LOCAL CODE

UNIT # 2 | TOWED (Y) (N) | REMOVED TO: | # OCCUPANTS

OPERATOR'S LIC. NO. | STATE KY

OPERATOR'S LICENSE RESTRICTIONS (Y) (N) | COMP (Y) (N) | CO. RESIDENT (Y) (N)

(1) (2) (3) (4) (5) (6) (7) (8) | CDL (Y) (N) | OWNER (Y) (N)

(F) (I) (J) (K) (L) (O) (S) (Z)

OPERATOR LAST NAME | FIRST NAME | M.I.

DATE OF BIRTH | STREET NUMBER AND NAME | CITY | STATE | ZIP CODE

PEDESTRIAN FACTORS

- APPROACHING OR LEAVING VEHICLE
- AT INTERSECTION
- CROSSING AGAINST SIGNAL
- CROSSING WITH SIGNAL
- DARK CLOTHING/NOT VISIBLE
- DARTING INTO ROAD
- DRINKING
- DRUG RELATED
- GETTING ON/OFF VEHICLE
- IN CROSSWALK
- JOGGING
- LYING IN ROADWAY
- NOT AT INTERSECTION
- NOT IN ROADWAY
- PHYSICAL IMPAIRMENT
- PLAYING IN ROADWAY
- PUSHING VEHICLE
- SKATING/SKATEBOARDING
- WALKING IN ROADWAY
- WORKING IN ROADWAY
- WORKING ON VEHICLE

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 (M) (F) ADDRESS		(1) (5) (2) (6) (3) (7) (4) (8)	(Y) (N)	(1) (5) (9) (13) (2) (6) (10) (3) (7) (11) (4) (8) (12)	(1) (5) (2) (3) (4)	(1) (5) (2) (6) (3) (7) (4) (8)	(1) (5) (9) (2) (6) (3) (7) (4) (8)	(1) (2) (3) (4)	(1) (2) (3)	(1) (2) (3)	(1) (5) (9) (2) (6) (10) (3) (7) (11) (4) (8)
NAME (M) (F) ADDRESS		(1) (5) (2) (6) (3) (7) (4) (8)	(Y) (N)	(1) (5) (9) (13) (2) (6) (10) (3) (7) (11) (4) (8) (12)	(1) (5) (2) (3) (4)	(1) (5) (2) (6) (3) (7) (4) (8)	(1) (5) (9) (2) (6) (3) (7) (4) (8)	(1) (2) (3) (4)	(1) (2) (3)	(1) (2) (3)	(1) (5) (9) (2) (6) (10) (3) (7) (11) (4) (8)
NAME (M) (F) ADDRESS		(1) (5) (2) (6) (3) (7) (4) (8)	(Y) (N)	(1) (5) (9) (13) (2) (6) (10) (3) (7) (11) (4) (8) (12)	(1) (5) (2) (3) (4)	(1) (5) (2) (6) (3) (7) (4) (8)	(1) (5) (9) (2) (6) (3) (7) (4) (8)	(1) (2) (3) (4)	(1) (2) (3)	(1) (2) (3)	(1) (5) (9) (2) (6) (10) (3) (7) (11) (4) (8)
NAME (M) (F) ADDRESS		(1) (5) (2) (6) (3) (7) (4) (8)	(Y) (N)	(1) (5) (9) (13) (2) (6) (10) (3) (7) (11) (4) (8) (12)	(1) (5) (2) (3) (4)	(1) (5) (2) (6) (3) (7) (4) (8)	(1) (5) (9) (2) (6) (3) (7) (4) (8)	(1) (2) (3) (4)	(1) (2) (3)	(1) (2) (3)	(1) (5) (9) (2) (6) (10) (3) (7) (11) (4) (8)
NAME (M) (F) ADDRESS		(1) (5) (2) (6) (3) (7) (4) (8)	(Y) (N)	(1) (5) (9) (13) (2) (6) (10) (3) (7) (11) (4) (8) (12)	(1) (5) (2) (3) (4)	(1) (5) (2) (6) (3) (7) (4) (8)	(1) (5) (9) (2) (6) (3) (7) (4) (8)	(1) (2) (3) (4)	(1) (2) (3)	(1) (2) (3)	(1) (5) (9) (2) (6) (10) (3) (7) (11) (4) (8)
NAME (M) (F) ADDRESS		(1) (5) (2) (6) (3) (7) (4) (8)	(Y) (N)	(1) (5) (9) (13) (2) (6) (10) (3) (7) (11) (4) (8) (12)	(1) (5) (2) (3) (4)	(1) (5) (2) (6) (3) (7) (4) (8)	(1) (5) (9) (2) (6) (3) (7) (4) (8)	(1) (2) (3) (4)	(1) (2) (3)	(1) (2) (3)	(1) (5) (9) (2) (6) (10) (3) (7) (11) (4) (8)

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 (1) (2) (3) (4) (5) (6) (7) (8) (T) (B)

COMBINATION VEHICLE (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)

EXTENT OF DAMAGE
- VERY MINOR
- MINOR
- MINOR/MOD
- MODERATE
- MOD/SEVERE
- SEVERE
- VERY SEVERE
- OTHER PROPERTY
- NO DAMAGE
- UNKNOWN

AIR BAG SWITCH
- ON
- OFF
- NOT PRESENT

TRAVEL DIRECTION (N) (S) (E) (W)

ESTIMATED TRAVEL SPEED BETWEEN _____ & _____ MPH

COMMERCIAL VEH. (Y) (N) | HAZ. CARGO (Y) (N) | HAZ. SPILL (Y) (N) | HAZ. CARGO CODE | TYPE CARGO/COMMODITY | NAS SAFETY REPORT #

- SINGLE
- COMBINATION
- BOBTAIL

NO. AXLES (2) (3) (4) (5) (6) (7) (+) | NO. TRAILERS (0) (1) (2) (3) | US DOT # 0 | ICC MC #

GVWR TOTAL | MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

CARRIER NAME SOURCE
- DRIVER
- LOG BOOK
- SHIPPING PAPERS (TRUCK) OR TRIP MANIFEST (BUS)
- SIDE OF VEHICLE
- SINGLE STATE REGISTRATION

CRASH AVOIDANCE (Fatal Only)
- BRAKING (NO SKIDMARKS: DRIVER STATED)
- BRAKING (SKIDMARKS EVIDENT)
- BRAKING (OTHER REPORTED EVIDENCE)
- NO AVOIDANCE MANEUVER REPORTED
- OTHER AVOIDANCE MANEUVER
- STEERING (EVIDENCE OR STATED)
- STEERING AND BRAKING (EVIDENCE OR STATED)

MOST HARMFUL EVENT (0) (0) (1) (1) (2) (2) (3) (3) (4) (5) (6) (7) (8) (9)

VIOLATION CODES | CITATION NUMBER | CASE NUMBER | SUSPECTED DRINKING DRIVER (Y) (N)

METHOD OF DETERMINATION
- FIELD SOBRIETY TEST
- OBSERVATION
- P.B.T.
- OTHER

TEST OFFERED (Y) (N) | CHEMICAL TEST: BLOOD, BREATH, URINE, REFUSED | TESTED FOR: ALCOHOL, DRUGS | TAKEN BY | SENT TO | RESULTS | PAGE OF PAGES 4

MASTER FILE #: 00016427

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