46140	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By / Due to Disabling Damage	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: VAN
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: NORTH
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; [x] 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	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

UNIT INFORMATION

Local ID: 20208629

903552376

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: NO
FORTVILLE IN 46040	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 01/09/1947 / Age: 73 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Location of Most Severe Injury
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; [x] 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# 2 / Color: MAROON / Vehicle Year: 2015 / Make: LINCOLN / Model: NAVIGATOR / Style: 4D	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2020 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: USAA / Phone Number: 8005318722	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x]
Registered Owner's Name (Last, First, MI): [redacted] / [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
FORTVILLE IN 46040	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed? NO / To / By / Due to Disabling Damage	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	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; [x] 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#	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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

903854229

Local ID: 202128917

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
08/06/2021	Fri	6:29 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	THE LEGENDS BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	LANE CONTROL
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

✓ Witness / ☐ Other Participant	# 1	Name: [redacted]
Address etc.	[redacted]T	
Phone #	[redacted]	Location at Time of Crash: AT INTERSECTION SEE NARRATIVE
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #		Location at Time of Crash

Non-Motorist

(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
202128917

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
6:32 PM	6:37 PM	SEE NARRATIVE			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				NO	YES
Assisting Officer		ID No.	Agency	Date of Report	
				08/06/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RODRIGUEZ, C		3136	FISHERS PD	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

Local ID: 202128917

903854229

2 — 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
10/23/1975	45	FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results PBT	Certified Test	Pending	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT			[ ]	

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2010	CADILLAC	SRX	4D

# Occupants	Lic Year	License #	License State
2	2022	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SECURA	8005583405

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	Due to Disabling Damage
NO	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#	Hazzard 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: 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
- [x] 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

Local ID: 202128917

903854229

3 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46038	
Date of Birth: 12/12/1968 — Age: 32 — Gender: FEMALE	
Driver's License #: 0570064487 — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT / Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	GRAY	2020	HONDA	PILOT	4W

# Occupants	Lic Year	License #	License State
1	2022	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN SELECT INS	8777879078

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

903106482

Local ID: 20189588

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/24/2018	Sat	9:50 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	IDLEWOOD DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20189588

Type of Crash	OTHER - EXPLAIN IN NARRATIVE				
Time Notified	Time Arrived	Other Location of Investigation			
10:03 PM	10:06 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/24/2018	
Investigating Officer		ID No.	Agency	Reviewing Officer	
MILLER, C		3166	FISHERS PD		

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

Local ID: 20189588

903106482

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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
02/12/2000		FEMALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location 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

If Cited? ☐ Infraction; ☐ Misdemeanor; ☐ Felony

IC Codes:

Test Given	Type Given
NONE	☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results	Certified Test	Drug Results
PBT	☐ Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLK	1999	TOYOTA	4RU	4W

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	3175672457

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]

FISHERS IN 46037-9137

Areas Damaged (Multiples): ☐ Undercarriage; ☐ Trailer; ☐ None; ☐ Unknown



Towed?	To / By	Due to Disabling Damage
YES	To BOGGS / By BOGGS	YES

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Vehicle Type: PASSENGER CAR/STATION WAGON

Pre-Crash Vehicle Action: TURNING LEFT

Direction of Travel: NORTH

	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# | Hazzard Class #

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

UNIT INFORMATION

Local ID: 20189588

903106482

2 — Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]Y

FISHERS IN 46037

Date of Birth: 10/14/1999 | Age: | Gender: MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BRZ	2007	MERCEDES BENZ	CLS550	4D

Occupants: 1 | Lic Year: 2019 | License #: [redacted] | License State: IN

Axles: 2 | Speed Limit: 40 | Insured By: STATE FARM | Phone Number: 8007233276

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]Y

FISHERS IN 46037-4084

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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 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
[x] 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

State Id
904346502

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202340625

Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
116TH ST at intersection of IDLEWOOD DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date: **09/11/2023**	Day of Week: **Monday**	Crash Time: **14:41 PM**	Date of Report: **09/11/2023**	Latitude: **39.95759147**	Longitude: **-85.93510533**
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: **TRAIL CROSSINGS**	Railroad Crossing #	☐ Rumble Strips
					☐ Deer
					☐ Underride crash

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1443	**1444**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash (OTHER - EXPLAIN IN NARRATIVE)	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
	AT SCENE ONLY				**$1001 TO $2500**

Investigative Officer	Agency	ID Number
STARKEY, KEVIN	**FISHERS PD**	**3186**
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.

Official copy obtained through buycrash.com

State Id
904346502

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202340625

Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	N

Address	DOB	Age	Gender
[redacted]	06/27/1976	47	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
UNKNOWN	N/A	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	SILVER/ALU	2018	1

Make	Model
KIA	SORENTO

Style: UTILITY (SUV)

Insured By: GEICO

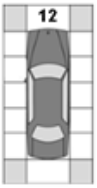
Policy #	Ins Phone #
[redacted]	000-000-0000

VIN: [redacted]

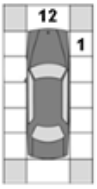
Plate Number	Plate Exp Year	Plate State
HAB568	2024	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axles	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)
[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

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

Make	Model

Style:

Insured By:

Policy #	Ins Phone #

VIN:

Plate Number	Plate Exp Year	Plate State

Towed?	Towed Due to Disabling Damage?

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

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 Axles	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

Official copy obtained through buycrash.com

State Id
904346502

Local Id
202340625

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Hit and Run ☐

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 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)

Witnesses

☐ Witness ☑ Other Participant Name	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
[redacted]	[redacted]	[redacted]	**RIDING BICYCLE**

Official copy obtained through buycrash.com

State Id
904346502

Indiana Officer's Standard Crash Report

Hit and Run ☐

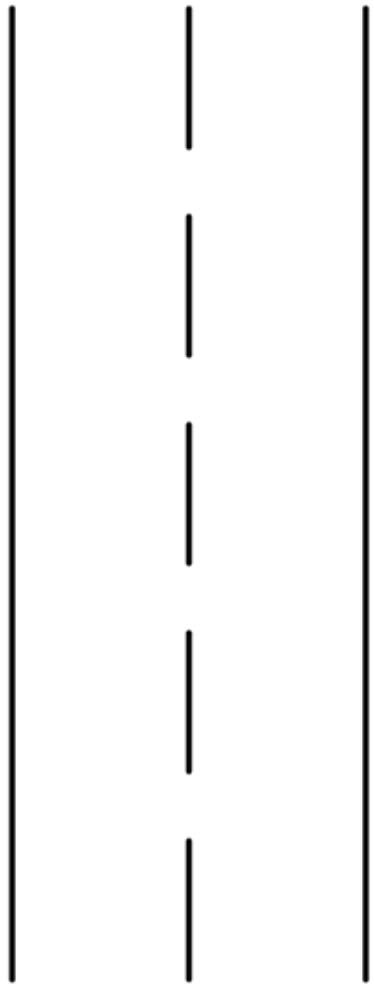
Local Id
202340625

Vehicles	Commercial	Injuries	Fatalities
1	0	0	0

Created on 9/13/2023 7:52:24 AM
Printed on 9/13/2023 7:55:08 AM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902772932

Local ID: 201638042

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/07/2016	Wed	3:53 PM	HAMILTON	FALL CREEK	2	0	0	1	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	IDLEWOOD LN			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]

Phone #: [redacted] Location at Time of Crash: BEHIND V2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone # Location at Time of Crash

Non-Motorist

(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
201638042

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
3:56 PM	4:29 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/07/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
AHNERT, A		3090	FISHERS PD		

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."

Local ID: 201638042

1 Driver's Name (Last, First, MI): [redacted] P

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
07/31/1999	17	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BEIGE	2005	HONDA	CIVIC EX	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	3172537550

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: NORTHEAST

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
[x] 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

Local ID: 201638042

902772932

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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# 2 / Color: SILVER / Vehicle Year: 2006 / Make: DODGE / Model: RAM PICKUP / Style: TK	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — [x] Front
# Occupants: 2 / Lic Year: 2017 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: PROGRESSIVE / Phone Number: 8004444487	
[redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [x] None; [ ] Unknown — [x] Front
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
[redacted]	
PENDLETON IN 46064	Vehicle Use: COMMERCIAL(TAXIS,COMMON,CONTRACT)
Towed? NO / To By / Due to Disabling Damage	Emergency Run? / Fire?: NO
2a 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)
Veh Year: 2007 / Make: BIG TEX / PENDLETON IN 46064	Pre-Crash Vehicle Action: GOING STRAIGHT
Lic State / Lic Year / 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; [x] 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: 2 TOP NOTCH CUTS	
9278 N STATE RD 9	
PENDLETON IN 46064	
HAZMAT Proper Shipping Name: / State DOT#	
US DOT# [redacted] / ICC# / CMV Inspection / If Yes	
Gross Vehicle Weight Rating: 10,001# - 26,000# / Cargo Body Type: OTHER - EXPLAIN IN NARRATIVE	Event Collision With: 1. ANOTHER MOTOR VEHICLE
HAZMAT Placard: NO / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902757059

Local ID: 201633977

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
08/12/2016	Fri	7:30 PM	HAMILTON	DELAWARE	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]

Phone #: [redacted]

Location at Time of Crash: WESTBOUND FOLLOWING D2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.

Phone #

Location at Time of Crash

Non-Motorist

(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
201633977

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:30 PM	7:34 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/12/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEESNER, K		3121	FISHERS PD		

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

Local ID: 201633977

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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
05/01/1998	18	MALE	3338	YES	INCAPACITATING - TRANSPORTED

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Nature of Most Severe Injury: FRACTURE/DISLOCATION

Location of Most Severe Injury: KNEE/LOWER LEG/FOOT

Apparent Physical Status
- [x] 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
- [x] None

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes:

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAROON	2010	JEEP	WRANGLER	4D

# Occupants	Lic Year	License #	License State
2	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	CINCINNATI INSURANCE	8882879940

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted]te, Zip)

FISHERS IN 46037

Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS 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#	Hazzard 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 RIGHT

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
- [x] 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 2. RAN OFF ROADWAY

UNIT INFORMATION

Local ID: 201633977

902757059

2 [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Date of Birth	Age	Gender
07/30/1961	55	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2014	CADILLAC	SRX	4D

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AAA	8002073618

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Towed? YES | To/By: MILLERS TOWING | 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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3338	NO	

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: GOING STRAIGHT

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
[x] 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

903003188

Local ID: 201741298

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
09/25/2017	Mon	7:27 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201741298

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
7:41 AM	7:55 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/25/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
VANNATTA, C		3173	FISHERS PD		

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.

Local ID: 201741298

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
10/16/2000		MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GEY	2007	AUDI	A6	4D

# Occupants	Lic Year	License #	License State
1	2018	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AUTO-OWNERS INS	2607499541

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted]

FISHERS IN 46037-7990

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: CHANGING LANES

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
[x] 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

Local ID: 201741298

903003188

2 | Driver's Name (Last, First, MI): [redacted]R

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
10/30/1999	17	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT: | Certified Test: | [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	WHITE	2017	FORD	FUSION	4D

# Occupants	Lic Year	License #	License State
2	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	ALLSTATE	8778102920

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
[x] 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

903209193

Local ID: 201839112

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
08/27/2018	Mon	6:42 AM	HAMILTON	FALL CREEK	2	2	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS		39 57.459	-85 55.838

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: 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

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

- ✓ Witness / Other Participant: # 1 Name: [redacted]
- Address etc.: [redacted]
- Phone #: [redacted]
- Location at Time of Crash: BEHIND V1
- Witness / Other Participant: # Name:
- Address etc.:
- Phone #:
- Location at Time of Crash:

Non-Motorist

- (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
201839112

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
6:42 AM	6:43 AM	SEE NARRATIVE			
Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?	
E PATTON	9235	FISHERS PD	YES	NO	
Assisting Officer	ID No.	Agency	Date of Report		
			08/27/2018		
Investigating Officer	ID No.	Agency	Reviewing Officer		
AHNERT, J	3089	FISHERS PD			

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

Local ID: 201839112

903209193

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
09/09/1997		FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [ ] Glasses/Contact Lenses; [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SIL	2006	TOYOTA	COROLLA	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVCO INSURANCE COMPANY	8774038584

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-8155

Towed? YES | To/By: BOGGS TOWING | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3338	YES	INCAPACITATING - TRANSPORTED

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: NECK

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 201839112

903209193

2 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

NOBLESVILLE IN 46060

Date of Birth	Age	Gender
05/15/1976		FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2017	GENERAL MOTORS	ACADIA	4D

# Occupants	Lic Year	License #	License State
1	2019	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AUTO OWNERS	7654550901

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

NOBLESVILLE IN 46060-9790

Towed?	To	Due to Disabling Damage
YES	By GARNERS 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	NON-INCAPACITATING - TREATED AT

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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: 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; [x] 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

903781839

Local ID: 202115346

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
04/24/2021	Sat	10:14 PM	HAMILTON	FALL CREEK	2	3	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS		39 57.459	-85 55.838

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	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: $25001 TO $50000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

✓ Witness / ☐ Other Participant	# 1	Name: [redacted]
Address etc.		
Phone #: [redacted]		Location at Time of Crash: BEHIND D2
✓ Witness / ☐ Other Participant	# 2	Name: [redacted]
Address etc.		
Phone #: [redacted]		Location at Time of Crash: WEST BOUND 116

Non-Motorist

(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
202115346

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
10:19 PM	10:24 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				04/25/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEAVER, C		3203	FISHERS PD		

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

1 Driver's Name (Last, First, MI): [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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
12/20/2002	18	MALE	0792	NO	NON-INCAPACITATING - TREATED AT

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: SHOULDER/UPPER ARM

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

If Cited? ☐ Infraction; ☐ Misdemeanor; ☐ Felony

IC Codes:

Test Given	Type Given
NONE	☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT	Certified Test	☐ Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHI/	2019	NISSAN	ROGUE	4W

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	METROPOLITAIN GROUP	3178496639

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] ☐ Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-8156

Towed?	To / By	Due to Disabling Damage
YES	To GARNERS / By GARNERS	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#	Hazzard 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: 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

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	Immed 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: HEAD

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLU/	2012	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
2	2020	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	3178497660

Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

[redacted] Zip)

FISHERS IN 46038-3207

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Vehicle Use: PERSONAL (FARM, COMPANY)

Towed?	To / By	Due to Disabling Damage
YES	To GARNERS / By GARNERS	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)	
Veh Year	Make			

Vehicle Type: PASSENGER CAR/STATION WAGON

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)	
Veh Year	Make			

Direction of Travel: WEST

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#:

US DOT#	ICC#	CMV Inspection	If Yes

Gross Vehicle Weight Rating	Cargo Body Type

HAZMAT Placard	HAZMAT Release of Cargo	HAZMAT 4-Digit ID#	Hazzard Class #

Event Collision With: 1. ANOTHER MOTOR VEHICLE

NON-DRIVER INJURED INFORMATION

903781839

Local ID: 202115346

Veh#: 2 — Injured Pre-crash Location: 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 — Immed Attn: NO — Injury Status: NON-INCAPACITATING -
Date of Birth: 04/14/2004 — Age: 17 — Gender: FEMALE	Nature of Most Severe Injury: COMPLAINT OF PAIN
Position in or on Vehicle: Front ☑ (1)	Location of Most Severe Injury: HEAD
	Test Given — Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results — Certified Test — ☐ Pending — Drug Results
	PBT

Veh#: Injured Pre-crash Location:	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 ☐	Location of Most Severe Injury
	Test Given — Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results — Certified Test — ☐ Pending — Drug Results
	PBT

Veh#: Injured Pre-crash Location:	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 ☐	Location of Most Severe Injury
	Test Given — Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results — Certified Test — ☐ Pending — Drug Results
	PBT

Veh#: Injured Pre-crash Location:	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 ☐	Location of Most Severe Injury
	Test Given — Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results — Certified Test — ☐ Pending — Drug Results
	PBT

Veh#: Injured Pre-crash Location:	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 ☐	Location of Most Severe Injury
	Test Given — Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results — Certified Test — ☐ Pending — Drug Results
	PBT

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901653285

Local ID: 201120779

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/26/2011	Sun	3:05 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR	95	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201120779

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
3:05 PM	3:10 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/26/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
PHELPS, J		3037	FISHERS PD		

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.

UNIT INFORMATION

Local ID: 201120779

901653285

1 Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: YES
PEORIA AZ 85383	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 07/31/1948 / Age: / Gender: FEMALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: AZ	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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 GRY/ / Vehicle Year 2010 / Make HONDA / Model CR-V / Style 4W	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [x] Unknown
# Occupants 1 / Lic Year 2011 / [redacted] / License State IN	
# Axles 2 / Speed Limit 40 / Insured By STATE FARM / Phone Number 8888888888	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
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? NO / To / By / Due to Disabling Damage	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	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; [x] Multi-Lane Divided (3 or more); [ ] Multi-Lane Undivided 2 way left turn; [ ] Multi-Lane Undivided (3 or more). [ ] Private Drive; [ ] Alley
Veh Year / Make	
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# / Hazzard Class #	

UNIT INFORMATION

Local ID: 201120779

901653285

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
[redacted], Zip): [redacted]ET	Safety Equipment Effective?: YES
FISHERS IN 46037	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 09/17/1957 / Age: / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class: / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
		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#	Color	Vehicle Year	Make	Model	Style
2	BLK/	2002	CHRYSLER	SEBRING	2D

# Occupants	Lic Year	License #	License State
2	2012	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	INDIANA FARM BUREAU	8007233276

Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



[redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-9730

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	By	

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver

License# / Address (Street, City, State, Zip)

Veh Year / Make

Vehicle Type: PASSENGER CAR/STATION WAGON

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)

Veh Year / Make

Direction of Travel: 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
[ ] Two Lanes	[x] 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#

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#	Hazzard Class #

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

Page 1 of 4

901301042

Local ID: 20106223

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
02/25/2010	Thu	7:40 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20106223

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:44 AM	7:47 AM	AT SCENE ONLY			
Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?	
M THOMPSON	3009	FISHERS PD	YES	NO	
Assisting Officer	ID No.	Agency	Date of Report		
R THOMPSON	3069	FISHERS PD	02/25/2010		
Investigating Officer	ID No.	Agency	Reviewing Officer		
YEAGER, C	3060	FISHERS PD			

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

Local ID: 20106223

901301042

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 02/01/1963	Age: 47
Gender: MALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2003	Volvo	S80	4D

# Occupants	Lic Year	License #	License State
1	2010	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	AMERICAN FAMILY	800-692-6326

[redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Towed?	To / By	Due to Disabling Damage
YES	To BOGGS TOWING; By BOGGS TOWING	

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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: ENTERING TRAFFIC LANE

Direction of Travel: SOUTH

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20106223

901301042

2 Driver's Name (Last, First, MI): [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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: BLACK / Vehicle Year: 2007 / Make: Ford / Model: ESCAPE / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2010 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 35 / Insured By: MET LIFE / Phone Number: 800GETMET8	
Vehicle Identification#: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x]
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver	
Address (Street, City, State, Zip): [redacted]	
NOBLESVILLE IN 46060	Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To / By / Due to Disabling Damage	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: UTILITY (SUV)
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: WEST
License# / Address (Street, City, State, Zip)	
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; [x] 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# / Hazzard Class #	

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902038944

Local ID: 201322428

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/11/2013	Tue	6:00 PM	HAMILTON	FALL CREEK	2	2	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	DNR		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	NONE
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: $25001 TO $50000

Other Property Damage (1)	State Property	Owner's Name and Address
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

	#	Name
✓ Witness	1	[redacted]
☐ Other Participant		

Address etc.: [redacted]R

Phone #: [redacted]

Location at Time of Crash: BEHIND V2 TURNING NORTH

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201322428

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
6:00 PM	6:10 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/11/2013	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ALVEY, B		3070	FISHERS PD		

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

Local ID: 201322428

902038944

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	03/08/1973
Age	40
Gender	FEMALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	RED	2012	HYUNDAI	SONATA	4D

# Occupants	Lic Year	License #	License State
1	2013	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARM BUREAU	3175761864

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted] Zip)

FISHERS IN 46037

Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
0625	YES	NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [x] 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: SOUTH

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201322428

902038944

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Date of Birth	Age	Gender
06/07/1981	32	MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT — Certified Test — [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	GREEN	2000	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
2	2013	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	BRISTOL WEST	3176630405

Vehicle Identification#: [redacted]29

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

[redacted]

FISHERS IN 46038

Towed?	To	Due to Disabling Damage
YES	By GARNERS	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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [x] 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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

NON-DRIVER INJURED INFORMATION

902038944

Local ID: 201322428

Veh# / Injured Pre-crash Location: 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: Front ☑	Location of Most Severe Injury: FACE
	Test Given / Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT / Certified Test ☐ Pending / Drug Results
Veh# / Injured Pre-crash Location:	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 ☐	Location of Most Severe Injury
	Test Given / Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT / Certified Test ☐ Pending / Drug Results
Veh# / Injured Pre-crash Location:	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 ☐	Location of Most Severe Injury
	Test Given / Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT
	Alcohol Results PBT / Certified Test ☐ Pending / Drug Results
Veh# / Injured Pre-crash Location:	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 ☐	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

902748153

Local ID: 201631672

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
07/28/2016	Thu	8:30 PM	HAMILTON	FALL CREEK	1	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	GRAY EAGLE DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

	#	Name
☐ Witness ☐ Other Participant		

Address etc.

