

KANSAS MOTOR VEHICLE ACCIDENT REPORT CODING MANUAL

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Version 1.0



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INTRODUCTION

This manual provides detailed instructions for completing each of the following motor vehicle traffic accident report forms for the State of Kansas: Motor Vehicle Accident Report (850A), Occupants & Vehicles (850B), Narrative Report (851), Heavy Vehicle & Hazmat Supplement (852), and the Passengers & Pedestrians (854) forms. These forms are to be used for all state reportable accidents. In addition, they can be used for non-state reportable accidents per agency policy.

The initiation of the forms revision stems from a Kansas Traffic Records Assessment conducted by the federal government in 2005. The recommendations to Kansas emphasized data sharing between local, state, and federal systems. In order to facilitate this outcome, state databases and forms are being retooled. A Traffic Records System (TRS) was created and can link state databases together, so users at all levels can access the data they need to do their jobs. In all, it is a massive effort.

All of the content and the general layout of the forms were determined jointly by a special committee representing agencies interested in and affected by accident reporting. The following organizations participated:

Chiefs of Police Representative	Kansas Department of Transportation
Sheriffs Association Representative	Kansas Highway Patrol
Emporia Police Department	Kansas Bureau of Investigation
Osage City Police Department	Kansas Insurance Commission
Kansas City Police Department	Kansas Seat Belt Education Office
Overland Park Police Department	Kansas Health and Environment
Hutchinson Police Department	Kansas Board of Healing Arts
Garden City Police Department	Kansas Attorney General's Office
Salina Police Department	Mid-American Research Council
Wichita Police Department	DCCCA
Ford County Sheriff	Kansas Law Enforcement Training Center
Reno County Sheriff	Federal Highway Administration
Saline County Sheriff	FARS – NHTSA
Kansas Department of Revenue	

Advice and consultation were also provided by individuals and organizations not able to attend or serve as working committee members but able to offer valuable comments and suggestions helpful to the success of the revision process.

Some codes used for various data elements on the forms are not listed in this manual, as they are illustrated on the forms themselves. This accident reporting forms revision is a step toward becoming more compliant with federal guidelines. Not every federal coding difference was incorporated. A measure of reasonableness and relevance was used to determine a compromise.

Resources:

- The Manual on Classification of Motor Vehicle Traffic Accidents, Standard D16.1-2007 (7th Edition) of the American National Standards Institute (ANSI), published by the National Safety Council, www.nsc.org (National Safety Council).
- The Data Dictionary for the American Motorists Data Base Standard, ANSI D20 published by the American Association of Motor Vehicle Administrators, <http://www.aamva.org/>.

Organization of the Accident Forms:

- 850A – Accident level information only (no people or vehicles)
- 850B – Drivers, Passengers, and Vehicles
- 851 – Narrative only (no fatal information like on the previous 851)
- 852 – Truck / Bus / HazMat Supplement (enhanced codes and examples)
- 854 – Additional Occupant or Pedestrian Supplement
- 855 – Code Sheet

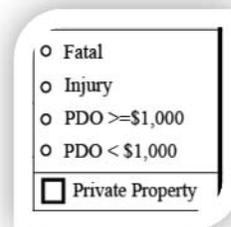
The back of the Motor Vehicle Accident Report (850A) form provides a large collision diagram area. The Narrative Report (851) form provides two full pages for the officer's complete description of the accident and any additional notes that might be relevant. When used, the Narrative report (851) form must be submitted to the State. The data for the Heavy Vehicle & Hazmat Supplement (852) incorporates recommendations of the FMCSA and requirements for the federal Commercial Motor Vehicle (CMV) database: SafetyNet. The 852 is mandatory if the federal reportability requirements are met (see the back of the form). **There are two versions of the accident forms:** 1) Paper and 2) electronic. A mixture of both is reflected in this manual.

Notes: The state accident forms are considered “open records” and should not contain information restricted by other laws such as criminal/illegal details. If Social Security Numbers (SSN) are recorded, they must be redacted (blocked) upon release to the public. Do not record an SSN in the Driver’s License field. Further, **do not watermark or stamp records to be sent to KDOT.**

STATE REPORTABLE ACCIDENTS

By law, any accident occurring on or involving a public roadway (including parking lot trafficways) **which results in death or injury to a person or total property damage of \$1,000 or more** (estimated professional replacement) **must be reported to KDOT within 10 days of the investigation on state approved forms. No provision exists for documenting and submitting state-reportable accidents on abbreviated, non-state forms for any reason like weather, simple accidents, etc.** Non-reportable accidents not involving a public trafficway can be documented on the state forms if desired, but are not reportable to the KDOT. **One exception to this is fatal accidents** occurring on private property. These reports must be submitted to the KDOT to satisfy Federal requirements. A fatal accident is one that causes death of one or more persons either at the time of the accident, or within a 30 days of the time and date of the accident. If a person dies of a medical condition and not as a result of the accident, record their injury severity according to the accident repercussions. Example: Driver has a heart attack at low speed causing little damage, but dies.

Criteria	Code Marked	Reportable
Fatal only	(‘F’)	Yes
Injury only	(‘I’)	Yes
PDO >= \$1,000 only	(‘PO’)	Yes
PDO < \$1,000 only	(‘PU’)	No
Fatal & Private Property		Yes (federal need)
All other Private Property combinations		No



AUTHORITIES AND REQUIREMENTS

Accident reporting requirements are established by Kansas statute and sections are shown below.

Article 16.--UNIFORM ACT REGULATING TRAFFIC; ACCIDENTS AND ACCIDENT REPORTS

8-1601. Application of sections in article 16. The provisions of this article shall apply upon highways and elsewhere throughout the state. **History:** L. 1974, ch. 33, § 8-1601; July 1. Other relevant sections are 8-1602, 8-1603, 8-1604, 8-1605, **8-1611**, 8-1612, and 8-1613. Chapter 14 has relevance for definitions.

LAW ENFORCEMENT FORMS ORDERING

WHERE TO SEND COMPLETED ACCIDENT FORMS

Accident Data Manager
Bureau of Transportation Planning
Kansas Department of Transportation
700 SW Harrison, 3rd Floor
Topeka, Kansas 66603-3754

WHERE TO REQUEST BLANK ACCIDENT FORMS AND CODING MANUALS

Blank forms may be ordered from our website:

<http://www.ksdot.org/burtransplan/prodinfo/lawinfo.asp>, by calling one of the following telephone numbers, or by using the email address below:

(785) 296-0456, 5169, 7789

E-mail address: accidentdata@ksdot.org

WHERE TO OBTAIN ANSWERS TO QUESTIONS and ACCIDENT STATISTICS

For answers to questions on accident coding and interpretation or seeking accident statistics, see the contact information above, or view our web site shown below.

<http://www.ksdot.org/burtransplan/prodinfo/accista.asp>

INSURANCE REPORTING – DC-66 Form (pg. 94)

By law, the Kansas Department of Revenue (KDOR) requires a DC-66 form to be submitted for **verification** of automobile insurance coverage. However, this form is only mandatory in specific situations. The reporting officer is afforded some discretion regarding traffic stops and vehicle accidents. Please complete and forward the DC-66 form in the manner described on **page 95 of this manual** reflecting detailed scenarios.

Additional entry of insurance information on the 850B accident report form is helpful and encouraged.

WHERE TO OBTAIN DC-66 AND OTHER ‘Driver Control’ FORMS

DC-66 and other Driver Control forms may be obtained only from the Kansas Department of Revenue at the address shown on the form or by calling (785) 296-3613 or 296-3671. KDOT does **not** stock these forms. **Please note that the DC-66 form must submitted to:**

Driver Control Bureau,
Docking State Office Bldg,
P.O. Box 12021,
Topeka, KS 66612-2021

WHERE TO OBTAIN KBI FORMS

- 1) Kansas Standard Offense Report (KSOR)
- 2) Kansas Standard Arrest Report (KSAR)
- 3) Kansas Supplemental Homicide Report
- 4) Kansas Juvenile and Adult Disposition Reports
- 5) Law Enforcement Officers Killed or Assaulted Report (LEOKA)

Write to: Kansas Bureau of Investigation (KBI)
1620 SW Tyler Street
Topeka, KS 66612-1800

Or call: (785) 296-8200

ACCIDENT REPORTING QUALIFICATION, STANDARDS, & SPECIAL NOTES

ACCIDENT QUALIFICATION

The definition of an accident is "an unstabilized situation which includes at least one harmful event." The ANSI D16.1 Manual on Classification of Motor Vehicle Traffic Accidents asks eight questions and each must be answered "YES" for an incident to be classified as a motor vehicle traffic accident. (Skip question #7 if no train is involved.)

1. Did the incident include loss in the form of damage or at least one injury?
2. Was the injury or damage unintentional and not a direct result of a cataclysm?
3. Did the incident involve at least one motor vehicle?
4. Did the incident involve at least one motor vehicle in-transport?
5. Was the incident an unstabilized situation?

Unstabilized Situation: An unstabilized situation is a set of events not under human control. It originates when control is lost and terminates when control is regained or, in the absence of persons who are able to regain control, when all persons and property are at rest. In cases of multiple events, determination for documenting one or more accidents is based upon whether the events are continuous or whether there is time between unstabilized situations.

6. Did the unstabilized situation originate on or involve a public trafficway or did injury or damage occur on a trafficway?
7. **If** the incident involved a railway train in-transport, did a motor vehicle in-transport become involved prior to the train being involved in other property damage or injury (i.e. derailment)?
8. Did the incident exclude aircraft or watercraft in-transport?

Trafficway: A trafficway is any land way open to the public as a matter of right or custom for moving persons or property from one place to another. A trafficway resembling public streets, county roads, and highways reach from property line to property line including any shoulders, ditches, sidewalks, and additional right-of-way (page 6).

Trafficway Inclusions:

- Areas with guarded or gated entrances, such as military posts or private residential developments, are considered trafficways if the guards or gates customarily admit public traffic
- Privately constructed and/or maintained roads open to the public for moving persons or property for transportation purposes
- Local roads in a residential development, which are open to the public

Examples:

- * Land ways within a gated community when the gates are open to the public
- * Circulating system of roadways in the land way of a shopping center or shopping mall which provides public access to the parking lots
- * A road providing public access from the trafficway to the parking lot of a major store
- * Roads with unrestricted access in a private retirement community

Trafficway Exclusions:

- Roads in a gated community only open to the residents and guests
- Parking spaces and parking aisles. (See pg. 7)
- Closed lanes or roadways due to construction

Examples:

- Driveway to a residence or business including most gas station lots
- Military base or gated community with restricted access
- Parking aisles providing entry to parking spaces or stalls

ACCIDENT QUALIFICATION:

The following events **do NOT qualify** as state reportable motor vehicle accident:

- 1) Any possible injury or damage involving a motor vehicle in-transport on a trafficway if the event was deliberately intended, such as suicide, self-inflicted injury, homicide, assault, legal intervention, a domestic violence occurrence, or intent to do harm to self or others.

Legal Intervention: Legal intervention is a category of deliberate intent in which the person who acts or refrains from acting is a law-enforcing agent or other official.

Examples:

- If a lawbreaker crashes either intentionally or unintentionally into a road block set up by police to stop him, the crash is considered a result of legal intervention.
- If a police car is intentionally driven into another vehicle, the crash is considered to result from legal intervention.
- If tire deflation devices are used (spike strips), and the pursued vehicle crashes near the area of deflation as a result, the accident is considered legal intervention.

Exclusions:

- If the fleeing driver willfully continues driving on deflated tires and subsequently crashes later, the accident is **not** considered legal intervention and is reportable.
 - If a driver other than the lawbreaker crashes into the road block, the crash is **not** considered to be a result of legal intervention.
 - If a lawbreaker being pursued by the police loses control of his vehicle and crashes, the crash is **not** considered legal intervention and is reportable.
 - If during the course of the pursuit, the police vehicle strikes a vehicle other than the subject of the pursuit, a non-motorist, or property, then that harmful event is **not** legal intervention.
- 2) A motor vehicle in-transport running off the road and returning (or coming to a stop off the road) without injury or damage to the vehicle or real property in its path.
 - 3) Injury from live electric wires after an accident ends when a vehicle occupant would have been safe otherwise
 - 4) Events initiated by and/or loss resulting from cataclysm, such as motor vehicle damage resulting from lightning, excessive wind (above 73 mph), downburst, tornado, landslide, flood or earthquake. (ANSI D-16.1 – 2.4.5)
 - 5) A train collision involving only a pedestrian whether at an at-grade crossing or not.

Note: The state forms can be used for non-state reportable accidents per agency policy.

