



**KENTUCKY UNIFORM POLICE
TRAFFIC COLLISION REPORT**

DRAFT

MASTER FILE #

INVESTIGATING AGENCY TRAINING AGENCY	AGENCY ORI NUMBER TRAIN00	LOCAL CODE 12-12-001
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ROADWAY NAME 164 W	PARKING LOT: N	INTERSECTION WITH: N	BETWEEN STREETS: N
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ROADWAY # 1 0064	DISTANCE FROM MILEPOINT	MILEPOINT # 30.376	INJURED 1	KILLED 001	# UNITS INVOLVED 2	HIT & RUN NO	ONE WAY NO	SPEED LIMIT 070 MPH
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IN CITY LIMITS? YES	LATITUDE DEG: 38 MIN: 11.972	COLLISION DATE AND TIME 01/01/2012 12:00
MILES FROM CITY	LONGITUDE DEG: 85 MIN: 17.827	

CITY/TOWN: 10601 - SHELBYVILLE	RAMP: NO	
COUNTY: 106 - SHELBY	FROM:	DIR:
SECONDARY COLLISION: NO	MEDIAN CROSSOVER: YES	TO: DIR:

MANNER OF COLLISION 03 - HEAD ON	LOCATION 1ST EVENT 03 - ON ROADWAY	TRAFFIC CONTROL 05 - MEDIAN
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ROADWAY TYPE 04 - INTERSTATE	TOTAL LANES 4	ROADWAY CHARACTER 06 - STRAIGHT & LEVEL	ROADWAY SURFACE 01 - ASPHALT	ROADWAY CONDITION 01 - DRY
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WEATHER 03 - CLOUDY	LIGHT CONDITION 02 - DAYLIGHT	LAND USE 03 - LIMITED ACCESS	SCHOOL BUS RELATED 03 - NOT APPLICABLE
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FIRST AID AT SCENE **YES** FIRST AID GIVEN BY **SHELBY CO EMS**

INJURED REMOVED TO
10601 - JEWISH HOSPITAL SHELBYVILLE
05604 - UNIVERSITY OF LOUISVILLE

EMS AGENCY AND RUN # 106000001	EMS AGENCY AND RUN #	EMS AGENCY AND RUN #
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NOTIFIED TIME 12:01	ARRIVED TIME 12:06	TIME AT HOSPITAL 12:30	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL	NOTIFIED TIME	ARRIVED TIME	TIME AT HOSPITAL
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INJURED OR DECEASED REMOVED BY
02 - HELICOPTER/OTHER AIR VEHICLE **03 - MUNICIPAL/COUNTY EMERGENCY VEHICLE**

1 PROPERTY DAMAGE - OTHER THAN VEHICLES HIGHWAY GUARDRAIL	PROPERTY LG - LOCAL GOVERNMENT
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OWNER/ADDRESS **KY DEPT OF TRANSPORTATION**
123 MAIN ST **FRANKFORT** **YT 40601**

2 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
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OWNER/ADDRESS

3 PROPERTY DAMAGE - OTHER THAN VEHICLES	PROPERTY
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OWNER/ADDRESS

INV. COMPLETE **YES** PHOTOS **NO** PHOTOGRAPHER UNIT NO.

INVESTIGATOR TROOPER R	ID NUMBER 123	BEAT OR POST NO. 12	TIME NOTIFIED 12:01	TIME ARRIVED 12:05	RDWY OPENED 14:00
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REVIEWED BY _____ PAGE **1 OF 5**

DRAFT

MASTER FILE #

INVESTIGATING AGENCY

TRAINING AGENCY

AGENCY ORI NUMBER

TRAIN00

LOCAL CODE

12-12-0001

Unit 1 was east bound on I-64. He is suspected of being under the influence of alcohol. He crossed the median and struck unit 2 head on in the west bound lanes. Unit 2 was then forced into the guard rail. Unit 1 was transported to Jewish Hospital Shelbyville. Blood and Urine samples were obtained. Results are pending. Unit 2 was transported to University Hospital Louisville by helicopter. She was pronounced dead at the hospital. This is a sample report.

