

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT				RESUB-MISSION	REPLACE-MENT	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
IN CITY LIMITS?		LATITUDE			COLLISION DATE—Enter leading zeros.	MONTH DAY YEAR
MILES FROM CITY		Deg. Min. Sec.				2 0
CITY/TOWN - write name below and enter code to the right.		Deg. Min. Sec.				COLLISION TIME—Military
MANNER OF COLLISION		LOCATION 1ST EVENT		TRAFFIC CONTROL		
ANGLE BACKING HEAD ON OPPOSING LEFT TURN REAR TO REAR	SIDESWIPE, OPPOSITE DIRECTION SIDESWIPE, SAME DIRECTION SINGLE VEHICLE	GORE MEDIAN ON ROADWAY OUTSIDE SHOULDER, LEFT SHOULDER	OTHER PROPERTY	ADVISORY SPEED SIGN CENTER LINE CURVE SIGN FLASHING LIGHT MEDIAN	NO PASSING ZONE OFFICER OR FLAGMAN R.R. GATES R.R. SIGNS OR SIGNALS SCHOOL ZONE SIGNS STOP & GO SIGNAL	
ROADWAY TYPE	TOTAL LANES	ROADWAY CHARACTER	ROADWAY SURFACE	ROADWAY CONDITION		
COUNTY ROAD FEDERAL FRONTAGE ROAD INTERSTATE LOCAL STREET	PARKWAY STATE NONE OF THE ABOVE	CURVE & GRADE CURVE & HILLCREST CURVE & LEVEL	ASPHALT CONCRETE GRAVEL OTHER	DRY OTHER ICE SAND, MUD, DIRT, OIL, GRAVEL SNOW/SLOSH WET		
WEATHER	LIGHT CONDITION	LAND USE	SCHOOL BUS RELATED			
BLOWING SAND, SOIL, DIRT, SNOW CLEAR CLOUDY FOG/SMOG/SMOKE FOG WITH RAIN	DAWN DAYLIGHT DUSK DARKNESS—HIGHWAY LIGHTED/OFF DARKNESS—HIGHWAY LIGHTED/ON DARKNESS—HIGHWAY NOT LIGHTED	BUSINESS INDUSTRIAL LIMITED ACCESS PARK PRIVATE PROPERTY	RURAL SCHOOL DIRECTLY INDIRECTLY NOT APPLICABLE			
FIRST AID AT SCENE	FIRST AID	INVESTIGATOR				
E.M.S. AGENCY AND RUN #	EMS NOTIFIED TIME	EMS ARRIVED TIME	ARRIVED TIME			
INJURED OR DECEASED REMOVED						
<input type="checkbox"/> FUNERAL HOME/CORONER'S VEHICLE <input type="checkbox"/> HELICOPTER/OTHER AIR VEHICLE <input type="checkbox"/> MUNICIPAL/CO. EMERGENCY VEHICLE <input type="checkbox"/> POLICE CAR <input type="checkbox"/> POLICE AMBULANCE <input type="checkbox"/> PRIVATE VEHICLE <input type="checkbox"/> PRIVATE AMBULANCE <input type="checkbox"/> OTHER						
DESCRIPTION OF COLLISION						
<div> <p><b>Driver and Accident Information</b></p> <p>Officers record the location of your accident, the type of accident (such as a rear-end crash), type of roadway, weather conditions and proximity to traffic signals. If injuries are reported, they are documented by police.</p> </div>						
<div> <p><b>Description of Collision</b></p> <p>Here officers give a written description of the accident scene, including details that may potentially reveal fault for the accident. Read over this information carefully.</p> </div>						
INV. COMP. PHOTOS: PHOTOGRAPHER UNIT NO. NOTIFIED TIME ARRIVED ROWDY OPENED REVIEWED BY: PAGE OF PAGES # 00331864 KSP 74 Revised 1/2000						

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

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**Diagram**

An accident diagram is drawn by the officer who responded. Accident diagrams often include important information about the cause, including vehicle direction, intersection and traffic signal location and driver maneuvers.

MASTER FILE #: 00331864

KSP 74 Revised 1/2000

A		LOCAL CODE		F
1		TOWED	REMOVED TO:	1st 2nd
OPERATOR'S LIC. NO.		STATE	KY	
OPERATOR'S LICENSE RESTRICTIONS		COMP	CO. RESIDENT	
OPERATOR LAST NAME		FIRST NAME	M.I.	
DATE OF BIRTH		STREET NUMBER AND NAME		CITY
STATE		ZIP CODE		
B INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP		DATE OF BIRTH		DATE OF DEATH
NAME		14	15	16
ADDRESS		17	18	19
NAME		20	21	22
ADDRESS		23	24	25
NAME		26	27	28
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