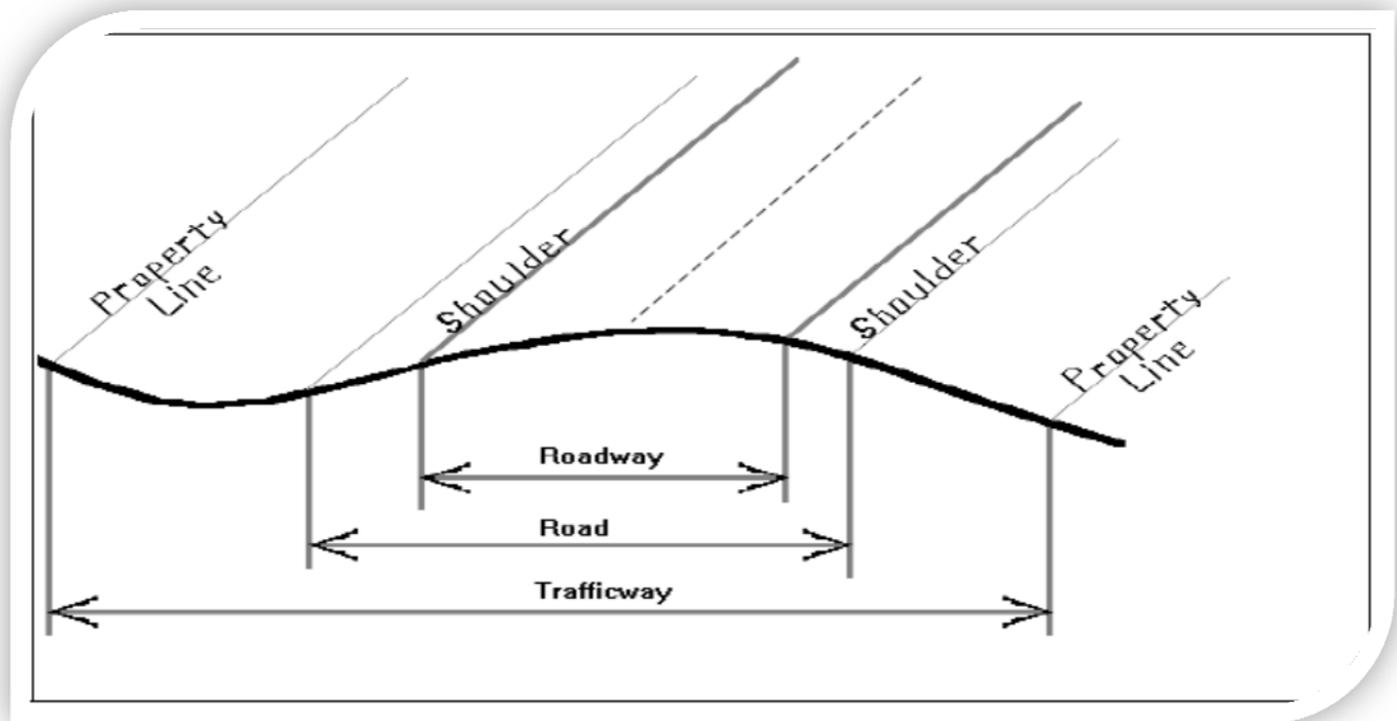
BASIC TERMS AND QUALIFICATIONS

Many of the following definitions and explanations are taken verbatim from the ANSI D16.1-2007 Manual on Classification of Motor Vehicle Traffic Accidents.

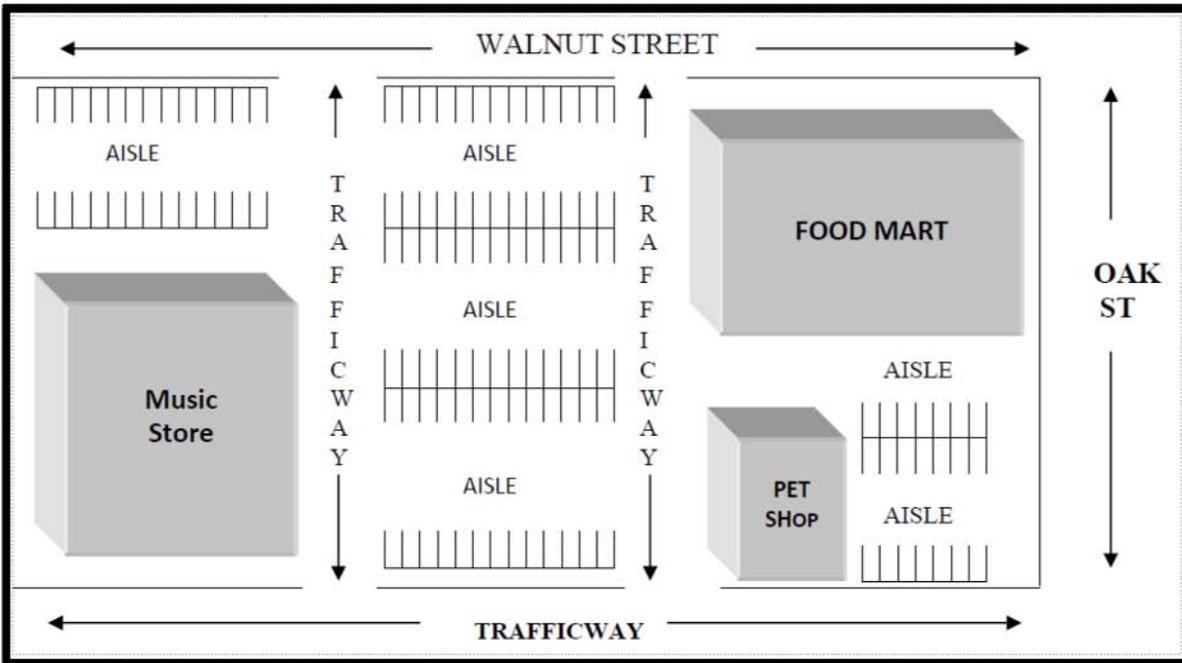
MOTOR VEHICLE To be considered a state reportable accident, a motor vehicle "IN-TRANSPORT" must be involved in the accident. "IN-TRANSPORT" means that the motor vehicle, a motorized device being used for transportation, is in motion, is ready for motion (such as stopped for a traffic light or stopped before turning), or is improperly stopped where traffic is intended to move (illegally parked, disabled, or abandoned in the road). "IN-TRANSPORT" does not include vehicles such as legally parked vehicles or those parked off the roadway. In this manual, "motor vehicle" means "motor vehicle in-transport."

TRAFFIC "Transport" and "traffic" are associated with the road locations where motor vehicles are intended to travel. The unstabilized event must be initiated on, occur on, or involve a public trafficway.

ROADWAY A roadway is that part of a road which is intended for travel (driving lanes). The "Road" includes both the driving lanes and shoulders (if any). And a "Trafficway" includes the road, roadway, and land out to the "Property Line" (public right-of-way).



TRAFFICWAY A trafficway is any land way open to the public as a matter of right or custom for moving persons or property from one place to another without regard to ownership. A trafficway resembling public streets, county roads, and highways reach from property line to property line including any shoulders, ditches, sidewalks, and additional right-of-way. This includes "gated" communities, trailer parks, and like roads which customarily admit public traffic. **Defining a reportable trafficway is based more on who uses the road versus who owns the road.** The diagram on the next page illustrates the difference between public roadways or trafficways and private property portions of a parking lot as defined by the National Safety Council.

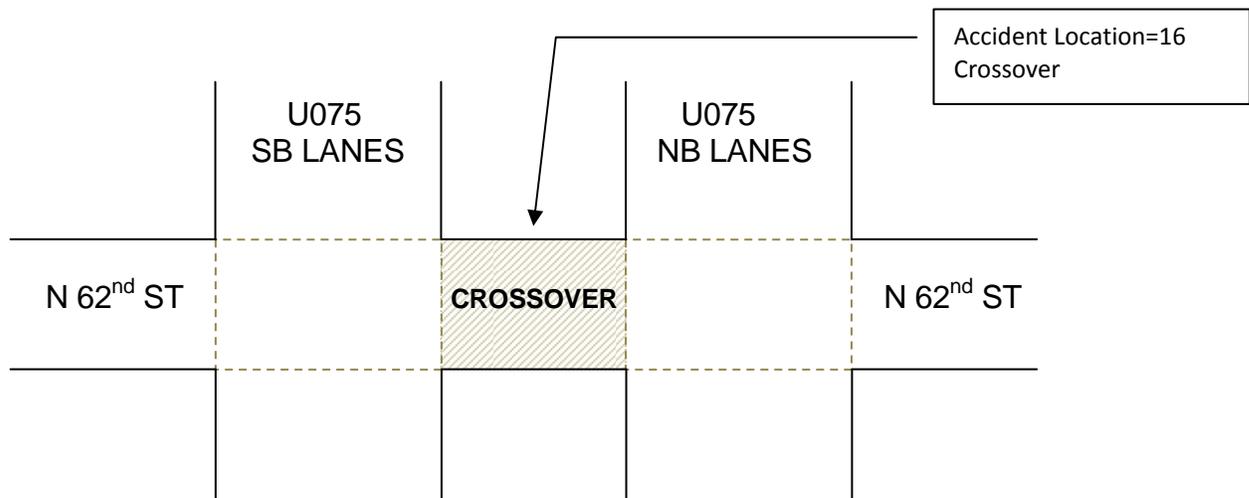


TRAFFICWAYS IN A PARKING LOT provide public access to and from and circulation within the lot. These trafficways are considered public roadways (do NOT mark private property box). Parking lot AISLES provide access to the parking stalls and are NOT considered public roadways (mark private property box). Motor vehicle accidents occurring in parking lot AISLES, restaurants drive-through lanes, and lots without defined trafficways (like gas stations) are not reportable to the state.

One Exception: All fatal accidents are to be submitted for FARS analysis (Federal system) even if they are on private property. See page 15 for addition parking lot information.

On-Street Parking: If parking stalls are provided on a public street, the street is not considered an Aisle as explained above. And, accidents relating to the parking stalls would be reportable to the state.

CROSSOVER A designated crossing area typically between divided highway lanes. (See Example #7A and 7B in the back)



GENERAL INFORMATION AND INSTRUCTIONS

Basic Reporting

The basic accident report (850A) consists of a single page with information on both sides dealing with “accident level” data only. There will only be one (1) 850A per accident. The second part of the basic report is the 850B for reporting “occupant and vehicle” data. The main advantage to dividing the forms in this way is to allow officers to take separate pieces of an accident scene and then easily bring the forms together into one report. (“Divide and conquer”)

Example: 4 car pileup – One officer handles all of the accident level data (850A); officer 2 takes vehicle one and two (850B1); officer 3 takes vehicles 3 and 4 (850B2).

The “extended narrative” report (851) should include witness statements and a description of events. The “Heavy Vehicle & Hazmat” supplement (852) is for reporting large/commercial vehicle data as well as vehicles carrying hazardous materials. The “Passengers & Pedestrian” form (854) allows for additional listings of passengers and EMS data (for example, van or bus passengers).

All KDOT forms are to be submitted as one report within 10 days of the accident investigation (state statute 8-1611).

These forms are considered “Open Records” for the public, and by law, KDOT is the repository for all reportable accident reports (see page 2). Therefore, KDOT must receive and retain all KDOT forms filled out for each reportable accident. **This includes amended reports.** If the most complete version of the report is not sent to the state, customers of the report will not receive the final/complete report. Do not record criminal information or social security numbers on these forms.

Paper Forms

For those completing reports on paper, you will notice circles or check boxes next to a field’s codes. These are there to speed completion of the report. They are not to be filled in like a bubble form but rather with a hash mark, check mark, or X. Care should be taken not to accidentally mark over more than the intended selection. If a field requires only one code, a circle is shown. If the field can have more than one entry like Road Special Features, there are checkboxes.

ROAD SPECIAL FEATURES (up to 3)	
<input type="checkbox"/>	00 None
<input checked="" type="checkbox"/>	01 Bridge _____
<input type="checkbox"/>	02 Bridge Overhead
<input type="checkbox"/>	03 Railroad Bridge
<input type="checkbox"/>	04 RRXING _____
<input type="checkbox"/>	05 Interchange
<input checked="" type="checkbox"/>	06 Ramp
<input type="checkbox"/>	99 Unknown

For electronic forms, the user will have a box or boxes to enter the code value(s) into.

+INTERSECTION TYPE	
<input type="radio"/>	01 Four-way intersection
<input type="radio"/>	02 Five-way or more
<input checked="" type="radio"/>	03 T - intersection
<input type="radio"/>	04 Y - intersection
<input type="radio"/>	05 L - intersection
<input type="radio"/>	06 Roundabout (See Manual for Definitions)
<input type="radio"/>	07 Traffic Circle
<input type="radio"/>	08 Part of an interchange
<input type="radio"/>	99 Unknown

Recording Data

Accuracy and completeness of all forms are very important to those that make local, state, or federal decisions. Law enforcement review data and determine target areas and safety measures. Engineers and Researchers at all private and government levels review the data to improve intersections, roadway geometrics, vehicle safety, pedestrian safety, etc. It is crucial that the data is the very best.

Special Notes on Traffic Units

Traffic units are mechanically or electrically powered motor vehicles in-transport (not including personal conveyance devices like electric wheelchairs or sidewalk scooters), all pedestrian types (See page 10 - Special Notes on Pedestrians), and trains involved with a motor vehicle. A traffic unit includes all parts of the traffic unit, including towed units or anything transported by the traffic unit. If parts of the traffic unit or its cargo become detached, it is still considered a part of the traffic unit until the parts or cargo come to rest (motionless). Motor vehicles in-transport have maneuvers (some of which are not in motion) and positions in trafficways.

