

State Id  
903903256

Local Id  
IP2110280000589

# Indiana Officer's Standard Crash Report

Hit and Run

Vehicles 2 Commercial 0 Injuries 0 Fatalities 1

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Printed on 10/28/2021 7:55:08 PM

INDPLS METRO PD, ORI 0494900

<b>Drivers</b>	1. <span style="background-color: black; color: black;">[REDACTED]</span>
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<b>Crash Details</b>	Location <b>E 86th St at intersection of Monon Trl</b>		County <b>MARION</b>	Township <b>WASHINGTON</b>	City <b>INDIANAPOLIS</b>
	Crash Date <b>10/28/2021</b>	Day of Week <b>Thursday</b>	Crash Time <b>08:26</b>	Date of Report <b>10/28/2021</b>	Latitude <b>39.91254682</b>
	Weather Condition <b>CLOUDY</b>		Light Condition <b>DAYLIGHT</b>		Longitude <b>-86.13568825</b>
	Weather Condition <b>CLOUDY</b>	Light Condition <b>DAYLIGHT</b>	Localty <b>URBAN</b>	Inside Corporate Limits? <b>YES</b>	<input type="checkbox"/> School Zone
	Roadway Surface <b>ASPHALT</b>	Surface Condition <b>DRY</b>	Roadway Classification <b>LOCAL/CITY ROAD</b>		<input type="checkbox"/> Train or Rail Equipment
	<input type="checkbox"/> Construction Zone	Construction Type	Roadway Junction <b>FOUR-WAY INTERSECTION</b>	Railroad Crossing #	<input type="checkbox"/> Rumble Strips <input type="checkbox"/> Deer

<b>Investigative Information</b>	Time Notified <b>0826</b>	Time Arrived <b>0831</b>	Primary Factor <b>DISREGARD SIGNAL/REG SIGN (Unit 1)</b>	Did this crash happen as a result of another incident? <b>NO</b>	
	Type of Crash <b>RIGHT ANGLE</b>	Other Location of Investigation <b>AT SCENE ONLY</b>		Total Estimate of all damage in Crash: <b>\$5001 TO \$10000</b>	
	Investigative Officer <b>SMITH, MICHAEL</b>	Agency <b>INDPLS METRO PD</b>	ID Number <b>20075</b>	<input type="checkbox"/> Investigation Complete	<input checked="" type="checkbox"/> Photos taken
	Reviewing Officer				
	Assisting Officer <b>THALHEIMER</b>	<b>INDPLS METRO PD</b>	<b>T6788</b>		
	Assisting Officer <b>PYATSKOWIT</b>	<b>INDPLS METRO PD</b>	<b>27169</b>		

The following was written by SMITH, MICHAEL

Driver 1 stated she Going west on 86th. When asked about light she replied that she had to have the green light for her to go through it. Did not see the person until he ended up on the front of her vehicle.

Witness 1 stated he was directly behind V1 and stated that the light was red when V1 went through, striking the victim.

Witness 2 stated she was sitting in the Hardee's lot facing SW towards the intersection. She stated that V1 had the red light at the time the victim was struck.

Witness 3 stated he was in the lane next to V1 just a bit behind. Stated V1 had the red light and could clearly see the victim had started into the intersection.



Witness 4 stated she was in the Hardees drive-thru. Heard the crash and saw the victim in the air. Ran to the scene and D1 told her that she had been listening to her gospel music.

Witness 5 stated he was 2-3 cars behind V1. Didn't see the crash and only saw the victim as he was airborne.

Narrative





<b>Unit 1 Driver</b>				<input type="checkbox"/> Hit & Run	<input type="checkbox"/> Aggressive Driving	<input type="checkbox"/> Immediate Medical Attention
Last Name		First	Middle			
Address		DOB	Age	Gender		
Driver's License Number		Lic Type	Lic State	CDL Class		
Apparent Physical Status <b>NORMAL</b>			Restrictions <b>NONE</b>			
Test Given <b>ALCOHOL AND DRUG</b>			Type Given <b>BLOOD</b>			
Driver Injury Status			EMS Number			
Nature of Most Severe Injury			Location of Most Severe Injury			
Safety Equipment Used <b>MULTI-POINT HARNESS</b>			Safety Equipment Effective <b>YES</b>	Ejection/Trapped <b>NOT EJECTED OR TRAPPED</b>		
If Cited		IC Codes				

Vehicle Information						
Veh # <b>1</b>	Color <b>GRAY</b>	Veh Year <b>2015</b>	Occupants <b>1</b>	Initial Impact Area		
Make <b>JEEP</b>		Model <b>GRAND CHEROKEE</b>		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Style <b>UTILITY (SUV)</b>						
Insured By						
Policy # <b>0000</b>	Ins Phone #					
VIN						
Plate Number	Plate Exp Year	Plate State				
Towed? <b>YES</b>	Towed Due to Disabling Damage? <b>YES</b>			Areas of Damage		
Company Towed By <b>ZORES</b>		City Towed To <b>INDPLS</b>		Fire? <b>NO</b>		
Vehicle Use <b>PERSONAL (FARM, COMPANY)</b>		Event Collision With <b>ANOTHER MOTOR VEHICLE</b>				
Emergency Run?	Type of Roadway <b>MULTI-LANE DIVIDED 3 OR MORE (TWO WAY)</b>		Roadway Character <b>STRAIGHT/LEVEL</b>			
Direction of Travel <b>WEST</b>	Pre-Crash Vehicle Action <b>GOING STRAIGHT</b>		# of Axles <b>2</b>			
Speed Limit <b>35</b>	Traffic Control Devices <b>TRAFFIC CONTROL SIGNAL</b>		Devices Operational? <b>YES</b>			
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

