



KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT

RESUBMISSION 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

ONE WAY

SPEED LIMIT

IN CITY LIMITS?

MILES FROM CITY

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

LATITUDE

Deg. _____ Min. _____

LONGITUDE

Deg. _____ Min. _____

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

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

RAMP? FROM TO COLLISION DATE—
Enter leading zeros.

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

MONTH

DAY

YEAR

2

0

COLLISION TIME—Military

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

MANNER OF COLLISION

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

LOCATION 1ST EVENT

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

TRAFFIC CONTROL

- 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
- STOP SIGN
- WARNING SIGNS
- YIELD SIGN
- OTHER
- NONE

ROADWAY TYPE

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

TOTAL LANES

1	5	9	+
2	6	10	
3	7	11	
4	8	12	

ROADWAY CHARACTER

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

ROADWAY SURFACE

- ASPHALT
- CONCRETE
- GRAVEL
- OTHER

ROADWAY CONDITION

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

WEATHER

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

LIGHT CONDITION

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

LAND USE

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

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
- HELICOPTER/OTHER AIR VEHICLE
- MUNICIPAL/CO. EMERGENCY VEHICLE
- POLICE AMBULANCE
- POLICE CAR
- PRIVATE AMBULANCE
- PRIVATE VEHICLE
- OTHER

DESCRIPTION OF COLLISION

INV. COMP.

PHOTOS:

PHOTOGRAPHER

UNIT NO:

INVESTIGATOR

I.D. NUMBER

BEAT OR POST NO.

TIME NOTIFIED

TIME ARRIVED

RDWY OPENED

REVIEWED BY:

PAGE OF PAGES



MASTER FILE #:

01903902

KSP 74 Revised 6/2004

LOCAL CODE

1 Y N U PROPERTY DAMAGE-OTHER THAN VEHICLES

PROPERTY
 LG OG PP TC UT

OWNER/ADDRESS

2 Y N U PROPERTY DAMAGE-OTHER THAN VEHICLES

PROPERTY
 LG OG PP TC UT

OWNER/ADDRESS

3 Y N U PROPERTY DAMAGE-OTHER THAN VEHICLES

PROPERTY
 LG OG PP TC UT

OWNER/ADDRESS

DIAGRAM
Indicate North by Arrow

Sample

PAGE OF PAGES

2




MASTER FILE #: 01903902

UNIT # 1 TOWED (Y/N) REMOVED TO: # OCCUPANTS PEDESTRIAN FACTORS													LOCAL CODE		F 1st 2nd	
OPERATOR'S LIC. NO. STATE KY ()													APPROACHING OR LEAVING VEHICLE () LYING IN ROADWAY ()		2	
OPERATOR'S LICENSE RESTRICTIONS (Y/N) COMP (Y/N) CO. RESIDENT (Y/N)													AT INTERSECTION () NOT AT INTERSECTION ()		3	
CDL (Y/N) OWNER (Y/N)													CROSSING AGAINST SIGNAL () NOT IN ROADWAY ()		4	
OPERATOR LAST NAME FIRST NAME M.I.													CROSSING WITH SIGNAL () PHYSICAL IMPAIRMENT ()		5	
DATE OF BIRTH STREET NUMBER AND NAME CITY STATE ZIP CODE													DARK CLOTHING/NOT VISIBLE () PLAYING IN ROADWAY ()		6	
DATE OF BIRTH DATE OF DEATH													DARTING INTO ROAD () PUSHING VEHICLE ()		7	
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP													DRINKING () SKATING/SKATEBOARDING ()		8	
NAME DATE OF BIRTH													DRUG RELATED () WALKING IN ROADWAY ()		9	
ADDRESS													GETTING ON/OFF VEHICLE () WORKING IN ROADWAY ()		10	
NAME DATE OF BIRTH													IN CROSSWALK () WORKING ON VEHICLE ()		11	
ADDRESS													JOGGING ()		12	
NAME DATE OF BIRTH															13	
ADDRESS															14	
NAME DATE OF BIRTH															15	
ADDRESS															16	
NAME DATE OF BIRTH															17	
ADDRESS															18	
NAME DATE OF BIRTH															19	
ADDRESS															20	
NAME DATE OF BIRTH															21	
ADDRESS															22	
NAME DATE OF BIRTH															23	
ADDRESS															24	
VEHICLE YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR															25	
VEHICLE ID. NUMBER VEHICLE INSURED NAME OF INSURANCE CO. COLOR OF VEHICLE															26	
1ST AREA OF CONTACT COMBINATION VEHICLE EXTENT OF DAMAGE AIR BAG SWITCH TRAVEL DIRECTION															27	
ESTIMATED TRAVEL SPEED BETWEEN & MPH															28	
COMMERCIAL VEH. HAZ. CARGO HAZ. SPILL HAZ. CARGO CODE TYPE CARGO/COMMODITY NAS SAFETY REPORT #															29	
CRASH AVOIDANCE (Fatal Only)															30	
SINGLE COMBINATION BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC MC #															31	
GVWR TOTAL MOTOR CARRIER NAME															32	
MOTOR CARRIER ADDRESS CARRIER NAME SOURCE															33	
VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER METHOD OF DETERMINATION															34	
TEST OFFERED CHEMICAL TEST: BLOOD URINE TESTED FOR: ALCOHOL DRUGS TAKEN BY SENT TO RESULTS PAGE OF PAGES															35	
VEHICLE YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR															36	
VEHICLE ID. NUMBER VEHICLE INSURED NAME OF INSURANCE CO. COLOR OF VEHICLE															37	
1ST AREA OF CONTACT COMBINATION VEHICLE EXTENT OF DAMAGE AIR BAG SWITCH TRAVEL DIRECTION															38	
ESTIMATED TRAVEL SPEED BETWEEN & MPH															39	
COMMERCIAL VEH. HAZ. CARGO HAZ. SPILL HAZ. CARGO CODE TYPE CARGO/COMMODITY NAS SAFETY REPORT #															40	
CRASH AVOIDANCE (Fatal Only)															41	
SINGLE COMBINATION BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC MC #															42	
GVWR TOTAL MOTOR CARRIER NAME															43	
MOTOR CARRIER ADDRESS CARRIER NAME SOURCE															44	
VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER METHOD OF DETERMINATION															45	
TEST OFFERED CHEMICAL TEST: BLOOD URINE TESTED FOR: ALCOHOL DRUGS TAKEN BY SENT TO RESULTS PAGE OF PAGES															46	