Remember, vehicles stopped in traffic due to normal traffic flow are NOT considered “parked.” Per federal guidelines, these vehicles are considered “in-transport” and are recorded as normal traffic units (01, 02, etc.). **DO NOT** record legally parked vehicles or non-contact vehicles as normal traffic units (###). Record their information after recording and numbering all regular traffic units involved if possible. **Do not repeat unit numbers for any type of traffic unit.** Example of proper coding: **01** (traffic unit #1), **N02** (non-contact unit), **X03** (legally parked unit). Improper coding would be 01, X01, and N01.

When completing information on each person involved in the accident, list:

- Their association with a traffic unit or as a traffic unit, and code their seat type (position)
- Include all passengers whether injured or not (this includes bus passengers)
 - **Exception:** Record train passengers only if they are injured (does not apply to train crew)
- Individual’s age and gender
- The use of safety equipment and injury severity
- EMS transport of each involved person taken to a hospital
- For people associated with motor vehicles, indicate whether they are ejected or trapped.
- Witness information should be listed in the Narrative (form 851)

Special Notes on Parked Vehicles

The distinction of motor vehicles in-transport eliminates legally parked vehicles; legally parked vehicles (X-Units: X3) are not “normal” traffic units. Likewise, non-contact vehicles (N-Unit: N2) are not considered “normal” traffic units because contact is not made with another traffic unit. **Legally parked vehicles may have positions in trafficways, but do NOT have maneuvers.** Sometimes there is confusion concerning how to record legally or illegally parked vehicles involved in accidents. Please use the follow as a guide:

ILLEGALLY PARKED (Normal Traffic Unit...01, 02, etc)

- * A part or all of the vehicle is in the driving lanes (unless on-street parking allows such)
- * Examples: door open in driving lanes, cargo in driving lanes, car running in driving lanes, non-emergency vehicle providing assistance in driving lanes, attached trailer in driving lanes, etc.
- * Disabled vehicles in driving lanes are considered illegally parked.

LEGALLY PARKED (X Unit...X2, X3, etc)

- * No part of the vehicle is in the driving lanes (unless on-street parking allows such)
- * Transport vehicle parked in roadway unloading cargo
- * Emergency vehicle parked with emergency lights on (police, tow, fire, ambulance, etc)
- * Construction / utility vehicle parked with caution lights on and/or cones and signs
- * Note: Injured occupants of legally parked vehicles are PED Type 25 & recorded on 854 form.

Special Notes on Working Vehicles

A “working motor vehicle” is a motor vehicle in the act of performing enforcement, construction, maintenance, or utility activities related to the trafficway. This "work" may be located within open or closed portions of the trafficway and motor vehicles performing these activities can be within or outside of the trafficway boundaries. Drivers of these vehicles are NOT to be listed in the Drivers Table. They are a PED type 26 (machine operator) and must be listed on the 854 form. Their PED action is (04) Working. Record **passengers** in the passenger table (850B). Kansas is differing from the ANSI D16 standard in two ways: 1. A working vehicle is considered in-transport if in motion and 2. Emergency vehicle activities are included.

Inclusions:

- Vehicles at work in a marked work zone
- Vehicles at work on the median, shoulder or roadside.
- Mobile maintenance convoys
- A law enforcement vehicle which is participating strictly in a stationary construction or mobile maintenance activity as a traffic slowing, control, signaling or calming influence.
- Emergency vehicles performing work activities such as: working an accident scene, traffic stops, legal intervention, responding to an emergency call, police pursuit, and traffic control.

Examples:

1. Asphalt roller working in a highway construction zone.
2. Maintenance crew mowing grass on roadside or plowing snow.
3. Utility truck performing maintenance on the power lines along the roadway.
4. A private excavating company contracted by the state digging the foundation for a new overpass.
5. Law enforcement parked with lights on for a traffic stop or serving as traffic control
6. Ambulance, fire, law enforcement, and tow vehicles responding to emergency calls or working on scene, where they are at greater risk than normal traffic.
7. Law enforcement in pursuit

Exclusions:

- Vehicles performing a private construction/maintenance activity
- Law enforcement vehicles on routine patrol or responding to non-emergency situations
- Construction, maintenance, utility vehicles while moving from one job site to another
- Mail or Parcel service vehicles

Examples:

Garbage trucks, delivery trucks, taxis, etc.

Important Note: If after investigation the working vehicle driver is found to be inappropriately responsible for the damage and/or injury, record them in the Drivers Table (not as a PED type 26), and reflect the proper driver contributing circumstances, violations, and citations.

Special Notes on Trains

Trains colliding with motor vehicles at public roadway crossings are considered state reportable accidents. However, a train collision at any other location is considered a private property accident and a train collision with a pedestrian **only** is not considered a motor vehicle accident by state standards. Record identification and description of train traffic units on the 850B form. Identify trains

only by ownership (e.g., BN&SF, UP, or AMTRAK) and, in the Vehicle Identification Number space, place numerals or other identification for the locomotive (for the lead locomotive only, if more than one). **DO NOT** record driver information for train crew in the Driver Table (front of the 850B). Record all crew members of the lead engine in the Passenger Table as seat type '31'. Record any train passengers who are injured (seat type '32'). Seat type '32' would also include any other train crew members including conductors, engineers, car attendants, brakemen, etc.

Special Notes on Pedestrians (Peds)

Pedestrians (Peds) in the general sense refer to persons who are not occupants of motor vehicles in-transport (except "working vehicle" drivers). **Inclusions:** persons walking, jogging, playing, or pedal cyclists, riders of animals, occupants of animal-drawn vehicles, occupants of a vehicle NOT IN-TRANSPORT (legally parked), "working vehicle" drivers, and machine operators when such machine is used for its intended purpose. **Example:** While mowing along a road, a mowing machine is struck, thus the driver is considered a Ped (type 26).

Each pedestrian injured as a result of a reportable motor vehicle accident is recorded as a new traffic unit on the back of the 854 form. Occupants of legally parked vehicles are recorded as Peds (Seat/Ped Type 25) and must be listed if they are injured. If they are not injured, recording them as a Ped is optional, though they can be listed as witnesses in the Narrative. Most Peds also have maneuvers (Ped Action) and positions in trafficways (Ped Location or Other Location).

DO NOT record pedal cycles (i.e. a bicycle) as vehicles. The pedal cyclist (operator) is a pedestrian traffic unit. A pedal cyclist is a Ped type 22. Do not record identification or description of pedal cycles in the vehicle area (back of 850B) because "VEHICLE" on the form means "motor vehicle." Record information of damaged pedal cycles, when needed, in the 'Object damaged and nature of damage' block (front of 850A) or in the narrative (851).

Unknown and Other codes: In many areas of the KDOT forms the follow codes are available:

Other – Use code '88' and specify if possible what the "other" is.

Unknown" – Use code '99'

Accidents Requiring Additional 850B Forms

The 850B report form will accommodate two traffic units and up to six people, including two drivers, and four other passengers. For additional vehicle occupants, use form 854 (Passengers & Pedestrians). Approximately 7% of the accidents in Kansas involve enough passengers to require adding an 854 form.

An accident involving more than two traffic units requires additional pages of the 850B report form. When additional 850B forms are needed, do NOT repeat the **Violations and Contributing Circumstances** from the first 850B form. List the Violations and Contributing Circumstances with the traffic unit on the 850B form to which they belong.

ACCIDENT LEVEL CODING

INVESTIGATING DEPARTMENT Enter the agency name (including clear abbreviations) of your police department. (Examples: KHPA (= troop A), KCPD, Wichita PD, DG Co Sheriff, Hays PD). This field is mandatory.

REVIEWED BY Enter the name, initials, or badge number of the officer reviewing and approving the report.

Investigating Department	Reviewed by
--------------------------	-------------

LOCAL CASE NUMBER (MANDATORY) Each report must have a unique local case number here (number according to your local policy). It should be unique per agency per year. In other words, do not repeat the same case number within a calendar year. If you send an amended accident report to the State, PLEASE BE SURE TO INCLUDE the same, original, local case number. It will assist in flagging amended reports to avoid duplication. **A maximum of 12 Characters can be used.**

Local Case No.

PAGE ___ OF ___ number the pages in a way that suits your needs the best, but please submit them in the following order: the Motor Vehicle Accident Report form (850A) first. Next, the Occupants & Vehicles forms (850B). Then add the Passengers & Pedestrians forms (854), any Heavy Vehicle/Hazmat Supplement forms (852) and finally, any Narrative forms (851) used. When you know how many total pages are to be sent to the State, go back to page 1 and enter the total number of pages on each sheet after the word "of."

Investigating Officer Name	Badge Number	County	City Name
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INVESTIGATING OFFICER & BADGE NUMBER Enter the name and badge number of the officer responsible for or in charge of the accident investigation and the report.

(Maximum of 8 characters)

COUNTY Enter the 2-character county abbreviation where the **1st Harmful Event** occurred. See: County Codes (page 90). This field is mandatory. If the county is unknown, you must choose the most probable county code.

CITY NAME Enter the name of the city or town only if the accident the 1st Harmful Event occurred within city limits. Leave blank if accident occurred outside of city limits. Sheriff's departments and KHP personnel need to be especially careful about this when the accident location is near a large city (Wichita, Topeka, etc) but not within the corporate city limits. Leave the "CITY NAME " box in these cases blank.

CHECKBOXES AT TOP OF FORM on the Kansas Motor Vehicle Accident Report form 850A are for classifying reports and separating them for efficient handling.

Amended Report

Amended reports cannot be processed correctly unless all completed pages are re-submitted to the State. (All applicable forms: 850s, 851s, 852s, 854s). This applies to both paper and electronic submissions.

1. **Make a copy** of all KDOT form pages for the report.
 2. **Correct/Modify** values as necessary and mark the amended box.
 3. **Highlight** the new item(s)
 4. Please send the **full, modified report** (all KDOT forms) to KDOT.
 5. The previously sent original is then replaced at KDOT with the new, amended copy.
- * **Please do not send in just the page that was changed.**

DUI

Mark the DUI checkbox if one or more drivers in the accident was impaired by alcohol or drugs, AND they were charged based on probable cause. If a DUI charge is pending due to chemical test results pending, indicate such under Impairment Tests, and do not mark the DUI box until the results are known and a charge is made. If the test results will take a number of days or weeks to return, an amended report must be submitted with the test results (P - Positive or N - Negative) for alcohol and/or drug recorded, along with the DUI box marked (or not) as applicable. The DUI box applies to alcohol, legal drugs (medication), and illegal drugs.

Hit & Run

Mark Hit & Run if at least one of the vehicles involved is considered a "hit & run" traffic unit. If the hit and run accident box is marked on the 850A, there must be a vehicle (driver) that left the crash scene with the Special Conditions code of Hit & Run marked on the backside of the 850B form.

Accident Severity

Fatal
Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

Five choices identify the criteria by which accidents are reportable to the State. Mark only one of the top four which identifies the reportability and severity of the accident: (**F**) **Fatal Accident** (at least one injury severity of 'F'), (**I**) **Injury Accident** (No 'F', but at least one injury severity of D, I, or P), (**PO**) **Property Damage Only Accident** >=\$1,000 (No injuries), or (**PU**) **PDO** <\$1,000 (No injuries). If the accident occurs on "Private Property" be sure to mark that box in combination with one of the other four.

Private property accidents are normally not reportable to the State. However, if the accident occurs on a public trafficway or involves a fatality and on private property, it must be submitted to KDOT.

Special Note: If it is determined that a person dies of a medical condition (not the result of the accident), use the "Injury" or "PDO" code as applies, not the "Fatal" code. The same is true if the person dies after 30 days of the accident date. An amended report should be submitted to reflect that fact and marked as an "injury" accident. The person's Injury severity should be listed as the reporting officer observes it to be at the time of the accident: Possible Injury, Non-incapacitating Injury, or Disabling Injury. If there is uncertainty as to which injury severity code to use, choose P (Possible).

Remember: Non-reportable accidents will not be entered into the statewide accident database. The accidents occurring on private property or under the \$1,000 property damage threshold and no injury are NOT to be submitted to the KDOT (exception: a fatality accident). Policies are set by each local jurisdiction on how to create and keep such reports.

KDOT?

The "**KDOT?**" checkboxes located in Work Zone Type and Object Damaged sections must be marked if KDOT is the responsible party. Normally, this only includes all State, US, and Interstate highways. This does NOT include the turnpike (KTA).

MILEPOST Enter the state milepost of the accident location to the tenth of a mile (192.3).

*Avoid using **MP references only** where possible.* Because of road alignment changes over time, signed mileposts are sometimes unreliable as some are not moved reflecting road length changes. **The best reference** is using the nearest At Road, even if the closest reference road is several miles from the area of impact (AOI). For highway **Rest or Service Areas**, a milepost is mandatory. For interchange locations where the On and At Road Name fields are equal, the milepost is required to identify the interchange (see ramp coding).

BLOCK NUMBER...helps to identify the accident location (usually within a city) in addition to the proper "On Road" and "At Road" names.

