CORONER'S REPORT
Motor Vehicle Collision Death

Name of Deceased _____

Address _____ _____ _____
Street or Route City State

Age of Deceased _____ Race of Deceased _____

Date of Collision _____ Date of Death _____

Location of Collision _____ _____ _____
Address City State

Investigating Police Agency _____

Circumstances surrounding death: Check which apply

☐ Traffic Collision

☐ Death due to injuries sustained from collision

☐ Death due to natural causes

_____ _____
Signature County

Submit to:
Kentucky State Police Criminal ID/Records Branch – FARS SECTION
1250 Louisville Road
Frankfort Kentucky 40601
Fax # (502) 227-8734

(or) via e-mail to:

james.franklin@ky.gov

Submission requirements are in accordance with KRS 189.590

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