Phone # Location at Time of Crash

	#	Name
☐ Witness ☐ Other Participant		

Address etc.

Phone # Location at Time of Crash

Non-Motorist

(Last Name, First Name, MI): ULICZNY, ERIC

Non-Motorist Type	Non-Motorist Action
PEDALCYCLIST	ON ROADWAY

Apparent Physical Condition	
NORMAL	

Cited?	Direction	
NO	WEST	

Street/Highway: 116TH ST

Traffic Control?	If yes, was traffic control operational?
NO	NO

Local ID
201631672

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
8:36 PM	8:41 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				07/28/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
CAMPBELL, K		3143	FISHERS PD		

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

Local ID: 201631672

902748153

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: 06/25/1996 / Age: / Gender: MALE	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: [x] 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; [x] None	Location of Most Severe Injury:
		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: WHI / Vehicle Year: 2016 / Make: TOYOTA / Model: RAV / Style: 4W		Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
# Occupants: 1 / Lic Year: 2016 / License #: [redacted] / License State: IN		
# Axles: 2 / Speed Limit: 40 / Insured By: INDIANA FARM BUREAU / Phone Number: 3175981864		
[redacted]		Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown
Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver		
Address (Street, City, State, Zip): [redacted]		
FISHERS IN 46037-8109		Vehicle Use: PERSONAL (FARM, COMPANY)
Towed?: NO / To By: / Due to Disabling Damage		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: TURNING RIGHT
Lic State / Lic Year / Registered Owner's Name (Last, First, MI) [ ] Same as Driver		Direction of Travel: SOUTHWEST
License# / Address (Street, City, State, Zip)		
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; [x] 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. BICYCLE
HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard Class #		

NON-DRIVER INJURED INFORMATION

Local ID: 201631672

902748153

Veh#

Injured Pre-crash Location: PEDALCYCLIST

Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
07/10/1972	44	MALE

Position in or on Vehicle: Front / Rear

Safety Equipment Used:

Safety Equipment Effective?:

Ejection/Trapped:

EMS No.	Immed Attn	Injury Status
	NO	NON-INCAPACITATING -

Nature of Most Severe Injury: CONTUSION/BRUISE

Location of Most Severe Injury: FACE

Test Given: Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test: ☐ Pending

Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth	Age	Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Test Given: Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test: ☐ Pending

Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth	Age	Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

Test Given: Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results PBT: Certified Test: ☐ Pending

Drug Results:

Veh#

Injured Pre-crash Location:

Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth	Age	Gender

Position in or on Vehicle: Front / Rear

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No.	Immed Attn	Injury Status

Nature of Most Severe Injury

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: 202129507

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
08/10/2021	Tue	1:40 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KITTERY DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
202129507

Type of Crash	RIGHT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
1:45 PM	1:52 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				08/10/2021	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SKAGGS, T		3117	FISHERS PD		

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

Local ID: 202129507

903852645

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/07/2001	20	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRAY	2013	TOYOTA	PRIUS	HB

# Occupants	Lic Year	License #	License State
1	2021	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM INS	7652865303

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To/By: GARNERS TOWING | Due to Disabling Damage: YES

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	
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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 RIGHT

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
- [x] 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

Local ID: 202129507

903852645

2 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	Age	Gender	EMS No.	Immed Attn	Driver Injury Status
01/10/1963	58	MALE			

Driver's License #	Lic Type	CDL Class	Lic State	Nature of Most Severe Injury
[redacted]	OP		IN	

Location of Most Severe Injury:

Apparent Physical Status: [x] 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; [x] None

If Cited? [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2012	CHEVROLET	CAPTIVA	4W

# Occupants	Lic Year	License #	License State
2	2022	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO INS CO	3172242780

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 / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS 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#: Hazzard 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: 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; [x] 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

State Id
904122301

Local Id
202240046

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Hit and Run ☐

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			County	Township	City
E 116TH ST at intersection of KITTERY DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
09/29/2022	**Thursday**	**14:32**	**09/29/2022**	**39.95745949**	**-85.96052030**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLOUDY	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
ASPHALT	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	
			T-INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1435	**1444**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☑ Photos taken	Total Estimate of all damage in Crash:
LEFT TURN	**AT SCENE ONLY**			**$25001 TO $50000**

Investigative Officer	Agency	ID Number
YODER, ROSS	**FISHERS PD**	**3210**
Reviewing Officer		
Assisting 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

Official copy obtained through buycrash.com

State Id
904122301

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
202240046

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

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	First	Middle
[redacted]	[redacted]	[redacted]

Address	DOB	Age	Gender
[redacted]	11/09/2003	18	M

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
AIRBAG DEPLOYED, LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	WHITE	2013	2

Make	Model
FORD	F150

Style: 2-DOOR

Insured By: BARRETT AND ASSOCIATES

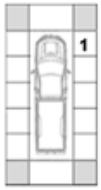
Policy #	Ins Phone #
[redacted]	[redacted]

VIN: [redacted]

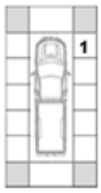
Plate Number	Plate Exp Year	Plate State
[redacted]	2023	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
FISHERS TOWING	CICERO	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/GRADE

Direction of Travel	Pre-Crash Vehicle Action	# of Axles	Oversized
NORTHEAST	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
40	LANE CONTROL	

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	E

Address	DOB	Age	Gender
[redacted]	02/21/1973	49	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	IN	

Apparent Physical Status	Restrictions
NORMAL	CORRECTIVE LENSES

Test Given	Type Given
NONE	

Driver Injury Status	EMS Number
NON-INCAPACITATING	1133

Nature of Most Severe Injury	Location of Most Severe Injury
CONTUSION/BRUISE	ELBOW/LOWER ARM

Safety Equipment Used	Safety Equipment Effective	Ejection/Trapped
AIRBAG DEPLOYED, LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	BLACK	2015	2

Make	Model
LEXUS	RX

Style: 4-DOOR

Insured By: AAA

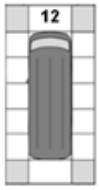
Policy #	Ins Phone #
[redacted]	800-207-3618

VIN: [redacted]

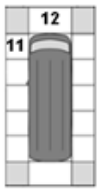
Plate Number	Plate Exp Year	Plate State
[redacted]	2022	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown



Company Towed By	City Towed To	Fire?
MILLERS TOWING	NOBLESVILLE	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/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)
[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

Official copy obtained through buycrash.com

State Id
904122301

Local Id
202240046

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Hit and Run ☐

Printed on 9/29/2022 4:10:17 PM

FISHERS PD, ORI 0290700

Non-Driver Injured

Injured Pre-crash Location	Name (Last, First MI)	Address (Street, City, State, Zip)	Gender	Date of Birth	Age
Unit 2 - REAR RIGHT	[redacted]	[redacted]	MALE	6/24/2016	6

Injury Status	Nature of Most Severe Injury	Location of Most Severe Injury	Taken for Immediate Medical Attention	EMS Number
POSSIBLE	COMPLAINT OF PAIN	NECK	NO	1133

Safety Equipment Used	Safety Equipment Effective?	Ejection/Trapped
MULTI-POINT HARNESS	YES	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	Name	Address (Street/City, State Zip)	Phone Number	Location at Time of Crash
☑ Witness ☐ Other Participant	[redacted]	[redacted]	3[redacted]	EB BEHIND V1

Official copy obtained through buycrash.com

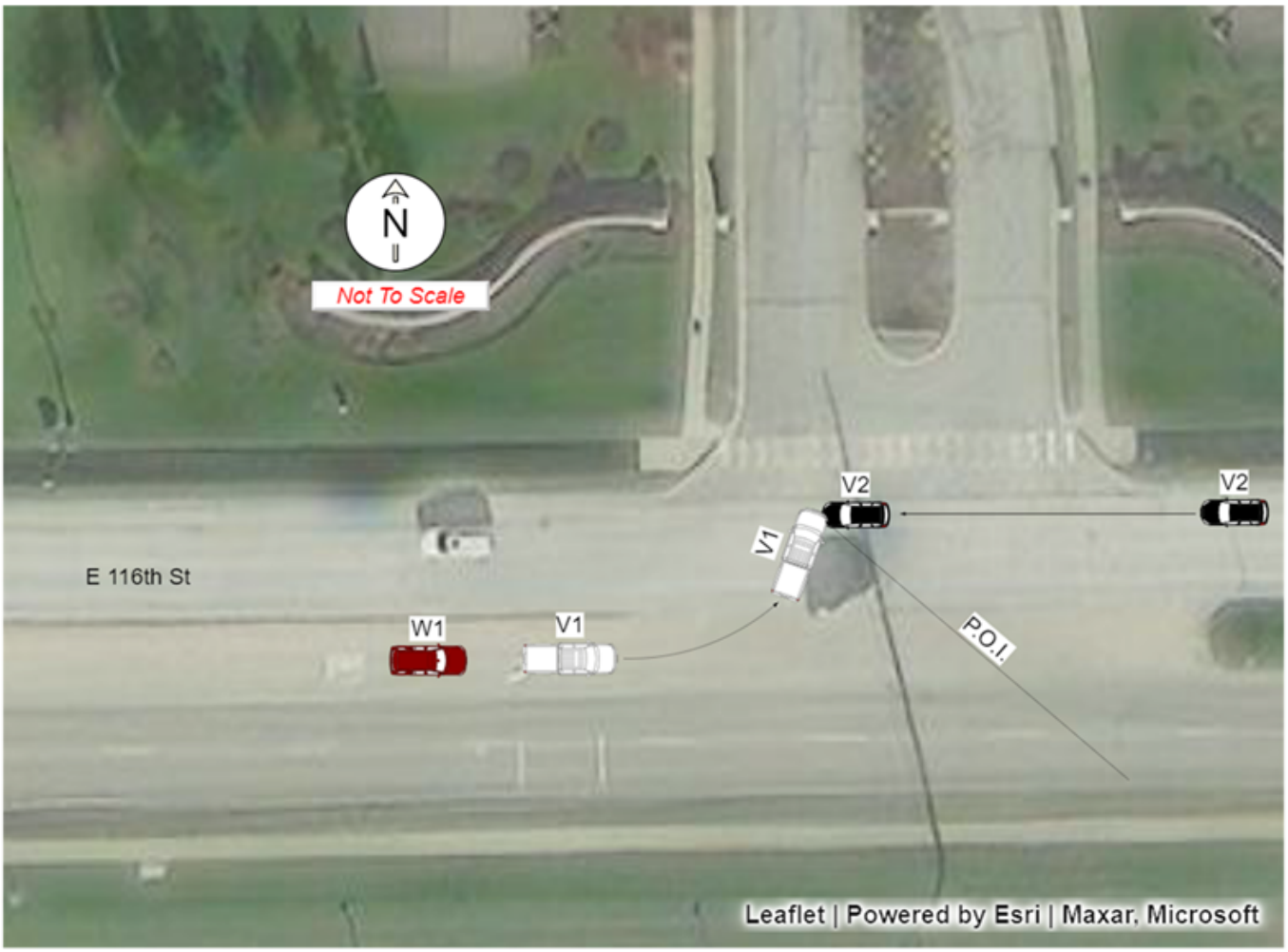
Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
2	0	2	0

Printed on 9/29/2022 4:10:17 PM

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

State Id
904210877

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-00002796

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 1/23/2023 6:20:14 AM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E 116TH ST at intersection of KITTERY DR			**HAMILTON**	**FALL CREEK**	**FISHERS**
Crash Date	Day of Week	Crash Time	Date of Report	Latitude	Longitude
01/19/2023	**Thursday**	**07:45 AM**	**01/19/2023**	**39.95748394**	**-85.96063524**
Weather Condition	Light Condition		Locality	Inside Corporate Limits?	☐ School Zone
CLOUDY	**DAYLIGHT**		**URBAN**	**YES**	☐ Train or Rail Equipment
Roadway Surface	Surface Condition		Roadway Classification		☐ Rumble Strips
CONCRETE	**DRY**		**LOCAL/CITY ROAD**		☐ Deer
☐ Construction Zone	Construction Type		Roadway Junction	Railroad Crossing #	☐ Underride crash
			T-INTERSECTION		

Investigative Information

Time Notified	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
0753	**0756**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☐ Photos taken	Total Estimate of all damage in Crash:
REAR END	**AT SCENE ONLY**			**$10001 TO $25000**

Investigative Officer	Agency	ID Number
THOMPSON, ROB	**FISHERS PD**	**3069**
Reviewing Officer		
THOMPSON, ROB	**FISHERS PD**	**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 thoght he had enough room to pull into traffic. D1 stated he pulled forwrd 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.

Official copy obtained through buycrash.com

State Id
904210877

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-00002796

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

Printed on 1/23/2023 6:20:14 AM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	

Address	DOB	Age	Gender
[redacted]	12/05/1994	28	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
1	BLACK	2022	1

Make	Model
TOYOTA	CAMRY

Style: 4-DOOR

Insured By: TRAVLERS

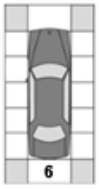
Policy #	Ins Phone #
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VIN: [redacted]

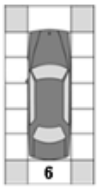
Plate Number	Plate Exp Year	Plate State
782DLM	2023	IN

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 Axes	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)
[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]	O

Address	DOB	Age	Gender
[redacted]	07/03/1993	29	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
2	BLACK	2018	1

Make	Model
JEEP	COMPASS

Style: 4-DOOR

Insured By: NATIONWIDE

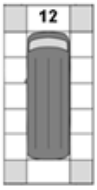
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VIN: [redacted]

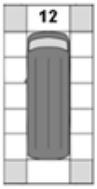
Plate Number	Plate Exp Year	Plate State
UI3983	2023	IN

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Company Towed By	City Towed To	Fire?
MILLERS TOWING	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 Axes	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)
[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

Official copy obtained through buycrash.com

State Id
904210877

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2023-00002796

Vehicles	Commercial	Injuries	Fatalities
2	0	0	0

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)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Crash Diagram



End of Report

Official copy obtained through buycrash.com

State Id
904469808

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-12396

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Created on 3/11/2024 9:27:29 PM
Printed on 3/11/2024 9:30:07 PM

FISHERS PD, ORI 0290700

Drivers

1. [redacted]

Crash Details

Location			County	Township	City
E. 116TH ST. 100 feet W of KITTERY DR.			**HAMILTON**	**DELAWARE**	**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	Time Arrived	Primary Factor	Did this crash happen as a result of another incident?
1904	**1909**	**FAILURE TO YIELD RIGHT OF WAY (Unit 1)**	**NO**

Type of Crash	Other Location of Investigation	☑ Investigation Complete	☑ Photos taken	☐ Reconstruction Performed	Total Estimate of all damage in Crash:
RIGHT ANGLE	**AT SCENE ONLY**				**$25001 TO $50000**

	Investigative Officer	Agency	ID Number
	DOYLE, ERIC	**FISHERS PD**	**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.

Official copy obtained through buycrash.com

State Id
904469808

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-12396

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Created on 3/11/2024 9:27:29 PM
Printed on 3/11/2024 9:30:07 PM

FISHERS PD, ORI 0290700

Unit 1 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	L

Address	DOB	Age	Gender
[redacted]	02/09/1959	65	F

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	OP	INDIANA	

Apparent Physical Status	Restrictions
NORMAL	NONE

Test Given	Type Given
ALCOHOL	BLOOD

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, LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
1	BLACK	2019	1

Make	Model
HONDA	HR-V

Style: 4-DOOR

Insured By: INDIANA FARMERS

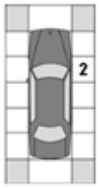
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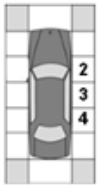
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Company Towed By	City Towed To	Fire?
INSTERSTATE DELAWARE	FISHERS	NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE

Emergency Run?	Type of Roadway	Roadway Character
	M-LANE RD WTHCONCRETE BARRIER MEDIAN	STRAIGHT/LEVEL

Direction of Travel	Pre-Crash Vehicle Action	# of Axes	Oversized
SOUTH	TURNING LEFT	2	☐

Speed Limit	Traffic Control Devices	Devices Operational?
35	TRAFFIC CONTROL SIGNAL	YES

Owner Information

Vehicle Owner's Name	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	First	Middle
[redacted]	[redacted]	M

Address	DOB	Age	Gender
[redacted]	02/22/2005	19	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, LAP BELT, SHOULDER BELT	YES	NOT EJECTED OR TRAPPED

If Cited	IC Codes

Vehicle Information

Veh #	Color	Veh Year	Occupants
2	SILVER/ALU	2011	1

Make	Model
FORD	F150

Style: PICK-UP (TRUCKS)

Insured By: WISE INSURANCE AGENCY

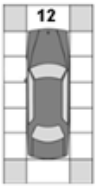
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VIN: [redacted]

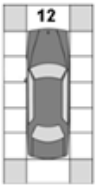
Plate Number	Plate Exp Year	Plate State
[redacted]	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
YES	YES

Inital Impact Area: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage: ☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Company Towed By	City Towed To	Fire?
MILLERS TOWING	NOBLESVILLE	NO

Vehicle Use	Event Collision With
PERSONAL (FARM, COMPANY)	ANOTHER MOTOR VEHICLE

Emergency Run?	Type of Roadway	Roadway Character
	M-LANE RD WTHCONCRETE BARRIER MEDIAN	STRAIGHT/LEVEL

Direction of Travel	Pre-Crash Vehicle Action	# of Axes	Oversized
EAST	GOING STRAIGHT	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

Official copy obtained through buycrash.com

State Id
904469808

Indiana Officer's Standard Crash Report

Hit and Run ☐

Local Id
2024-12396

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Created on 3/11/2024 9:27:29 PM
Printed on 3/11/2024 9:30:07 PM

FISHERS PD, ORI 0290700

Unit 3 Driver

☐ Hit & Run ☐ Aggressive Driving ☐ Immediate Medical Attention

Last Name	First	Middle
[redacted]	[redacted]	J

Address	DOB	Age	Gender
[redacted]	05/06/1990	33	M

Driver's License Number	Lic Type	Lic State	CDL Class
[redacted]	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
3	BLACK	2009	2

Make	Model
TOYOTA	CAMRY

Style: 4-DOOR

Insured By: AUTO OWNERS INSURANCE

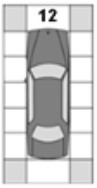
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VIN: [redacted]

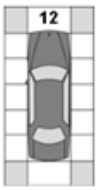
Plate Number	Plate Exp Year	Plate State
542CEC	2024	INDIANA

Towed?	Towed Due to Disabling Damage?
NO	

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof



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 W/THCONCRETE 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)
[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

☐ 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

Make	Model

Style:

Insured By:

Policy #	Ins Phone #

VIN:

Plate Number	Plate Exp Year	Plate State

Towed?	Towed Due to Disabling Damage?

