

COMMONWEALTH OF KENTUCKY CIVILIAN TRAFFIC COLLISION REPORT

MAIL TO: Kentucky State Police, Criminal ID\Records Br., 1266 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	
On Roadway Number or Roadway Name Intersection Ro	oadway Name / # Or Between Streets (Roadway Name / #)
YOUR INFORMATION (Vehicle 1)	OTHER VEHICLE / PEDESTRIAN (Vehicle 2)
Driver	Driver
First Middle Last Address	First Middle Last Address
Driver's License (Number & State)	Driver's License (Number & State)
Date of Birth (Month/Day/Year)	
Phone	
Owner of Vehicle	Owner of Vehicle
First Middle Last Address	First Middle Last Address
Vehicle Make & Year Model	Vehicle Make & Year Model
Registration Plate Number & State	Registration Plate Number & State
Insurance Company	Insurance Company
Address	
Damage to Vehicle	Damage to Vehicle
Estimated Cost of Repairs	
Damage to Property Other than Vehicle	
Owner's Address	Estimated Cost of Repairs
DIAGRAM WHAT HAPPENED IN THIS COLLISION (Number Vehicles, Your Vehicle is Vehicle 1)	DESCRIBE WHAT HAPPENED
	x x x x x x x x x x x x x x x x x x x
Indicate North by Arrow N	
Name of Person Completing Report	
Sign Here (Owner or Driver) Making Report	Date of Report

☐ Other Object/Not Fixed

An 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 Kentucky 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 then 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 marking the appropriate values (X).

PRE-CO	LLISION DIRECTION OF TRAVEL	1 ST EVENT COLLISION WITH (continuation)	WEATHER	ROADWAY TYPE
Vehicle 1	Vehicle 2	Fixed Object	☐ Blowing Sand, Soil, Dirt, Snow	☐ County Road
	☐ North	☐ Bridge Parapet End	☐ Clear	☐ Federal
	South	☐ Bridge, Pier, Abutment	Cloudy	☐ Frontage Road
	☐ East	☐ Bridge Rail	☐ Fog/Smog/Smoke	☐ Interstate
	☐ West	☐ Building/Wall	☐ Fog with Rain	□ Local Street
		☐ Crash Cushion/Impact Attenuator	Raining	☐ Parkway
Pre-Coll	ision Vehicle Action	☐ Culvert/Head Wall	☐ Severe Crosswinds	☐ State
Vehicle 1	Vehicle 2	☐ Curbing	☐ Sleet/Hail	☐ None of the Above
	☐ Avoiding Object in Roadway	☐ Earth Embankment/Rock Cut/Ditch	☐ Snowing	
	☐ Backing	Fence	Other	TRAFFIC CONTROL
	☐ Changing Lanes	☐ Fire Hydrant		☐ Advisory Speed Sign
	☐ Entering Parked Position	☐ Guardrail End	ROADWAY CONDITION	☐ Center Line
	☐ Going Straight Ahead	☐ Guardrail Face	☐ Dry	☐ Flashing Light
	☐ Leaving Traffic Lane	☐ Light/Luminaire Support	☐ Ice	Median
		Mailbox	☐ Sand, Mud, Dirt, Oil, Gravel	☐ No Passing Zone
			☐ Snow/Slush	☐ Officer or Flagman
	☐ Merging	☐ Other Post, Pole or Support	☐ Wet	RR Gates
	☐ Overtaking	Overhead Sign Support	Other	☐ RR Signs or Signals
	Parked	☐ Sign Post		☐ School Zone Signs
	☐ Slowing or Stopped	☐ Snow Embankment	ROADWAY SURFACE	☐ Stop & Go Signal
	☐ Starting from Parking	☐ Toll Booth	☐ Asphalt	☐ Stop Sign
	☐ Starting in Traffic	☐ Traffic Signal Support	☐ Concrete	☐ Warning Signs
	☐ Stopped in Traffic	☐ Tree	Gravel	☐ Yield Signal
	☐ Wrong Way	☐ Utility Pole	☐ Other	Other
	Other	☐ Other Fixed Object		None
	Unknown	Non-Collision	ROADWAY CHARACTER	
		☐ Fell from Vehicle	☐ Curve & Grade	
1 ST EVE	ENT COLLISION WITH	☐ Fire/Explosion	☐ Curve & Hillcrest	
Non-Fi	xed Object	☐ Jackknife	☐ Curve & Level	
☐ Ani	mal	Overturned	☐ Straight & Grade	
☐ Bic	ycle	☐ Ran off Roadway (Only)	☐ Straight & Hillcrest	
☐ De	er	Submersion	☐ Straight & Level	
☐ Mo	tor Vehicle in Transport,	☐ Other Non-Collision		
Oth	ner Roadway			
☐ Oth	ner Motor Vehicle			
☐ Pe	destrian			
☐ Ra	ilroad Train			