



# KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT

RESUB- MISSION REPLACEMENT ORIGINAL MASTER FILE #

INVESTIGATING AGENCY

AGENCY ORI NUMBER

LOCAL CODE

ROADWAY NAME PARKING LOT INTERSECTION WITH BETWEEN STREETS

ROADWAY # MILES FEET MILEPOINT # INJURED KILLED # UNITS INVOLVED HIT & RUN ONE WAY SPEED LIMIT

IN CITY LIMITS? LATITUDE COLLISION DATE— MONTH DAY YEAR COLLISION TIME—Military

MILES FROM CITY Deg. Min. Sec. Enter leading zeros.

CITY/TOWN - write name below and enter code to the right. Deg. Min. Sec.

RAMP? FROM TO

### MANNER OF COLLISION

- ANGLE SIDESWIPE, OPPOSITE DIRECTION
- BACKING SIDESWIPE, SAME DIRECTION
- HEAD ON SINGLE VEHICLE
- OPPOSING LEFT TURN
- REAR END
- REAR TO REAR

### LOCATION 1ST EVENT

- GORE OTHER PROPERTY
- MEDIAN
- ON ROADWAY
- OUTSIDE SHOULDER, LEFT
- OUTSIDE SHOULDER, RIGHT
- SHOULDER

### TRAFFIC CONTROL

- ADVISORY SPEED NO PASSING ZONE STOP SIGN
- SIGN OFFICER OR FLAGMAN WARNING SIGNS
- CENTER LINE R.R. GATES YIELD SIGN
- CURVE SIGN R.R. SIGNS OR SIGNALS OTHER
- FLASHING LIGHT SCHOOL ZONE SIGNS NONE
- MEDIAN STOP & GO SIGNAL

### ROADWAY TYPE

- COUNTY ROAD PARKWAY
- FEDERAL STATE
- FRONTAGE ROAD NONE OF THE ABOVE
- INTERSTATE
- LOCAL STREET

### TOTAL LANES

### ROADWAY CHARACTER

- CURVE & GRADE STRAIGHT & GRADE
- CURVE & HILLCREST STRAIGHT & HILLCREST
- CURVE & LEVEL STRAIGHT & LEVEL

### ROADWAY SURFACE

- ASPHALT DRY OTHER
- CONCRETE ICE
- GRAVEL SAND, MUD, DIRT, OIL, GRAVEL
- OTHER SNOW/SLUSH
- WET

### ROADWAY CONDITION

### WEATHER

- BLOWING SAND, SOIL, RAINING
- DIRT, SNOW SEVERE CROSSWINDS
- CLEAR SLEET/HAIL
- CLOUDY SNOWING
- FOG/SMOG/SMOKE OTHER
- FOG WITH RAIN

### LIGHT CONDITION

- DAWN DARKNESS—HIGHWAY LIGHTED/OFF
- DAYLIGHT DARKNESS—HIGHWAY LIGHTED/ON
- DUSK DARKNESS—HIGHWAY NOT LIGHTED

### LAND USE

- BUSINESS RURAL
- INDUSTRIAL SCHOOL
- LIMITED ACCESS
- PARK
- PRIVATE PROPERTY
- RESIDENTIAL

### SCHOOL BUS RELATED

- DIRECTLY
- INDIRECTLY
- NOT APPLICABLE

FIRST AID AT SCENE		FIRST AID GIVEN BY		INJURED REMOVED TO				
E.M.S. AGENCY AND RUN #		E.M.S. AGENCY AND RUN #		E.M.S. AGENCY AND RUN #				
EMS NOTIFIED TIME	EMS ARRIVED TIME	EMS TIME AT HOSPITAL	EMS NOTIFIED TIME	EMS ARRIVED TIME	EMS TIME AT HOSPITAL	EMS NOTIFIED TIME	EMS ARRIVED TIME	EMS TIME AT HOSPITAL

### INJURED OR DECEASED REMOVED BY

- FUNERAL HOME/CORONER'S VEHICLE
- MUNICIPAL/CO. EMERGENCY VEHICLE
- POLICE CAR
- PRIVATE VEHICLE
- HELICOPTER/OTHER AIR VEHICLE
- POLICE AMBULANCE
- PRIVATE AMBULANCE
- OTHER

### DESCRIPTION OF COLLISION

INVESTIGATOR I.D. NUMBER BEAT OR POST NO. TIME NOTIFIED TIME ARRIVED RDWY OPENED REVIEWED BY: PAGE OF PAGES

INV. PHOTOS:  
COMP. PHOTOGRAPHER  
UNIT NO:



MASTER FILE #: 00331864

LOCAL CODE

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

**DIAGRAM**  
Indicate North by Arrow

PAGE OF PAGES

2



MASTER FILE #: 00331864

KSP 74 Revised 1/2000

A

LOCAL CODE

F  
1st 2nd

TOWED  
**1**

REMOVED TO:

# OCCUPANTS

OPERATOR'S LIC. NO.