Inital Impact Area
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

Areas of Damage
☐ Undercarriage ☐ Trailer ☐ None ☐ Unknown ☐ Damage to Roof

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

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Hit and Run ☐

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)

Official copy obtained through buycrash.com

Indiana Officer's Standard Crash Report

Vehicles	Commercial	Injuries	Fatalities
3	0	0	0

Hit and Run ☐

FISHERS PD, ORI 0290700

Crash Diagram



End of Report

Official copy obtained through buycrash.com

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902364869

Local ID: 201500280

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
01/03/2015	Sat	7:20 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KITTERY DR	75	E	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	✓				

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (NOT LIGHTED)
Weather Conditions	RAIN
Surface Condition	WET
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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201500280

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:20 PM	7:25 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				01/03/2015	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RUBLE, R		3149	FISHERS PD		

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

Local ID: 201500280

902364869

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth: 03/20/1997 | Age: | Gender: FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLU	2011	FORD	ESCAPE	4W

# Occupants	Lic Year	License #	License State
3	2015	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARMERS	3175746600

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46236-8358

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: GOING STRAIGHT

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
[x] 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

Local ID: 201500280

902364869

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
09/07/1967		FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLK	2010	HONDA	CR-V	4W

# Occupants	Lic Year	License #	License State
1	2014	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	IDS PROP	8884045365

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-7551

Towed?	To	Due to Disabling Damage
NO	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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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
- [x] 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

902831413

Local ID: 201650798

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
12/06/2016	Tue	6:33 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KITTERY DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (NOT LIGHTED)
Weather Conditions	CLOUDY
Surface Condition	DRY
Type of Median	
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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201650798

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
6:38 PM	6:45 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/06/2016	
Investigating Officer		ID No.	Agency	Reviewing Officer	
TUCKER, C		3032	FISHERS PD		

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.

Local ID: 201650798

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
08/11/1977	39	FEMALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 | Certified Test: [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY/	2005	ACURA	MDX	UT

# Occupants	Lic Year	License #	License State
3	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS INS	8002524633

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037-7846

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
- [x] 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

Local ID: 201650798

902831413

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	11/06/1963
Age	53
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
2	DRK	2014	TOYOTA	SIE	VN

# Occupants	Lic Year	License #	License State
1	2017	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERIPRISE	8884045365

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 / By	Due to Disabling Damage
YES	To BOGGS / By BOGGS	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

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
[x] 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

903050216

Page 1 of 4

Local ID: 201751065

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Door
12/03/2017	Sun	5:03 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KITTERY DR			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201751065

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
5:02 PM	5:07 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/03/2017	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SMTIH, J		3157	FISHERS PD		

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 collison. The occupants of Unit 2 were uninjured.

UNIT INFORMATION

Local ID: 201751065

903050216

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
08/06/1975	42	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results	Certified Test	Drug Results
PBT	[ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLU	2015	FORD	FUSION	4D

# Occupants	Lic Year	License #	License State
2	18	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY	0000000000

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 / By	Due to Disabling Damage
YES	To BOGGS / By BOGGS	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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: 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
- [x] 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

Local ID: 201751065

903050216

2 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 01/26/1999	Age: 18
Gender: FEMALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	Certified Test [ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
2	GRN	1997	HONDA	CIVIC	4D

# Occupants	Lic Year	License #	License State
2	18	[redacted]	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	GEICO	3176168353

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 / By	Due to Disabling Damage
YES	To FISHERS / By FISHERS	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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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
[x] 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

Appendix J – Crash Reports along Cumberland Rd.


106th street
116th street
Cumberland Rd.
WALNUT CREEK
WALNUT HILLS
HIGHPOINT RIDGE
SPYGLASS HILL
SPYGLASS FALLS
0
0
0
1

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901948674

Local ID: 201244176

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/28/2012	Fri	4:00 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
CUMBERLAND RD	HIGHPOINT RIDGE DR	50	N	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	NONE
Type of Roadway Junction	T-INTERSECTION
Road Character	STRAIGHT/GRADE
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: $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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201244176

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
4:05 PM	4:06 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/28/2012	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ROBINSON, C		3068	FISHERS PD		

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

Local ID: 201244176

901948674

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. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown	Restrictions: [x] 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
	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: BLUE / Vehicle Year: 2009 / Make: Mercedes Benz / Model: R320 / Style: SW	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x]
# Occupants: 1 / Lic Year: 2013 / License #: [redacted] / License State: IN	
# Axles: 2 / Speed Limit: 40 / Insured By: AAA / Phone Number: 8002224357	
Vehicle Identification #: [redacted]	Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] [x]
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?: NO / To / By / Due to Disabling Damage	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: TURNING LEFT
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; [x] Multi-Lane Undivided (3 or more). [ ] Private Drive; [ ] Alley
Veh Year / Make	
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# / Hazzard Class #	

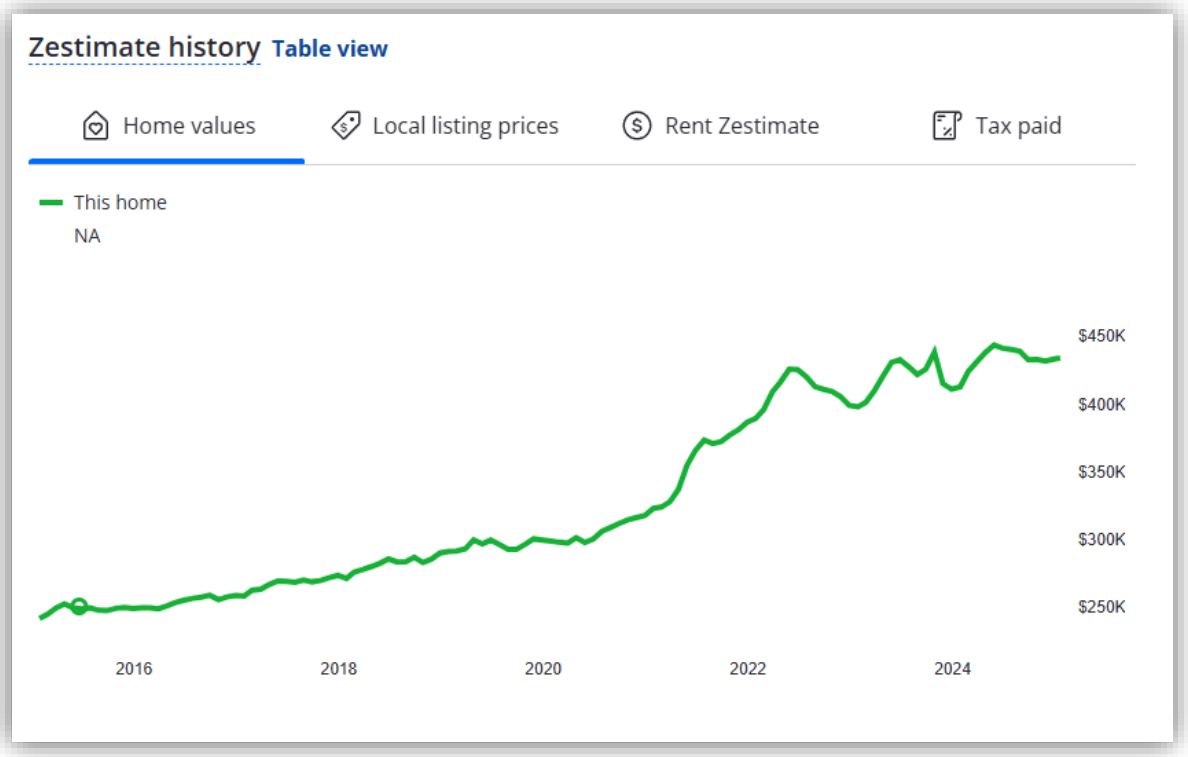
UNIT INFORMATION

Local ID: 201244176

901948674

2 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: 02/16/1958 / Age: 54 / Gender: MALE	EMS No. / Immed Attn / Driver Injury Status
Driver's License #: [redacted] / Lic Type: OP / CDL Class / Lic State: IN	Nature of Most Severe Injury
Apparent Physical Status: [x] 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; [x] None	Location of Most Severe Injury
	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#: 2 / Color: GRAY / Vehicle Year: 2000 / Make: Chevrolet / Model: TAHOE / Style: UT	Initial Impact Area: [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Center
# 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): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown — Front / Rear: [x] Front-Center
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?: NO / To By / Due to Disabling Damage	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: SPORT UTILITY VEHICLE
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: SOUTH
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; [x] Multi-Lane Undivided (3 or more). [ ] Private Drive; [ ] Alley
Veh Year / Make	
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# / Hazzard Class #	

Appendix K – Zillow Home Values along Connector Roads



Home at Connector



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.

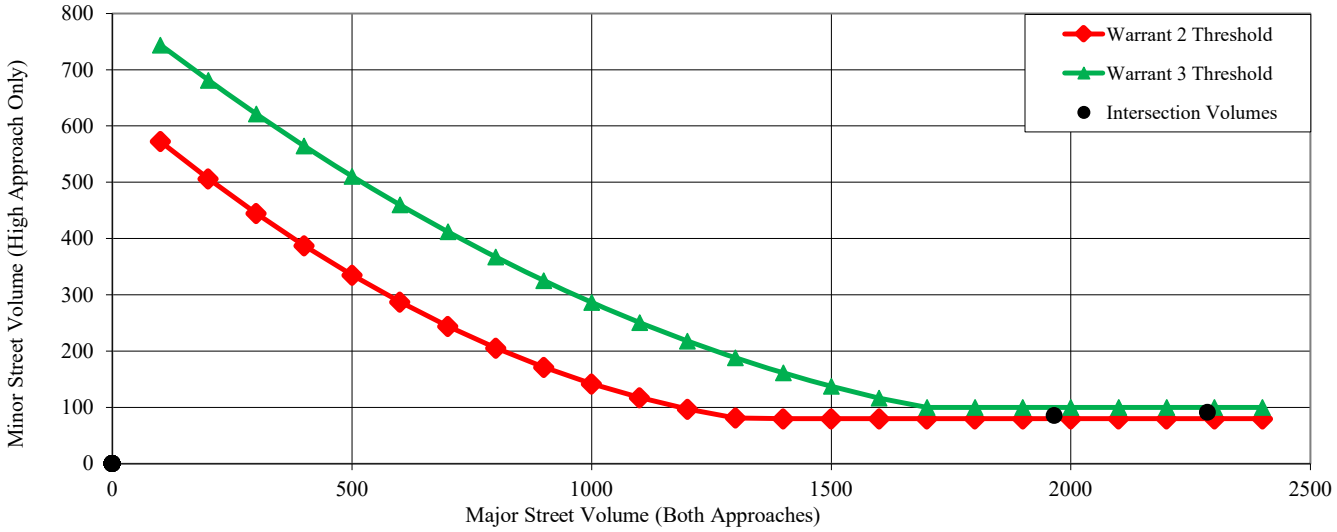
Warrant 1, Eight Hour Vehicular Volume			
	Condition A	**Condition B**	**Condition A+B***
Condition Satisfied?	**Not satisfied**	**Not satisfied**	**Not satisfied**
Required values reached for	0 hours	3 hours	0 (Cond. A) & 4 (Cond. B)
Criteria - Major Street (veh/hr)	600	900	480 (Cond. A) & 720 (Cond. 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

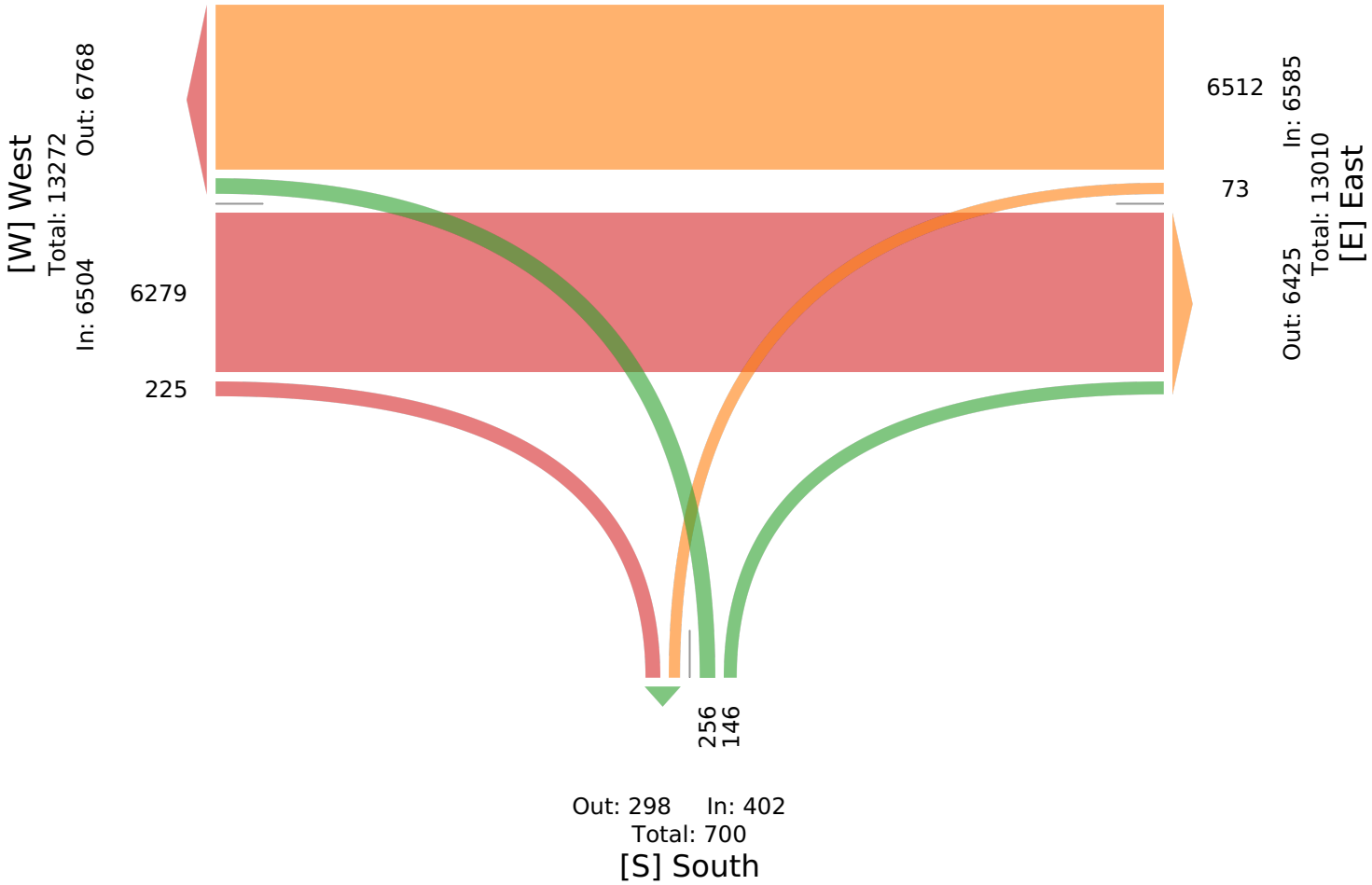
Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South				West				East				
Direction	Northbound				Eastbound				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

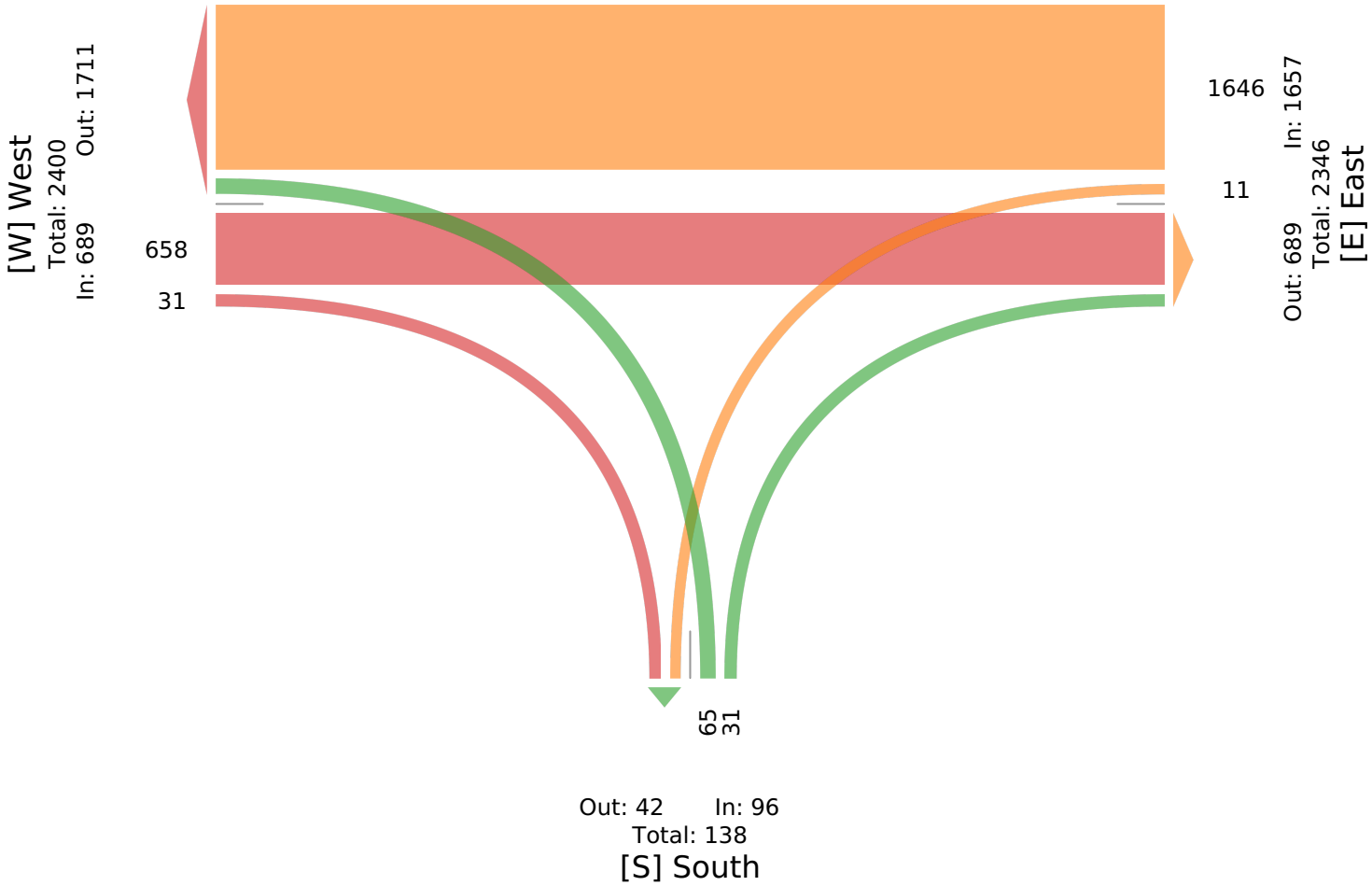
Provided by: A&F Engineering
8365 Keystone Crossing, Suite 201, Indianapolis, IN, 46240, US

Leg	South				West				East				
Direction	Northbound				Eastbound				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

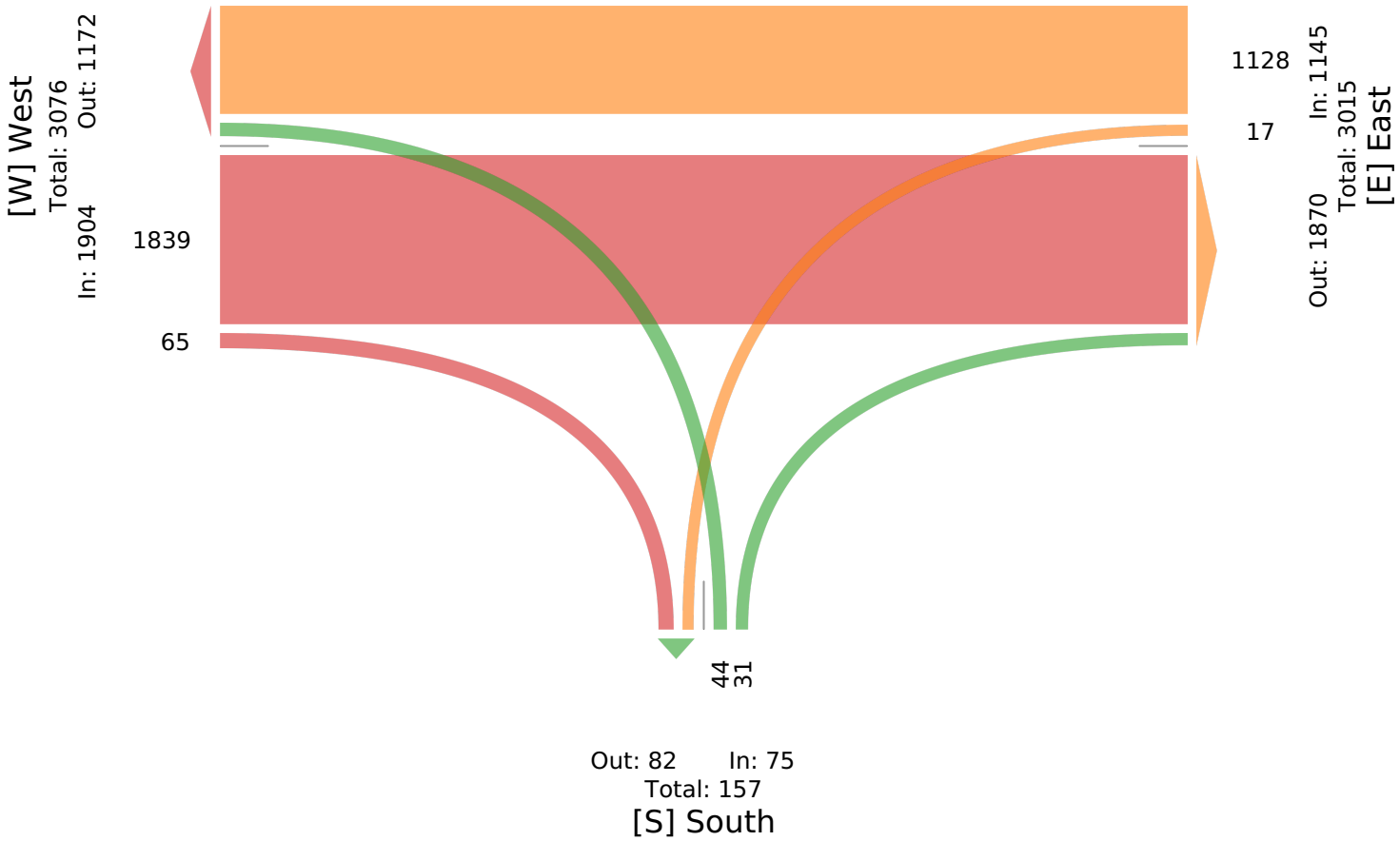
Leg / Direction	South Northbound				West Eastbound				East Westbound				
Time	L	R	U	**App**	T	R	U	**App**	L	T	U	**App**	**Int**
2023-08-31 4:45PM	15	10	0	**25**	477	13	0	**490**	6	310	0	**316**	**831**
5:00PM	10	2	0	**12**	435	20	0	**455**	4	245	0	**249**	**716**
5:15PM	11	7	0	**18**	462	15	0	**477**	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.

