State Id 904084165

Indiana Officer's Standard Crash Report Vehicles Commercial Injuries Fatalities

Hit and Run

Local Id

22004178

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Printed on 8/10/2022 9:45:02 AM

ELKHART SD, ORI 0200000

4

Location NAPPANEE ST at intersection of CO RD 44						County ELKHART	Township LOCKE	City NAPPANEE(ELKHART				
Crash Date 08/03/2022 Weather Condition CLOUDY Roadway Surface		Day of Week				Date of Report 08/03/2022	Latitude 41.50628013	Longitude -86.00189163				
						Locality RURAL	Inside Corporate Limits?	School Zone				
Roadway Surface ASPHALT		Surface Cond DRY	dition			Roadway Classification STATE ROAD	·	Train or Rail Equipment				
Construction Zon	э	Construction Type				Roadway Junction NO JUNCTION INVOLVED	Railroad Crossing #	Rumble Strips Deer				
Time Notified	Time 125	Arrived	Primary Fa					sh happen as a result of another incide				
1232 Type of Crash HEADON BET-REEN TWO MOTOR VEHIC	or Location of HER		CENTER (Un	Investigation Complete								
Investigative Officer PIZANA, JEANNE	TTE		Agency ELKHART	SD	Complete	ID Number 3A312 \$10001 TO \$25000						
Reviewing Officer NEWMAN, MATT	Reviewing Officer		ELKHART SD			3A276						
Assisting Officer												
head on with V	g nort	th on SR 1	9 south of 9		_			nt left of center and collided All other occupants of V1				
The following was with V1 was travelinhead on with V2 D1 was transpowere pronouce D2 was pronoute Elkhart County Supplement 8/4 EMS # for D1 a D2 ejected/trap	g nort 2. orted t d dece nced Sherit 4/22 A added oped s r D1 a 0/202 mation	th on SR 1 to Elkhart (eased on : deceased ff and Cor	9 south of 9 Seneral Ho scene. on scene. oner's Officenged from perpending ur	spital with life e is investiga inned under t ntil the Elkhar	e threatening in ating. to trapped in. t County Coro		r pronounced deceased.					
The following was with V1 was travelinhead on with V2. D1 was transpowere pronouce D2 was pronout Elkhart County Supplement 8/4 EMS # for D1 a D2 ejected/trap Blood draws fo Supplement 8/1 Insurance infor Shoulder belt with	g nortd to decorate the second of the second	th on SR 1 to Elkhart (eased on a deceased ff and Cor	9 south of 9 General Ho scene. on scene. oner's Office anged from prepending ure	spital with life se is investigationed under the Elkhar and V2. In all vehicles	e threatening in ating. to trapped in. t County Coro	njuries and was late	r pronounced deceased. ovide findings.					

