



**KENTUCKY UNIFORM POLICE
TRAFFIC COLLISION REPORT**

DRAFT

MASTER FILE #

| | | |
|----------------------|-------------------|------------|
| INVESTIGATING AGENCY | AGENCY ORI NUMBER | LOCAL CODE |
|----------------------|-------------------|------------|

| | | | |
|--------------|--------------|--------------------|------------------|
| ROADWAY NAME | PARKING LOT: | INTERSECTION WITH: | BETWEEN STREETS: |
|--------------|--------------|--------------------|------------------|

| | | | | | | | | |
|-----------|-------------------------|-------------|---------|--------|------------------|-----------|---------|-------------|
| ROADWAY # | DISTANCE FROM MILEPOINT | MILEPOINT # | INJURED | KILLED | # UNITS INVOLVED | HIT & RUN | ONE WAY | SPEED LIMIT |
|-----------|-------------------------|-------------|---------|--------|------------------|-----------|---------|-------------|

| | | |
|-----------------|---|-------------------------|
| IN CITY LIMITS? | LATITUDE DEG: MIN: | COLLISION DATE AND TIME |
| MILES FROM CITY | LONGITUDE DEG: MIN: | |

| | | |
|----------------------|-------------------|---|
| CITY/TOWN: | RAMP: | |
| COUNTY: | FROM: | DIR: |
| SECONDARY COLLISION: | MEDIAN CROSSOVER: | TO: DIR: |

| | | |
|---------------------|--------------------|-----------------|
| MANNER OF COLLISION | LOCATION 1ST EVENT | TRAFFIC CONTROL |
|---------------------|--------------------|-----------------|

| | | | | | |
|--------------|--------------------------------------|-------------|-------------------|--------------|-------------------|
| ROADWAY TYPE | <input type="checkbox"/> Frontage Rd | TOTAL LANES | ROADWAY CHARACTER | RDWY SURFACE | ROADWAY CONDITION |
|--------------|--------------------------------------|-------------|-------------------|--------------|-------------------|

| | | | |
|---------|-----------------|----------|--------------------|
| WEATHER | LIGHT CONDITION | LAND USE | SCHOOL BUS RELATED |
|---------|-----------------|----------|--------------------|

| | |
|--------------------|--------------------|
| FIRST AID AT SCENE | FIRST AID GIVEN BY |
|--------------------|--------------------|

| |
|--------------------|
| INJURED REMOVED TO |
|--------------------|

| | | |
|----------------------|----------------------|----------------------|
| EMS AGENCY AND RUN # | EMS AGENCY AND RUN # | EMS AGENCY AND RUN # |
|----------------------|----------------------|----------------------|

| | | | | | | | | |
|---------------|--------------|------------------|---------------|--------------|------------------|---------------|--------------|------------------|
| NOTIFIED TIME | ARRIVED TIME | TIME AT HOSPITAL | NOTIFIED TIME | ARRIVED TIME | TIME AT HOSPITAL | NOTIFIED TIME | ARRIVED TIME | TIME AT HOSPITAL |
|---------------|--------------|------------------|---------------|--------------|------------------|---------------|--------------|------------------|

| |
|--------------------------------|
| INJURED OR DECEASED REMOVED BY |
|--------------------------------|

| | |
|---|----------|
| 1 PROPERTY DAMAGE - OTHER THAN VEHICLES | PROPERTY |
|---|----------|

| |
|---------------|
| OWNER/ADDRESS |
|---------------|

| | |
|---|----------|
| 2 PROPERTY DAMAGE - OTHER THAN VEHICLES | PROPERTY |
|---|----------|

| |
|---------------|
| OWNER/ADDRESS |
|---------------|

| | |
|---|----------|
| 3 PROPERTY DAMAGE - OTHER THAN VEHICLES | PROPERTY |
|---|----------|

| |
|---------------|
| OWNER/ADDRESS |
|---------------|

| | | | | | |
|---------------|------------------------|----------------|-----------------------|--------------|-------------|
| INV. COMPLETE | RECONSTRUCTION PENDING | PHOTOS | PHOTOGRAPHER UNIT NO. | | |
| INVESTIGATOR | ID NUMBER | BEAT OR POST # | TIME NOTIFIED | TIME ARRIVED | RDWY OPENED |