				<input type="checkbox"/> Hit & Run	<input type="checkbox"/> Aggressive Driving	<input type="checkbox"/> Immediate Medical Attention
Last Name		First	Middle			
Address		DOB	Age	Gender		
Driver's License Number		Lic Type	Lic State	CDL Class		
Apparent Physical Status			Restrictions			
Test Given			Type Given			
Driver Injury Status			EMS Number			
Nature of Most Severe Injury			Location of Most Severe Injury			
Safety Equipment Used			Safety Equipment Effective	Ejection/Trapped		
If Cited		IC Codes				

Vehicle Information						
Veh #	Color	Veh Year	Occupants	Initial Impact Area		
Make		Model		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		
Style						
Insured By						
Policy #	Ins Phone #					
VIN						
Plate Number	Plate Exp Year	Plate State				
Towed?	Towed Due to Disabling Damage?			Areas of Damage		
Company Towed By		City Towed To		Fire?		
Vehicle Use		Event Collision With				
Emergency Run?	Type of Roadway		Roadway Character			
Direction of Travel	Pre-Crash Vehicle Action		# of Axles			
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

<b>Non-Motorist</b>	Name (Last, First MI) <b>RADAKER, FRANK G JR</b>	Type <b>PEDALCYCLE (NON-MOTOR VEHICLE)</b>	Action <b>CROSSING AT INTERSECTION</b>	Apparent Physical Condition <b>UNKNOWN</b>	Cited? <b>N</b>	
	Roadway <b>E 86th St</b>	Direction <b>NORTH</b>	Traffic Control <b>YES</b>	Traffic Control Operational? <b>YES</b>	Gender <b>M</b>	Test Given <b>NONE</b>

<b>Non-Motorist Injured</b>	Injured Pre-crash Location <b>Unit 2 -</b>	Name (Last, First MI) <b>RADAKER, FRANK G JR</b>	Address (Street, City, State, Zip) <b>94 [REDACTED]</b>	Gender	Date of Birth	Age
	Injury Status <b>FATAL</b>	Nature of Most Severe Injury <b>INTERNAL</b>	Location of Most Severe Injury <b>HEAD</b>	Taken for Immediate Medical Attention <b>YES</b>	EMS Number <b>[REDACTED]</b>	
	Safety Equipment Used			Safety Equipment Effective?	Ejection/Trapped	

<b>Trailers</b>	Vehicle #	Trailer Owner's Name	Address (Street/City, State Zip)	Lic State	Lic Year	License Number	Year	Make

<b>Property Damage</b>	State Property	Description	Owner's Name and Address

<b>Factors</b>	Unit 1 : <b>NONE (VEHICLE),DISREGARD SIGNAL/REG SIGN,NONE (ENVIRONMENTAL)</b>
	Unit 2 : <b>NONE (VEHICLE),NONE (DRIVER),NONE (ENVIRONMENTAL)</b>

<b>Witnesses</b>	<input checked="" type="checkbox"/> Witness <input type="checkbox"/> Other Participant	Name <b>[REDACTED]</b>	Address (Street/City, State Zip) <b>[REDACTED]</b>	Phone Number <b>[REDACTED]</b>	Location at Time of Crash <b>BEHIND V1</b>
	<input checked="" type="checkbox"/> Witness <input type="checkbox"/> Other Participant	Name <b>[REDACTED]</b>	Address (Street/City, State Zip) <b>[REDACTED]</b>	Phone Number <b>[REDACTED]</b>	Location at Time of Crash <b>HARDEES PARKING LOT FACING SW</b>
	<input checked="" type="checkbox"/> Witness <input type="checkbox"/> Other Participant	Name <b>[REDACTED]</b>	Address (Street/City, State Zip) <b>[REDACTED]</b>	Phone Number <b>[REDACTED]</b>	Location at Time of Crash <b>BEHIND V1 IN LANE NEXT TO V1</b>
	<input checked="" type="checkbox"/> Witness <input type="checkbox"/> Other Participant	Name <b>[REDACTED]</b>	Address (Street/City, State Zip) <b>[REDACTED]</b>	Phone Number <b>[REDACTED]</b>	Location at Time of Crash <b>IN THE HARDEES DRIVE-THRU</b>
	<input checked="" type="checkbox"/> Witness <input type="checkbox"/> Other Participant	Name <b>[REDACTED]</b>	Address (Street/City, State Zip) <b>[REDACTED]</b>	Phone Number <b>[REDACTED]</b>	Location at Time of Crash <b>BEHIND V1</b>

Crash Diagram