STATE KY

OPERATOR'S LICENSE RESTRICTIONS COMP CO. RESIDENT

CDL OWNER

OPERATOR LAST NAME FIRST NAME M.I.

DATE OF BIRTH STREET NUMBER AND NAME CITY STATE ZIP CODE

PEDESTRIAN FACTORS

APPROACHING OR LEAVING VEHICLE AT INTERSECTION

CROSSING AGAINST SIGNAL

CROSSING WITH SIGNAL

DARK CLOTHING/NOT VISIBLE

DARTING INTO ROAD

DRINKING

DRUG RELATED

GETTING ON/OFF VEHICLE IN CROSSWALK

JOGGING

LYING IN ROADWAY NOT AT INTERSECTION

NOT IN ROADWAY

PHYSICAL IMPAIRMENT

PLAYING IN ROADWAY

PUSHING VEHICLE

SKATING/SKATEBOARDING

WALKING IN ROADWAY

WORKING IN ROADWAY

WORKING ON VEHICLE

G G

B INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP

DATE OF BIRTH  
DATE OF DEATH

14 15 16 17 18 19 20 21 22 23

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

1	5	9
2	6	10
3	7	11
4	8	
1	5	9
2	6	10
3	7	11
4	8	
1	5	9
2	6	10
3	7	11
4	8	
1	5	9
2	6	10
3	7	11
4	8	
1	5	9
2	6	10
3	7	11
4	8	

H H

I

VEHICLE YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR

C

VEHICLE ID. NUMBER VEHICLE INSURED NAME OF INSURANCE CO. COLOR OF VEHICLE

D

1ST AREA OF CONTACT COMBINATION VEHICLE EXTENT OF DAMAGE AIR BAG SWITCH TRAVEL DIRECTION

E

VERY MINOR SEVERE ON NOT PRESENT

MINOR VERY SEVERE OFF

MINOR/MOD OTHER PROPERTY ESTIMATED TRAVEL SPEED

MODERATE NO DAMAGE BETWEEN & MPH

MOD/SEVERE UNKNOWN

J

COMMERCIAL VEH.	HAZ. CARGO	HAZ. SPILL	HAZ. CARGO CODE	TYPE CARGO/COMMODITY	NAS SAFETY REPORT #	<b>CRASH AVOIDANCE (Fatal Only)</b> <input type="radio"/> BRAKING (NO SKIDMARKS; DRIVER STATED) <input type="radio"/> BRAKING (SKIDMARKS EVIDENT) <input type="radio"/> BRAKING (OTHER REPORTED EVIDENCE) <input type="radio"/> NO AVOIDANCE MANEUVER REPORTED <input type="radio"/> OTHER AVOIDANCE MANEUVER <input type="radio"/> STEERING (EVIDENCE OR STATED) <input type="radio"/> STEERING AND BRAKING (EVIDENCE OR STATED)	MOST HARMFUL EVENT (0) (0) (1) (1) (2) (2) (3) (3) (4) (5) (6) (7) (8) (9)
<input type="radio"/> SINGLE	NO. AXLES	NO. TRAILERS	US DOT #	ICC MC #			
<input type="radio"/> COMBINATION			0				
<input type="radio"/> BOBTAIL							
GVWR TOTAL	MOTOR CARRIER NAME			MOTOR CARRIER ADDRESS		CARRIER NAME SOURCE	
						<input type="radio"/> DRIVER <input type="radio"/> LOG BOOK <input type="radio"/> SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS) <input type="radio"/> SIDE OF VEHICLE <input type="radio"/> SINGLE STATE REGISTRATION	

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER METHOD OF DETERMINATION FIELD SOBRIETY TEST P.B.T. OTHER OBSERVATION RESULTS PAGE OF PAGES

K

TEST OFFERED CHEMICAL TEST: BLOOD BREATH URINE REFUSED TESTED FOR: ALCOHOL DRUGS TAKEN BY SENT TO

3



MASTER FILE #: 00331864

NCS® EM-203975-4:6543  
 GS03 Printed in U.S.A.  
 KSP 74 Revised 1/2000

TOWED  
**2**

OPERATOR'S LIC. NO.

