READ CAREFULLY

MOTOR VEHICLE ACCIDENT REPORT

COMMONWEALTH OF KENTUCKY

FILL IN COMPLETELY

INSTRUCTIONS

Every driver of a motor vehicle involved in an accident which results in injury or death or property damage of \$50 or more must make a report on this form within twenty-four hours. The failure or refusal of any person to report an accident as required is a cause for the suspension or revocation of the operator's or chauffeur's license and vehicle registration of such person. Such failure or refusal is also a misdemeanor, punishable by a fine not in excess of \$500. If the driver is physically incapable of making the report, the owner or any occupant of the vehicle may be required to do so. A witness may also be required to make a report. A supplementary report will be required whenever an original report is insufficient.

The purpose of this report is to obtain data useful in accident prevention and for the administration of the Financial Responsibility Law. Complete and clear answers to all the questions are necessary. An accurate original report will avoid the necessity for supplementary reports. If you have difficulty in filling in the report, consult your nearest police authority.

OBSERVE THE FOLLOWING RULES:

- 1. Print or type all names and addresses.
- Answer all questions to the best of your knowledge. If unable to answer any question, mark "not known".
- 3. Under "LOCATION" of accident and on the diagram show sufficient information to locate the exact scene of the ac-
- 4. Under "Type of Vehicle" indicate the exact type or combina-tion of vehicles; that is, coach, sedan with two-wheel house trailer, tractor and semi-trailer, truck and four-wheel trailer, motorcycle, etc.
- 5. A street car, bicycle, or animal-drawn vehicle should be recorded as a vehicle for the purpose of this report. A person on skates, coaster wagon, sled, etc. should be classed as a pedestrian. Describe the conveyance and show its exact location.
- 6. The nature and extent of all damages and injuries must be clearly and completely stated. Whenever a doctor's statement of injuries or a garage estimate of the cost of repairs is immediately available, give this information. Otherwise give your best estimate.
- 7. Use a second report form or a sheet of paper the same size to report additional vehicles, injured persons, witnesses, or any other information for which there is not sufficient space. 8. SIGN THE REPORT in the space at the bottom of the reverse

side of the form. ALL REPORTS ARE CONFIDENTIAL AND CANNOT BE USED AS EVIDENCE IN A VY TRIAL

	Mail to: DEPARTMENT OF KENTUCKY STA	TE POLICE, FRANKFORT, KE	NTUCKY
	PLACE WHERE ACCIDENT OCCURRED: County or township If accident was outside city (miles) (limits of)		DO NOT WRITE
			IN THIS SPACE
L	limits indicate distance from nearest town. Use two dis- Of	No	
0	If accident was outside city limits indicate distance from nearest town. Use two distances and two directions if necessary. Month-South Of Ilmits of No		
C A			
T	ACCIDENT OCCURRED: Give name of street or highway number (U.S. or State). If no highway number identify by name		
I	AT ITS INTERSECTION WITH:		
0	complete one North-South		
N	(NOT AT INTERSECTION: {	of Show nearest intersecting street or highway, house number, curve, bridge, railroad crossing,	
	East-West diey, drivewdy, Cuvert, micepost, underpass, or other identifying landmark. Show exact		
	distance, using two directions and two dis- tances if necessary.		
Time	Date of Day of Accident 19 Week	Hour A.M. P.M.	
	VEHICLE No. 1:	VEHICLE No. 2:	
	Year Make Type (sedan, truck, taxi, bus, etc.)	Year Make Type (sedan,	
	Vehicle License Plate Plate	Vehicle License Plate Year State Vehicle Plate Yes or No	
	License Plate Plate Plate Year State Number Yes or No		
	DRIVER. Print or type full name	DRIVER Print or type full name	
	Driver's	Driver's	
	Address Street or R.F.D. City and State	Address Street or R.F.D.	City and State
	Driver's License State Number Chauffeur Operator Age		Age Sex
V	State Number Beginner	State Number Beginner	Tige
E H I C L E S	Driver's	Driver's	Race
	Occupation Race White, negro, etc.	Occupation	White, negro, etc.
	OWNER Print or type full name Print or type full name		
	Owner's	Owner's	
	Address	Address Street or R.F.D.	City and State
	THIS VEHICLE WAS GOINGatm.p.h.	THIS VEHICLE WAS GOING	et mnh
	East, east turning north, stopped, parked, etc. Speed before accident East, east turning north, stopped, parked, etc. Speed before accident		Speed before accident
	Speed Maximum on limit m.p.h. safe speed m.p.h. Street or highway Speed Maximum on limit m.p.h. safe speed m.p.h. Street or highway		aximum fe speedm.p.h.
	Street or highway		
	PARTS OF Approximate cost VEHICLE DAMAGED to repair vehicle \$	PARTS OF Approximate cost VEHICLE DAMAGED to repair vehicle \$	
Total	IS THIS VEHICLE COVERED BY	IS THIS VEHICLE COVERED BY	
	Trend Trend	AUTOMOBILE LIABILITY INSURANCE?	
number vehicles involved	s Annual of Modelline Community		
Vehicle Vehicle removed to removed to			
DAMAGE TO PROPERTY			
OTHER THAN VEHICLES Name object, show ownership, and state nature of damage Approximate			
cost to repair \$			
Witnesses: Where was witness? (In veh. 2; pedestrian 60 feet east; etc.)			
Name Address			
	Name Address Address		
			Driver \ In vehicle
IN	Name Address		Passenger No
J	Age Sex Race First aid given by		Pedestrian Specify other
U	Name		Specify other
R	Did p rson Nature and die? extent of injuries		
E Driver In vehicle			
D	Name Address First aid	Injured	Passenger No Pedestrian
Total number injured	AgeSex Race given by		Specify other
and killed	Did person Nature and		
	die? extent of injuries.		