

INDIANA OPERATOR'S PROOF OF INSURANCE/CRASH REPORT

State Form 52441 (R / 2-06) / SR21

Send to:

MONTH	DAY	YEAR	Day of We	eek Act	tual Loca		AM PM	# of `	Vehicles	Reporting Officer Name	Badg	e #	Send form to Bureau of Motor Vehicles.			
Coun	ty where	crash occu	ırred					s Officer Report		Reporting Police Agency Name		Do not send to Indiana State Police.				
Road Collision Occurred On: Nearest Intersecting Road:									Direction	on and distance to nearest intersection: Local ID						
Insured										Other Drivers Involved						
Print Driver's Name (Last, First, MI) Driver's License Number										Print Driver's Name (Last, First, MI)						
Address (Number, Street)										Driver's License Number Sex DATE OF BIRTH Month Day Year						
City State)	ZIP			Print Driver's Name (Last, First, MI)						
Sex	DATE OF BIRTH License Type Day Year License Type						Licen	se Stat	e	Driver's License Number	er Sex			DATE OF BI Day	RTH Year	
Print Owner's Name & Address										Print Driver's Name (Last, First, MI)						
Veh. Yr. Make		Model Lic. Yr.			Lic. Pl	ate#		Lic. State	Driver's License Number	Sex	Month	DATE OF BI Day	RTH Year			
Name o	of Person	Submittin	g This Repo	rt		Signature										
THIS SECTION MUST CONTAIN THE SIGNATURE OF YOUR INSURANCE AGENT, IF YOU HAD INSURANCE AT THE TIME OF THE COLLISION. The company signatory hereto gives notice that its policy issued to the above named insured is a motor vehicle liability policy approved by the Commissioner of Insurance of the State of Indiana and was in effect on the date of the above described collision. A signature by an insurance agent or authorized representative is verification that the above driver (Insured) was insured at the time of the collision. Omission of agent signature signifies the driver was NOT insured at the time of the collision.																
Insurance Company								Agei	ncy Name	P			Phone #			
Date of Certification Insured's Policy Number						Signa	ature of Auth	orized Insurance Representative			Date					
			Ins	tructio	ns for	Comi	oletin	g the	? Indian	a Operator's Crash k	Report	t				
Instructions for Completing the Indiana Operator's Crash Report Collisions resulting in injury, death or damage of \$1000 or more (as determined by the reporting officer) must be reported on this form within 10 days. PRINT ALL INFORMATION USING ALL CAPITAL LETTERS (except your signature). Complete in black or blue INK. Answer all questions to the best of your knowledge. If you are unable to answer any question, mark "unknown" or "U". If the answer does not apply, mark with a slash (\) through the box. YOU ARE THE INSURED. LIST THE DRIVER INFORMATION FOR ALL OTHER DRIVERS INVOLVED IN THE COLLISION UNDER "OTHER DRIVERS INVOLVED". If you were insured at the time of the collision, you must have the signature of the insurance agent before mailing the report. Please submit this report to: Bureau of Motor Vehicles PFR/Crash Report Section																

BY LAW, YOUR REPORT IS CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN ANY TRIAL IC 9-26-3-4

P.O. Box 7169

Indianapolis, IN 46207

The driver of any motor vehicle involved in a crash that results in injury or death or total property damage of \$1000 or more must make a report on this form within ten (10) days. The failure or refusal of any person to report a crash as required is cause for the suspension or revocation of the operator's or chauffeur's license and vehicle registration of such person. Such failure or refusal is also a misdemeanor. If the driver is physically incapable of making the report, any occupant of the vehicle is required to do so. A witness may also be required to make a report. A supplementary report will be required whenever an original report is insufficient.

The purpose of this report is to obtain information necessary to the administration of the Safety Responsibility Law and to obtain data useful in crash prevention. Complete and clear answers to all the questions are necessary. An accurate original report will avoid the necessity for supplementary reports. If you have difficulty in filling in the report, consult your nearest police authority or Bureau of Motor Vehicles at (317) 232-2840.