Sample

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT

DRAFT

MASTER FILE #

INVESTIGATING AGENCY		TRAINING AGENCY		AGENCY ORI NUMBER	TRAIN00	LOCAL CODE		12-12-0001						
UNIT #	TOWED?	TOWED DUE TO DISABLED?	# OCCUPANTS	PEDESTRIAN FACTORS										
1	YES - BIG TRUCK TOWING	YES	1											
OPERATOR'S LIC. NO.		STATE	LIC. CLASS	ENDORSEMENT	OPERATORS LICENSE RESTRICTIONS									
D12345677		KY	A	T	01 - CORRECTIVE LENS									
CDL	YES	CO. RESIDENT	YES	OWNER	NO									
OPERATOR NAME (LN, FN, MI)		COMPLIANT			YES									
DOE, JOHN														
DATE OF BIRTH	ADDRESS													
01/01/1960	345 MAIN ST SHELBYVILLE, KY 40065													
A. PRE-COLLISION VEHICLE ACTION				B. UNIT TYPE				C. FIRE	D. OVERTURNED					
06 - LEAVING TRAFFIC LANE				23-TRUCK TRACTOR & SEMI-TRAILER				NO	NO					
E. HUMAN FACTORS 01 - ALCOHOL INVOLVEMENT														
F-H. EVENT COLLISION														
1ST: 05 - OTHER MOTOR VEHICLE														
I. VEHICULAR FACTORS						J. ENVIRONMENTAL FACTORS								
99 - NONE DETECTED						99 - NONE DETECTED								
K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE														
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP				DOB/DOD	14	15	16	17	18	19	20	21	22	23
DOE, JOHN 345 MAIN ST SHELBYVILLE, KY 40065				DOB: 01/01/1960	01	YES	01	02	01	01	04	01	01	01
BIG TRUCK HAULING, 123 MAIN ST. LOUISVILLE, YT 40212					08	NO								
VEH YEAR				MAKE	MODEL			TYPE	STATE	REGISTRATION NUMBER			YEAR	
2012				VOLVO	1800 SERIES			SE	KY	123ABC			2012	
VEHICLE ID NUMBER		VEHICLE INSURED	NAME OF INSURANCE CO.				INSURANCE POLICY #		COLOR OF VEH					
ASG123HR6475J5768		YES	KY BIG TRUCK INSURANCE				123456		BLUE					
1ST AREA OF CONTACT			1ST AREA CONTACT - COMBINATION VEHICLE		EXTENT OF DAMAGE		AIR BAG SWITCH		TRAVEL DIRECTION					
			02 - FRONT RIGHT BUMPER		MOD/SEVERE		NOT PRESENT		EAST					
ESTIMATED TRAVEL SPEED BETWEEN 65 & 70 MPH				MOST HARMFUL EVENT 05 - OTHER MOTOR VEHICLE										
COMMERCIAL VEH.	LARGE TRUCK OR BUS	PLACARD PRESENT	HAZ. CARGO	HAZ. SPILL	HAZ. MAT. #	TYPE CARGO/COMMODITY		NAS SAFETY REPORT #						
YES	YES	NO	NO	NO		COMMODITIES DRY		12-000122						
HM CLASS						CARRIER TYPE INTERSTATE CARRIER								
SINGLE/COMBINATION/BOBTAIL		NO. AXLES	NO. TRAILERS	US DOT #	ICC MC #	CRASH AVOIDANCE (Fatal Only)								
COMBINATION		5	1	00123456	12233	BRAKING (SKIDMARKS) EVIDENT								
VEHICLE CONFIGURATION				CARGO BODY TYPE			BUS USE							
TRACTOR/SEMI-TRAILER				VAN/ENCLOSED BOX			NOT A BUS							
GVWR TOTAL		MOTOR CARRIER NAME				CARRIER NAME SOURCE								
MORE THAN 26,000 POUNDS		BIG TRUCK HAULING				SIDE OF VEHICLE								
MOTOR CARRIER ADDRESS 123 MAIN ST. LOUISVILLE, KY 40212														
VIOLATION CODES	CITATION NUMBER	CASE NUMBER	SUSPECTED DRINKING	METHOD OF DETERMINATION										
02290 00437 09150	AD12342	12-12-0012	DRIVER YES	02 - OBSERVATION 03 - PBT										
TAKEN BY MRS. R.N. NURSE														
TEST OFFERED	CHEMICAL TEST	TESTED FOR	SENT TO	RESULTS				PAGE						
YES	01 - BLOOD 03 - URINE	ALCOHOL & DRUGS	KSP LAB	PENDING										