If the On Road (Name) is an alley, the block

number must contain a value along with the nearest At Road reference to identify which alley.

Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx
----------	---------	--------------	-----------	---------

Example: V1 was in the alley between 15th and 16th... Without a block number value of say 2252, one cannot identify which alley. There may be 2 alleys here. The proper description would be: 2252 (Block No) Alley (On Road Name) WAY (Road Type), 200 ft N of 15th.

DIR PFX Direction Prefix is to be used to identify the On Road Name as distinct and signed within a city or county. Valid codes are: 'N', 'S', 'E', 'W', 'NE', 'NW', 'SE', 'SW', and 'U'.

Example: **N** 39th St. distinguishes from **S** 39th St. The same applies to Reference Road Name. Leave the Dir Pfx blank if there are not identical road names within the county/city.

ON ROAD NAME Record the On Road Name as signed where the **unstabilized situation** began. Code fields like Light Conditions, Road Conditions, Surface Type, Surface Character, etc. based upon the On Road Name field. An exception would be where the situation began on private property and damage and/or injury occurred within trafficway boundaries. If the event began outside of the trafficway and harm occurred within the trafficway right-of-way, record the trafficway road name.

If unknown, record **Unknown**. If the **On Road** is an Interstate, US, or Kansas route, always use the I###, U###, or K### route identifiers as opposed to the local name (e.g. "Kellogg" in Wichita is U054). Record U054 in the **On Road Name** field, not "Kellogg" where they share the same road section. Since there is also a "Kellogg Drive" that parallels U054, there can be significant confusion if not coded properly. Highways are coded with a letter and three numbers including leading zeros. Include the letter suffix for "Business" or "Alternate" (example: U069**B**) if it applies.

Please be consistent within your agency with how road names are coded. Do NOT add a second name in the On Road or At Road Name fields such as: U054 (Kellogg) or U059 (Iowa). This greatly hinders an agency's ability to query accidents by route as the data possibilities are numerous (e.g. U024, U-24, US-24 (State St), U-24 (State), etc)

For accidents in alleys, record **Alley** (see Block Number). For rest areas, record **Rest Area**. Record **Parking Lot** as it applies. For the **KTA**, record I035, I335, I470, I070 and then **TPKE** for the Road Type field. If the accident does not occur on a highway, enter the most current signed name of the road or street. If the accident occurred inside an intersection of different road classes, record the **highest** class. See below:

The hierarchy of highway road classes is:

- 1) **I** (Interstate) I070, I135, I435, etc
- 2) **U** (US) U050, U081, U283, etc
- 3) **K** (Kansas) K004, K023, K181, etc
- 4) All other roads. Use 911 road names if available or the name shown on the street signs.

For example, if an accident occurs at (in) the intersection of U040 & K027 (junction), use U040 as the **On Road**. If at U024 & U283, use U024 as the **ON Road**. (Use the lower route number where multiple routes of the same class are marked). **Exception:** See interchange coding on page 23-26.

If a road is not named, record "**NONAME**" in the **On Road Name** field. Occasionally, more than one set of distances and directions is necessary to indicate an accident location (Example: "2 miles north FROM U024 and 2.5 miles east FROM County Rd 210, ON "Noname" county road"). This description of the location should be reflected in the 850A narrative.

When referencing accident locations, **always identify junctions if they apply** (See page 19). **Example:** "1 mile north and 1.5 miles east FROM **U069/K057NJCT** (North junction) ON a county road". For **unknown locations**, record **Unknown** in the On Road / At Road Name fields, along with **0** (distance), **U** (ft/mi), **U** (direction) From. Record **RD** for the Road Type.

Roads formerly known as US or Kansas highways and removed from the state road system should be identified as the newly assigned county/city road name. If only known as "**OldU040**" (**OldU056**, **OldK132**,etc.), record such. Record '**RD**' for the On Road, Road Type when using the "OLD" tag.

Parking Lots: (see Example 15)

Kansas Motor Vehicle Accident Report KDOT Form 850A Rev 1-2009				Investigating Department TOPEKA POLICE			Reviewed by R MCCOMMON		Local Case No. 09-12541	
				Investigating Officer Name JOE KINNETT			Badge Number 765	County SN	City Name TOPEKA	
Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur		
230	2815		PARKING LOT	TRFY			01/01/2009	11:00		
From Dist	Fr/Mi	From Dir	FROM	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.
			<input checked="" type="radio"/> AT	SW	29TH	ST			01/02/2009	10:30

- **Block Number:** Record the address number of the parking lot in the Block No. field (pinpoints the location). Use the **address road name** for that structure/location in the **At Road Name** field.
- **On Road Name:** Use "**Parking Lot**" only for the On Road Name. **Do NOT put the address in the On or At Road name fields.** See page 7 for an explanation of parking lot trafficways. For on-street-parking, record the street name in the On Road Name field.
- **On Road Type:** Record **TRFY** (trafficway) for the **On Road Type** if applicable. If the accident is **not state reportable** (occurs in an aisle or an area with no defined trafficway), leave the On Road Type field **blank** and be sure to check the private property checkbox. **Do NOT** check this box for reportable parking lot, trafficway accidents. (See page 7)
- The **Distance, Unit of Measure, and Direction** from an At Road are only beneficial for parking lot trafficways and entrance or exit ramps to a parking lot.
- If the accident occurs in an aisle, undefined area of the parking lot, or a location where an At Road measurement does not make sense, the "From" Road measurement is not required. Mark the **AT** choice like the example above. Mark the private property checkbox only if the AOI is NOT in or related to a trafficway (see page 7).
- **Accident Location:** Use code **23** – Parking Lot or Rest Area
- **Special Data:** For parking lots, indicate the business name (e.g. Wal-Mart, Nazarene Church, Dentist office, etc.) in the **Special Data** field on the back of the 850A form.

Milepost	Block No	Dir Pfx	On Road Name	Road Type
	2815		PARKING LOT	
From Dist	Fr/Mi	From Dir	FROM	Dir Pfx
			<input checked="" type="radio"/> AT	SW
			29TH	ST

SPECIAL DATA
DILLONS

Service or Rest Areas:

- **Milepost:** Record the milepost of the rest area (371.0, 371.7, etc). This reference helps one determine which rest area along a given route. See Special Data below.
- **On Road Name:**
 - Accidents within the rest area boundaries require “Rest area” for the On Road Name with a milepost reference and the associated Highway as the At Road (like the example below). The Accident Location would be 23 – Parking Lot or Rest Area.
- **On Road Type:** If the accident occurs within a defined trafficway, record **TRFY** (trafficway) for the **On Road Type**. If it occurs on the entrance or exit ramps (lanes), record **RAMP**.
 - If the accident is **not state reportable** (occurs in an aisle or an area with no defined trafficway), leave the **On Road Type field blank** and be sure to check the private property checkbox. Do **NOT** check this box for reportable trafficway accidents.

Milepost 371.7	Block No	Dir Pfx	On Road Name REST AREA	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy) 01/02/2010	Time Occur. 07:39	Day SU	Accident Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000 <input checked="" type="checkbox"/> Private Property	
From Dist	Ft/Mi	From Dir <input type="radio"/> FROM <input checked="" type="radio"/> AT	Dir Pfx	Reference or At Road Name I070KTA	Road Type TPKE	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy) 01/02/2010	Time Notif. 07:49		Day SU
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 BEGAN TO PULL OUT OF PARKED POSITION IN OPEN AREA OF REST AREA AND SIDEWIPED V2							Date Arrived (mm/dd/yyyy) 01/02/2010	Time Arriv. 08:00	Day SU		
							Latitude (AOI)	00	ON	WORK ZONE TYPE AT	

- If the accident occurs on the **entrance or exit ramps** (lanes), the On Road Name field should be coded to the adjacent road name (i.e. I070, I035, U081). Record **RAMP** as the **On Road, Road Type**. Show a milepost reference, and record the adjacent road name as the At Road reference; the At Road Type will equal FWY, HWY, EXPY, RAMP or TPKE. The **Accident Location is 14 – Parking Lot / Driveway Access**.

Milepost 371.7	Block No	Dir Pfx	On Road Name I070	Road Type RAMP	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy) 01/02/2010	Time Occur. 05:00	Day SU	Accident Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000 <input type="checkbox"/> Private Property	
From Dist 273.5	Ft/Mi F	From Dir E	Dir Pfx	Reference or At Road Name I070	Road Type TPKE	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy) 01/02/2010	Time Notif. 05:09		Day SU
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 MOVING EAST ON REST AREA TRAFFICWAY RAMP REAR-ENDED V2 THAT WAS SLOWING FOR OTHER TRAFFIC							Date Arrived (mm/dd/yyyy) 01/02/2010	Time Arriv. 05:11	Day SU		
							Latitude (AOI)	00	ON	WORK ZONE TYPE AT	

- For rest areas, the **Distance, Unit of Measure, and Direction** from an At Road reference are required for entrance / exit ramps. Measure from the entry or exit point (gore area) to or from the adjacent roadway. If the accident occurs in a trafficway, an aisle, undefined area of the rest area lot, or a location where an At Road measurement does not make sense, the At Road measurement is optional. In these cases, select the **AT** choice. Be sure to show location in the diagram.
- **Special Data:** Indicate the rest area name (e.g. Lawrence RA, Matfield Green RA, etc.) on the back of the 850A form in Special Data as well as the narrative and/or diagram.

SPECIAL DATA
 E TOPEKA REST AREA

Public parks: If the road is NOT named, record “Park” for the **On Road Name**. Use **RD** (Road) for the **Road Type**. List the **park name** in the **Special Data** field. If the park road is named, record it.

ROAD TYPE ...is mandatory except for Parking lot aisles, undefined areas, and private property. Be careful to use the right code. Code the Road Type for both the On Road and At Road fields according to how the road name is signed. Do not use 'RD' for every "Road." Use 'AVE', 'BLVD', 'DR', 'ST', etc. as they apply. If the road is a Kansas, US, or Interstate highway, the Road Type will be **HWY** (regular highway; no access control), **EXPY** (Expressway; partial access control), **FWY** (Freeway; full access control), **TPKE** (Turnpike), or **RAMP**. For an Alley, use **WAY**. For a Parking lot trafficway, **TRFY**. If in a parking lot and not in a TRFY, leave the road type **blank**. If the On Road Name reflects "Unknown" or "Noname," record **RD** for the Road Type.

Code	Description				
AVE	Avenue	LNDG	Landing	ST	Street
BLVD	Boulevard	LN	Lane	TER	Terrace
CIR	Circle	PK	Park	TPKE	Turnpike
CT	Court	PKWY	Parkway	TRL	Trail
DR	Drive	PL	Place	TRFY	Trafficway
EST	Estate	PLZ	Plaza	VW	View
EXPY	Expressway	PT	Point	WAY	Way
FWY	Freeway	RAMP	Ramp	XING	Crossing
HWY	Highway	RD	Road		
JCT	Junction	SQ	Square		

SIDE NOTE: Access Control is "engineer speak" for limiting (or not) one's ability to access another roadway. The following values apply to Interstate, US, and Kansas routes only.

HWY – No Access Control: Route has many "at-grade" (same plane) intersections and no interchanges (no grade separation; no elevated ramps or bridges at junctions)

EXPY – Partial Access Control: Normally divided routes with 4 or more lanes with a mixture of interchanges (grade separation; ramps & bridges) and "at-grade" intersections.

FWY – Full Access Control: Normally divided routes with 4 or more lanes with only interchange junctions like Interstate highways.

TPKE – Full Access Control: Used for the Kansas Turnpike only (Same configuration as FWY)

DIR SFX Direction Suffix is to be used to identify the On Road Name as distinct within a city or county. **Example:** To distinguish Adams Road **E** from Adams Road **W**...The same would apply to Reference Road Name. Valid codes are: 'N', 'S', 'E', 'W', 'NE', 'NW', 'SE', 'SW', and 'U'.

ON ROAD SPEED LIMIT Enter the Speed Limit posted for the ON road. If not posted, enter the speed limit established for that type of road or street by statute or regulation. (the At Road Speed Limit is only required if the accident location is related to an intersection). Do not record the traveling speed of the vehicle here.

DATE OF ACCIDENT Code the date of the accident (mm/dd/yyyy); if unknown, code '99/99/yyyy' (the Year must be included for this field).

DATE NOTIFIED code the date when law enforcement was notified of the accident (mm/dd/yyyy).

DATE ARRIVED code the date when the reporting agency arrived on the scene of the accident (mm/dd/yyyy). If not applicable, leave blank.

TIME OCCURRED, TIME NOTIFIED, TIME ARRIVED: Code appropriate times for the accident occurrence, when law enforcement was notified, and the arrival time at the scene of the accident. These must be coded in **“military time”**. If unknown, leave blank. If submitting electronic accident reports, code '9999'. **Do not use '0000' for midnight; use '1159' or '0001'.**

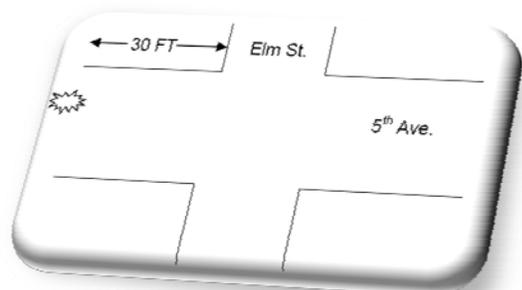
DAY Code the day of week using the first two letters of that day ('SU', 'MO', 'TU', 'WE', 'TH', 'FR', 'SA'). **Note:** The distinction of different days helps eliminate confusion surrounding the timing of events (like nighttime accidents before midnight and Notification and/or Arrival are the next day).

