

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

PAGE OF PAGES

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MASTER FILE #: 00016427

LOCAL CODE													F																				
UNIT # TOWED (Y N) REMOVED TO: # OCCUPANTS MASTER FILE NUMBER													1st	2nd																			
OPERATOR'S LIC. NO.						STATE KY <input type="checkbox"/>		PEDESTRIAN FACTORS																									
OPERATOR'S LICENSE RESTRICTIONS (Y N)						COMP (Y N)		CO. RES. (Y 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 <input type="checkbox"/> LYING IN ROADWAY <input type="checkbox"/> NOT AT INTERSECTION <input type="checkbox"/> NOT IN ROADWAY		<input type="checkbox"/> PHYSICAL IMPAIRMENT <input type="checkbox"/> PLAYING IN ROADWAY <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> SKATING/SKATEBOARDING <input type="checkbox"/> WALKING IN ROADWAY <input type="checkbox"/> WORKING IN ROADWAY <input type="checkbox"/> WORKING ON VEHICLE																		
OPERATOR LAST NAME			FIRST NAME			M.I.			CDL (Y N)		OWNER (Y N)		G	G																			
DATE OF BIRTH				STREET NUMBER AND NAME				CITY				STATE		ZIP CODE																			
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													1	5	Y	1	5	9	13	1	5	1	5	9	1	1	1	1	5	9			
ADDRESS													2	6	N	2	6	10	2	2	2	2	2	2	2	2	2	2	2	2	6	10	
NAME													3	7		3	7	11	3	3	7	3	7	3	3	3	3	3	3	3	3	7	11
ADDRESS													4	8		4	8	12	4	4	8	4	8	4								4	8
NAME													1	5	Y	1	5	9	13	1	5	1	5	9	1	1	1	1	1	1	5	9	
ADDRESS													2	6	N	2	6	10	2	2	6	2	6	2	2	2	2	2	2	2	2	6	10
NAME													3	7		3	7	11	3	3	7	3	7	3	3	3	3	3	3	3	3	7	11
ADDRESS													4	8		4	8	12	4	4	8	4	8	4								4	8
NAME													1	5	Y	1	5	9	13	1	5	1	5	9	1	1	1	1	1	1	5	9	
ADDRESS													2	6	N	2	6	10	2	2	6	2	6	2	2	2	2	2	2	2	2	6	10
NAME													3	7		3	7	11	3	3	7	3	7	3	3	3	3	3	3	3	3	7	11
ADDRESS													4	8		4	8	12	4	4	8	4	8	4								4	8
NAME													1	5	Y	1	5	9	13	1	5	1	5	9	1	1	1	1	1	1	5	9	
ADDRESS													2	6	N	2	6	10	2	2	6	2	6	2	2	2	2	2	2	2	2	6	10
NAME													3	7		3	7	11	3	3	7	3	7	3	3	3	3	3	3	3	3	7	11
ADDRESS													4	8		4	8	12	4	4	8	4	8	4								4	8
VEHICLE YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR													H		H		I																
VEHICLE ID. NUMBER													VEHICLE INSURED (Y N)		NAME OF INSURANCE CO.				COLOR OF VEHICLE														
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"/> MINOR/MOD <input type="checkbox"/> MODERATE <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"/> NOT PRESENT		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		ESTIMATED TRAVEL SPEED																					
COMMERCIAL VEH. (Y N)				HAZ. CARGO (Y N)		HAZ. CARGO SPILL (Y N)		HAZ. CARGO CODE		TYPE CARGO/COMMODITY		NAS SAFETY REPORT #		CRASH AVOIDANCE (Fatal Only)		MOST HARMFUL EVENT																	
<input type="checkbox"/> SINGLE <input type="checkbox"/> COMBINATION <input type="checkbox"/> BOBTAIL				NO. AXLES (2 3 4 5)		NO. TRAILERS (0 1 2 3)		US DOT # (0)		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																			
GVWR TOTAL				MOTOR CARRIER NAME				MOTOR CARRIER ADDRESS				CARRIER NAME SOURCE																					
<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				VIOLATION CODES				CITATION NUMBER		CASE NUMBER																			
TEST OFFERED (Y N)				CHEMICAL TEST: BLOOD (Y N) URINE (Y N) BREATH (Y N)		TESTED FOR: ALCOHOL (Y N) DRUGS (Y N)		TAKEN BY		SENT TO		RESULTS		PAGE OF PAGES																			