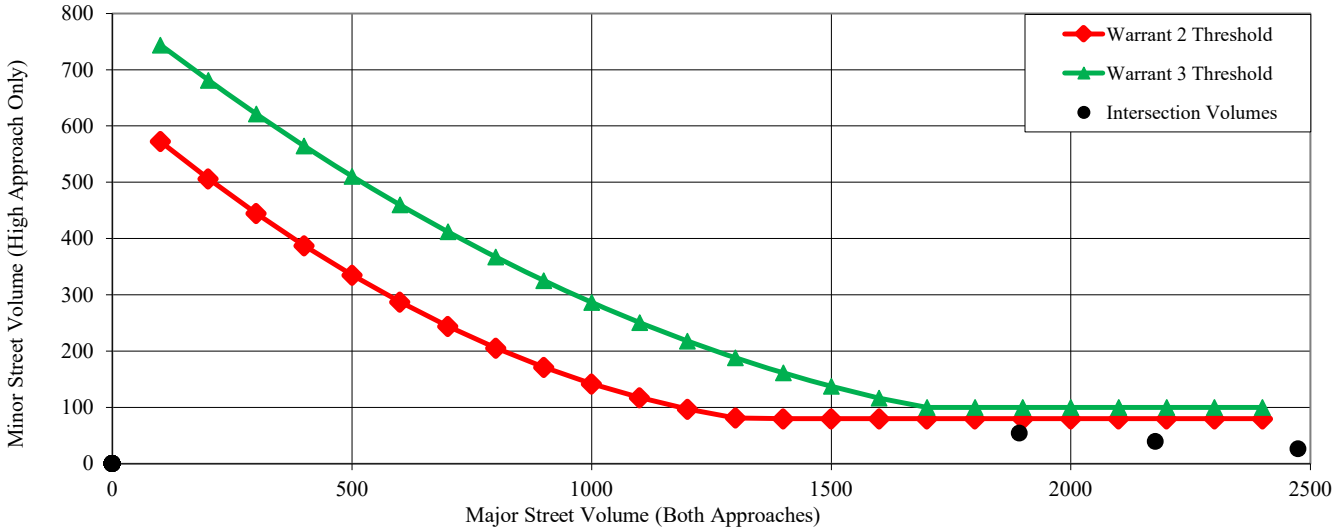
Warrant 1, Eight Hour Vehicular Volume			
	Condition A	**Condition B**	**Condition A+B***
Condition Satisfied?	**Not satisfied**	**Not satisfied**	**Not satisfied**
Required values reached for	0 hours	0 hours	0 (Cond. A) & 0 (Cond. B)
Criteria - Major Street (veh/hr)	600	900	480 (Cond. A) & 720 (Cond. 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

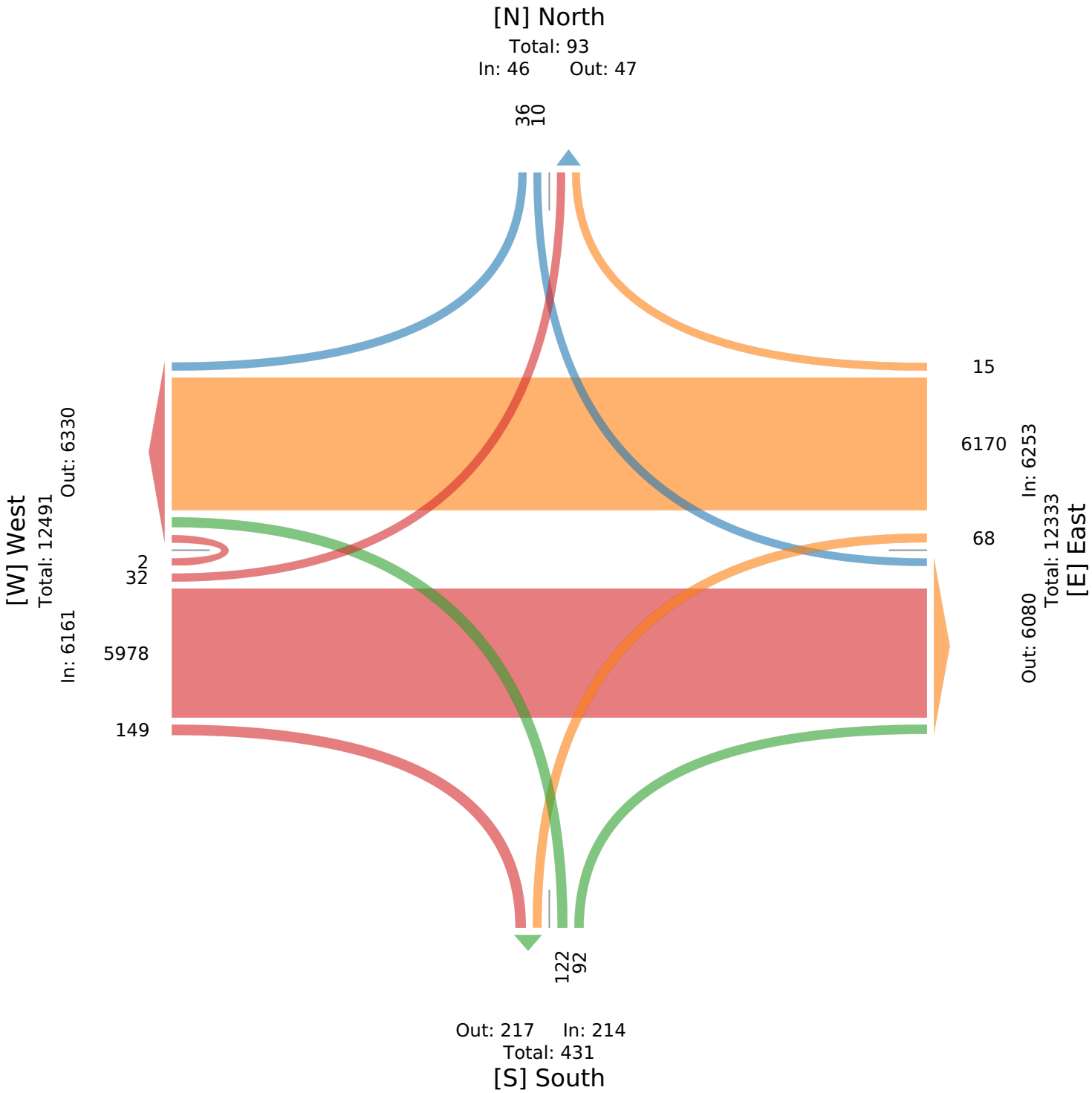
Provided by: A&F Engineering
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Leg	South					North					West					East					
Direction	Northbound					Southbound					Eastbound					Westbound					
Time	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	L	T	R	U	App	Int
2023-08-31 6:30AM	4	0	0	0	**4**	0	0	1	0	**1**	0	48	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



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

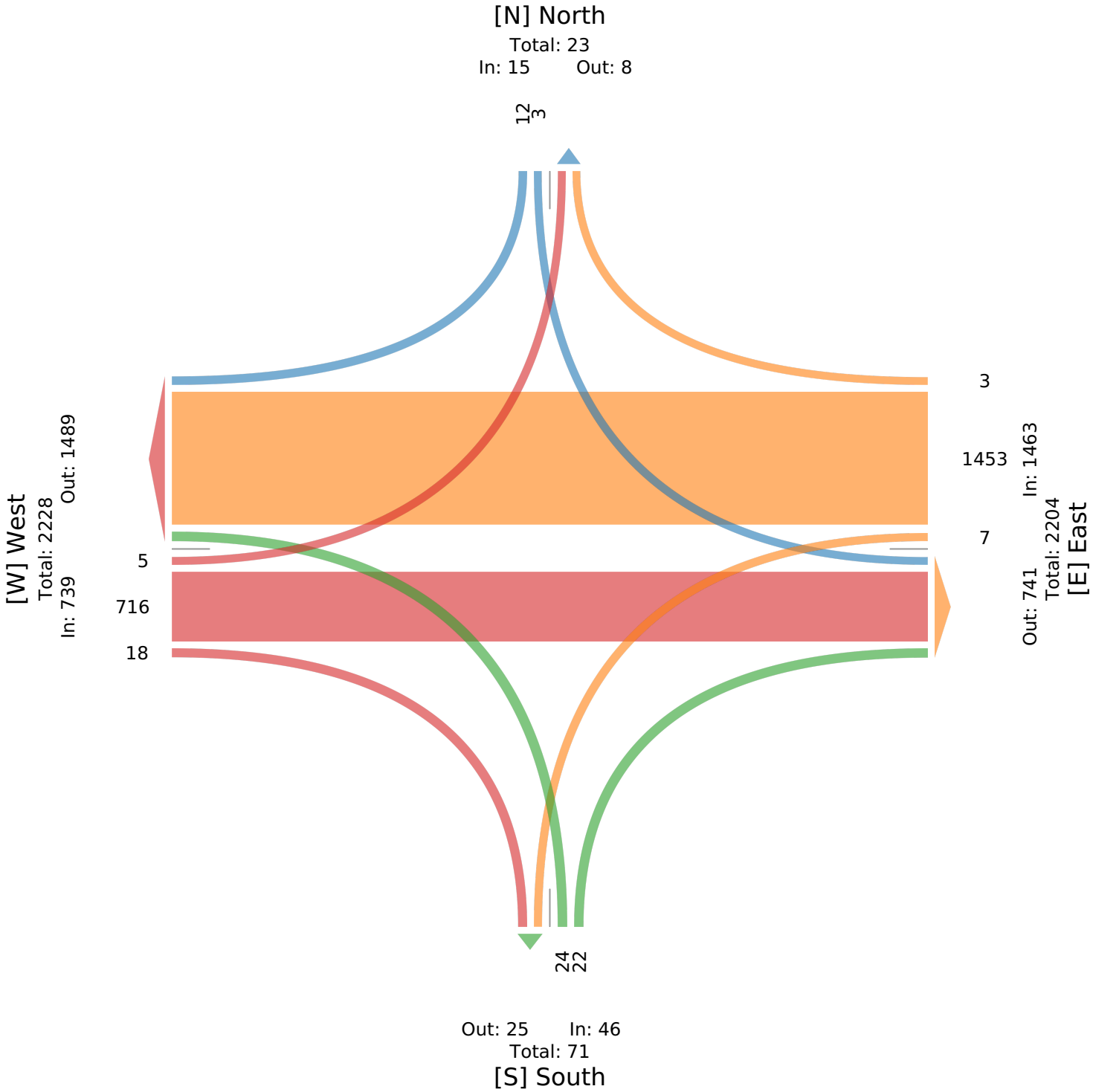
Leg	South					North					West					East					
Direction	Northbound					Southbound					Eastbound					Westbound					
Time	L	T	R	U	**App**	L	T	R	U	**App**	L	T	R	U	**App**	L	T	R	U	**App**	**Int**
2023-08-31 7:45AM	10	0	4	0	**14**	1	0	3	0	**4**	0	176	4	0	**180**	1	357	0	0	**358**	**556**
8:00AM	5	0	12	0	**17**	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



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

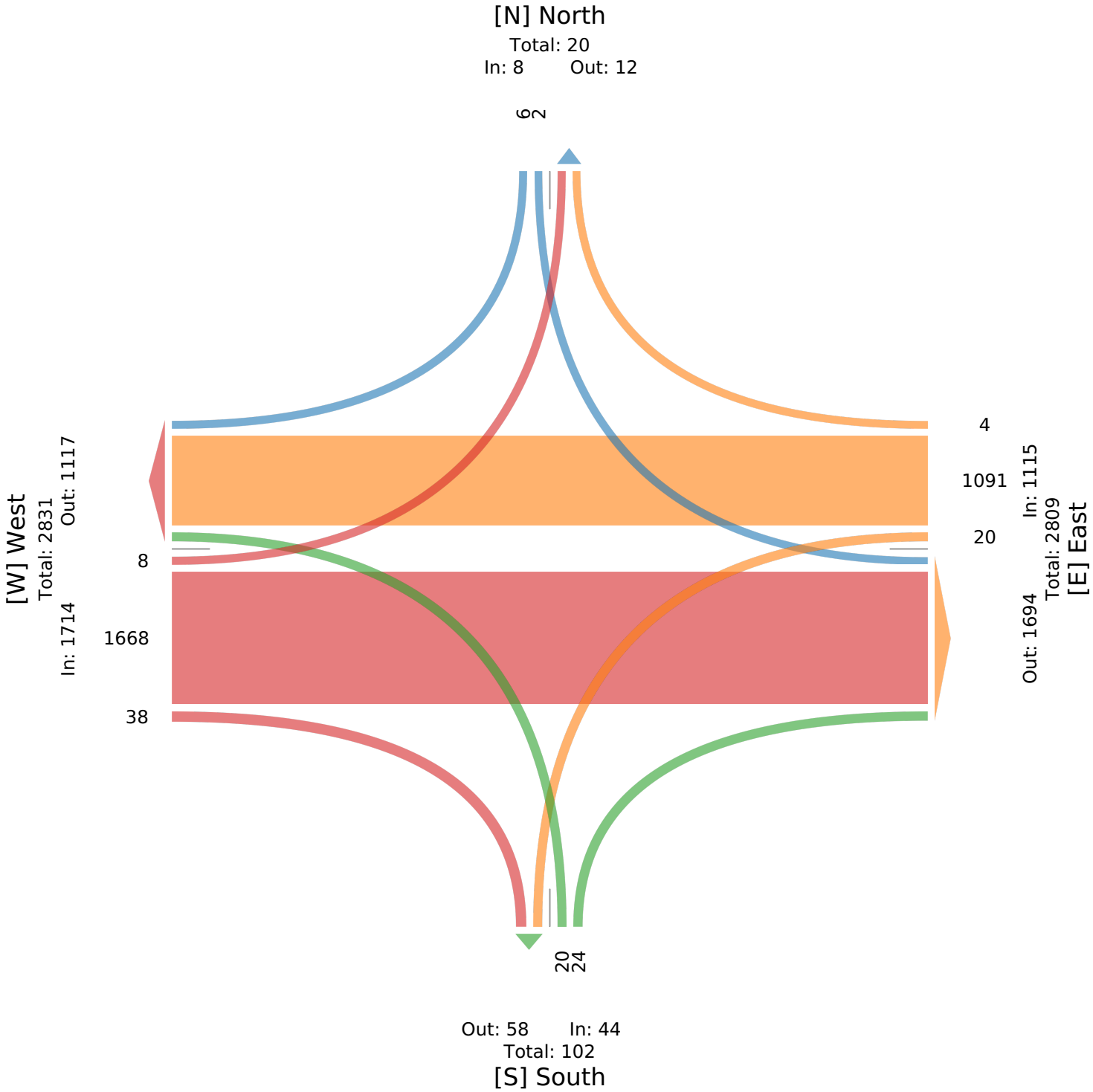
Leg / Direction	South Northbound					North Southbound					West Eastbound					East Westbound					
Time	L	T	R	U	**App**	L	T	R	U	**App**	L	T	R	U	**App**	L	T	R	U	**App**	**Int**
2023-08-31 5:00PM	1	0	7	0	**8**	1	0	1	0	**2**	3	396	6	0	**405**	5	252	0	0	**257**	**672**
5:15PM	7	0	5	0	**12**	0	0	2	0	**2**	1	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

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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.

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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

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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

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8365 Keystone Crossing, Suite 201
Indianapolis, Indiana 46240
(317) 202-0864
www.af-eng.com

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.

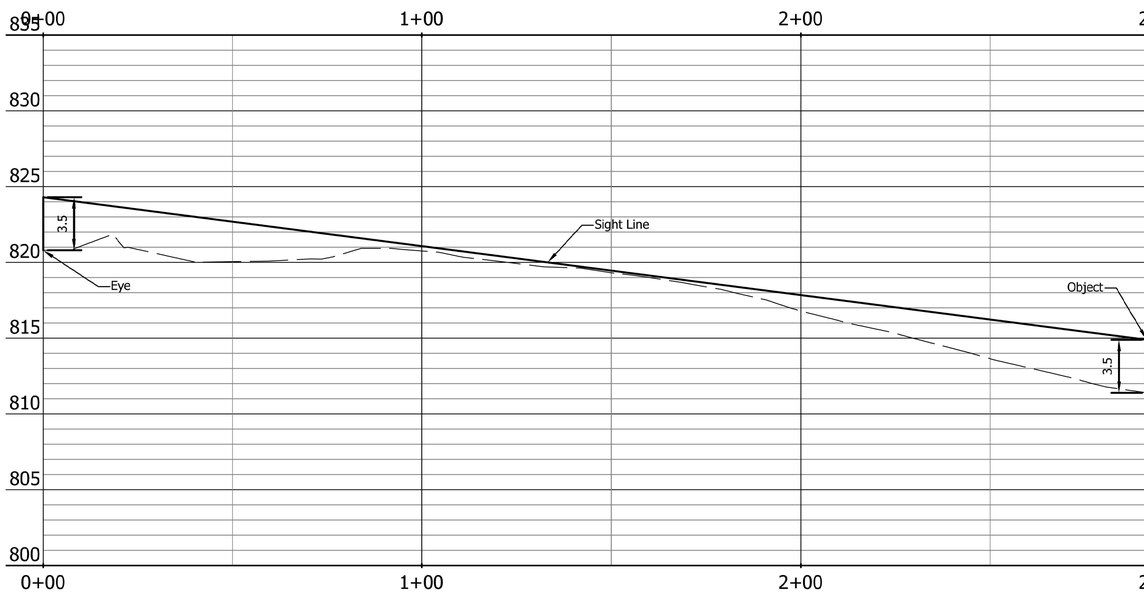
If you have any questions or comments, please contact me.

