

KECHI POLICE DEPARTMENT

VEHICLE NUMBER _____
INJURY _____
NON-INJURY _____
HIT AND RUN _____

Kechi, Kansas 67067
316-744-6611
Fax: 316-201-6962

CASE NUMBER _____
CONNECTING CASE _____
CITATION NUMBER _____
CLASSIFICATION _____

*****CONFIDENTIAL TRAFFIC COLLISION REPORT FORM*****

PLEASE PRINT

Location of Accident _____ Date of Accident _____ Time of Accident: _____ AM / PM

DRIVER'S INFORMATION

DRIVER'S NAME _____
Last Name First Name Middle Name

ADDRESS OF DRIVER _____ City _____ State _____ ZIP _____

DOB _____ RACE _____ SEX _____ SSN # _____ HT _____ WT _____ Hair _____ Eyes _____

PHONE #: Home _____ Cell _____ Work _____

DRIVER'S LICENSE STATE _____ DRIVER'S LICENSE # _____ CLASS _____ RESTRICTIONS _____

DRIVER'S LICENSE EXPIRATION _____ OCCUPATION _____ WORK ADDRESS _____

INJURIES _____ EMS ON SCENE: YES NO TRANSPORT: YES NO HOSPITAL _____

VEHICLE INFORMATION

VIN # _____ Year _____ Make _____ Model _____

Odometer _____ Color _____ License Plate # _____ State _____ Expires: _____

OWNER OF VEHICLE _____
Last Name First Name Middle Name

OWNER ADDRESS _____ City _____ State _____ ZIP _____

OWNER PHONE #: Home _____ Cell _____ Work _____

INSURANCE: YES NO INSURANCE COMPANY _____ POLICY # _____

ROAD CONDITIONS _____ **WEATHER CONDITIONS** _____
DIRECTION OF TRAVEL _____ | **DISTANCE DANGER NOTICED** _____ **FEET** | **YOUR SPEED** _____ **MPH** | **POSTED SPEED LIMIT** _____ **MPH**

DESCRIBE THE TRAFFIC COLLISION IN DETAIL

DRIVER'S SIGNATURE _____ **DATE** _____ **TIME** _____
OFFICER SIGNATURE _____ **DATE** _____ **TIME** _____

Occupant Seating		
Front of Vehicle		
1	2	3
4	5	6
7	8	9