From Dist	Ft/Mi	From Dir	<input type="radio"/> FROM	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx
			<input type="radio"/> AT				

FROM DISTANCE If the accident first harmful event occurs **within** the intersection boundaries (“inside the box”, Accident Location='12'), leave the **From Dist, Ft/Mi, and From Dir** fields blank and mark the **AT** circle. If the Accident Location is not a '12', measure and record the distance from the nearest named reference road, and mark the **FROM** option. Do not measure from alleys and private/business driveways. If the distance is greater than 999 feet, Miles should be used instead (e.g. 1,000 ft/5,280 ft per mile = 0.189 miles). For highways without close intersecting roads, it is acceptable to use a milepost reference to the tenth of a mile (190.2). The measured distance is associated with the next two fields: the Unit of Measurement (**Ft/Mi**) and **From Direction**. **If the distance, UOM, & Direction are unknown and cannot be assessed, record zero, 'U', 'U'.**

FT/MI (Unit Of Measurement – 'F', 'M') It is preferred that the officer record feet for distances of less than 0.10 mile (528 ft) measured from the **Reference Road**. “Paces” and “Blocks” are NOT acceptable units of measurement.

FROM DIR Using the chosen Reference Road, identify which direction **LEADS TO** the accident first harmful event. In other words, the actual direction from the reference road and not based upon route inventory direction. Valid codes are: 'N', 'S', 'E', 'W', 'NE', 'NW', 'SE', 'SW', and 'U'.



Example near an intersection:

The  (area of impact) is on 5th Ave., 30 feet West of Elm Street.

FROM Mark the "FROM" option when NOT inside intersection or interchange boundaries. This requires measurements and a direction from a signed Reference Road that point toward the accident location (Area of impact).

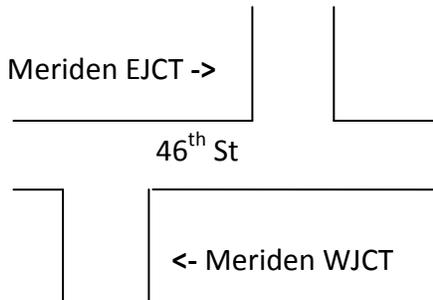
AT The "AT" option can only be marked when the accident occurs within intersection boundaries (Accident Location=12), certain areas of an interchange (AL=15), on an **intersection** crossover (AL=16), at a toll booth (AL=17), or in non-trafficway parking lot/rest area situations (AL=23). The 'Distance', 'Ft/Mi', and 'Dir' is typically blank for these locations. (See diagram on page 23)

DIR PFX (Direction Prefix) Use to identify the AT Road Name as distinct from another road with the same name: example - **N** 39th St to distinguish from **S** 39th St in Shawnee County. If one only records 39th ST, the reader cannot discern which 39th street is referenced.

REFERENCE (AT) ROAD NAME The best reference road choice is the nearest cross road/street (that has a road/street name). The purpose is to identify where an accident occurs related to the On Road. This field can only be blank for private property accidents or highway accidents where no reasonable crossroad is available and a milepost is recorded to the nearest tenth of a mile.

IMPORTANT: When referencing a road that has two junctions with the On Road within a county or city, be sure to indicate which junction using NJCT (North Junction), WJCT, etc. (I070 & K004WJCT or K004EJCT)

Example:



Since there are two Meriden Rd junctions with 46th Street in Shawnee County, record Meriden WJCT or EJCT in the AT Road Name field (MeridenWJCT, MeridenEJCT).

ROAD TYPE This applies to both On Road and Reference Road. (See page 17 for codes)

DIR SFX Direction Suffix is to be used to identify the AT Road Name as distinct within a city or county: **Example:** to distinguish Adams Road **E** from Adams Road **W**. The same would apply to On Road Name.

REFERENCE (AT) ROAD SPEED LIMIT Enter the posted speed limit for this road if the Accident Location code equals '12' or '13'. Otherwise this field is optional. If not known, enter the speed limit established for that type of road or street by statute or regulation.

850A NARRATIVE (Action & Direction of Units)...**is required for every accident.** Describe **concisely** what happened. Sample narrative: "V1 was EB on State St.; V2 was WB on State St. turning south on 17th St.; V2 failed to yield to V1 and struck V1." A more detail description along with other documentation should be recorded on the Narrative form (851).

LATITUDE / LONGITUDE If GPS units are used to obtain the latitude and longitude for the accident, record the location of the "First Harmful Event". The values must be recorded in **decimal degrees** to the **5th** decimal place (**not** hours/min/sec) using a geographic North direction (not magnetic). The accuracy of the GPS unit should be within approximately 10 ft (3 Meters). The Kansas latitude range is between 36.00000 to 40.50000; longitude is between negative (minus) 94.00000 to 102.50000.

Latitude (POI)
Longitude (POI)

PHOTOS BY Record who took (or owns) the photos of the accident scene, damaged vehicles, or injured persons. Photography is an indispensable means of recording certain kinds of traffic crash information and a useful supplement to the traffic crash report and diagram. See Accident Photography (pages 86-89).

OBJECT DAMAGED AND NATURE OF DAMAGE Describe significant, non-vehicular property that is damaged as a result of the accident. If the damage is to KDOT property (owned by KDOT), check the "**KDOT?**" box. Remember, the Kansas Turnpike property is NOT KDOT property. Also specify the type of damage: e.g., broken, bent, crushed, burned. If more than two "objects" are damaged, the remainder can be noted on the narrative form (851). Further, please list KDOT

property damage on the 850A in these cases.

Object Inclusions:

- Pedal cycles (device not person)
- Buildings
- Vegetation
- Domestic animals
- Bridge rail, pier, etc
- Guardrail
- Fence

- Road sign, post
- Utility fixtures

Exclusions (do NOT list the following):

- Motor vehicles
- Objects carried inside involved vehicles
- Intangibles such as "psychological"
- Wild animals.

OBJECT OWNER Enter the name, address, phone number of the owner of the damaged property. If the owner is KDOT, please mark the **KDOT? Box**, record the object, and record "KDOT" in the Owner Last Name field...the phone and address are not necessary in these cases.

WORK ZONE TYPE Mark the appropriate option for both the ON (O) Road option for each accident. Only mark the AT (A) option if the At Road has a work zone, and the Accident Location is '12', '13', or '15'. If it is a KDOT Construction Zone (01) or Maintenance Zone (02) involving a State, US, or Interstate Highway, mark the "**KDOT?**" box. If the accident occurs in a **construction zone detour** using other established roadways, code 00 – None apply. If the detour is within the work zone area, code 01, 02, or 03. If signed, **code work zone regardless of work taking place at the time of the accident or not.**

WORK ZONE TYPE	
<u>O/A</u>	
<input type="radio"/> <input type="radio"/>	00 None Apply
<input type="radio"/> <input type="radio"/>	01 Construction Zone - KDOT?
<input type="radio"/> <input type="radio"/>	02 Maintenance Zone -
<input type="radio"/> <input type="radio"/>	03 Utility Zone -
<input type="radio"/> <input type="radio"/>	99 Unknown

WORK ZONE CATEGORY ...is mandatory for each On Road work zone. Do not record for At Road work zones. Established construction zones normally involve lane closures, lane shifts or crossovers. Whereas, maintenance or utility zones tend to have intermittent or moving vehicle situations. Mark the code that best applies to the Work Zone area regardless of work in progress at the time. All require and are defined by some type of signing and/or traffic control. If signing and/or traffic control are not present, it is not considered a work zone.

WORK ZONE LOCATION (AOI) ...is mandatory for each On Road work zone. If the accident occurred in a work zone, mark the applicable option. If unknown, code '99'.

Before 1st Warning Sign (01) ...if the accident occurs inside the construction zone beginning and ending signs and prior to the advanced warning sign area, use '01'.

Advanced Warning Area (02) ...tells traffic what to expect ahead in the Work Zone.

Transition Area (03)
...moves traffic out of its normal path.

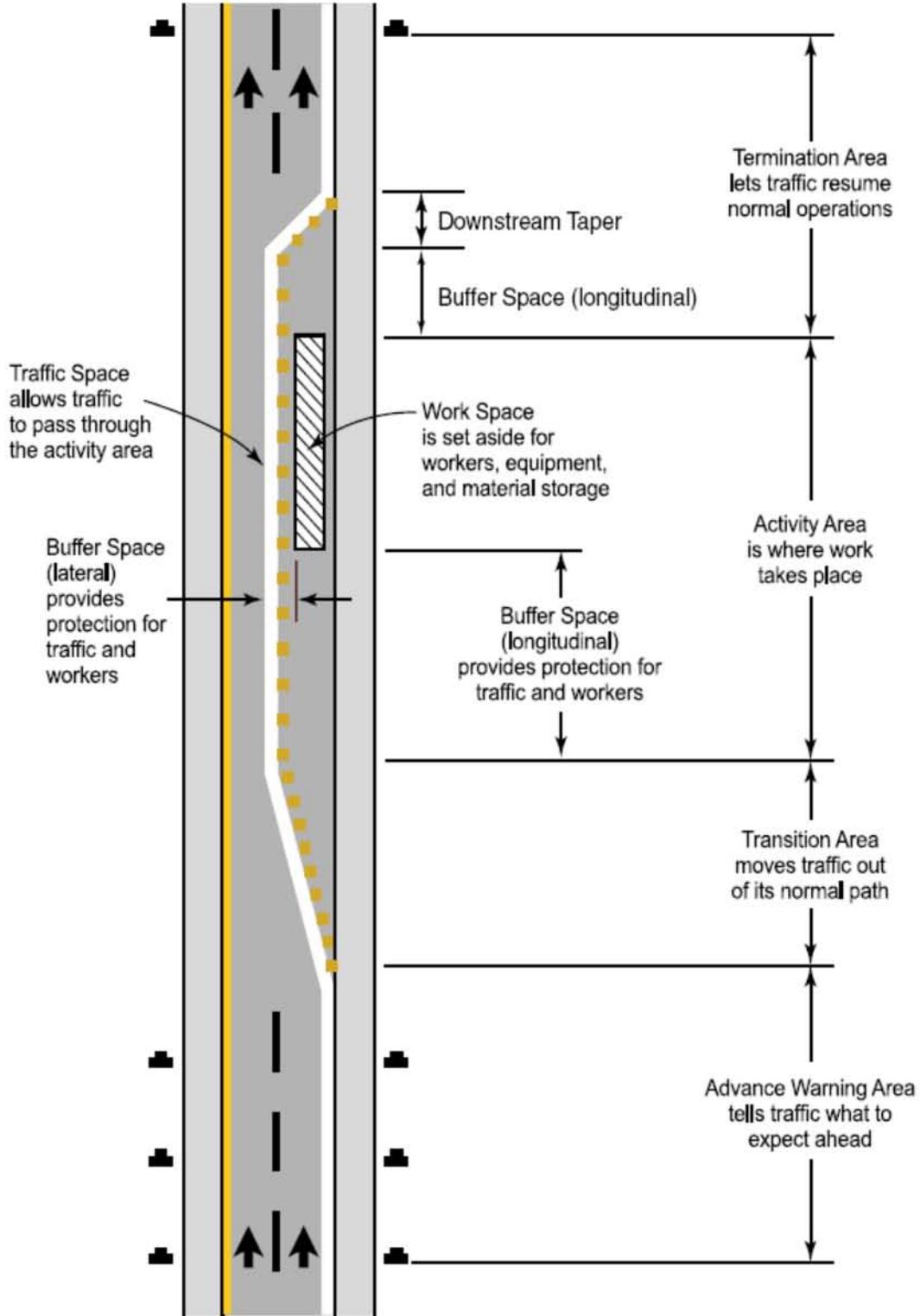
Activity Area (04)
...is where the actual roadway work occurs.

Termination Area (05)
...lets traffic resume normal operations and prior to the end of work zone sign.

- LOCATION IN WORK ZONE (AOI)	
01	Before first warning sign
02	Advance warning area
03	Transition area
04	Activity area
05	Termination area
99	Unknown

See Diagram on the next page...

DIAGRAM OF A WORK ZONE AREA⁵



Legend:

➔ Direction of travel

Source: FHWA

⁵ Source: FHWA

ACCIDENT LOCATION The Accident Location identifies where the "First Harmful Event" (1st AOI) occurred and NOT where the unstabilized situation began. It should be noted that this field is one of the most miscoded on the form, and at the same time, one of the more important fields. Diagrams have been added to improve understanding. A few special situations regarding accident location are shown below for both "ON" Roadway, and "OFF" Roadway locations.

