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| **SECTION 1: INCIDENT INFORMATION INVOLVING A VISITOR** |
| **DATE** | **TIME** | **FACILITY** |
|  |        [ ]  a.m. [ ]  p.m. |  **County:**       |  [ ]  Northbound [ ]  Southbound [ ]  Eastbound [ ]  Westbound |
| **DESCRIPTION :**       |
| **SECTION 2: TOURIST/TRAVELER/WITNESS INFORMATION** (*Attach additional pages as needed*.) |
|  | **NAME** | **ADDRESS** | **PHONE** | **COMMENTS** |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
| **Additional Comments:**       |
| **SECTION 3: TOURIST/TRAVELER INJURY INFORMATION** (*Attach additional pages as needed*.) |
| Did anyone sustain injuries? [ ]  Yes [ ]  No If yes, state who was injured and describe injuries sustained; indicate whether aid was provided and describe aid given. |
|  | **NAME** | **DESCRIPTION OF INJURY** | **AID PROVIDED** | **DESCRIPTION OF AID**  |
| 1. |       |       | [ ]  Yes [ ]  No |       |
| 2. |       |       | [ ]  Yes [ ]  No |       |
| **Additional Comments:**       |
| **NOTE: CSP employees are not responsible for providing aid to the visiting public. CSP employees will call 911 if visitors are unable to call for themselves.** |
| **SECTION 4: REPORTING INFORMATION** |
| **Staff Reporting Incident:** |  |       |  | **Staff on Duty:** |       |  |
| Was a police report filed? |  [ ]  Yes [ ]  No |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What other actions were taken? |       |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | SIGNATURE OF EMPLOYEE REPORTING INCIDENT |  | DATE |  | DISTRICT PERSONNEL SIGNATURE |  | DATE |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

This document was completed by a CSP employee at the request of the Kentucky Transportation Cabinet.  It should not be construed as an expression of CSP's findings, beliefs, or statement of position.  It contains only limited information, and the information may not be accurate or complete. **This report should be submitted to the District Office within twenty-four (24) hours of the incident.** |