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT - UNIT DRAFT

MASTER FILE #

INVESTIGATING AGENCY TRAINING AGENCY AGENCY ORI NUMBER TRAIN00 LOCAL CODE 12-12-0001

UNIT # 2 TOWED? YES - BIG TOM'S TOWING TOWED DUE TO DISABLED? YES # OCCUPANTS 1 PEDESTRIAN FACTORS

OPERATOR'S LIC. NO. F12345678 STATE KY LIC. CLASS D ENDORSEMENT OPERATORS LICENSE RESTRICTIONS

CDL NO CO. RESIDENT YES OWNER YES COMPLIANT YES

OPERATOR NAME (LN, FN, MI) FAKENAME, JANE

DATE OF BIRTH 01/01/1970 ADDRESS 123 8TH ST SHELBYVILLE, YT 40065

A. PRE-COLLISION VEHICLE ACTION 05 - GOING STRAIGHT AHEAD B. UNIT TYPE 14-PASSENGER CAR C. FIRE NO D. OVERTURNED NO

E. HUMAN FACTORS 99 - NONE DETECTED

F-H. EVENT COLLISION 1ST: 05 - OTHER MOTOR VEHICLE 2ND: 20 - GUARDRAIL FACE

I. VEHICULAR FACTORS 99 - NONE DETECTED J. ENVIRONMENTAL FACTORS 99 - NONE DETECTED

K. UNDERRIDE/OVERRIDE 01 - NO UNDERRIDE/OVERRIDE

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP	DOB/DOD	14	15	16	17	18	19	20	21	22	23
FAKENAME, JANE FEMALE 123 8TH ST SHELBYVILLE, YT 40065	DOB: 01/01/1970 DOD: 01/01/2012	08,01	YES	01	01	03	01	02	02	01	01

VEH YEAR 2010 MAKE FORD MODEL TAURUS SE TYPE 4D STATE KY REGISTRATION NUMBER 123FGH YEAR 2012

VEHICLE ID NUMBER ASD122332345FD456 VEHICLE INSURED YES NAME OF INSURANCE CO. PASSENGER CAR INSURANCE INSURANCE POLICY # 123456 COLOR OF VEH RED

1ST AREA OF CONTACT 01 - FRONT VEHICLE 1ST AREA CONTACT - COMBINATION VEHICLE EXTENT OF DAMAGE VERY SEVERE AIR BAG SWITCH NOT PRESENT TRAVEL DIRECTION EAST

ESTIMATED TRAVEL SPEED BETWEEN 55 & 60 MPH MOST HARMFUL EVENT 05 - OTHER MOTOR VEHICLE

COMMERCIAL VEH. NO LARGE TRUCK OR BUS NO PLACARD PRESENT HAZ. CARGO HAZ. SPILL HAZ. MAT. # TYPE CARGO/COMMODITY NAS SAFETY REPORT #

HM CLASS CARRIER TYPE SINGLE/COMBINATION/BOBTAIL NO. AXLES NO. TRAILERS US DOT # ICC MC # CRASH AVOIDANCE (Fatal Only) BRAKING (SKIDMARKS) EVIDENT

VEHICLE CONFIGURATION CARGO BODY TYPE BUS USE

GVWR TOTAL MOTOR CARRIER NAME CARRIER NAME SOURCE

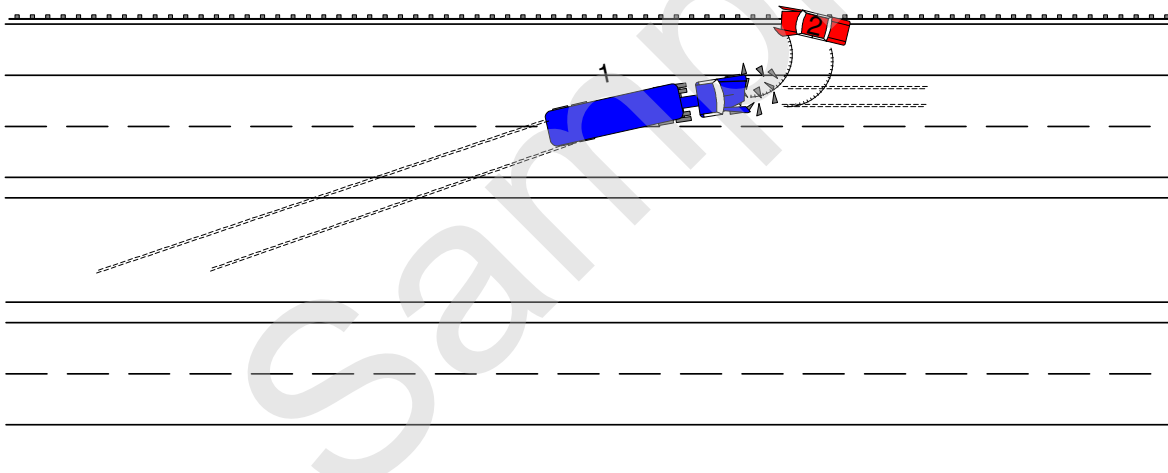
MOTOR CARRIER ADDRESS

VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER NO METHOD OF DETERMINATION 02 - OBSERVATION

TAKEN BY

TEST OFFERED NO CHEMICAL TEST TESTED FOR SENT TO RESULTS PAGE

I-64



NOT TO SCALE