ON ROADWAY CODES (AOI in the driving lanes)

Remember the term "Roadway" in this document means the 1st harmful event occurred with at least a portion of a vehicle being within the driving lanes where traffic is intended to travel. This applies to codes '11'-'17'.

ACC. LOCATION (of 1st Harmful Event)	
ON ROADWAY: (within travel lanes)	
<input type="radio"/>	11 Non-intersection
<input type="radio"/>	12 Intersection +
<input type="radio"/>	13 Intersection-related +
<input type="radio"/>	14 Access to Parking lot/Drvwy
<input type="radio"/>	15 Interchange Area +
<input type="radio"/>	16 On Crossover
<input type="radio"/>	17 Toll Plaza

CODE '11' (1st harm occurs in driving lanes)

Non-intersection accidents do NOT take place at or related to an intersection, interchange area, toll plaza, driveway or parking lot access, or on a crossover.

Note: Code '11' does include accidents in or at **alleys** or at railroad crossings as well as on-street parking locations. If at or near an alley, do not record the alley as the reference (AT) road, but rather record the nearest named roadway.

CODE '12' (1st harm occurs in driving lanes)

First Harm occurs inside the intersection boundaries of two public roadways. We refer to it as "inside the box" (or circle) of the intersection. **Be sure to code the corresponding "Intersection Type"**. Recording associated **At Road field data are mandatory:** Speed limit, Work Zone, Surface Type & Condition, Number of lanes, etc. This code does not apply to accidents at parking lot or driveway accesses such as mall or shopping center entrances, alleys, or private driveways (see Code '14'). **Exception:** If the Mall or other business has a named street(s) intersecting with another adjacent named street, it would be treated as an intersection.

CODE '13' (1st harm occurs in driving lanes)

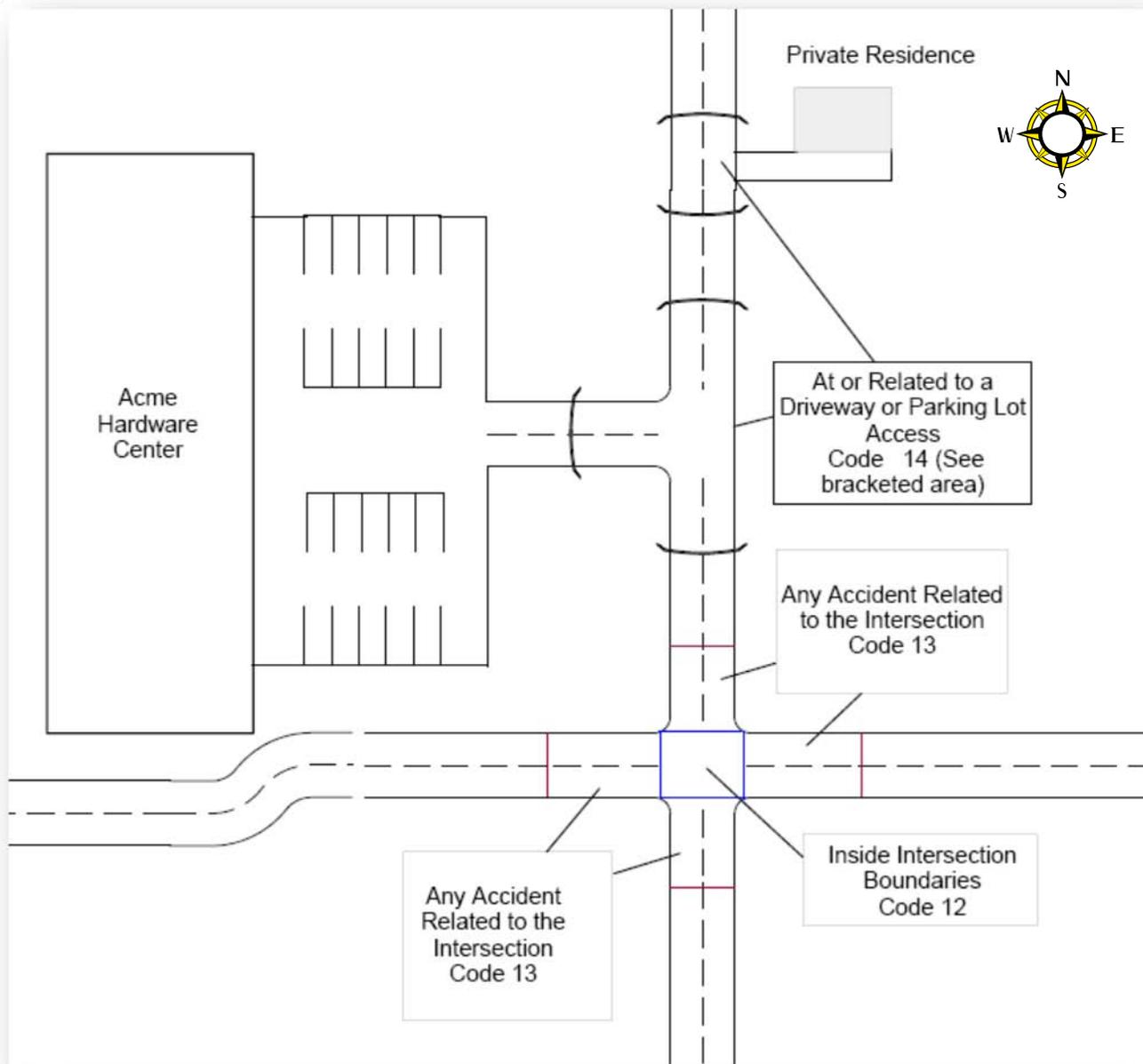
Intersection-Related requires a judgment call about the effects of intersections and their traffic controls upon traffic and accident causation. If the accident is deemed to occur as a result of traffic slowing or backing up from an intersection (any distance), code the location as '13' (Intersection-Related). **Be sure to code the corresponding "Intersection Type"**. Recording associated **At Road field data are optional:** Speed limit, Work Zone, Surface Type & Condition, No. of lanes, etc.

CODE '14' (1st harm occurs in driving lanes)

Use code '14' (Parking Lot/Private Driveway Access) for accidents that occur at or related to the intersection of a roadway and a driveway (e.g. private or public driveway entrance). Do NOT code these accidents as '12' or '13' unless the accident is a result of the intersection traffic verses driveway related. If the parking lot access road is not a named street, it is a code '14' regardless of whether it has traffic control devices or not. Remember that a trafficway extends from property line to property line, so accidents that occur at the end of a driveway and within the right-of-way of the street are coded as '14' and state reportable (this includes where a sidewalk crosses a driveway). Indications of right-of-way lines: power poles, fences, mowing lines, etc.

Exception: If an accident occurs at a driveway/parking lot entrance intersecting a named street, and opposite the driveway/parking lot entrance there is a named street, the location is to be coded a '12' (intersection) or '13'.

See the diagram on the following page for examples of codes '12', '13', and '14'.



CODE '15' (1st harm occurs in driving lanes of interchange roadway, ramp, or intersection)

Interchange Area coding is for accidents that happen within the boundary area of an interchange. An interchange can include junctions of two highways or a highway and a local street/road or two local streets. Code '15' would NOT include "Same Grade" intersections/junctions where two road surfaces meet each other normally without ramps and bridges. An "interchange" will have grade separation where one road goes over or under another and have exit and entrance ramps.

Code '15' for any accident where the "First Harmful Event" occurs on the roadway...

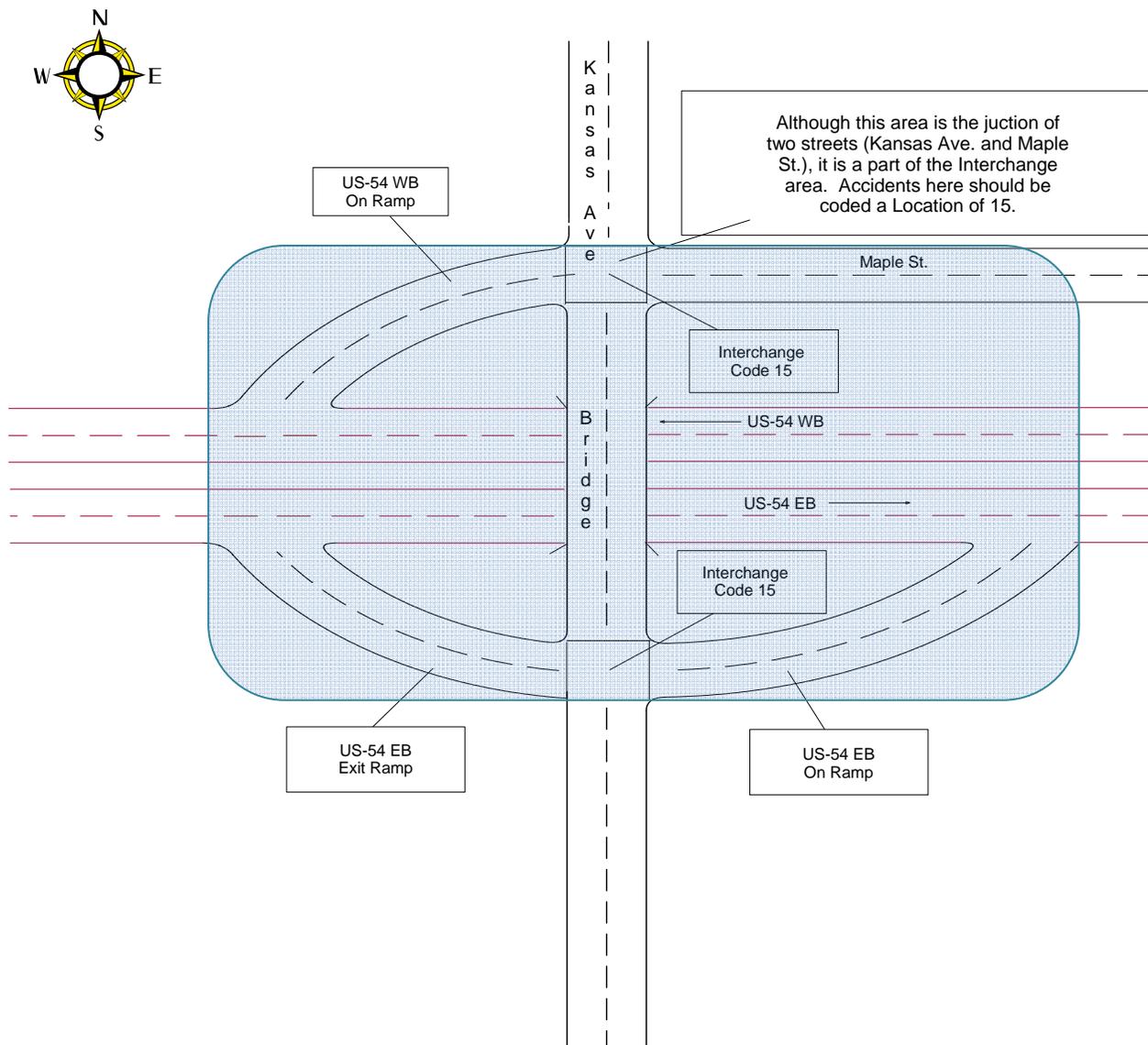
- 1) Going over or under the main roadway within the interchange boundaries
- 2) On an interchange ramp
- 3) On an acceleration/deceleration lane
- 4) At the ramp terminals

The only exception is at toll plazas which are a part of an interchange...record code 17.