OPERATOR'S LICENSE RESTRICTIONS

OPERATOR LAST NAME      FIRST NAME

DATE OF BIRTH      STREET NUMBER AND NAME

REMOVED TO:

# OCCUPANTS

STATE      KY

CO. RESIDENT

OWNER

M.I.

**PEDESTRIAN FACTORS**

APPROACHING OR LEAVING VEHICLE  
AT INTERSECTION  
CROSSING AGAINST SIGNAL  
CROSSING WITH SIGNAL  
DARK CLOTHING/NOT VISIBLE  
DARTING INTO ROAD  
DRINKING  
DRUG RELATED  
GETTING ON/OFF VEHICLE  
IN CROSSWALK  
JOGGING

LYING IN ROADWAY  
NOT AT INTERSECTION  
NOT IN ROADWAY  
PHYSICAL IMPAIRMENT  
PLAYING IN ROADWAY  
PUSHING VEHICLE  
SKATING/SKATEBOARDING  
WALKING IN ROADWAY  
WORKING IN ROADWAY  
WORKING ON VEHICLE

STATE      ZIP CODE

G G

B

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

NAME

ADDRESS

DATE OF BIRTH	14	15	16	17	18	19	20	21	22	23
DATE OF DEATH										
										1 5 9
										2 6 10
										3 7 11
										4 8
										1 5 9
										2 6 10
										3 7 11
										4 8
										1 5 9
										2 6 10
										3 7 11
										4 8
										1 5 9
										2 6 10
										3 7 11
										4 8

H H

I

C

VEHICLE YEAR      MAKE      MODEL      TYPE      STATE      REGISTRATION NUMBER      YEAR

VEHICLE ID. NUMBER      VEHICLE INSURED      NAME OF INSURANCE CO.      COLOR OF VEHICLE

D

1ST AREA OF CONTACT      COMBINATION VEHICLE      EXTENT OF DAMAGE      AIR BAG SWITCH      TRAVEL DIRECTION

VERY MINOR      SEVERE      ON      NOT PRESENT

MINOR      VERY SEVERE      OFF

MINOR/MOD      OTHER PROPERTY      ESTIMATED TRAVEL SPEED

MODERATE      NO DAMAGE      BETWEEN      &      MPH

MOD/SEVERE      UNKNOWN

E

COMMERCIAL VEH.	HAZ. CARGO	HAZ. SPILL	HAZ. CARGO CODE	TYPE CARGO/COMMODITY	NAS SAFETY REPORT #	<b>CRASH AVOIDANCE (Fatal Only)</b> <input type="radio"/> BRAKING (NO SKIDMARKS; DRIVER STATED) <input type="radio"/> BRAKING (SKIDMARKS EVIDENT) <input type="radio"/> BRAKING (OTHER REPORTED EVIDENCE) <input type="radio"/> NO AVOIDANCE MANEUVER REPORTED <input type="radio"/> OTHER AVOIDANCE MANEUVER <input type="radio"/> STEERING (EVIDENCE OR STATED) <input type="radio"/> STEERING AND BRAKING (EVIDENCE OR STATED)	MOST HARMFUL EVENT 0 0 1 1 2 2 3 3 4 5 6 7 8 9
<input type="radio"/> SINGLE	NO. AXLES	NO. TRAILERS	US DOT #	ICC MC #			
<input type="radio"/> COMBINATION			0				
<input type="radio"/> BOBTAIL							
GVWR TOTAL	MOTOR CARRIER NAME						
MOTOR CARRIER ADDRESS					CARRIER NAME SOURCE		
					<input type="radio"/> DRIVER <input type="radio"/> SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS) <input type="radio"/> LOG BOOK <input type="radio"/> SIDE OF VEHICLE <input type="radio"/> SINGLE STATE REGISTRATION		

J

K

VIOLATION CODES      CITATION NUMBER      CASE NUMBER      SUSPECTED DRINKING DRIVER      METHOD OF DETERMINATION      P.B.T. OTHER

TEST OFFERED      CHEMICAL TEST: BLOOD BREATH      URINE REFUSED      TESTED FOR: ALCOHOL DRUGS      TAKEN BY      SENT TO      RESULTS      PAGE OF PAGES

4



MASTER FILE #: 00331864