



COMMONWEALTH OF KENTUCKY CIVILIAN TRAFFIC COLLISION REPORT

MAIL TO: KENTUCKY STATE POLICE, Records Branch, 1250 Louisville Road, Frankfort, KY 40601

Please Print Legibly or Type all Information. Use Black or Dark Blue Ink. Make Copies Before Mailing.
Do Not Complete This Report if the Traffic Collision was Investigated by a Police Officer

Date of Collision _____ Time _____ AM / PM County _____

This Collision Occurred In Limits of (City or Town) _____

or _____ Miles N S E W of (City or Town) _____

ON Roadway Number or Roadway Name Intersection Roadway Name/# or Between Streets (Roadway Name/#) _____

YOUR INFORMATION (Vehicle 1)

Driver _____

First Middle Last

Address _____

Driver's License (Number & State) _____

Date of Birth (Month/Day/Year) _____

Phone _____

Owner of Vehicle _____

First Middle Last

Address _____

Vehicle _____

Make & Year _____ Model _____

Registration Plate Number & State _____

Insurance Company _____

Address _____

Damage to Vehicle _____

Estimated Cost of Repairs _____

Damage to Property Other than Vehicle _____

Owner's Name _____

Owner's Address _____

OTHER VEHICLE/PEDESTRIAN (Vehicle 2)

Driver _____

First Middle Last

Address _____

Driver's License (Number & State) _____

Date of Birth (Month/Day/Year) _____

Phone _____

Owner of Vehicle _____

First Middle Last

Address _____

Vehicle _____

Make & Year _____ Model _____

Registration Plate Number & State _____

Insurance Company _____

Address _____

Damage to Vehicle _____

Estimated Cost of Repairs _____

Estimated Cost of Repairs _____

DIAGRAM WHAT HAPPENED IN THIS COLLISION
(Number Vehicles, Your Vehicle is Vehicle 1)

DESCRIBE WHAT HAPPENED

Indicate North by Arrow **N**

Name of Person Completing Report _____

Sign Here (Owner or Driver) Making Report _____ Date of Report _____

Section 1.KRS 189.635 is amended to read as follows:

(2) Any person operating a vehicle on the highways of this state who is involved in an accident resulting in fatal or non-fatal personal injury to any person or damage to the vehicle rendering the vehicle inoperable shall be required to immediately notify a law enforcement officer having jurisdiction. In the event the operator fails to notify or is incapable of notifying a law enforcement officer having jurisdiction, such responsibility shall rest with the owner of the vehicle or any occupant of the vehicle at the time of the accident. A law enforcement officer having jurisdiction shall investigate the accident and file a written report of the accident with his law enforcement agency.

(4) Any person operating a vehicle on the highways of this state who is involved in an accident resulting in any property damage exceeding five hundred dollars (\$500) in which an investigation is not conducted by a law enforcement officer shall file a written report of the accident with the Department of State Police within ten (10) days of occurrence of the accident upon forms provided by the department.

DO NOT COMPLETE THIS REPORT IF THE TRAFFIC COLLISION WAS INVESTIGATED BY A POLICE OFFICER

Instructions

- (1) If you were involved in a collision with a pedestrian, enter the pedestrian information in the OTHER VEHICLE/PEDESTRIAN space provided for OTHER VEHICLE/PEDESTRIAN and print the word "PEDESTRIAN" in the OWNER block.
- (2) If you were involved in a collision with a vehicle other than a motor vehicle, (for example, snowmobile, minibike, bicycle, all-terrain vehicle, trail bike, or other non-motor vehicle) enter the driver, owner, and vehicle information as you normally would for OTHER VEHICLE/PEDESTRIAN.
- (3) If a vehicle is unoccupied at the time of the collision, enter all available information pertaining to that vehicle. Be sure to correctly enter the vehicle's license number and vehicle's description in the appropriate VEHICLE block.
- (4) Driver information must be entered exactly as it appears on each driver's license.
- (5) Owner information must be entered exactly as it appears on the registration receipt of each vehicle involved in the collision.
- (6) If you were involved in a collision in which there were more than two vehicles, additional report forms must be filled out. On the form, place the information for the third vehicle in the space marked "YOUR INFORMATION" and identify it as Vehicle 3. Use the space marked "OTHER VEHICLE/PEDESTRIAN" for the fourth vehicle and identify it as Vehicle 4, and so on.

Please complete the following information by checking the appropriate values (✓).