UNIT # 1 TOWED (Y N) REMOVED TO: # OCCUPANTS PEDESTRIAN FACTORS													LOCAL CODE		F 1st 2nd			
OPERATOR'S LIC. NO. STATE KY <input type="radio"/>													<input type="radio"/> APPROACHING OR LEAVING VEHICLE		<input type="radio"/> LYING IN ROADWAY		3	
OPERATOR'S LICENSE RESTRICTIONS (Y N) COMP (Y N) CO. RESIDENT (Y N)													<input type="radio"/> AT INTERSECTION		<input type="radio"/> NOT AT INTERSECTION		4	
OPERATOR LAST NAME FIRST NAME M.I. OWNER (Y N)													<input type="radio"/> CROSSING AGAINST SIGNAL		<input type="radio"/> NOT IN ROADWAY		5	
DATE OF BIRTH STREET NUMBER AND NAME CITY STATE ZIP CODE													<input type="radio"/> CROSSING WITH SIGNAL		<input type="radio"/> PHYSICAL IMPAIRMENT		6	
INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP DATE OF BIRTH DATE OF DEATH													<input type="radio"/> DARK CLOTHING/NOT VISIBLE		<input type="radio"/> PLAYING IN ROADWAY		7	
NAME ADDRESS													<input type="radio"/> DARTING INTO ROAD		<input type="radio"/> PUSHING VEHICLE		8	
NAME ADDRESS													<input type="radio"/> DRINKING		<input type="radio"/> SKATING/SKATEBOARDING		9	
NAME ADDRESS													<input type="radio"/> DRUG RELATED		<input type="radio"/> WALKING IN ROADWAY		10	
NAME ADDRESS													<input type="radio"/> GETTING ON/OFF VEHICLE		<input type="radio"/> WORKING IN ROADWAY		11	
NAME ADDRESS													<input type="radio"/> IN CROSSWALK		<input type="radio"/> WORKING ON VEHICLE		12	
NAME ADDRESS													<input type="radio"/> JOGGING				13	
VEHICLE YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR																	14	
VEHICLE ID. NUMBER VEHICLE INSURED NAME OF INSURANCE CO. COLOR OF VEHICLE																	15	
1ST AREA OF CONTACT COMBINATION VEHICLE EXTENT OF DAMAGE AIR BAG SWITCH TRAVEL DIRECTION																	16	
COMMERCIAL VEH. HAZ. CARGO HAZ. SPILL HAZ. CARGO CODE TYPE CARGO/COMMODITY NAS SAFETY REPORT #																	17	
CRASH AVOIDANCE (Fatal Only)																	18	
MOTOR CARRIER ADDRESS CARRIER NAME SOURCE																	19	
VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER METHOD OF DETERMINATION																	20	
TEST OFFERED CHEMICAL TEST: BLOOD URINE TESTED FOR: ALCOHOL DRUGS TAKEN BY SENT TO RESULTS PAGE OF PAGES																	21	
VEHICLE YEAR MAKE MODEL TYPE STATE REGISTRATION NUMBER YEAR																	22	
VEHICLE ID. NUMBER VEHICLE INSURED NAME OF INSURANCE CO. COLOR OF VEHICLE																	23	
1ST AREA OF CONTACT COMBINATION VEHICLE EXTENT OF DAMAGE AIR BAG SWITCH TRAVEL DIRECTION																	24	
COMMERCIAL VEH. HAZ. CARGO HAZ. SPILL HAZ. CARGO CODE TYPE CARGO/COMMODITY NAS SAFETY REPORT #																	25	
CRASH AVOIDANCE (Fatal Only)																	26	
MOTOR CARRIER ADDRESS CARRIER NAME SOURCE																	27	
VIOLATION CODES CITATION NUMBER CASE NUMBER SUSPECTED DRINKING DRIVER METHOD OF DETERMINATION																	28	
TEST OFFERED CHEMICAL TEST: BLOOD URINE TESTED FOR: ALCOHOL DRUGS TAKEN BY SENT TO RESULTS PAGE OF PAGES																	29	



MASTER FILE #: 00016427

UNIT # 2 TOWED <input type="checkbox"/> Y <input 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 type="checkbox"/> Y <input type="checkbox"/> N					COMP <input type="checkbox"/> Y <input type="checkbox"/> N		CO. RESIDENT <input type="checkbox"/> Y <input 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			<input type="checkbox"/> LYING IN ROADWAY <input type="checkbox"/> NOT AT INTERSECTION <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> PHYSICAL IMPAIRMENT <input type="checkbox"/> PLAYING IN ROADWAY <input type="checkbox"/> PUSHING VEHICLE <input type="checkbox"/> SKATING/SKATEBOARDING <input type="checkbox"/> WALKING IN ROADWAY <input type="checkbox"/> WORKING IN ROADWAY <input type="checkbox"/> WORKING ON VEHICLE		G G	
OPERATOR LAST NAME					FIRST NAME		M.I.								
DATE OF BIRTH			STREET NUMBER AND NAME				CITY			STATE		ZIP CODE			

