

A. Pre-Collision Vehicle Action

- 1 Avoiding Object in Roadway
- 2 Backing
- 3 Changing Lanes
- 4 Entering Parked Position
- 5 Going Straight Ahead
- 6 Leaving Traffic Lane
- 7 Making Left Turn
- 8 Making Right Turn
- 9 Making U Turn
- 10 Merging
- 11 Overtaking
- 12 Parked
- 13 Slowing or Stopping
- 14 Starting From Parking
- 15 Starting in Traffic
- 16 Stopped in Traffic
- 17 Wrong Way
- 97 Other
- 98 Unknown

B. Unit Type Code

- 1 Bicycle
- 2 Bus
- 3 Emergency Vehicle—In Response
- 4 Emergency Vehicle—Non-Response
- 5 Farm Tractor and/or Farm Equipment
- 6 Go-Cart
- 7 Hit & Run/Unknown
- 8 Lt. Truck (Van, Sports Utility, Pick-up)
- 9 Military Vehicle
- 10 Motorcycle
- 11 Motor Home/Recreational Vehicle
- 12 Motor Scooter or Motor Bicycle
- 13 Other Public Owned Vehicle
- 14 Passenger Car
- 15 Passenger Car & Trailer
- 16 Pedestrian
- 17 Railroad Train
- 18 Riding Animal/Animal-Drawn Vehicle
- 19 School Bus
- 20 Taxicab
- 21 Truck & Trailer
- 22 Truck—Single Unit
- 23 Truck Tractor & Semi-Trailer
- 24 Truck—Other Combination
- 97 Other

C. Fire

- 1 Yes
- 2 No

D. Overturned

- 1 Yes
- 2 No

E. Contributing Factors—Human

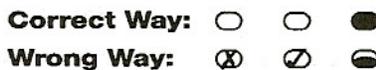
- 1 Alcohol Involvement
- 2 Cell Phone
- 3 Disregard Traffic Control
- 4 Distraction
- 5 Drug Involvement
- 6 Emotional
- 7 Exceeded Stated Speed Limit
- 8 Failed to Yield Right of Way
- 9 Fatigue
- 10 Fell Asleep
- 11 Following Too Close
- 12 Improper Backing
- 13 Improper Passing
- 14 Inattention
- 15 Lost Consciousness/Fainted
- 16 Medication
- 17 Misjudge Clearance
- 18 Not Under Proper Control
- 19 Overcorrecting/Oversteering
- 20 Physical Disability
- 21 Sick
- 22 Too Fast for Conditions
- 23 Turning Improperly
- 24 Weaving in Traffic
- 97 Other
- 99 None Detected

KENTUCKY UNIFORM POLICE TRAFFIC COLLISION REPORT



IMPORTANT INSTRUCTIONS:

1. Use a black or blue ballpoint pen to completely fill in the appropriate ovals along the sides and body of the Traffic Collision Report. PENCILS, MARKERS, FELT-TIP, OR OTHER COLOR PENS ARE NOT ACCEPTABLE.



A minimum amount of "white-out" is acceptable to correct errors.

2. Using the front of the Cover Code Sheet, fill in the correct corresponding ovals located down both sides of the Unit Pages of the Traffic Collision Report. This information pertains to each unit involved in the traffic collision.

3. The back of the Cover Code Sheet identifies the information needed to correctly answer items 14-23 also on the Unit Pages of the Traffic Collision Report. This information pertains to "individuals" involved in the traffic collision.

4. Use upper case block letters to fill in text information.

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

5. There are separate supplemental reports in the back of each report pad.

6. See the Traffic Collision Manual for procedures on submitting a supplemental traffic collision report.

Manner of Collision Legend:*

Angle ↓	1	Backing ↑ ↓	2	Head On → ←	3
Opposing Left Turn (roadway intersection only)	4	Rear End → →	5	Rear to Rear ← →	6
Sideswipe, Opposite Direction ← →	7	Sideswipe, Same Direction → →	8	*Front of Car ▶	

F. 1st & 2nd Event Collision—Non-Fixed Object

- Animal 1
- Bicycle 2
- Deer 3
- Motor Vehicle in Transport, Other Roadway 4
- Other Motor Vehicle 5
- Pedestrian 6
- Railroad Train 7
- Other Object/Not Fixed 8

G. Fixed Object

- Bridge Parapet End 9
- Bridge Pier, Abutment 10
- Bridge Rail 11
- Building/Wall 12
- Crash Cushion/Impact Attenuator 13
- Culvert/Head Wall 14
- Curbing 15
- Earth Embankment/Rock Cut/Ditch 16
- Fence 17
- Fire Hydrant 18
- Guardrail End 19
- Guardrail Face 20
- Light/Luminaire Support 21
- Mailbox 22
- Median Barrier 23
- Other Post, Pole or Support 24
- Overhead Sign Support 25
- Sign Post 26
- Snow Embankment 27
- Toil Booth 28
- Traffic Signal Support 29
- Tree 30
- Utility Pole 31
- Other Fixed Object 32

H. Non-Collision

- Fell From Vehicle 33
- Fire/Explosion 34
- Jackknife 35
- Overturned 36
- Ran Off Roadway (Only) 37
- Submersion 38
- Other Non-Collision 39