Sincerely,
A&F Engineering Co., LLC

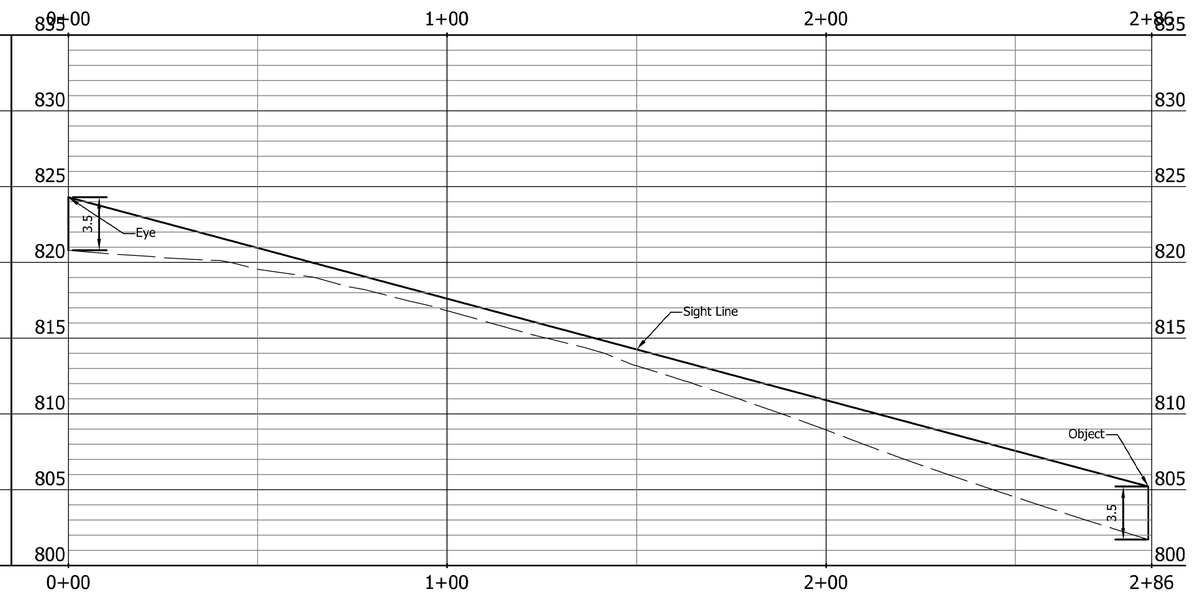
Steven J. Fehribach, P.E.
President

/cmc





ISD Lt Turn Looking Left



ISD Lt Turn Looking Right

Z:\2016\16034P CUMBERLAND ROAD\DWG\FISHERS EXHIBITS\KNIGHTSBRIDGE CONNECTION ONE WAY.DWG Created By: {Initials} Date Created: xx/xx/20xx

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RECOMMENDED FOR APPROVAL _____ DESIGN ENGINEER DATE

DESIGNED: BGC DRAWN: BGC

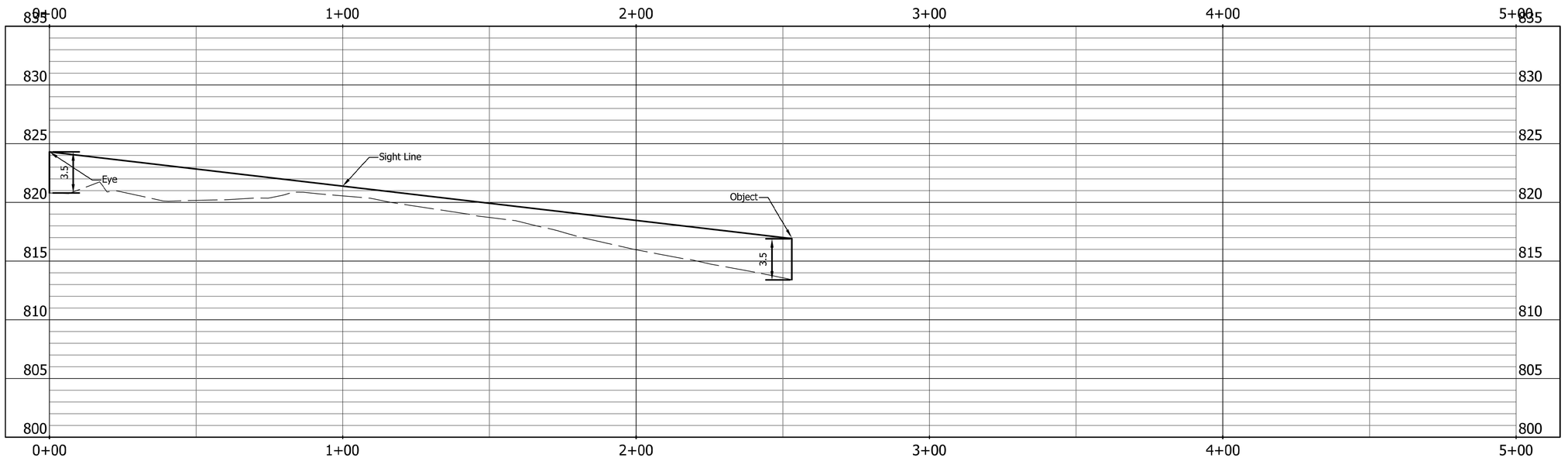
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CITY OF FISHERS

LAUREL FALLS LANE TO KNIGHTSBRIDGE LANE
SIGHT DISTANCE- Left Turn

HORIZONTAL SCALE	BRIDGE FILE
1" = 20'	N/A
VERTICAL SCALE	DESIGNATION
N/A	--
SURVEY BOOK	SHEETS
	---- of X
CONTRACT	PROJECT
--	--





ISD Rt Turn

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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)

FISHERS
EST. 1872

Appendix P – 2016 Report

FISHERS
EST. 1872

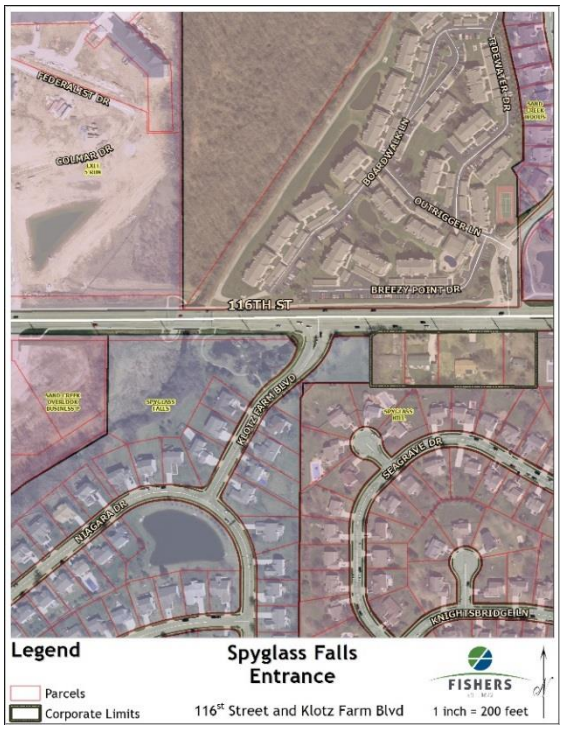
To: Mayor Scott Fadness
Jason Meyer
Jeff Lantz
Fishers Board of Public Works and Safety

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.

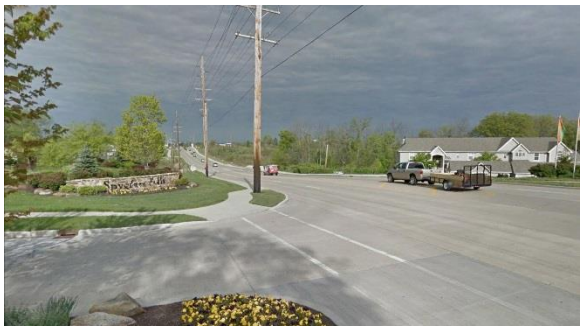
Other Information

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.



Aerial View of Cascades Court from 2004 with Haul Road to Cumberland Road

- 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.

- 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.

FISHERS
EST. 1872

Appendix A – Crash Reports
116th Street and Klotz Farm Boulevard

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901398523

Local ID: 201016535

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/25/2010	Tue	3:18 PM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: 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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201016535

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
3:21 PM	3:21 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/25/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
WEESNER, K		3121	FISHERS PD		

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

Local ID: 201016535

901398523

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth	03/11/1989
Age	21
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] 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; [x] None

Test Given	NONE
Type Given	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results PBT	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	BLACK	2008	TRIUMPH	BONNEVILLE	MC

# Occupants	Lic Year	License #	License State
1	2010	237117	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE INSURANCE	800-776-4737

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: HELMET

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
1946		NON-INCAPACITATING

Nature of Most Severe Injury: ABRASION

Location of Most Severe Injury: ELBOW/LOWER ARM

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: MOTORCYCLE

Pre-Crash Vehicle Action: TURNING LEFT

Direction of Travel: NORTHWEST

Type of Primary/Secondary Roadway

One Way Traffic: [ ] One Lane [ ] Two Lanes [ ] Multi-Lanes (3 or more)

Two Way Traffic: [ ] Two Lanes [x] 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

UNIT INFORMATION

Local ID: 201016535

901398523

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 08/12/1992 — Age: 17 — Gender: MALE	
Driver's License # [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLUE	2005	SAAB	93	4D

# Occupants	Lic Year	License #	License State
1	2010	641AVY	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY INSURANCE	317-576-0055

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

SOUTH BEND IN 46615

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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. | Immed Attn | Driver Injury Status

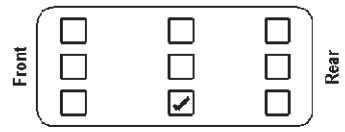
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

901498103

Local ID: 201030101

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/08/2010	Wed	10:51 AM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

	#	Name
✓ Witness	1	TERESA MENKE
☐ Other Participant		

Address etc.: 11710 GATWICK VIEW DRIVE

Phone #: 317-288-0653

Location at Time of Crash: RIGHT LANE BEHIND ACCIDENT

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201030101

Type of Crash	LEFT TURN

Time Notified	Time Arrived	Other Location of Investigation
10:51 AM	10:55 AM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
ROB THOMPSON	3069	FISHERS PD	YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			09/08/2010

Investigating Officer	ID No.	Agency	Reviewing Officer
PARSHALL, H	3126	FISHERS PD	

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

Local ID: 201030101

901498103

1 Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
02/18/1935	75	FEMALE

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 / Certified Test [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHITE	2001	Honda	ODYSSEY	VN

# Occupants	Lic Year	License #	License State
1	2011	D407CN	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	WOLF INSURANCE	317-842-1924

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	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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

UNIT INFORMATION

Local ID: 201030101

901498103

2	Driver's Name (Last, First, MI): [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	Immed 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: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] Glasses/Contact Lenses; [x] Outside Rearview Mirror; [x] 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

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#	Color	Vehicle Year	Make	Model	Style
2	GREEN	2005	HONDA	PILOT	UT

# Occupants	Lic Year	License #	License State
2	2011	2340243283	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	INDIANA INSURANCE	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? YES — To: FISHERS TOWING — 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# | Hazzard 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	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[x] 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

901585957

Local ID: 20113894

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/05/2011	Sat	11:42 AM	HAMILTON	FALL CREEK	2	2	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZFARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20113894

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
11:52 AM	11:56 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/05/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
ROBINSON, C		3068	FISHERS PD		

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

Local ID: 20113894

901585957

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FAIRLAND IN 46126
Date of Birth	12/19/1991
Age	19
Gender	MALE
Driver's License #	[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2000	PLYMOUTH	BREEZE	4D

# Occupants	Lic Year	License #	License State
1	2011	NH96391	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATIONWIDE MUTUAL	800-421-1444

Vehicle Identification#: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FAIRLAND IN 46126

Towed?	YES
To	MILLERS
By	MILLERS
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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? NO

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
AM95		NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: KNEE/LOWER LEG/FOOT

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20113894

901585957

2	Driver's Name (Last, First, MI): [redacted]
Address (Street, City, State, Zip): [redacted]	
FISHERS IN 46037	
Date of Birth: 08/14/1967	Age: 43
Gender: FEMALE	
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 / Certified Test [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLUE	2006	TOYOTA	SIENNA	SV

# Occupants	Lic Year	License #	License State
2	2011	855HAE	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AMERICAN FAMILY INS	513-738-3470

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	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
AM95		NON-INCAPACITATING

Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HIP/UPPER LEG

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

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

901700845

Local ID: 201131783

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/30/2011	Fri	7:09 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

	#	Name
✓ Witness	1	CHRISTOPHER CONGDON
☐ Other Participant		

Address etc.: 11714 CANYON CT FISHERS IN 46037

Phone #: 317-459-6750

Location at Time of Crash: EASTBOUND 116TH ST BEHIND V2

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201131783

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:10 AM	7:15 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/30/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
LINDAUER, J		3118	FISHERS PD		

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

Local ID: 201131783

901700845

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth: 11/12/1964	Age: 46 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	MAR/	2011	HONDA	ACCORD	4D

# Occupants	Lic Year	License #	License State
1	2012	718NI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	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

Towed?	To / By	Due to Disabling Damage
YES	To FISHERS TOWING / By FISHERS 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 # — Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

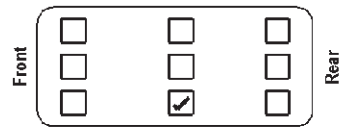
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46033

Date of Birth	Age	Gender
05/28/1976		MALE

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 | Certified Test | [ ] Pending | Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	TAN/	2005	ACURA	TL	4D

# Occupants	Lic Year	License #	License State
2	2012	CC5126	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8002252467

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

CARMEL IN 46033-8282

Towed? YES | To BROOKS TOWING | By BROOKS TOWING | 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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

901749764

Local ID: 201141432

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/23/2011	Fri	7:13 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓	✓		

Vehicle Contributing Circumstance	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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

- ✓ Witness / ☐ Other Participant — # 1 — Name: MICHELLE LEE
- Address etc.: 8821 S 650 W PENDELTON INDIANA
- Phone #: 317 698 1576
- Location at Time of Crash: BEHIND DRIVER 2 AT THE TIME
- ☐ Witness / ☐ Other Participant — # — Name:
- Address etc.:
- Phone #:
- Location at Time of Crash:

Non-Motorist

- (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
201141432

Type of Crash	LEFT TURN				
Time Notified	Time Arrived	Other Location of Investigation			
7:14 PM	7:16 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/23/2011	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RODRIGUEZ, C		3136	FISHERS PD		

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

Local ID: 201141432

901749764

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 12/21/1983	Age: 28	Gender: MALE
Driver's License #	[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2003	FORD	EXPLORER	4D

# Occupants	Lic Year	License #	License State
1	2012	179MCU	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	ALLSTATE INSURANCE	8002176423

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 / By	Due to Disabling Damage
YES	To GARNERS TOWING SERVICE; By GARNERS TOWING SERVICE	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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 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	
	[x] Multi-Lane Undivided (3 or more)	

Event Collision With: 1. ANOTHER MOTOR VEHICLE

UNIT INFORMATION

Local ID: 201141432

901749764

2 — 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: 03/09/1975 / Age: 36 / Gender: FEMALE	EMS No. / Immed 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
	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#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2007	Chrysler	PACIFICA	4W

# Occupants	Lic Year	License #	License State
1	2012	2937554	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	ILLINOIS STATE FARM INSURANCE	6185461112

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

ROBINSON IL 62454

Towed? YES — To: PREFERRED TOWING SERVICE — 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

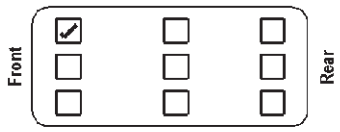
HAZMAT Proper Shipping Name: / State DOT#

US DOT# / ICC# / CMV Inspection / If Yes

Gross Vehicle Weight Rating / Cargo Body Type

HAZMAT Placard / HAZMAT Release of Cargo / HAZMAT 4-Digit ID# / Hazzard 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

Page 1 of 3

901920880

Local ID: 201238547

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/12/2012	Mon	7:50 AM	HAMILTON	FALL CREEK	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201238547

Type of Crash HEAD ON

Time Notified	Time Arrived	Other Location of Investigation				
7:45 AM	7:46 AM	SCENE OLY				
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?	
				YES	NO	
Assisting Officer		ID No.	Agency	Date of Report		
				11/12/2012		
Investigating Officer		ID No.	Agency	Reviewing Officer		
OSBORN, D		3019	FISHERS PD			

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

Local ID: 201238547

901920880

1 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
INDIANAPOLIS IN 46219	
Date of Birth: 12/05/1977	Age: 34
Gender: FEMALE	
Driver's License #	[redacted]
Lic Type: OP	CDL Class:
Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results: PBT / Certified Test [ ] Pending	Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2008	Chevrolet	TRAILBLAZER	UT

# Occupants	Lic Year	License #	License State
1	2012	367CS	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFE AUTO	8007233288

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46219

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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	[x] 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. DEER

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901974789

Local ID: 20136148

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/15/2013	Fri	3:26 PM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
E 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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

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

- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash
- ☐ Witness ☐ Other Participant | # | Name
- Address etc.
- Phone # | Location at Time of Crash

Non-Motorist

- (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
20136148

Type of Crash	LEFT TURN

Time Notified	Time Arrived	Other Location of Investigation
3:29 PM	3:36 PM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			02/15/2013

Investigating Officer	ID No.	Agency	Reviewing Officer
WYNN, S	3104	FISHERS PD	

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

Local ID: 20136148

901974789

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

TIPTON IN 46072

Date of Birth	Age	Gender
10/16/1992	20	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT: ; Certified Test: ; [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2000	NISSAN	ALTIMA	4D

# Occupants	Lic Year	License #	License State
1	2013	469AMW	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	UNKNOWN	UNKNOWN

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]ET

TIPTON IN 46072

Towed?	To	Due to Disabling Damage
NO	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 # | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 Traffic: [ ] One Lane [ ] Two Lanes [ ] Multi-Lanes (3 or more)

Two Way Traffic: [ ] Two Lanes [x] 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

2 — Driver's Name (Last, First, MI): [redacted]	Safety Equipment Used: LAP + HARNESS
Address (Street, City, State, Zip): [redacted]	Safety Equipment Effective?: YES
MUNCIE IN 47304	Ejection/Trapped: NOT EJECTED OR TRAPPED
Date of Birth: 02/09/1932 / Age: 81 / Gender: FEMALE	EMS No. / Immed 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
		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#	Color	Vehicle Year	Make	Model	Style
2	TAN	2004	TOYOTA	AVALON	4D

# Occupants	Lic Year	License #	License State
1	2013	395DDM	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	IN FARMERS MUTUAL INS COMPANY	7658464211

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]

MUNCIE IN 47304

Areas Damaged (Multiples): [ ] Undercarriage; [ ] Trailer; [ ] None; [ ] Unknown



Towed?	To	Due to Disabling Damage
NO	By	

Vehicle Use: PERSONAL (FARM, COMPANY)

Emergency Run?	Fire?
	NO

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

Vehicle Type: PASSENGER CAR/STATION WAGON

	Lic State	Lic Year	Registered Owner's Name (Last, First, MI)	Same as Driver
License#			Address (Street, City, State, Zip)	
Veh Year	Make			

Pre-Crash Vehicle Action: GOING STRAIGHT

Direction of Travel: 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
[ ] 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#

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#	Hazzard Class #

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902019193

Local ID: 201318464

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/14/2013	Tue	7:46 AM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
EAST 116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

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	DRIVABLE
Type of Roadway Junction	NO JUNCTION INVOLVED
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: $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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201318464

Type of Crash	REAR END				
Time Notified	Time Arrived	Other Location of Investigation			
7:48 AM	7:49 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/14/2013	
Investigating Officer		ID No.	Agency	Reviewing Officer	
SMITH, W		3137	FISHERS PD		

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

Local ID: 201318464

902019193

1	Driver's Name (Last, First, MI) [redacted]										
Address (Street, City, State, Zip) [redacted]NG											
FISHERS					IN	46040					
Date of Birth: 08/31/1963		Age: 49		Gender: FEMALE							
Driver's License # [redacted]		Lic Type: OP		CDL Class:		Lic State: IN					

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test: [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2006	TOY	SEQ	4D

