



**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 _____ <input type="checkbox"/> AM <input type="checkbox"/> PM County _____		
This Collision Occurred In Limits of (City or Town) _____		
or _____ Miles <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W Of (City or Town) _____		
On Roadway Number or Roadway Name _____ Intersection Roadway Name / # _____ Or Between Streets (Roadway Name / #) _____		
<u>YOUR INFORMATION (Vehicle 1)</u>		<u>OTHER VEHICLE / PEDESTRIAN (Vehicle 2)</u>
Driver _____ First Middle Last		Driver _____ First Middle Last
Address _____ _____		Address _____ _____
Driver's License (Number & State) _____		Driver's License (Number & State) _____
Date of Birth (Month/Day/Year) _____		Date of Birth (Month/Day/Year) _____
Phone _____		Phone _____
Owner of Vehicle _____ First Middle Last		Owner of Vehicle _____ First Middle Last
Address _____ _____		Address _____ _____
Vehicle Make & Year _____ Model _____		Vehicle Make & Year _____ Model _____
Registration Plate Number & State _____		Registration Plate Number & State _____
Insurance Company _____ Address _____		Insurance Company _____ Address _____
Damage to Vehicle _____		Damage to Vehicle _____
Estimated Cost of Repairs _____		Estimated Cost of Repairs _____
Damage to Property Other than Vehicle _____		
Owner's Name _____		Estimated Cost of Repairs _____
Owner's Address _____		
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 _____

KRS 189.635(4) provides that:

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 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 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 marking the appropriate values (X).

PRE-COLLISION DIRECTION OF TRAVEL

- Vehicle 1 Vehicle 2
- North
- South
- East
- West

Pre-Collision Vehicle Action

- Vehicle 1 Vehicle 2
- Avoiding Object in Roadway
- Backing
- Changing Lanes
- Entering Parked Position
- Going Straight Ahead
- Leaving Traffic Lane
- Making Left Turn
- Making U Turn
- Merging
- Overtaking
- Parked
- Slowing or Stopped
- Starting from Parking
- Starting in Traffic
- Stopped in Traffic
- Wrong Way
- Other
- Unknown

**1ST EVENT COLLISION WITH
(continuation)
Fixed Object**

- Bridge Parapet End
- Bridge, Pier, Abutment
- Bridge Rail
- Building/Wall
- Crash Cushion/Impact Attenuator
- Culvert/Head Wall
- Curbing
- Earth Embankment/Rock Cut/Ditch
- Fence
- Fire Hydrant
- Guardrail End
- Guardrail Face
- Light/Luminaire Support
- Mailbox
- Median Barrier
- Other Post, Pole or Support
- Overhead Sign Support
- Sign Post
- Snow Embankment
- Toll Booth
- Traffic Signal Support
- Tree
- Utility Pole
- Other Fixed Object

Non-Collision

1ST EVENT COLLISION WITH

Non-Fixed Object

- Animal
- Bicycle
- Deer
- Motor Vehicle in Transport,
Other Roadway
- Other Motor Vehicle
- Pedestrian
- Railroad Train
- Other Object/Not Fixed

- Fell from Vehicle
- Fire/Explosion
- Jackknife
- Overturned
- Ran off Roadway (Only)
- Submersion
- Other Non-Collision

WEATHER

- Blowing Sand, Soil, Dirt, Snow
- Clear
- Cloudy
- Fog/Smog/Smoke
- Fog with Rain
- Raining
- Severe Crosswinds
- Sleet/Hail
- Snowing
- Other

ROADWAY CONDITION

- Dry
- Ice
- Sand, Mud, Dirt, Oil, Gravel
- Snow/Slush
- Wet
- Other

ROADWAY SURFACE

- Asphalt
- Concrete
- Gravel
- Other

ROADWAY CHARACTER

- Curve & Grade
- Curve & Hillcrest
- Curve & Level
- Straight & Grade
- Straight & Hillcrest
- Straight & Level

ROADWAY TYPE

- County Road
- Federal
- Frontage Road
- Interstate
- Local Street
- Parkway
- State
- None of the Above

TRAFFIC CONTROL

- Advisory Speed Sign
- Center Line
- Flashing Light
- Median
- No Passing Zone
- Officer or Flagman
- RR Gates
- RR Signs or Signals
- School Zone Signs
- Stop & Go Signal
- Stop Sign
- Warning Signs
- Yield Signal
- Other
- None