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NCS Pearson™ forms
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KSP 74 Revised 6/2004

LOCAL CODE															F 1st 2nd																							
UNIT #		TOWED (Y/N)		REMOVED TO:		# OCCUPANTS		PEDESTRIAN FACTORS								G G																						
2								<input type="checkbox"/> APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> AT INTERSECTION <input type="checkbox"/> CROSSING AGAINST SIGNAL <input type="checkbox"/> CROSSING WITH SIGNAL <input type="checkbox"/> DARK CLOTHING/NOT VISIBLE <input type="checkbox"/> DARTING INTO ROAD <input type="checkbox"/> DRINKING <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> GETTING ON/OFF VEHICLE <input type="checkbox"/> IN CROSSWALK <input type="checkbox"/> JOGGING								<input type="checkbox"/> LYING IN ROADWAY <input type="checkbox"/> NOT AT INTERSECTION <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> PHYSICAL IMPAIRMENT <input type="checkbox"/> PLAYING IN ROADWAY <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> SKATING/SKATEBOARDING <input type="checkbox"/> WALKING IN ROADWAY <input type="checkbox"/> WORKING IN ROADWAY <input type="checkbox"/> WORKING ON VEHICLE																						
OPERATOR'S LIC. NO.				STATE		KY																																
OPERATOR'S LICENSE RESTRICTIONS (Y/N)				COMP (Y/N)		CO. RESIDENT (Y/N)																																
F T J K L O S Z				CDL (Y/N)		OWNER (Y/N)																																
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		14		15		16		17		18		19		20		21		22		23	
NAME																																						
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VEHICLE YEAR		MAKE		MODEL		TYPE		STATE		REGISTRATION NUMBER				YEAR																								
VEHICLE ID. NUMBER				VEHICLE INSURED (Y/N)		NAME OF INSURANCE CO.				COLOR OF VEHICLE																												
1ST AREA OF CONTACT		COMBINATION VEHICLE				EXTENT OF DAMAGE				AIR BAG SWITCH		TRAVEL DIRECTION																										
2 3 4		2 3 4 5 12				<input type="checkbox"/> VERY MINOR <input type="checkbox"/> MINOR <input type="checkbox"/> MINOR/MOD <input type="checkbox"/> MODERATE <input type="checkbox"/> MOD/SEVERE				<input type="checkbox"/> ON <input type="checkbox"/> OFF		<input type="checkbox"/> SEVERE <input type="checkbox"/> VERY SEVERE <input type="checkbox"/> OTHER PROPERTY <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W																								
8 7 6		10 9 8 7 13				<input type="checkbox"/> SEVERE <input type="checkbox"/> OTHER PROPERTY <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> UNKNOWN				ESTIMATED TRAVEL SPEED																												
										BETWEEN _____ & _____ MPH																												
COMMERCIAL VEH. (Y/N)		HAZ. CARGO (Y/N)		HAZ. CARGO SPILL (Y/N)		HAZ. CARGO CODE		TYPE CARGO/COMMODITY		NAS SAFETY REPORT #				CRASH AVOIDANCE (Fatal Only)		MOST HARMFUL EVENT																						
<input type="checkbox"/> SINGLE <input type="checkbox"/> COMBINATION <input type="checkbox"/> BOBTAIL		NO. AXLES		NO. TRAILERS		US DOT #		ICC MC #				<input type="checkbox"/> BRAKING (NO SKIDMARKS; DRIVER STATED) <input type="checkbox"/> BRAKING (SKIDMARKS EVIDENT) <input type="checkbox"/> BRAKING (OTHER REPORTED EVIDENCE) <input type="checkbox"/> NO AVOIDANCE MANEUVER REPORTED <input type="checkbox"/> OTHER AVOIDANCE MANEUVER <input type="checkbox"/> STEERING (EVIDENCE OR STATED) <input type="checkbox"/> STEERING AND BRAKING (EVIDENCE OR STATED)		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9																								
GVWR TOTAL		MOTOR CARRIER NAME																																				
MOTOR CARRIER ADDRESS								CARRIER NAME SOURCE																														
								<input type="checkbox"/> DRIVER <input type="checkbox"/> LOG BOOK <input type="checkbox"/> SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS) <input type="checkbox"/> SIDE OF VEHICLE <input type="checkbox"/> SINGLE STATE REGISTRATION																														
VIOLATION CODES				CITATION NUMBER				CASE NUMBER				SUSPECTED DRINKING DRIVER (Y/N)		METHOD OF DETERMINATION																								
												<input type="checkbox"/> FIELD SOBRIETY TEST <input type="checkbox"/> OBSERVATION		<input type="checkbox"/> P.B.T. <input type="checkbox"/> OTHER																								
TEST OFFERED (Y/N)		CHEMICAL TEST: BLOOD (Y/N) URINE (Y/N) BREATH (Y/N) REFUSED (Y/N)		TESTED FOR: ALCOHOL (Y/N) DRUGS (Y/N)		TAKEN BY		SENT TO				RESULTS		PAGE OF PAGES																								
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