

# KANSAS DEPARTMENT OF TRANSPORTATION REPORT OF ACCIDENT INVESTIGATION

**A. LOCATION AND TIME OF ACCIDENT**

Route \_\_\_\_\_  
 City (If Appropriate) \_\_\_\_\_  
 County \_\_\_\_\_  
 Project Number \_\_\_\_\_  
 Reference Number \_\_\_\_\_  
 Type of Improvement \_\_\_\_\_  
 KDOT Investigating Personnel \_\_\_\_\_

**B. TIME OF EVENTS**

Time of Accident: Date \_\_\_\_\_ Hour \_\_\_\_\_  
 Time KDOT Notified \_\_\_\_\_  
 Time Traffic Resumed Normal Operation \_\_\_\_\_  
 Length of Repair Time \_\_\_\_\_

**C. SUMMARY OF ACCIDENT (Use additional sheets if necessary)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. VEHICLE INVOLVED**

	Veh. 1	Veh. 2	Veh. 3
Type of Vehicle			
Direction of Travel			
Driver Action			
Apparent Driver Condition			

**E. INJURIES OR MEDICAL ATTENTION REQUIRED**

YES

NO

Number Injured \_\_\_\_\_

Type of Injuries \_\_\_\_\_

Drivers	1	2	3
Age			
Sex			