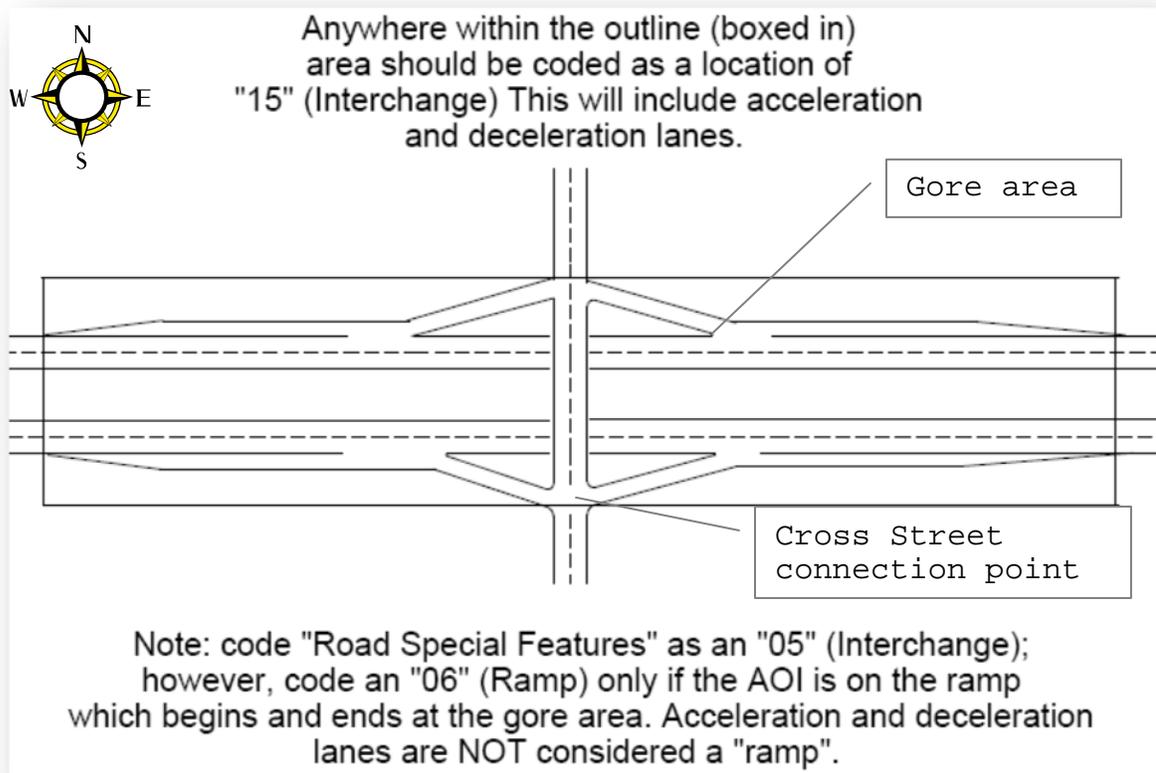
The Interchange diagram below indicates that accidents occurring at the junction of a ramp and a city street should be coded as Accident Location '15' (interchange), not '12' (for example, AOI on Kansas Ave. at the U054 EB Exit Ramp). Please notice the text box concerning "Maple St" and its junction with "Kansas Ave." Any accidents that happen on any of the "on" or "off/exit" ramps should be coded as Accident Location '15' (interchange). In addition, accidents occurring (in this diagram example) on U054, either EB or WB where the AOI falls between the ramp junctions on U054 should be coded a location of '15' (e.g. underneath the Kansas Ave. bridge). Please record At Road field data for accidents in interchange intersections.

Accidents with a AOI on the Kansas Ave bridge over U054, or a AOI with a guardrail on either end of the bridge in this example, should be coded a location of '15' (interchange) while making sure you code a "Road Special Feature" of '01' (bridge). Accidents occurring at the center of the interchange or within the intersection boundaries of a ramp terminal and cross street may be recorded using the AT circle with no distance, unit of measure, and direction. Be sure to specify RAMP in the Road Type Field and the bound direction in the small narrative field (U054 WB Ramp...etc).

All accidents occurring within interchange boundaries should have a "Road Special Feature" of '05' coded.



The following “Diamond” interchange diagram shows an outline to indicate that any accident occurring within the outline rectangle should be coded as an interchange accident. This is just a simple type of interchange, and the same coding principle applies to all types of interchanges.



IMPORTANT INTERCHANGE/RAMP NOTES

There are **three** scenarios for coding interchanges:

1. **Junction of a city street or county road with a state (K), US, or Interstate highway** (see previous page)
 - a. All ramps are coded to the highway name, not the local road.
2. **Interchange of two highways with no “riding route”** (see definitions, page 83)
 - a. I070 junctions with U083
 - i. The ramps exiting from I070 are coded to I070
 - ii. The ramps exiting from U083 are coded to U083
 - b. The rule: “You are not ON the connecting route until you fully leave the previous route.”
3. **Interchange of two highways where one is a “riding route”** (see definitions, page 83)
 - a. U075 rides on I070 between the West junction (WJCT) and East junction (EJCT) in SN county.
 - i. At the EJCT “gore” area, NB U075 leaves EB I070
 - ii. **The ramp exiting from I070 in this case is coded to U075**
 - b. The rule: “When riding (U075) on a higher classed route (I070) and then exiting from that route, the ramp is coded to the route that is leaving (U075) beginning at the gore area, because it is not riding on the carrying route (I070) any longer....”

Measuring Interchanges: For ramps, measure from the gore area or from the ramp-cross street connection point staying on (along) the ramp. If measuring from the gore area, the On Road and At Road Names can be the same, but the Road Type is different (see example below). It is crucial that a route milepost be recorded in these situations, else the reader cannot locate which interchange. Be sure to **reference which ramp** (NB, SB, EB, WB) in the 850A short narrative to further clarify the location.

Milepost 1.3		Block No		Dir Pfx	On Road Name I135	Road Type RAMP	Dir Sfx
From Dist 120	Ft/Mi F	From Dir NE	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx	Reference or At Road Name I135	Road Type FWY	Dir Sfx

If measuring from the crossroad & ramp connection area, the On Road and At Road Names will be different.

Milepost 8.5		Block No		Dir Pfx	On Road Name I135	Road Type RAMP	Dir Sfx
From Dist 45	Ft/Mi F	From Dir S	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx E	Reference or At Road Name 13TH	Road Type ST	Dir Sfx N

If the accident does not occur on a ramp at an interchange, code the On Road and At Road as normal.

Milepost 8.5		Block No		Dir Pfx	On Road Name I135	Road Type FWY	Dir Sfx
From Dist 200	Ft/Mi F	From Dir S	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx E	Reference or At Road Name 13TH	Road Type ST	Dir Sfx N

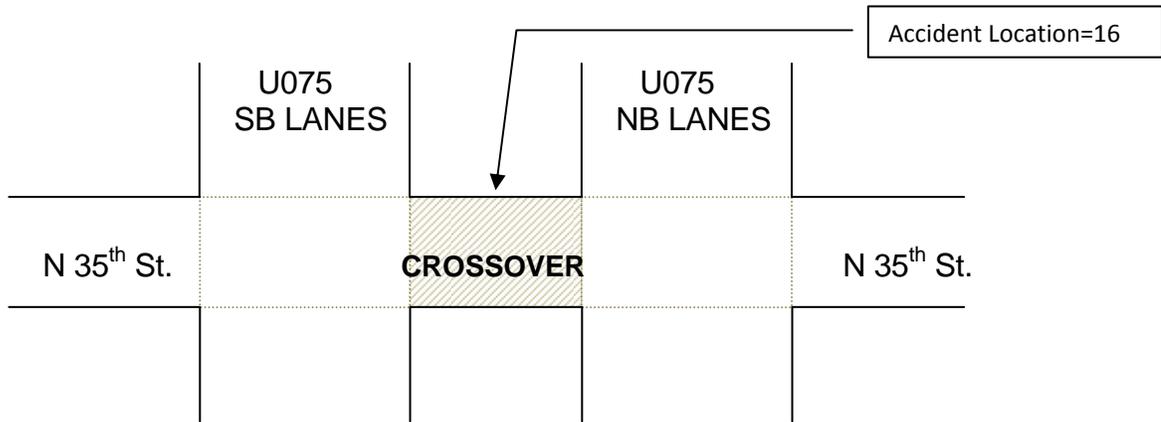
OR

Milepost		Block No		Dir Pfx E	On Road Name 13TH	Road Type ST	Dir Sfx N
From Dist 60	Ft/Mi F	From Dir E	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx	Reference or At Road Name I135	Road Type FWY	Dir Sfx

If the accident occurs in the center of the interchange, code the On Road and At Road as normal and mark the AT circle.

CODE '16' (1st harm occurs on or related to a designed median crossover)

A Crossover is an intended land way or paved section between two sections of divided roadway. These are often coded incorrectly. **Example:** a roadway that passes over another roadway is not a Crossover location. Use this code for accidents involving traffic units **entering, within, or leaving** a crossover at the time of the First Harmful Event. For further help, see Examples 7A and 7B in the back of this manual.



CODE '17' (1st harm occurs at or related to a Toll Plaza)

Code "Toll Plaza" when the AOI is either at or related to a Toll Plaza on the Kansas Turnpike. Use this code for accidents where traffic is backed up from or collisions with the Toll Booth structure or barriers. This includes toll plazas that are a part of an interchange. Record 17 – Toll Plaza in these cases.

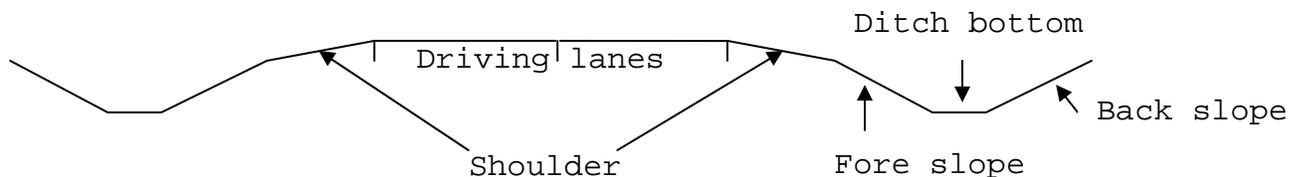
OFF ROADWAY CODES (FHE-AOI outside the driving lanes)

CODE '20' (1st harm occurs on designed road shoulder)

Use code '20' (shoulder) when the AOI occurs within the shoulder area of a road. If V1 strikes V2 when both vehicles are on the shoulder, use code '20'. If V1 is in the driving lanes and V2 is on the shoulder and D2 opens their door causing V1 to strike V2, it should be coded as an '11'.

A road shoulder normally consists of a paved or turf slope extending from the edge of the driving lanes one to 10 feet. See the road cross section below which is a basic example showing 10 foot shoulders. Notice the shoulder is defined by two break points: 1) the edge of the pavement and 2) the fore slope break. For roads that do NOT have a defined shoulder, do not use code '20'.

- OFF ROADWAY:**
- 20 Shoulder
 - 21 Roadside (not shoulder)
 - 22 Median
 - 23 Parking lot or Rest area
 - 88 Other: _____
 - 99 Unknown



CODE '21' (1st harm occurs beyond the roadway and shoulder and within the right-of-way)
 Use code '21' (Roadside) where the First Harmful Event occurs off the road (outside driving lanes and shoulder). This would include from the **edge of the road** (and shoulder, if present) **to the edge of the trafficway** right-of-way delineation (fence, poles, sidewalk, etc). See diagram on page 6.

CODE '22' (1st harm occurs in the roadway median)
 Use code '22' (Median) for accidents where the AOI occurs in the median between divided roadway sections. (does not include crossover areas: code '16'). It DOES include collisions with a concrete barrier between the divided roadway and collisions within a "painted" median between divided roadways.

CODE '23' (1st harm occurs in a parking lot or rest area)
 Use code '23' for accidents occurring in a parking lot, rest area, or service area. Accidents occurring in the driveway entrance within the road right-of-way are coded as a '14,' and those occurring where there is street parking are coded as an '11.' (See pages 15-16)

CODE '88' (1st harm occurs outside of the trafficway boundaries)
 This code reflects accidents "Off Roadway" and outside of the trafficway right-of-way. This includes yards, houses, fields, etc. It should not be used for accidents occurring at a Turnpike Toll Booth since this is an "On Roadway" accident. There is a specific Accident Location code for Toll Plaza accidents (17).

CODE '99' "unknown" if the Accident Location is truly unknown.

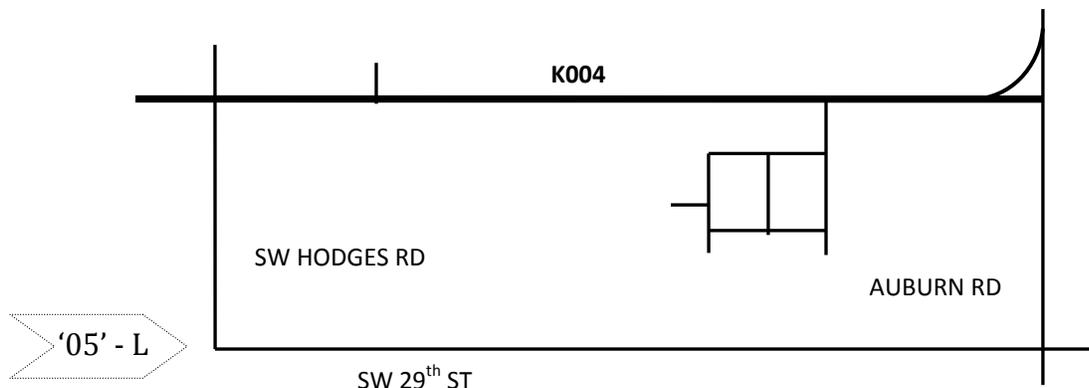
INTERSECTION TYPES If the Accident Location reflects '12' (Intersection), '13' (Intersection-related), or '15' (Interchange), mark the option that best applies. If the accident occurs in or related to a Roundabout (06) within a part of an interchange, record Roundabout (06). The same applies to other Intersection Type codes.

- | +INTERSECTION TYPE | |
|-----------------------|--|
| <input type="radio"/> | 01 Four-way intersection |
| <input type="radio"/> | 02 Five-way or more |
| <input type="radio"/> | 03 T - intersection |
| <input type="radio"/> | 04 Y - intersection |
| <input type="radio"/> | 05 L - intersection |
| <input type="radio"/> | 06 Roundabout (See Manual for Definitions) |
| <input type="radio"/> | 07 Traffic Circle |
| <input type="radio"/> | 08 Part of an interchange |
| <input type="radio"/> | 99 Unknown |

FOUR (01) OR FIVE-WAY (02) These intersections have four or five "legs" that connect to them.