INVOLVED PERSONS: NAME, ADDRESS, CITY, STATE AND ZIP		DATE OF BIRTH	DATE OF DEATH	14	15	16	17	18	19	20	21	22	23
1 NAME				1 5	Y	1 5 9 13	1 5	1 5	1 5 9	1 1 1	1 1 1	1 5 9	
2 M F				2 6	N	2 6 10	2	2 6	2 6	2 2 2	2 2 2	2 6 10	
3 ADDRESS				3 7		3 7 11	3	3 7	3 7	3 3 3	3 3 3	3 7 11	
4				4 8		4 8 12	4	4 8	4 8	4	4	4 8	
5 NAME				1 5	Y	1 5 9 13	1 5	1 5	1 5 9	1 1 1	1 1 1	1 5 9	
6 M F				2 6	N	2 6 10	2	2 6	2 6	2 2 2	2 2 2	2 6 10	
7 ADDRESS				3 7		3 7 11	3	3 7	3 7	3 3 3	3 3 3	3 7 11	
8				4 8		4 8 12	4	4 8	4 8	4	4	4 8	
9 NAME				1 5	Y	1 5 9 13	1 5	1 5	1 5 9	1 1 1	1 1 1	1 5 9	
10 M F				2 6	N	2 6 10	2	2 6	2 6	2 2 2	2 2 2	2 6 10	
11 ADDRESS				3 7		3 7 11	3	3 7	3 7	3 3 3	3 3 3	3 7 11	
12				4 8		4 8 12	4	4 8	4 8	4	4	4 8	
13 NAME				1 5	Y	1 5 9 13	1 5	1 5	1 5 9	1 1 1	1 1 1	1 5 9	
14 M F				2 6	N	2 6 10	2	2 6	2 6	2 2 2	2 2 2	2 6 10	
15 ADDRESS				3 7		3 7 11	3	3 7	3 7	3 3 3	3 3 3	3 7 11	
16				4 8		4 8 12	4	4 8	4 8	4	4	4 8	
17 NAME				1 5	Y	1 5 9 13	1 5	1 5	1 5 9	1 1 1	1 1 1	1 5 9	
18 M F				2 6	N	2 6 10	2	2 6	2 6	2 2 2	2 2 2	2 6 10	
19 ADDRESS				3 7		3 7 11	3	3 7	3 7	3 3 3	3 3 3	3 7 11	
20				4 8		4 8 12	4	4 8	4 8	4	4	4 8	
21 NAME				1 5	Y	1 5 9 13	1 5	1 5	1 5 9	1 1 1	1 1 1	1 5 9	
22 M F				2 6	N	2 6 10	2	2 6	2 6	2 2 2	2 2 2	2 6 10	
23 ADDRESS				3 7		3 7 11	3	3 7	3 7	3 3 3	3 3 3	3 7 11	
24				4 8		4 8 12	4	4 8	4 8	4	4	4 8	

97 VEHICLE YEAR	MAKE	MODEL	TYPE	STATE	REGISTRATION NUMBER	YEAR
1 VEHICLE ID. NUMBER	VEHICLE INSURED <input type="checkbox"/> Y <input type="checkbox"/> N	NAME OF INSURANCE CO.			COLOR OF VEHICLE	
1ST AREA OF CONTACT		COMBINATION VEHICLE		EXTENT OF DAMAGE		AIR BAG SWITCH
<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 		<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 12 		<input type="checkbox"/> VERY MINOR <input type="checkbox"/> MINOR <input type="checkbox"/> MINOR/MOD <input type="checkbox"/> MODERATE <input type="checkbox"/> MOD/SEVERE		<input type="checkbox"/> ON <input type="checkbox"/> NOT PRESENT <input type="checkbox"/> OFF
				<input type="checkbox"/> SEVERE <input type="checkbox"/> VERY SEVERE <input type="checkbox"/> OTHER PROPERTY <input type="checkbox"/> NO DAMAGE <input type="checkbox"/> UNKNOWN		TRAVEL DIRECTION (N S E W)
				ESTIMATED TRAVEL SPEED		
				BETWEEN _____ & _____ MPH		

4 COMMERCIAL VEH. <input type="checkbox"/> Y <input type="checkbox"/> N	HAZ. CARGO <input type="checkbox"/> Y <input type="checkbox"/> N	HAZ. SPILL <input type="checkbox"/> Y <input type="checkbox"/> N	HAZ. CARGO CODE	TYPE CARGO/COMMODITY	NAS SAFETY REPORT #	CRASH AVOIDANCE (Fatal Only)	MOST HARMFUL EVENT	
<input type="checkbox"/> SINGLE	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"/> COMBINATION	2 3 4 5	1 1	0					
<input type="checkbox"/> BOBTAIL	6 7 8	2 3						
GVWR TOTAL		MOTOR CARRIER NAME		CARRIER NAME SOURCE				
MOTOR CARRIER ADDRESS				<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				
VIOLATION CODES		CITATION NUMBER		CASE NUMBER		SUSPECTED DRINKING DRIVER <input type="checkbox"/> Y <input type="checkbox"/> N	METHOD OF DETERMINATION	
						<input type="checkbox"/> FIELD SOBRIETY TEST <input type="checkbox"/> OBSERVATION	<input type="checkbox"/> P.B.T. <input type="checkbox"/> OTHER	

20 TEST OFFERED <input type="checkbox"/> Y <input type="checkbox"/> N	CHEMICAL TEST: <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> BREATH <input type="checkbox"/> REFUSED	TESTED FOR: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS	TAKEN BY	SENT TO	RESULTS	PAGE OF PAGES
						4



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