

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.
2. 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 accident.
4. Under "Type of Vehicle" indicate the exact type or combination 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 NY TRIAL

Mail to: DEPARTMENT OF KENTUCKY STATE POLICE, FRANKFORT, KENTUCKY

PLACE WHERE ACCIDENT OCCURRED: County, City, town or township, miles North-South, miles East-West, limits of, center of. ROAD ON WHICH ACCIDENT OCCURRED: Give name of street or highway number (U.S. or State). If no highway number identify by name. Check and complete one: AT ITS INTERSECTION WITH: OR NOT AT INTERSECTION: Name of intersecting street or highway number, feet North-South, feet East-West. Show nearest intersecting street or highway, house number, curve, bridge, railroad crossing, alley, driveway, culvert, milepost, underpass, or other identifying landmark. Show exact distance, using two directions and two distances if necessary.

Time Date of Accident 19 Day of Week Hour A.M. P.M.

VEHICLE No. 1: Year, Make, Type (sedan, truck, taxi, bus, etc.), Vehicle License Plate, DRIVER, Driver's Address, Driver's License, Driver's Occupation, OWNER, Owner's Address, THIS VEHICLE WAS GOING, PARTS OF VEHICLE DAMAGED, IS THIS VEHICLE COVERED BY AUTOMOBILE LIABILITY INSURANCE?, NAME OF INSURANCE CO., Vehicle removed to. VEHICLE No. 2: Year, Make, Type (sedan, truck, taxi, bus, etc.), Vehicle License Plate, DRIVER, Driver's Address, Driver's License, Driver's Occupation, OWNER, Owner's Address, THIS VEHICLE WAS GOING, PARTS OF VEHICLE DAMAGED, IS THIS VEHICLE COVERED BY AUTOMOBILE LIABILITY INSURANCE?, NAME OF INSURANCE CO., Vehicle removed to.

DAMAGE TO PROPERTY OTHER THAN VEHICLES: Name object, show ownership, and state nature of damage, Approximate cost to repair \$

WITNESSES: Name, Address, Name, Address. Where was witness? (In veh. 2; pedestrian 60 feet east; etc.)

INJURED: Name, Address, Age, Sex, Race, First aid given by, Injured taken to, Did person die?, Nature and extent of injuries. Total number injured and killed.