# Occupants	Lic Year	License #	License State
2	2014	762DDO	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	FARMERS	1111111111

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]NG

FISHERS IN 46040

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: WEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201318464

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
03/06/1973	40	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		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	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT: — Certified Test: — [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BLACK	2012	BUICK	VER	4D

# Occupants	Lic Year	License #	License State
1	2014	612GEX	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	LIBERTY MUTUAL	8005871481

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	Due to Disabling Damage
NO	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# — Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED IN TRAFFIC

Direction of Travel: WEST

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

902189455

Local ID: 20146185

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
02/15/2014	Sat	8:25 AM	HAMILTON	FALL CREEK	2	1	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	SNOW/SLUSH
Type of Median	DRIVABLE
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: $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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
20146185

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
8:27 AM	8:29 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				02/15/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
THOMPSON, R		3069	FISHERS PD		

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

Local ID: 20146185

902189455

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/15/1975	Age: 38 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2010	SUBARU	FORESTER	4D

# Occupants	Lic Year	License #	License State
1	2014	249LMK	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	STATE FARM	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	Due to Disabling Damage
NO	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 # — Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
3337	NO	NON-INCAPACITATING

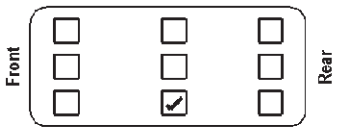
Nature of Most Severe Injury: COMPLAINT OF PAIN

Location of Most Severe Injury: HEAD

If Cited?: [ ] Infraction; [ ] Misdemeanor; [ ] Felony

IC Codes:

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	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 20146185

902189455

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	7[redacted]VE
INDIANAPOLIS IN 46217	
Date of Birth: 11/09/1987 — Age: 26 — Gender: FEMALE	
Driver's License #: [redacted] — Lic Type: OP — CDL Class: — Lic State: IN	

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT / Certified Test [ ] Pending — Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	BROWN	2013	Volkswagen	CC SPORT	2D

# Occupants	Lic Year	License #	License State
1	2014	9729A	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	NATION WIDE	8002821446

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

INDIANAPOLIS IN 46025

Towed? YES — To: MILLERS TOWING — By: MILLERS TOWING — 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# | Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status
	NO	

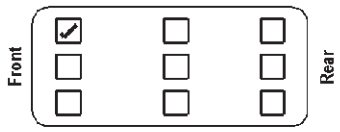
Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	[x] 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

902231407

Local ID: 201418168

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
05/12/2014	Mon	7:14 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER	39 57.426	-85 59.266

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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: DRIVABLE
- Type of Roadway Junction: T-INTERSECTION
- Road Character: STRAIGHT/HILLCREST
- 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

	#	Name
✓ Witness	1	AMITAV R THAMBA
☐ Other Participant		

Address etc.: 9880 CASCADES CT FISHERS INDIANA

Phone #: 3174108808

Location at Time of Crash: BEHIND V1

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201418168

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:14 AM	7:16 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
B DENNIS		9334	FISHERS PD	YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				05/12/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
AHNERT, J		3089	FISHERS PD		

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

Local ID: 201418168

902231407

1 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Date of Birth	Age	Gender
01/28/1958	56	MALE

Driver's License #: [redacted] | Lic Type: OP | CDL Class: | Lic State: IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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 / Certified Test [ ] Pending | Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	SILVER	2012	Ford	FUSION	4D

# Occupants	Lic Year	License #	License State
1	2015	SVU753	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	TRAVELERS	8006372830

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46037

Towed? YES | To/By FISHERS TOWING | 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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 Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201418168

902231407

2 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
FISHERS IN 46037	
Date of Birth: 06/22/1965	Age: 48 — Gender: FEMALE
Driver's License # [redacted]	Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status
- [x] Normal
- [ ] Had Been Drinking
- [ ] Handicapped
- [ ] Ill
- [ ] Asleep/Fatigued
- [ ] Drugs/Medication
- [ ] Unknown

Restrictions
- [x] 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 — Certified Test — [ ] Pending — Drug Results

Veh#	Color	Vehicle Year	Make	Model	Style
2	RED	2002	HONDA	ACCORD LX	4D

# Occupants	Lic Year	License #	License State
1	2014	310BEQ	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	AAA	8002073618

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] — [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

FISHERS IN 46037

Towed? YES — To/By: BOGGS TOWING — 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 # — Hazzard Class #

Safety Equipment Used: AIRBAG DEPLOYED + BELT RESTRAINT

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. — Immed Attn — Driver Injury Status

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: [x] [ ] [ ] / [ ] [ ] [ ] / [ ] [ ] [ ]

Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown

Front / Rear: [x] [ ] [ ] / [x] [ ] [ ] / [x] [ ] [ ]

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	[x] 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

902300804

Local ID: 201435998

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
09/12/2014	Fri	7:15 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ DR	116 ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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

Vehicle Contributing Circumstances

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	
					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	NONE
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: $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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201435998

Type of Crash	RIGHT ANGLE				
Time Notified	Time Arrived	Other Location of Investigation			
7:15 AM	7:19 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				09/12/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GAINES, R		3067	FISHERS PD		

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

Local ID: 201435998

902300804

1 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	1[redacted]
	FISHERS IN 46038
Date of Birth	10/15/1967
Age	
Gender	MALE
Driver's License #	8[redacted]
Lic Type	OP
CDL Class	
Lic State	IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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	
Certified Test	[ ] Pending
Drug Results	

Veh#	Color	Vehicle Year	Make	Model	Style
1	SIL	2001	TOYOTA	SEQUOIA	4W

# Occupants	Lic Year	License #	License State
1	2015	234FAB	IN

# Axles	Speed Limit	Insured By	Phone Number
2	35	STATE FARM	3173560958

Vehicle Identification #: 5[redacted]

Registered Owner's Name (Last, First, MI): F[redacted] [ ] Same as Driver

Address (Street, City, State, Zip): 1[redacted]

FISHERS IN 46038-1954

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

Initial Impact Area: [ ] Undercarriage [ ] Trailer [ ] None [ ] Unknown



Areas Damaged (Multiples): [ ] Undercarriage [x] Trailer [x] 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: NORTHWEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[ ] Private Drive
[ ] Two Lanes	[x] 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

Local ID: 201435998

902300804

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Date of Birth	Age	Gender
04/17/1972		MALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT / Certified Test [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2006	Cadillac	Dts	4D

# Occupants	Lic Year	License #	License State
2	2014	705BHI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	PROGRESSIVE	8002744499

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]

PENDLETON IN 46064

Towed?	To / By	Due to Disabling Damage
YES	To BOGGS TOWING By BOGGS 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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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	[x] 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

Local ID: 201444809

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
11/13/2014	Thu	8:45 AM	HAMILTON	FALL CREEK	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KLOTZ FARM BLVD	116TH ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	OTHER		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]	[redacted]		

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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			✓		

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	CURBED
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

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

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201444809

Type of Crash	REAR END

Time Notified	Time Arrived	Other Location of Investigation
8:50 AM	8:55 AM	AT SCENE ONLY

Assisting Officer	ID No.	Agency	Investigation Complete?	Photos Taken?
			YES	NO

Assisting Officer	ID No.	Agency	Date of Report
			11/13/2014

Investigating Officer	ID No.	Agency	Reviewing Officer
KEHL, S	3015	FISHERS PD	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

Local ID: 201444809

902333483

1 Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]
	FISHERS IN 46037
Date of Birth: 08/09/1972	Age: 42 — Gender: MALE
Driver's License #	[redacted] — Lic Type: OP — CDL Class: — Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE	Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT
Alcohol Results — PBT: — Certified Test: — [ ] Pending	Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GRY	2011	TOYOTA	SIENNA	SV

# Occupants	Lic Year	License #	License State
1	2015	577LLX	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	AAA	8002073618

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	Due to Disabling Damage
NO	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 # — Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective?: YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: 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	[x] 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

Local ID: 201444809

902333483

2 | Driver's Name (Last, First, MI): [redacted]

Address (Street, City, State, Zip): [redacted]

FISHERS IN 46038

Date of Birth	Age	Gender
06/06/1954	60	FEMALE

Driver's License #	Lic Type	CDL Class	Lic State
[redacted]	OP		IN

Apparent Physical Status: [x] Normal; [ ] Had Been Drinking; [ ] Handicapped; [ ] Ill; [ ] Asleep/Fatigued; [ ] Drugs/Medication; [ ] Unknown

Restrictions: [x] 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
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results: PBT / Certified Test [ ] Pending

Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
2	SILVER	2006	Mercedes Benz	E500	4D

# Occupants	Lic Year	License #	License State
1	2015	934ARI	IN

# Axles	Speed Limit	Insured By	Phone Number
2	30	AAA	8002073618

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address: [redacted]

FISHERS IN 46038

Towed?	To	Due to Disabling Damage
NO	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# | Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury:

Location of Most Severe Injury:

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes:

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: SLOWING OR STOPPED 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	[x] 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

902360511

Local ID: 201450488

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/26/2014	Fri	1:55 AM	HAMILTON	DELAWARE	1	0	0	0	1

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
116TH ST	KLOTZ FARM BLVD			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS			-

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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					

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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

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

☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness / ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201450488

Type of Crash

Time Notified	Time Arrived	Other Location of Investigation			
1:58 AM	2:15 AM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/26/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
BROCKMAN, A		3145	FISHERS PD		

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 Mclahlan (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

Local ID: 201450488

902360511

1	Driver's Name (Last, First, MI) [redacted]								
Address (Street, City, State, Zip) [redacted]									
LEBANON					IN	46052			
Date of Birth: 09/15/1961		Age:		Gender: MALE					
Driver's License # [redacted]			Lic Type: OP	CDL Class:	Lic State: IN				

Apparent Physical Status: [x] 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; [x] None

Test Given	Type Given	Alcohol Results	Drug Results
NONE	[ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT	PBT: Certified Test: [ ] Pending	

Veh#	Color	Vehicle Year	Make	Model	Style
1	WHI	2015	HONDA	ODYSSEY	VN

# Occupants	Lic Year	License #	License State
2	2015	WMV327	IN

# Axles	Speed Limit	Insured By	Phone Number
2	40	SAFECO	3178617524

Vehicle Identification # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] [ ] Same as Driver

Address (Street, City, State, Zip) [redacted]

LEBANON IN 46052-8142

Towed?	To	Due to Disabling Damage
NO	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#	Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No.	Immed Attn	Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: VAN

Pre-Crash Vehicle Action: GOING STRAIGHT

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
[x] 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. DEER

FISHERS
EST. 1872

Appendix B – Crash Reports
Knightsbridge Lane

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

901460992

Local ID: 201021079

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
06/28/2010	Mon	11:50 PM	HAMILTON	FALL CREEK	1	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KNIGHTSBRIDGE LN	SPYGLASS RIDGE DR	65	W	LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	PRIVATE		

Driver #1	Driver #2	Driver #3	Driver #4
[redacted]			

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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 (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
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
MAILBOX	NO	GLENN POTTS 11498 KNIGHTSBRIDGE LANE FISHERS IN 46037
Other Property Damage (2)	State Property	Owner's Name and Address

Witness/Other Participant

☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	
☐ Witness ☐ Other Participant	#	Name
Address etc.		
Phone #	Location at Time of Crash	

Non-Motorist

(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
201021079

Type of Crash	BACKING CRASH				
Time Notified	Time Arrived	Other Location of Investigation			
11:56 PM	11:59 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				06/28/2010	
Investigating Officer		ID No.	Agency	Reviewing Officer	
RALPH, S		3059	FISHERS PD		

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

Local ID: 201021079

901460992

1 — Driver's Name (Last, First, MI)	[redacted]
Address (Street, City, State, Zip)	[redacted]CLE
FISHERS IN 46037	
Date of Birth: 07/15/1991	Age: 18	Gender: MALE
Driver's License #	[redacted]	Lic Type: OP	CDL Class:	Lic State: IN

Apparent Physical Status: [x] 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; [x] None

Test Given: NONE — Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results — PBT: — Certified Test: — [ ] Pending — Drug Results:

Veh#	Color	Vehicle Year	Make	Model	Style
1	GOLD	2005	TOYOTA	SIENA	VN

# Occupants	Lic Year	License #	License State
1	2011	385AKQ	IN

# Axles	Speed Limit	Insured By	Phone Number
2	25	AMICA INSURANCE	877-6026422

Vehicle Identification #: [redacted]

Registered Owner's Name (Last, First, MI): [redacted] [ ] Same as Driver

Address (Street, City, State, Zip): [redacted]RLCE

FISHERS IN 46037

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# — Hazzard Class #

Safety Equipment Used: LAP + HARNESS

Safety Equipment Effective? YES

Ejection/Trapped: NOT EJECTED OR TRAPPED

EMS No. — Immed Attn — Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? [ ] Infraction [ ] Misdemeanor [ ] Felony

IC Codes

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: VAN

Pre-Crash Vehicle Action: BACKING

Direction of Travel: SOUTHWEST

Type of Primary/Secondary Roadway

One Way Traffic	Two Way Traffic	
[ ] One Lane	[ ] Two Lanes	[x] 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. MAILBOX

INDIANA OFFICER'S STANDARD CRASH REPORT

Electronic Version

902350930

Local ID: 201448201

Date of Crash	Day of Week	Actual Local Time	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
12/08/2014	Mon	9:20 PM	HAMILTON	DELAWARE	2	0	0	0	0

Road Crash Occurred On	Nearest/Intersecting Road/MileMarker/Interchange	If not an intersection, number of feet from	Direction	Road Classification
KNIGHTSBRIDGE LN	DEERING ST			LOCAL/CITY ROAD

Inside Corporate Limits?	City/Town or Nearest City/Town	Property?	Crash Latitude	Crash Longitude
YES	FISHERS	PRIVATE		-

Driver #1	Driver #2	Driver #3	Driver #4

Driver Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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		✓			

Vehicle Contributing Circumstances	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
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	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
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 - 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

	#	Name
✓ Witness	1	DAN CROWE
☐ Other Participant		

Address etc.: 10034 DEERING STREET FISHERS IN 46037

Phone #: 3177526967

Location at Time of Crash: DRIVEWAY OF 11034 DEERING ST

	#	Name
☐ Witness		
☐ Other Participant		

Address etc.:

Phone #:

Location at Time of Crash:

Non-Motorist

(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
201448201

Type of Crash	SAME DIRECTION SIDESWIPE				
Time Notified	Time Arrived	Other Location of Investigation			
9:26 PM	9:35 PM	AT SCENE ONLY			
Assisting Officer		ID No.	Agency	Investigation Complete?	Photos Taken?
				YES	NO
Assisting Officer		ID No.	Agency	Date of Report	
				12/08/2014	
Investigating Officer		ID No.	Agency	Reviewing Officer	
GOLDSTEIN, S		3142	FISHERS PD		

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

Local ID: 201448201

Driver's Name (Last, First, MI)

Address (Street, City, State, Zip)

Date of Birth | Age | Gender

Driver's License # | Lic Type | CDL Class | Lic State

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 | Type Given: [ ] Blood [ ] Urine [ ] Breath [ ] SFST [ ] PBT

Alcohol Results PBT | Certified Test | [ ] Pending | Drug Results

Veh# 1 | Color | Vehicle Year | Make | Model | Style

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# | Hazzard Class #

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No. | Immed Attn | Driver Injury Status

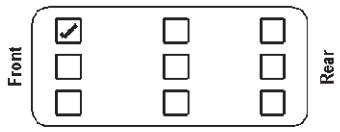
Nature of Most Severe Injury

Location of Most Severe Injury

If Cited?
- [ ] Infraction
- [ ] Misdemeanor
- [ ] Felony

IC Codes

Initial Impact Area
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [ ] Unknown



Areas Damaged (Multiples)
- [ ] Undercarriage
- [ ] Trailer
- [ ] None
- [x] Unknown



Vehicle Use

Emergency Run? NO | Fire?

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
- [x] 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. PARKED MOTOR VEHICLE 2. MAILBOX

Local ID: 201448201

Driver's Name (Last, First, MI)

Address (Street, City, State, Zip) [redacted]

Date of Birth | Age | Gender

Driver's License # [redacted] | Lic Type | CDL Class | Lic State

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 | Type Given: ☐ Blood ☐ Urine ☐ Breath ☐ SFST ☐ PBT

Alcohol Results | PBT | Certified Test | ☐ Pending | Drug Results

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 # [redacted]

Registered Owner's Name (Last, First, MI) [redacted] ☐ Same as Driver

Address (Street, City, State, Zip) [redacted]

KEMPTON IN 46049

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# | Hazzard Class #

Safety Equipment Used

Safety Equipment Effective?

Ejection/Trapped

EMS No. | Immed Attn | Driver Injury Status

Nature of Most Severe Injury

Location of Most Severe Injury

If Cited? ☐ Infraction ☐ Misdemeanor ☐ Felony

IC Codes

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: VAN

Pre-Crash Vehicle Action: PARKED

Direction of Travel

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

FISHERS
EST. 1872

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

FISHERS
EST. 1872

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

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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

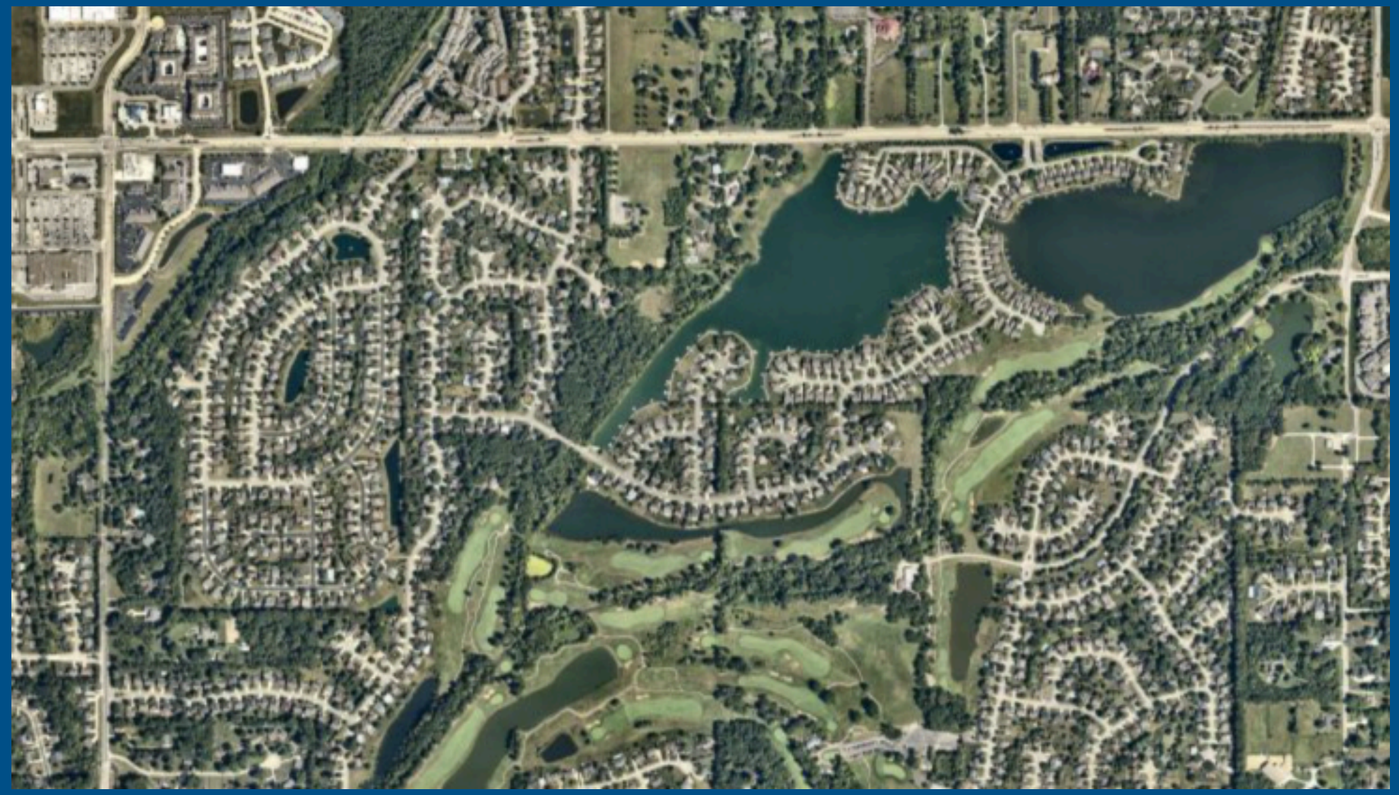
Time	06/20 MON	06/21 TUE	06/22 WED	06/23 THU	06/24 FRI	Weekday Average	06/25 SAT	06/26 SUN	Weekend Average	Week Average
- AM -										
12 - 1		1	2			2				2
1 - 2		5	4			5				5
2 - 3		3	1			2				2
3 - 4		1	2			2				2
4 - 5		4	2			3				3
5 - 6		15	10			13				13
6 - 7		25	21			23				23
7 - 8		77	70			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

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Spyglass Falls - Spyglass Hill



AGENDA



History



Update to Report



Recommendation



FAQ

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History

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Spyglass Hill - 2024



Intersection of 116th & Klotz Farm



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2016 Study

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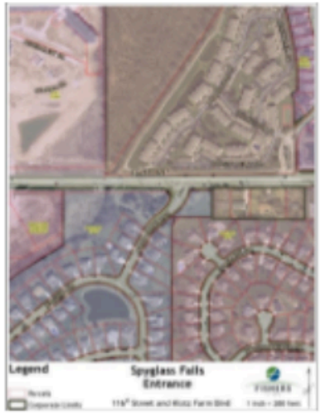
To: Mayor Scott Fadness
Jason Meyer
Jeff Lantz
Fishers Board of Public Works and Safety

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."