| | |
|-------------|-------------|
| REVIEWED BY | PAGE 1 OF 3 |
|-------------|-------------|

DRAFT

MASTER FILE #

INVESTIGATING AGENCY

AGENCY ORI

LOCAL CODE

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

MASTER FILE #

| | | | | | | | | | | | | | | |
|--|-------------------|------------------------------------|---------------------------|-------------------------|------------------------------|--------------------------------|---------------------|--------------------|---------------------|------------|---------------|------|----|----|
| INVESTIGATING AGENCY | | | | | AGENCY ORI | | | | | LOCAL CODE | | | | |
| UNIT # | TOWED? | | | | TOWED DUE TO DISABLED? | # OCCUPANTS | PEDESTRIAN FACTORS | | | | | | | |
| OPERATOR'S LIC. NO. | | | STATE | LIC. CLASS | ENDORSEMENT | OPERATORS LICENSE RESTRICTIONS | | | | | | | | |
| CDL | CO. RESIDENT | | | OWNER | | | | | | | | | | |
| OPERATOR NAME (LN, FN, MI) | | | | | | | | | | | | | | |
| BIRTH DATE | ADDRESS | | | | | | | | | | | | | |
| COMPLIANT | | | | | | | | | | | | | | |
| A. PRE-COLLISION VEHICLE ACTION | | | | | B. UNIT TYPE | | | | | C. FIRE | D. OVERTURNED | | | |
| E. HUMAN FACTORS | | | | | | | | | | | | | | |
| F-H. EVENT COLLISION | | | | | | | | | | | | | | |
| I. VEHICULAR FACTORS | | | | | | J. ENVIRONMENTAL FACTORS | | | | | | | | |
| K. UNDERRIDE/OVERRIDE | | | | | | | | | | | | | | |
| INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP | | | | DOB/DOD | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| VEH YEAR | MAKE | | | MODEL | | | TYPE | STATE | REGISTRATION NUMBER | | | YEAR | | |
| VIN (VEHICLE ID #) | VEH INSURED | NAME OF INSURANCE CO. | | | | | | INSURANCE POLICY # | COLOR OF VEH | | | | | |
| 1ST AREA OF CONTACT | | 1ST AREA CONTACT - COMBINATION VEH | | EXTENT OF DAMAGE | | | AIR BAG SWITCH | | TRAVEL DIRECTION | | | | | |
| ESTIMATED TRAVEL SPEED | | | | MOST HARMFUL EVENT | | | | | | | | | | |
| COMMERCIAL VEH | LARGE TRUCK / BUS | PLACARD PRESENT | HAZ CARGO | HAZ SPILL | HAZ. MAT. # | TYPE CARGO/COMMODITY | | | NAS SAFETY REPORT # | | | | | |
| HM CLASS | | | | | | CARRIER TYPE | | | | | | | | |
| SINGLE/ COMBINATION/BOBTAIL | NO. AXLES | NO. TRAILERS | US DOT # | ICC MC # | CRASH AVOIDANCE (Fatal Only) | | | | | | | | | |
| VEHICLE CONFIGURATION | | | CARGO BODY TYPE | | | | BUS USE | | | | | | | |
| GVWR TOTAL | | MOTOR CARRIER NAME | | | | | CARRIER NAME SOURCE | | | | | | | |
| MOTOR CARRIER ADDRESS | | | | | | | | | | | | | | |
| VIOL CODES | CITATION # | CASE NUMBER | SUSPECTED DRINKING DRIVER | METHOD OF DETERMINATION | | | | | | | | | | |
| TAKEN BY | | | | | | | | | | | | | | |
| TEST OFFER'D | CHEMICAL TEST | TESTED FOR | SENT TO | | | RESULTS | | | PAGE | | | | | |
| | | | | | | | | | 3 OF 3 | | | | | |