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Uni	t 1 Dri	ver	Hit & Ru	י [Aggres Driving		Immediate Medical Attention	Un	it 2 Dri	ver	Hit & Rui	n	Aggres			nediate Medical ntion
Last Name		'		First ZACH	ERY	'	Middle R	Last Nam	ne IUCKER			First EDI	тн		N	⁄iiddle J
	.AWREN WAKA, II		i	DOB 10/20/	1994	Age 27	Gender M		CLARK SI		N 46550	DOB 05/ 2	20/1966	Age 56	F	∋ender =
Driver's L 37900	icense Nun 35920	nber	Lic Type OP		Lic S IN	State	CDL Class	11	License Nur 212513	mber	Lic Type OP		Lic S IN	State	C	CDL Class
**			Restrictions GLASSES/CONTACTS				Apparent Physical Status UNKNOWN				Restrictions CORRECTIVE LENSES					
-		Type Giv				11	Test Given ALCOHOL AND DRUG				Type Given BLOOD					
Driver Inju FATAL	ıry Status			EMS Nu 0563	ımber			Driver In	jury Status			EMS	Number			
Nature of INTERN	Most Sever AL	e Injury			of Most S EBODY	Severe Inju	ry		f Most Seve I INJURY	re Injury			tion of Most :		ury	
	quipment Us PLOYED, LAP I		DER BELT	Safety E	Equipment	Effective	Ejection/Trapped TRAPPED IN	11 '	quipment U PLOYED, LAP		DER BELT	Safe:	ty Equipment	t Effective		n/Trapped P PED IN
If Cited		IC Cod	des					If Cited		IC Cod	les					
				le Inforn	nation							le info	ormation			
	Color SILVER\ALU	Veh Year 2019	Occupants 3	Inita	I Impact A	rea	12	Veh #	Color MAROONBUR	Veh Year 2003	Occupants 1	1	nital Impact /	Area	1	2
Make TOYOTA	Mo N RA	del V4			Undercari	iage		Make BUICK		odel eSabre			Undercar	riage		
Style UTILITY					Trailer None			Style 4-DOOI				L	Trailer None			
Insured B				$\dashv \vdash \vdash$	Unknown			Insured B	Зу				Unknown			
GEICO Policy #		Ins Pho	nne #					PROGR	RESSIVE	Ins Pho	nne #	_ '	_			
4592280	145		07-7847		65		40	916950	696		76-4737					•
VIN JTMEW	RFV2KD5	01673		✓	as of Dam Undercari Trailer	-	12 11 1 10 2	VIN 1G4HR	54K93U26	63663			Areas of Dan ✓ Undercar Trailer	-	11 10	1 2
Plate Num		e Exp Year		\dashv \vdash	None		9 8 4	Plate Nu		e Exp Year			None		9	3
POTTS Towed? YES	Towed Di		IN oling Damage?		Unknown		7 5	Towed?			IN pling Damage?		Unknown		7	5
	Towed By			City To	owed To		Fire?		y Towed By				y Towed To			Fire?
THOMP Vehicle U	SONS TO	WING		ELKH Event	ART Collision \		NO	THOME Vehicle U	PSONS TO Use	OWING			KHART ent Collision	With		NO
PERSO	NAL (FAR	M, COM	PANY)	CRC	SSING	CENTE	R LINE/MEDIAN, VEHICLE	PERSO	NAL (FAF	RM, COMI	PANY)	Ā	NOTHER	ТОМ	OR VEH	HICLE
Emergeno		Type of R	oadway NES (TWO	WAY)			Character (LEVEL		ncy Run?		NES (TWO)		y Charact E/LEVEL	
Direction NORTH	of Travel		n Vehicle Actio STRAIGHT	n		# of Axle	S Oversized	Direction	of Travel		n Vehicle Actio STRAIGHT	n		# of Axl	es	Oversized
Speed Lin	nit		ntrol Devices				Operational?	Speed Li			ntrol Devices				Operation	nal?
55		NO PAS	SING ZON					55		NO PAS	SING ZONE					
Vehicle O	wner's Nam	ne		r Inform Street/Cit	i ation :y, State Z	ip)		Vehicle (Owner's Nar	ne			rmation /City, State 2	ip)		
POTTS	S, ZACH	ERY R	509 E I	.AWRE				SCHM	UCKER,	EDITH			K ST ELKHART), IN 46	550	
		(Commercial	Vehicle	Informa	tion				C	ommercial	Vehi	cle Informa	ation		
Carrier's I	Vame			Ac	ldress (Sti	reet, City,	State, Zip)	Carrier's	Name				Address (St	reet, City,	State, Zip)
US DOT Number CMV Inspection								US DOT	Number	CMV	Inspection					
HAZMAT	Placard	HAZN	MAT Proper Sh	ipping Na	ime	HAZM	AT Release of Cargo	HAZMAT	Placard	HAZIV	1AT Proper Sh	ipping	Name	HAZN	MAT Relea	ase of Cargo
Gross Vel	nicle Weigh	nt Rating	Hazmat 4-dig	jit ID Ha:	zmat Clas	5#	Cargo Body Type	Gross Ve	ehicle Weigl	ht Rating	Hazmat 4-dig	jit ID	Hazmat Clas	ss #	Cargo I	Body Type

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ELKHART SD, ORI 0200000

ted on 8/10/20229:45:02	AM					ELKHARI	SD, ORI 02	200000			
Injured Pre-crash Location Unit 1 - FRONT RIGHT	Name (Last, Fir WALORSK	st MI) (I, JACQUELINE	59555	Address (Street, City, State, Zip) 59555 ELKHART, IN 46514			Gender Date of Birth 8/17/1963				
Injury Status		Nature of Most Severe Inj	Location of M	ost Severe Injury	Taken for Imm	Taken for Immediate Medical Attention EMS Number NO					
Safety Equipment Used LAP BELT, AIRBAG	DEPLOYED			Safety Equipr	ment Effective?		Ejection/Trapped NOT EJECTED OR TRAPPED				
Injured Pre-crash Location Unit 1 - REAR RIGHT	Name (Last, Fir		Street, City, Stat T NGTON, DC		Gender FEMALE	Gender Date of Birth FEMALE 4/6/1994					
Injury Status FATAL		Nature of Most Severe Inj INTERNAL	Location of M	ost Severe Injury	Taken for Imm	Taken for Immediate Medical Attention EMS Number NO					
Safety Equipment Used LAP BELT, AIRBAG	DEPLOYED			Safety Equipr	ment Effective?	Ejection/Trap	ped ECTED OR	TRAPPI	ED		
/ehicle # Trailer Owner's Na	ame /	Address (Street/City, State	Zip)	Lic State	Lic Year	License Number	Year	Make			
State Property Descr	iption	Owner's Name a	nd Address								
init 1 : NONE (VEHICLE),LEFT init 2 : NONE (VEHICLE),NON											
Witness Other Name KEITH PHILLIPS	Address (Street/City,	State Zip) Phone Number 574-370-1072				Location at Time of Crash SR 19 AND SR 119					

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