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Fishers, Indiana 46038

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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 deterrant
- There is no sight distance, road on a hill and on a blind curve
- Significant construction occuring, 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 infront 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

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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 feasability 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.

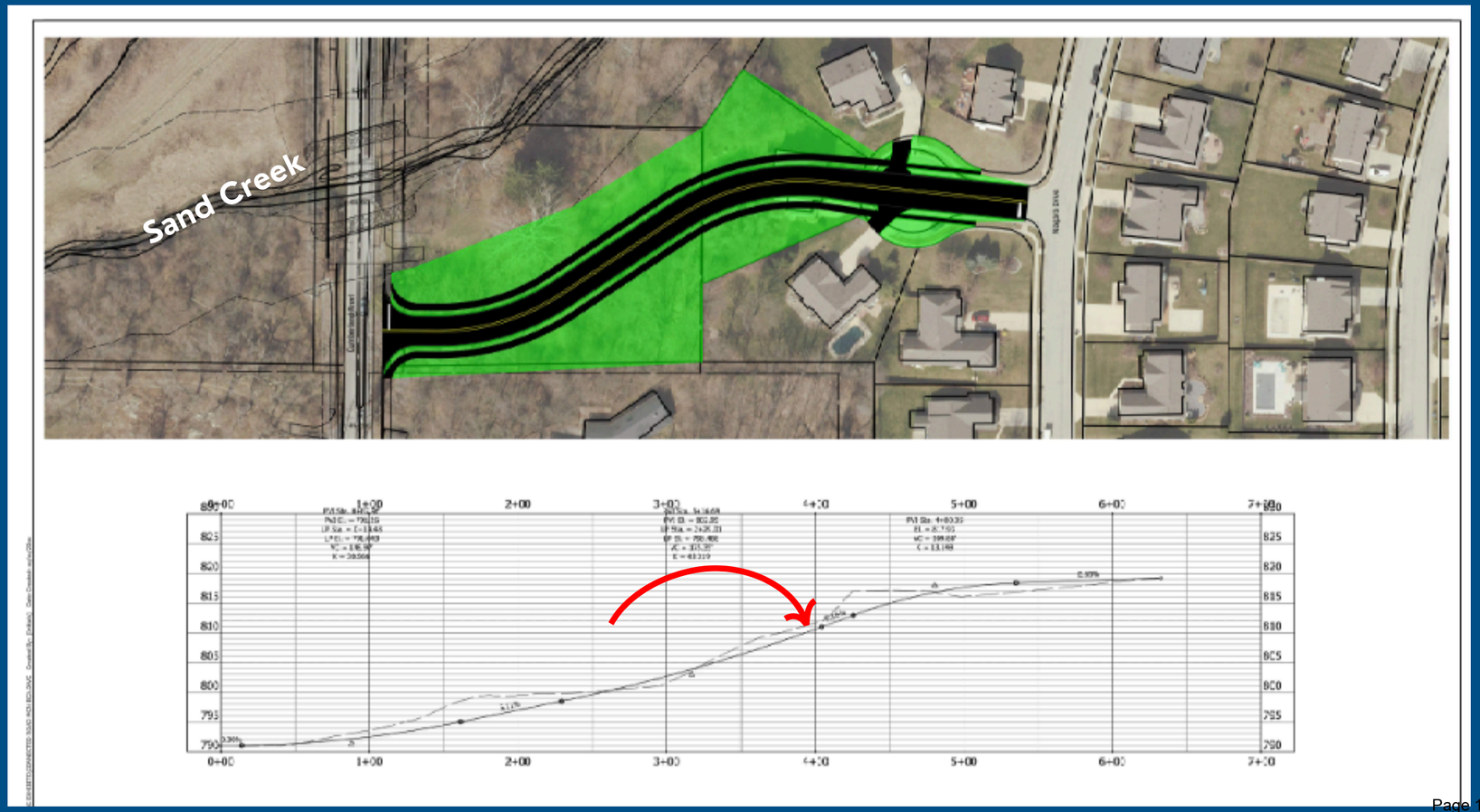
Update To Report - Solutions

- 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.

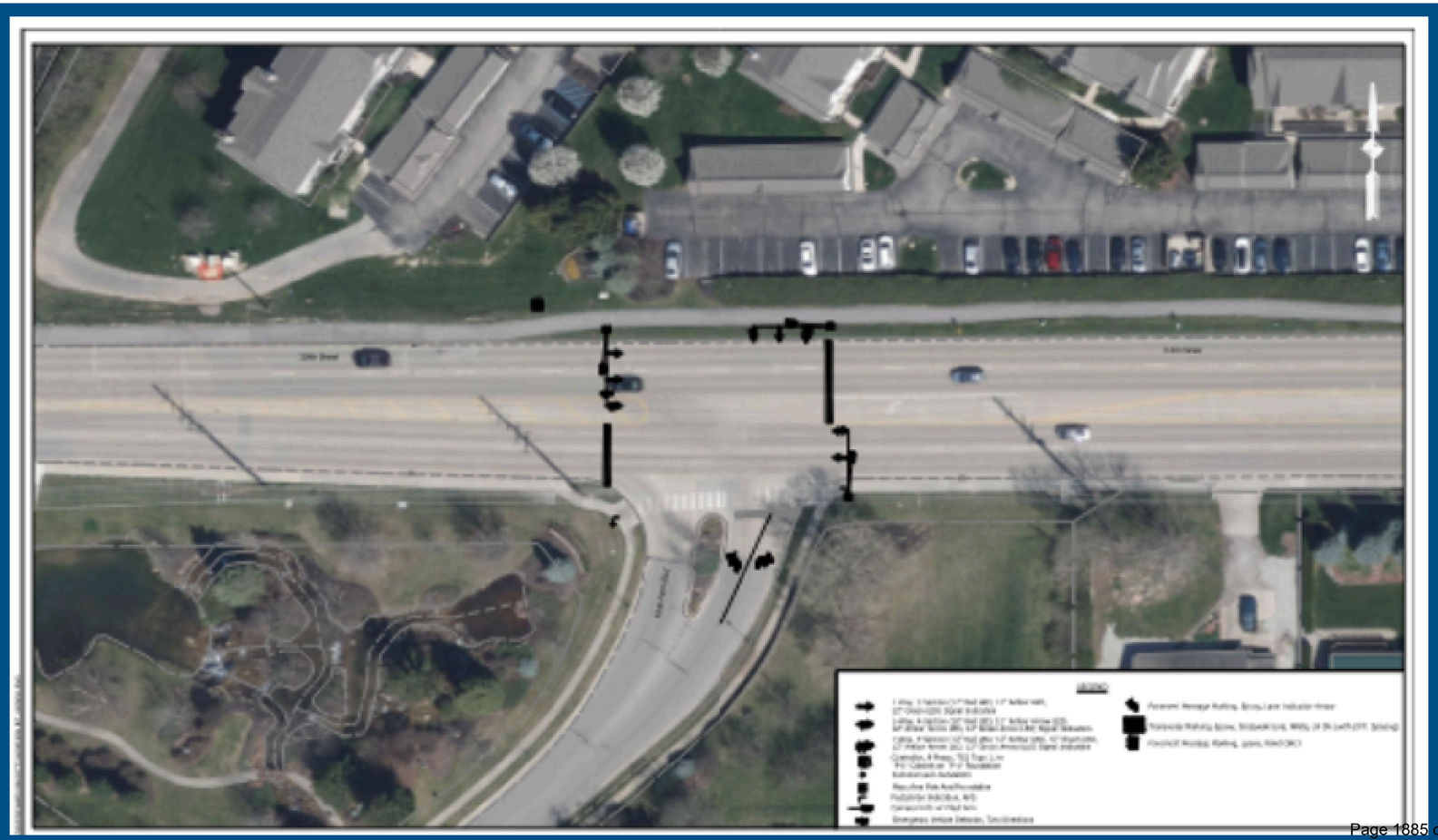
Cost ≈ $3.5 Million



Update To Report - Solutions

Signal at Klotz Farm Blvd.

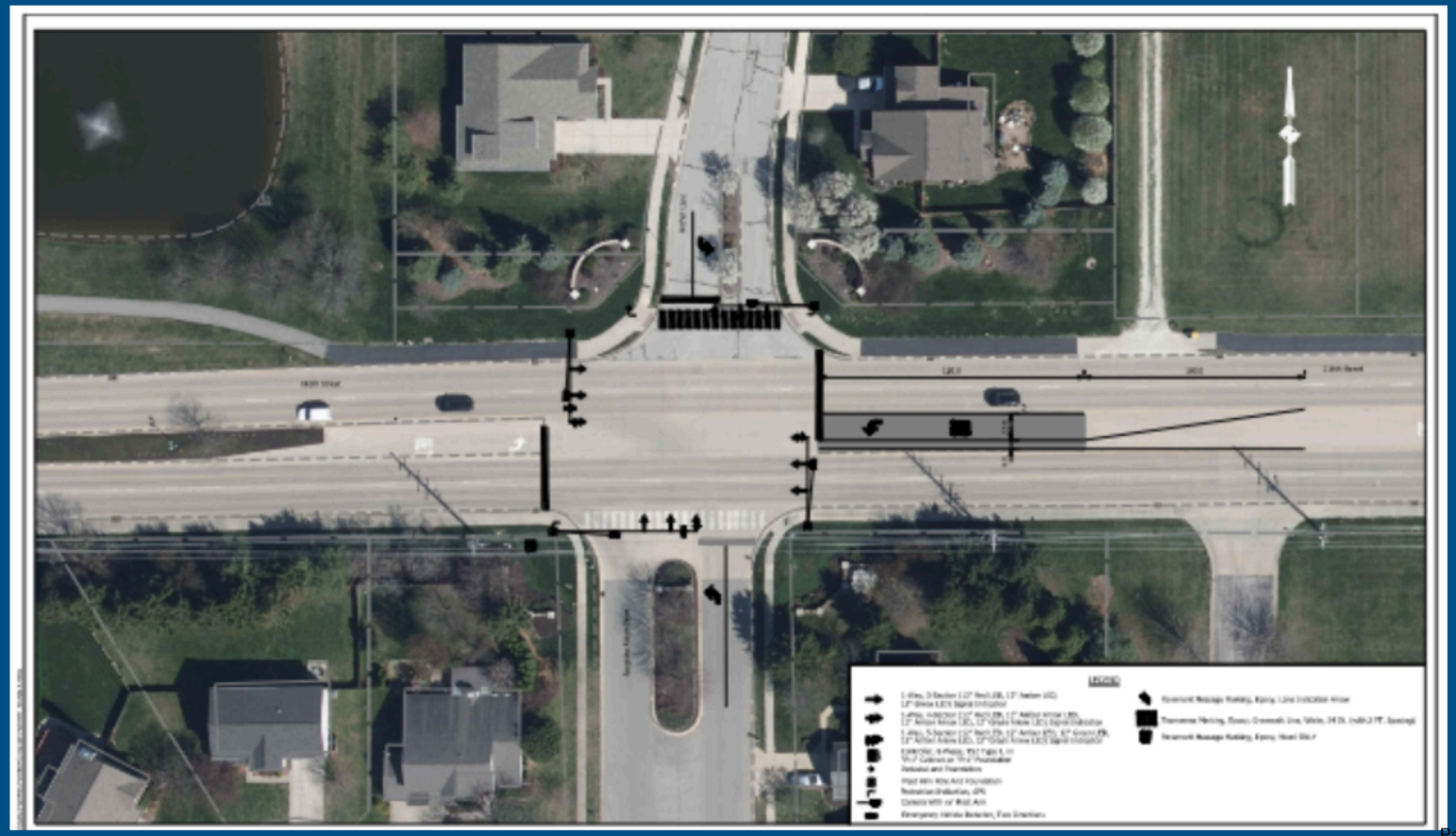
Cost ≈ $520 k



Update To Report - Solutions

Signal at Spyglass Ridge Dr.

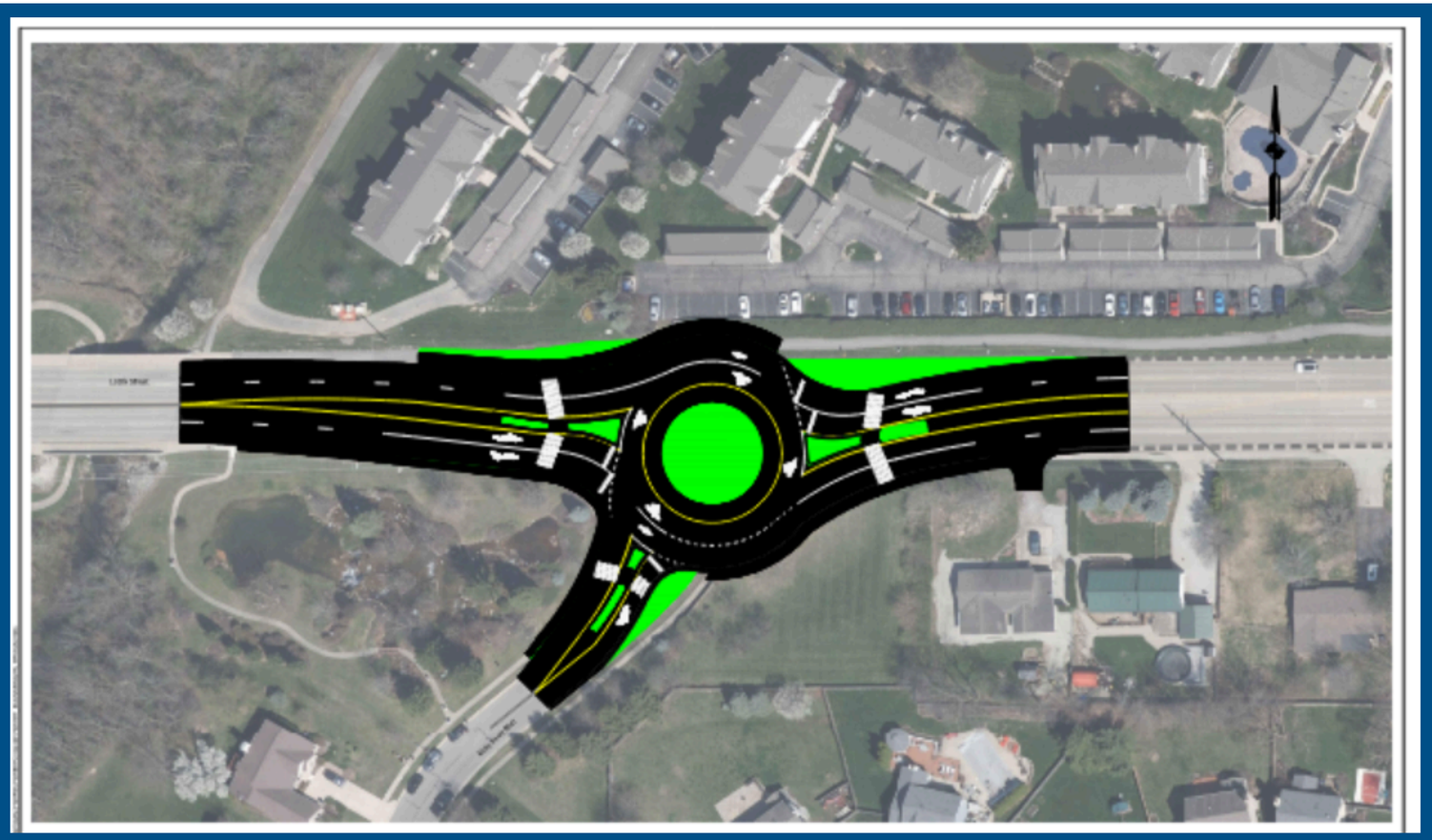
Cost ≈ $526 k



Update To Report - Solutions

Roundabout at Klotz Farm Blvd.

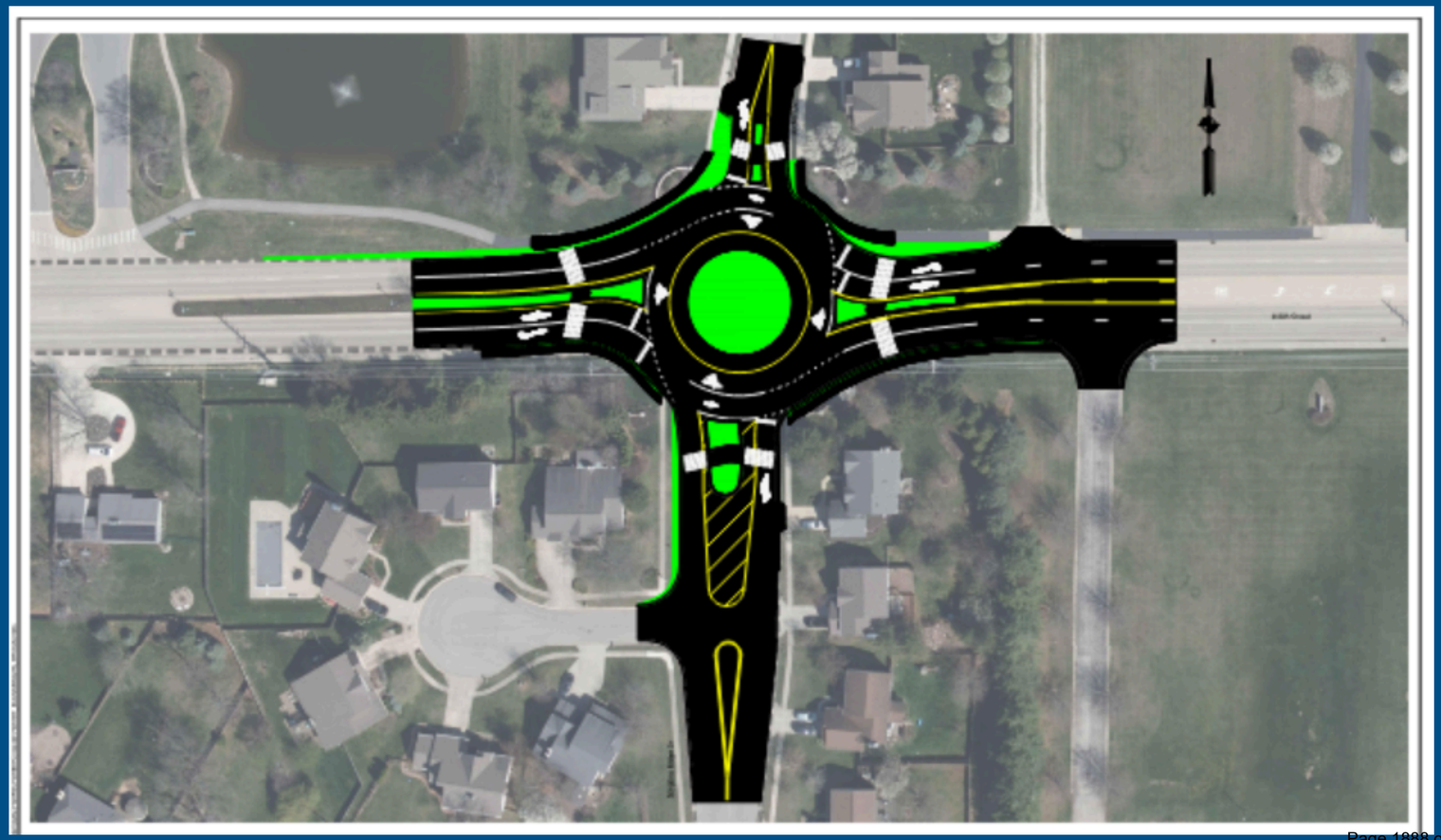
Cost ≈ $4.62 Million



Update To Report - Solutions

Roundabout at Spyglass Ridge Dr.