I. Contributing Factors—Vehicular

- Brakes Defective 1
- Headlights Defective 2
- Load Securement 3
- Other Lighting Defective 4
- Oversized Load On Vehicle 5
- Overweight 6
- Steering Failure 7
- Tire Failure 8
- Tow Hitch Defective/Sep. of Units 9
- Other 97
- None Detected 99

J. Contributing Factors—Environmental

- Animals Action 1
- Construction Work Zone 2
- Debris in Roadway 3
- Fixed Object(s) 4
- Glare 5
- Holes/Deep Ruts/Bumps 6
- Improperly Parked Vehicle(s) 7
- Improper/Non-Working Traffic Controls 8
- Maintenance/Utility Work Zone 9
- Shoulders Defective/Drop-off 10
- Slippery Surface 11
- View Obstructed/Limited 12
- Water Pooling 13
- Other 97
- None Detected 99

K. Underride/Override

- No Underride or Override 1
- Override, Motor Vehicle in Transport 2
- Override, Other Vehicle 3
- Underride (Compartment Intrusion) 4
- Underride (Compt. Intrusion Unknown) 5
- Underride (No Compartment Intrusion) 6
- Unknown 98

COLOR CODE

Orange—Required

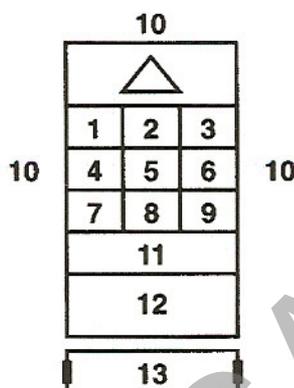
Red—Fatal

Gray—Injury Only

Blue—Commercial Vehicle

14 Person Type

- 1 Driver
- 2 Passenger
- 3 Pedestrian
- 4 Animal-Drawn/Ridden
- 5 Bicyclist
- 6 Train Engineer
- 7 Witness
- 8 Owner

 Yes No**16 Position In/On Vehicle**

- 1 Driver
- 2-9 Passenger
- 10 Riding/Hanging On Outside
- 11 Sleeper Compartment
- 12 Pickup Bed
- 13 Trailer

17 Injury Severity

- 1 Fatal
- 2 Incapacitating
- 3 Non-Incapacitating
- 4 Possible Injury
- 5 None Detected

18 Location of Injury

- 1 Head/Face
- 2 Neck
- 3 Chest
- 4 Back
- 5 Abdomen/Pelvis
- 6 Arms/Hands
- 7 Legs/Feet
- 8 Multiple—Entire Body

19 Restraint Use

- 1 Shoulder/Lap Belt
- 2 Installed/Not In Use
- 3 Lap Belt Only
- 4 Shoulder Belt Only
- 5 Child Safety Seat
- 6 Helmet
- 7 Helmet Not Used
- 8 Other Passive Restraint
- 9 Not Installed

20 Air Bag

- 1 Installed/Not Deployed
- 2 Deployed—Front
- 3 Deployed—Side
- 4 Not Installed

21 Trapped

- 1 Not Trapped
- 2 Extricated By Mechanical Means
- 3 Freed By Non-Mechanical Means

22 Ejection From Vehicle

- 1 Not Ejected
- 2 Partially Ejected
- 3 Totally Ejected

**Ejection Path
23 (Fatal Only)**

- 1 Not Ejected/Not Applicable
- 2 Through Side Door Opening
- 3 Through Side Window
- 4 Through Windshield
- 5 Through Back Window
- 6 Through Back Door
- 7 Tailgate Opening
- 8 Through Roof Opening
(sunroof, convertible top down)
- 9 Through Roof
- 10 Other Path (e.g., back of pickup truck)
- 11 Unknown

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 #: 00016427

UNIT # 1 TOWED <input checked="" type="checkbox"/> (N) REMOVED TO: # OCCUPANTS										LOCAL CODE										F 1st 2nd																																																											
OPERATOR'S LIC. NO.										STATE KY <input type="checkbox"/>										PEDESTRIAN FACTORS																																																											
OPERATOR'S LICENSE RESTRICTIONS <input checked="" type="checkbox"/> (N) COMP <input checked="" type="checkbox"/> (N) CO. RESIDENT <input checked="" type="checkbox"/> (N)										CDL <input checked="" type="checkbox"/> (N) OWNER <input checked="" type="checkbox"/> (N)										<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																																																											
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1ST AREA OF CONTACT										COMBINATION VEHICLE										EXTENT OF DAMAGE										AIR BAG SWITCH										TRAVEL DIRECTION																																							
<input type="checkbox"/> VERY MINOR <input type="checkbox"/> MINOR <input type="checkbox"/> MOD/SEVERE										<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"/> ON <input type="checkbox"/> OFF										<input type="checkbox"/> ON <input type="checkbox"/> NOT PRESENT										<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W																																							
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<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																			
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<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										<input type="checkbox"/> FIELD SOBRIETY TEST <input type="checkbox"/> OBSERVATION										<input type="checkbox"/> P.B.T. <input type="checkbox"/> OTHER										<input type="checkbox"/> 3																																							
VIOLATION CODES										CITATION NUMBER										CASE NUMBER										SUSPECTED DRINKING DRIVER <input checked="" type="checkbox"/> (N)										METHOD OF DETERMINATION										RESULTS										PAGE OF PAGES																			
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