<p>PRE-COLLISION DIRECTION OF TRAVEL <i>Vehicle 1 Vehicle 2</i> <input type="checkbox"/> <input type="checkbox"/> North <input type="checkbox"/> <input type="checkbox"/> South <input type="checkbox"/> <input type="checkbox"/> East <input type="checkbox"/> <input type="checkbox"/> West</p>	<p>1ST EVENT COLLISION WITH (continuation) <u>Fixed Object</u> <input type="checkbox"/> Bridge Parapet End <input type="checkbox"/> Bridge Pier, Abutment <input type="checkbox"/> Bridge Rail <input type="checkbox"/> Building/Wall <input type="checkbox"/> Crash Cushion/Impact Attenuator <input type="checkbox"/> Culvert/Head Wall <input type="checkbox"/> Curbing <input type="checkbox"/> Earth Embankment/Rock Cut/Ditch <input type="checkbox"/> Fence <input type="checkbox"/> Fire Hydrant <input type="checkbox"/> Guardrail End <input type="checkbox"/> Guardrail Face <input type="checkbox"/> Light/Luminaire Support <input type="checkbox"/> Mailbox <input type="checkbox"/> Median Barrier <input type="checkbox"/> Other Post, Pole or Support <input type="checkbox"/> Overhead Sign Support <input type="checkbox"/> Sign Post <input type="checkbox"/> Snow Embankment <input type="checkbox"/> Toll Booth <input type="checkbox"/> Traffic Signal Support <input type="checkbox"/> Tree <input type="checkbox"/> Utility Pole <input type="checkbox"/> Other Fixed Object <u>Non-Collision</u> <input type="checkbox"/> Fell from Vehicle <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Jackknife <input type="checkbox"/> Overturned <input type="checkbox"/> Ran off Roadway (Only) <input type="checkbox"/> Submersion <input type="checkbox"/> Other Non-Collision</p>	<p>WEATHER <input type="checkbox"/> Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog/Smog/Smoke <input type="checkbox"/> Fog with Rain <input type="checkbox"/> Raining <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Sleet/Hail <input type="checkbox"/> Snowing <input type="checkbox"/> Other</p> <p>ROADWAY CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Ice <input type="checkbox"/> Sand, Mud, Dirt, Oil, Gravel <input type="checkbox"/> Snow/Slush <input type="checkbox"/> Wet <input type="checkbox"/> Other</p> <p>ROADWAY SURFACE <input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Gravel <input type="checkbox"/> Other</p> <p>ROADWAY CHARACTER <input type="checkbox"/> Curve & Grade <input type="checkbox"/> Curve & Hillcrest <input type="checkbox"/> Curve & Level <input type="checkbox"/> Straight & Grade <input type="checkbox"/> Straight & Hillcrest <input type="checkbox"/> Straight & Level</p>	<p>ROADWAY TYPE <input type="checkbox"/> County Road <input type="checkbox"/> Federal <input type="checkbox"/> Frontage Road <input type="checkbox"/> Interstate <input type="checkbox"/> Local Street <input type="checkbox"/> Parkway <input type="checkbox"/> State <input type="checkbox"/> None of the Above.</p> <p>TRAFFIC CONTROL <input type="checkbox"/> Advisory Speed Sign <input type="checkbox"/> Center Line <input type="checkbox"/> Curve Sign <input type="checkbox"/> Flashing Light <input type="checkbox"/> Median <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Officer or Flagman <input type="checkbox"/> RR Gates <input type="checkbox"/> RR Signs or Signals <input type="checkbox"/> School Zone Signs <input type="checkbox"/> Stop & Go Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Warning Signs <input type="checkbox"/> Yield Signal <input type="checkbox"/> Other <input type="checkbox"/> None</p>
<p>PRE-COLLISION VEHICLE ACTION <i>Vehicle 1 Vehicle 2</i> <input type="checkbox"/> <input type="checkbox"/> Avoiding Object in Roadway <input type="checkbox"/> <input type="checkbox"/> Backing <input type="checkbox"/> <input type="checkbox"/> Changing Lanes <input type="checkbox"/> <input type="checkbox"/> Entering Parked Position <input type="checkbox"/> <input type="checkbox"/> Going Straight Ahead <input type="checkbox"/> <input type="checkbox"/> Leaving Traffic Lane <input type="checkbox"/> <input type="checkbox"/> Making Left Turn <input type="checkbox"/> <input type="checkbox"/> Making Right Turn <input type="checkbox"/> <input type="checkbox"/> Making U Turn <input type="checkbox"/> <input type="checkbox"/> Merging <input type="checkbox"/> <input type="checkbox"/> Overtaking <input type="checkbox"/> <input type="checkbox"/> Parked <input type="checkbox"/> <input type="checkbox"/> Slowing or Stopping <input type="checkbox"/> <input type="checkbox"/> Starting from Parking <input type="checkbox"/> <input type="checkbox"/> Starting in Traffic <input type="checkbox"/> <input type="checkbox"/> Stopped in Traffic <input type="checkbox"/> <input type="checkbox"/> Wrong Way <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> Unknown</p>			
<p>1ST EVENT COLLISION WITH <u>Non-Fixed Object</u> <input type="checkbox"/> Animal <input type="checkbox"/> Bicycle <input type="checkbox"/> Deer <input type="checkbox"/> Motor Vehicle in Transport, Other Roadway <input type="checkbox"/> Other Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Railroad Train <input type="checkbox"/> Other Object/Not Fixed.....</p>			