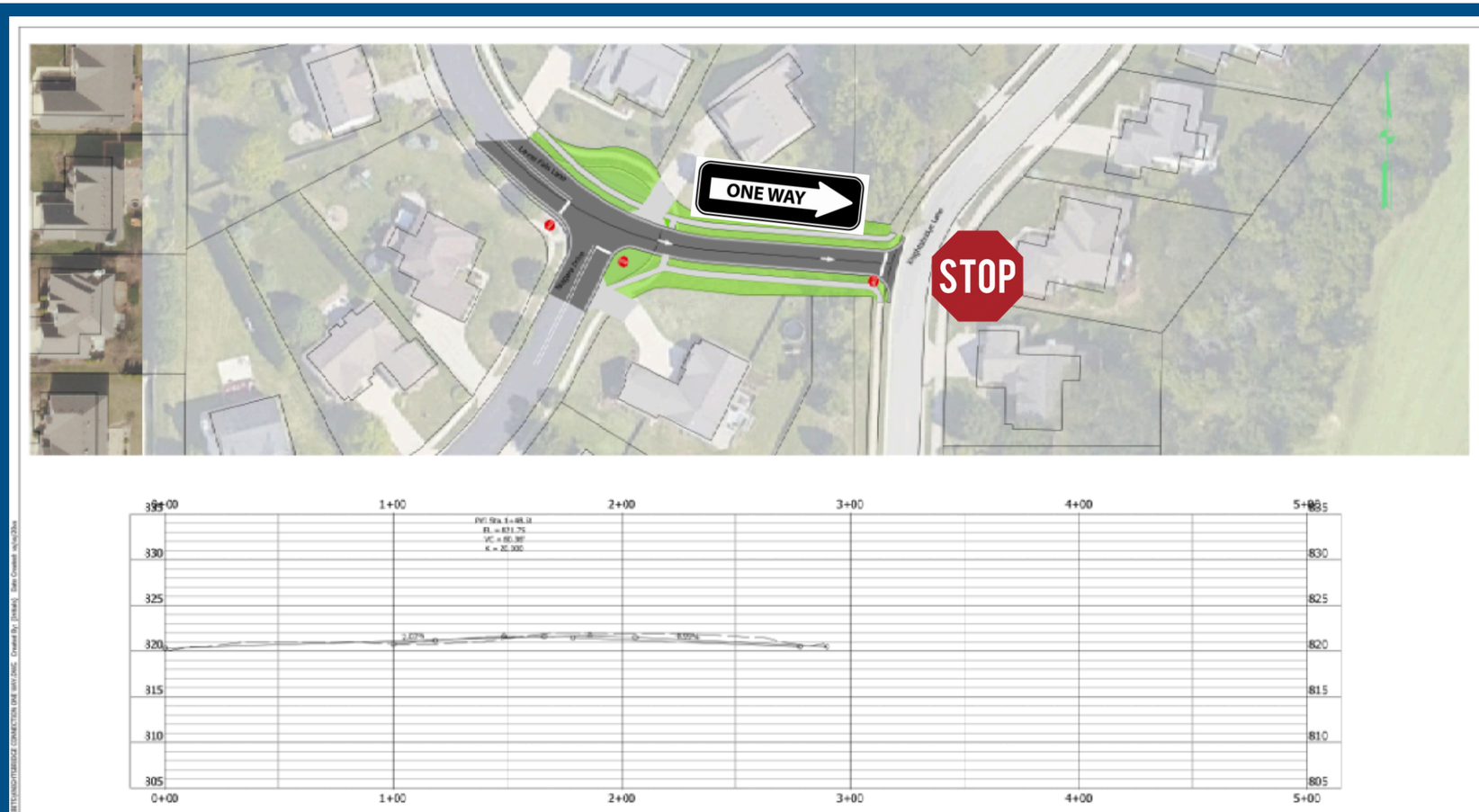
Cost ≈ $4.18 Million



Update To Report - Solutions

Laurel Falls Lane To Knightsbridge Blvd.

Cost≈ $345 k



AGENDA



Recommendation

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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

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FAQ

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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



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Crash Data Along Cumberland Road

Failure to Yield Right of Way

106th street

116th street

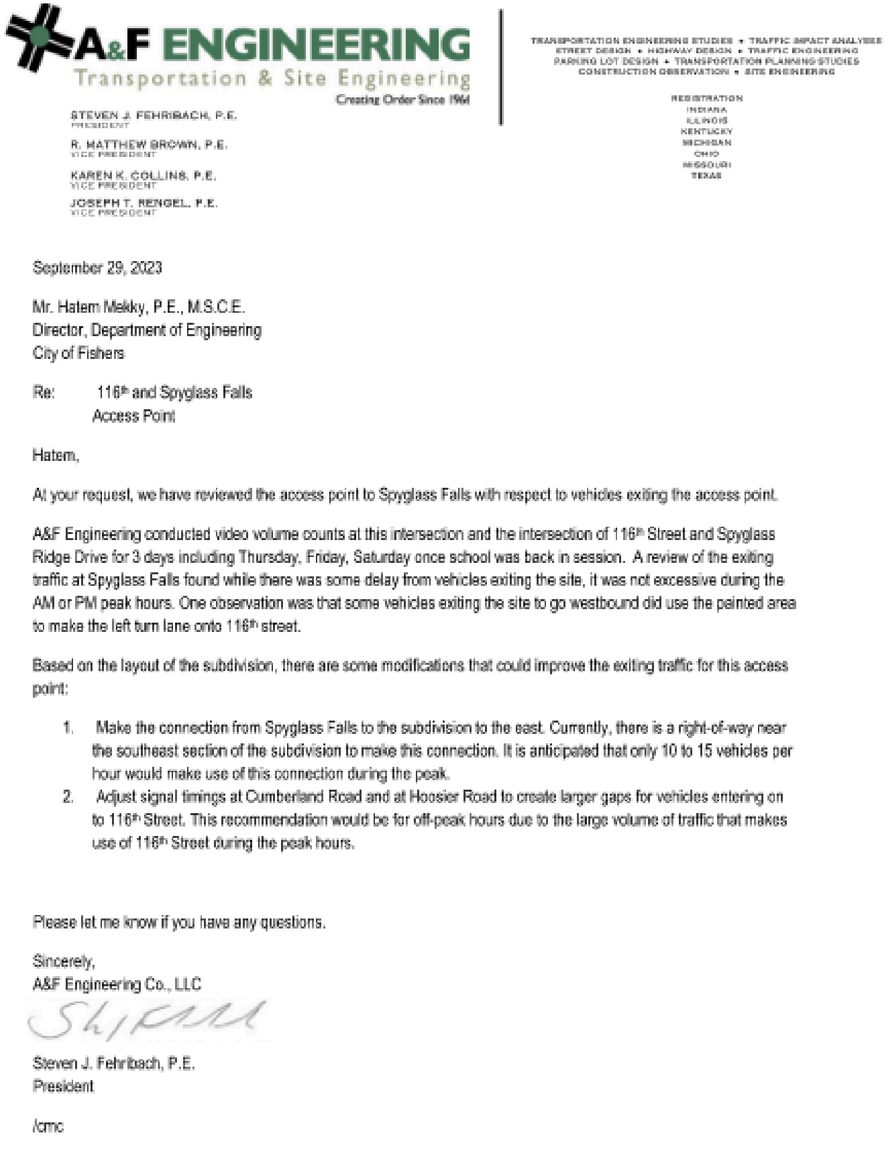
Cumberland Rd.



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Traffic Impact

Traffic Report



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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

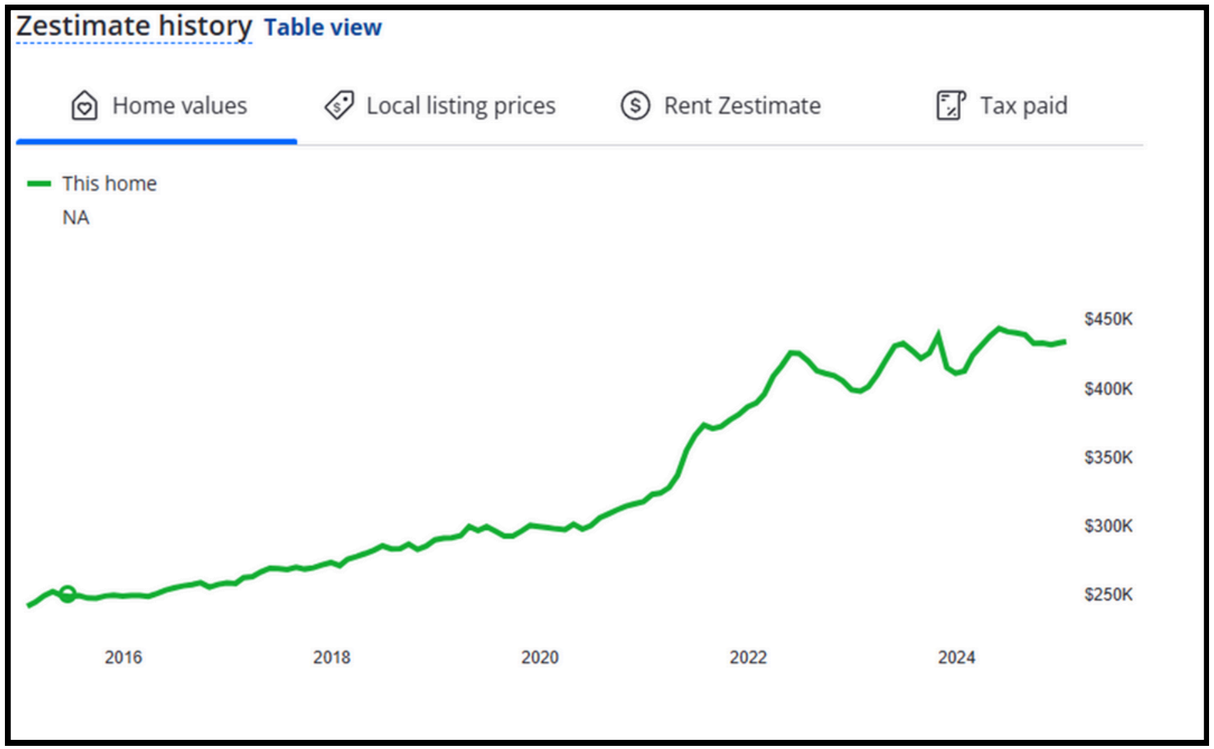
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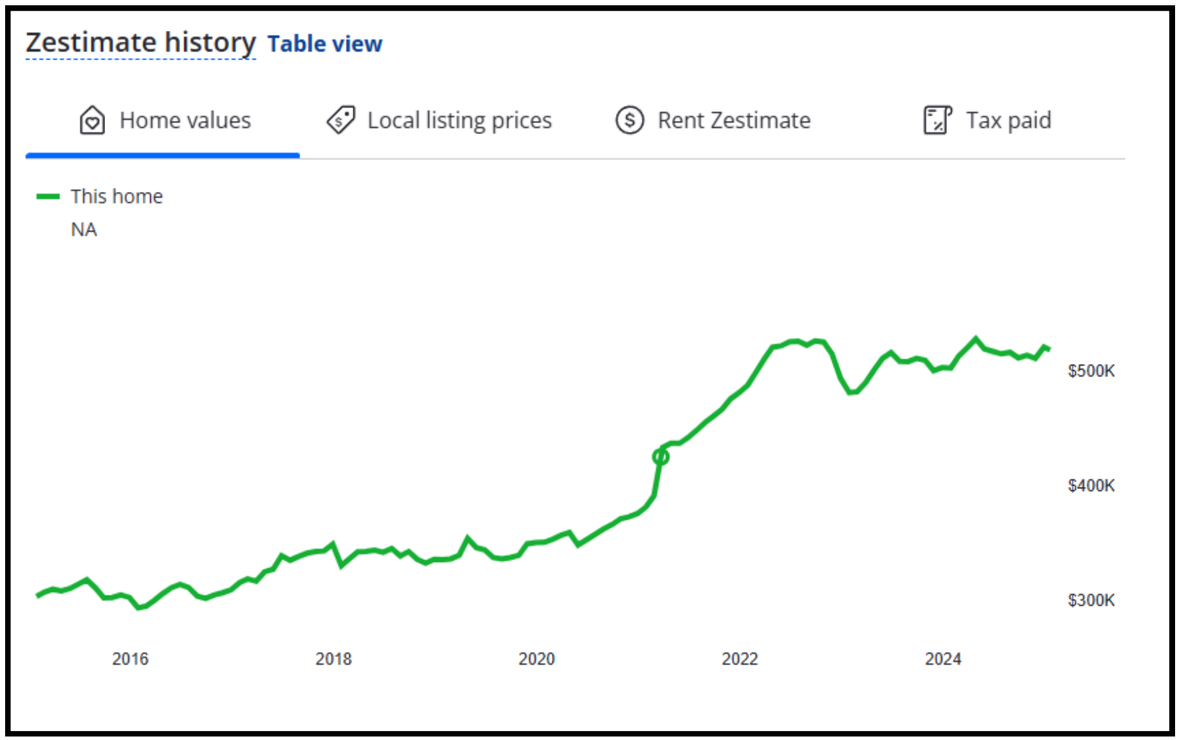
Home Values

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

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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

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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.

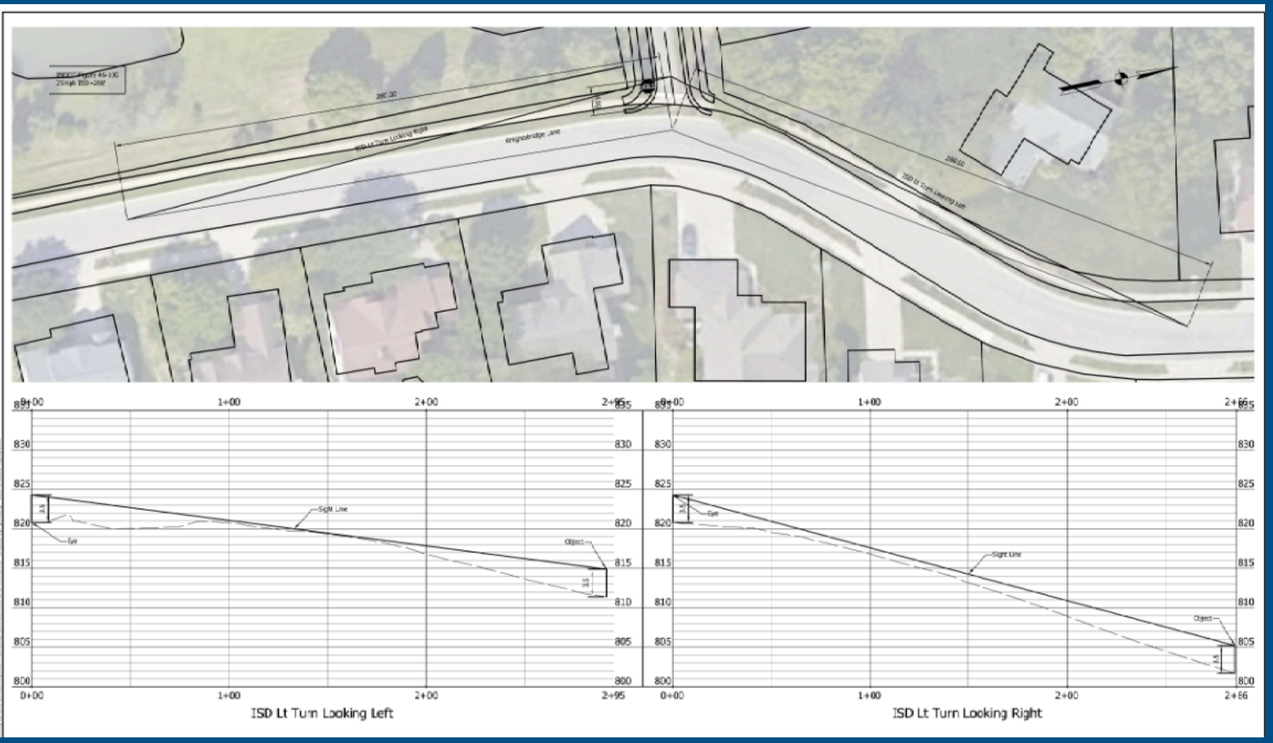
- HSE highschool
- Fishers highschool
- Riverside intermediate/junior high
- Lantern Rd Elementary
- 2 exceptional schools

They would encourage the connection stating that it would create a safer route for the students on these busses.

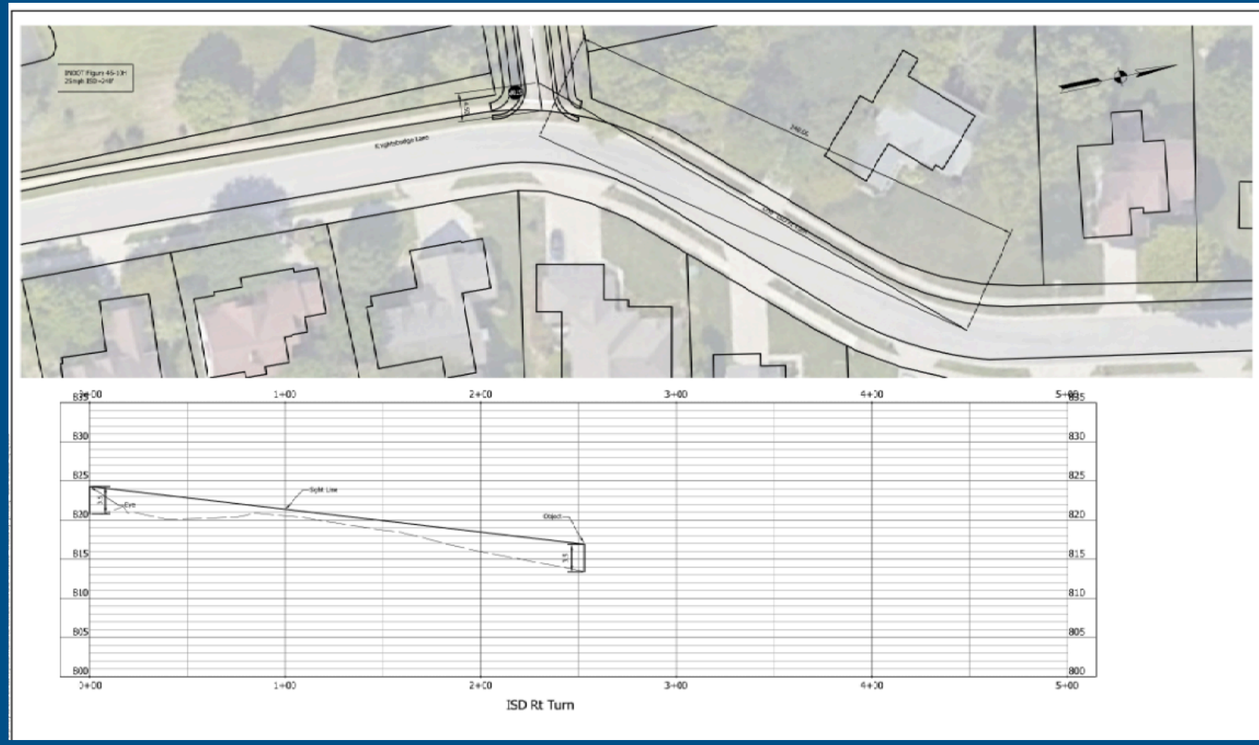
Connector Safety

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 tress 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

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Thank You

Hatem Mekky
Director of Engineering
City of Fishers