'T' (03) OR 'Y' (04) INTERSECTIONS Two or three routes join at a fork in the road reflecting either a 'Y' or 'T' configuration.

'L' (05) INTERSECTION Use this code where two streets terminate at the same point. The transition point can be on a curve. Example below: SW Hodges Rd terminates at the same point where SW 29th ST terminates.



ROUNABOUTS (06) If the First Harmful Event occurs in the **center obstruction** of the roundabout, code the Accident Location as '88'- roundabout. If the FHE occurs on the roadway within the boundaries of the roundabout (circle), the Accident Location can equal '12'-Intersection or '15'-Interchange Area. If the accident is related to the roundabout (e.g. traffic congestion, etc) and not a part of an interchange, code '13'-Intersection-related.

Typical elements that constitute a roundabout are: (also see diagram example 22)

- **Yielded entry** – cars entering must wait for a gap in the circulating traffic before entering
- Roundabout **Islands** separate the entry from the circular roadway and direct traffic to the right.
- Designated **crossing area for pedestrians**
- Designed to be driven at speeds of **15 – 20 miles per hour**
- **Single or multiple lanes**
- Sometimes an inside **“apron”** is present for large vehicle use

TRAFFIC CIRCLES (07) are generally smaller with a single lane and do NOT have islands and marked yielded entrances or designated speed limits and pedestrian crossings. (see Example 22)

PART OF INTERCHANGE (08) Mark for any accident occurring within interchange boundaries with the exception of where the accident occurs at or near the intersection of a ramp and a Roundabout (06), record Roundabout. (See interchange information on pages 23-26)

ACCIDENT CLASSES (FIRST/MOST HARMFUL EVENT)

Mark the Accident Classification code for the **“1st Harmful Event”** AND the **“Most Harmful Event”**. The First Harmful Event (FHE) is specific and clearly discernible, whereas the Most Harmful Event (MHE) (See page 33) can be open to debate. Therefore, the official classification procedure uses the First Harmful Event, and it is the consistency of states following this data-coding standard that enables national statistics to be developed and used for meaningful analysis. Both are required for every state reportable accident in the Accident Class area.

Note: The Accident Location is based on the FHE not where the unstabilized situation begins. This is important to remember when an accident occurs at or near an intersection, at county lines, or where two city limits connect.

ACCIDENT CLASS (mark 1 box per side)		
1 st	Harmful Event	Most Harmful Event
<input type="radio"/>	00 Other non-collision	<input type="radio"/>
<input type="radio"/>	01 Overturned/Rollover	<input type="radio"/>
..... COLLISION WITH:		
<input type="radio"/>	02 Pedestrian	<input type="radio"/>
<input checked="" type="radio"/>	03 Motor vehicle in-transport*	<input type="radio"/>
<input type="radio"/>	04 Motor veh. NOT in-transport	<input type="radio"/>
<input type="radio"/>	05 Railway train	<input type="radio"/>
<input type="radio"/>	06 Pedal cyclist	<input type="radio"/>
<input type="radio"/>	07 Animal Type: _____	<input type="radio"/>
<input type="radio"/>	08 Fixed object**	<input checked="" type="radio"/>
<input type="radio"/>	09 Other object: _____	<input type="radio"/>
<input type="radio"/>	99 Unknown	<input type="radio"/>

Example:

If the unstabilized situation begins in Ford County, but the FHE occurs in Kiowa County, the accident County field should indicate KW for Kiowa County. To complicate matters, there may be violations attributed to Ford County. From a state perspective, it matters not who works the accident...either the Kiowa County Sheriff or another agency. What is most important is that the victims are tended to properly and the documentation is accurate and complete.

All Accident Classes are based upon the First or Most Harmful Events (FHE) occurring on a trafficway or as a result of events beginning on a trafficway.

ACCIDENT CLASSES - CONTINUED

NOTE: The **Collision with Other Vehicle (CWOV)** and **Fixed Object Type (FO)** coding must directly correspond with the **Accident Class (AC)** coding for the **First (FHE) and Most Harmful Events (MHE)**. Examples: If AC-FHE = 03, CWOV FHE cannot be blank. If AC-MHE = 08, FO MHE cannot be blank.

**FIXED OBJECT TYPE	
(mark 1 box per side if applicable)	
1st Harmful Event	Most Harmful Event
<input type="radio"/> 01 Bridge structure	<input type="radio"/>
<input type="radio"/> 02 Bridge rail	<input checked="" type="radio"/>
<input type="radio"/> 03 Crash cush./Impact attenuator	<input type="radio"/>
<input type="radio"/> 04 Divider, median barrier	<input type="radio"/>
<input type="radio"/> 05 Overhead sign support	<input type="radio"/>
<input type="radio"/> 06 Utility devices: pole, meter, etc	<input type="radio"/>
<input type="radio"/> 07 Other post or pole	<input type="radio"/>
<input type="radio"/> 08 Building	<input type="radio"/>
<input type="radio"/> 09 Guardrail	<input type="radio"/>
<input type="radio"/> 10 Sign post	<input type="radio"/>
<input type="radio"/> 11 Culvert	<input type="radio"/>
<input type="radio"/> 12 Curb	<input type="radio"/>
<input type="radio"/> 13 Fence/Gate	<input type="radio"/>
<input type="radio"/> 14 Hydrant	<input type="radio"/>
<input type="radio"/> 15 Barricade	<input type="radio"/>
<input type="radio"/> 16 Mailbox	<input type="radio"/>
<input type="radio"/> 17 Ditch	<input type="radio"/>
<input type="radio"/> 18 Embankment	<input type="radio"/>
<input type="radio"/> 19 Wall	<input type="radio"/>
<input type="radio"/> 20 Tree	<input type="radio"/>
<input type="radio"/> 21 RRXING fixtures	<input type="radio"/>
<input type="radio"/> 88 Other: _____	<input type="radio"/>
<input type="radio"/> 99 Unknown	<input type="radio"/>

ACCIDENT CLASS	
(mark 1 box per side)	
1st Harmful Event	Most Harmful Event
<input type="radio"/> 00 Other non-collision	<input type="radio"/>
<input type="radio"/> 01 Overturned/Rollover	<input type="radio"/>
.....	
COLLISION WITH:	
<input type="radio"/> 02 Pedestrian	<input type="radio"/>
<input checked="" type="radio"/> 03 Motor vehicle in-transport*	<input type="radio"/>
<input type="radio"/> 04 Motor veh. NOT in-transport	<input type="radio"/>
<input type="radio"/> 05 Railway train	<input type="radio"/>
<input type="radio"/> 06 Pedal cyclist	<input type="radio"/>
<input type="radio"/> 07 Animal Type: _____	<input type="radio"/>
<input type="radio"/> 08 Fixed object**	<input checked="" type="radio"/>
<input type="radio"/> 09 Other object: _____	<input type="radio"/>
<input type="radio"/> 99 Unknown	<input type="radio"/>

*COLLISION WITH VEHICLE	
(mark 1 box per side if applicable)	
1st Harmful Event	Most Harmful Event
<input type="radio"/> 01 Head on	<input type="radio"/>
<input checked="" type="radio"/> 02 Rear end	<input type="radio"/>
<input type="radio"/> 03 Angle - side impact	<input type="radio"/>
<input type="radio"/> 04 Sideswipe: opposite direction	<input type="radio"/>
<input type="radio"/> 05 Sideswipe: Same direction	<input type="radio"/>
<input type="radio"/> 06 Backed into	<input type="radio"/>
<input type="radio"/> 88 Other: _____	<input type="radio"/>
<input type="radio"/> 99 Unknown	<input type="radio"/>

The following are brief explanations of Accident Class coding for First Harmful and Most Harmful Events.

NON-COLLISION

00 Other Non-collision

- All other non-collision events including:
 - Fire starting in motor vehicle in-transport
 - Explosion
 - Gas Inhalation (e.g., carbon monoxide)
 - Jackknife
 - Injury from a fall or jump from vehicle; exceptions are someone “being pushed” (intentional) from a vehicle or someone attempting suicide
 - Object in or thrown against vehicle except deliberate intent
 - Injury or damage from breakage of any vehicle part (example: drive shaft, tire blowout) resulting in an accident
 - A moving part of vehicle (example: wheel comes off)
 - A object falling on vehicle except from a cataclysm (example: vehicle hits power pole, then pole falls upon a different vehicle)
 - A vehicle’s load shifting or falling causing damage load or to carrying vehicle
 - Toxic or corrosive chemicals leaking out of vehicle
 - Debris thrown by another vehicle such as gravel, ice/slush/snow
 - Striking holes or bumps
 - Driving into water, without overturning

• **01 Overturn / Rollover**

- Involves a motor vehicle overturning at least a ¼ turn. This includes motorcycles only where injury and/or damage result.

COLLISION WITH...

Pedestrian ('02') An accident in which the event is the collision of a pedestrian and at least one vehicle in-transport. **Inclusions:** a person on foot or on a **non**-motorized conveyance such as skateboard, skates, sled, or scooter, **not** including a pedal cycle (see '06—pedal cycle'). Further, it does include a person attempting to enter into a motor vehicle but is not fully in the vehicle.

Motor Vehicle In-Transport ('03') A collision where the First Harmful Event involves at least two motor vehicles in-transport (mechanically or electrically powered). Keep in mind that illegally parked vehicles, including disabled vehicles in the roadway, are considered “in-transport.” This does NOT include collisions with legally parked vehicles or “person conveyance.”

Inclusions:

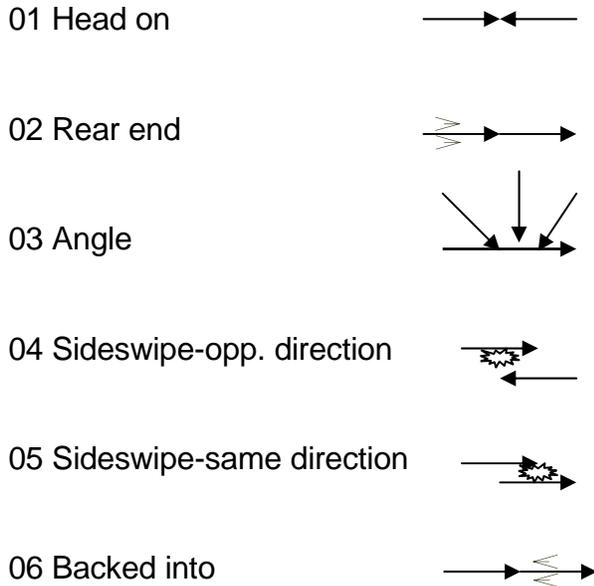
- Car, Pickup, SUV
- Truck
- Bus
- Working vehicles
- Etc

Exclusions:

- Electric wheelchairs
- Motorized skateboards or sidewalk scooters (not registered or tagged)
- Animal conveyance
- Etc

Note: It is common to have an '03' Accident Class and Collision with Other Motor Vehicle (CWOV) =‘88’ where an object in motion originating from one vehicle hits another vehicle (renegade tire, gravel or rock from a dump truck, etc.).

Basic Sample Diagrams for CWOV:



*COLLISION WITH VEHICLE (mark 1 box per side if applicable)		
1 st	Harmful Event	Most Harmful Event
<input type="radio"/>	01 Head on	<input type="radio"/>
<input type="radio"/>	02 Rear end	<input type="radio"/>
<input type="radio"/>	03 Angle - side impact	<input type="radio"/>
<input type="radio"/>	04 Sideswipe: opposite direction	<input type="radio"/>
<input type="radio"/>	05 Sideswipe: Same direction	<input type="radio"/>
<input type="radio"/>	06 Backed into	<input type="radio"/>
<input type="radio"/>	88 Other: _____	<input type="radio"/>
<input type="radio"/>	99 Unknown	<input type="radio"/>

88 Other: Do not code 88 for 'T-Bone'; code 03 angle instead. Some uses for 88 are found in 'Unusual Accident Coding Situations' (pages 74-77).

Vehicle Not In-Transport (04): A collision where the First Harmful Event involves one motor vehicle in-transport and a legally parked vehicle.

Railway Train (05): A collision where the First Harmful Event involves a motor vehicle in-transport and a railway train...includes a truck with rail wheels while on the tracks.

Pedal Cycle (06): A collision accident in which the First Harmful Event is the collision of a pedal cyclist and a motor vehicle in-transport. Although bicycles are the most common pedal cycles, the category includes tricycles, unicycles and pedal cars. This category does not include sidewalk scooters or non-motorized wheelchairs

Animal (07): The collision with a live wild or domestic animal (other than an animal powering another road vehicle) and a vehicle in-transport. If the animal is deceased, code 09 – Other Object. If uncertain, code 07. If submitting reports electronically, the software will need to pass the code and not the description in the data. However, the description can be used for a dropdown list and should be what is visible on the printed form.

Codes

- 01 – Deer
- 02 – Other wild animal: bobcat, coyote, antelope, elk, etc.
- 03 – Cow, steer, bull
- 04 – Other domestic animal: cat, dog, goat, llama, sheep, donkey, etc.
- 05 – Horse or mule
- 88 – Other
- 99 – Unknown

Use the code that best describes the fixed object struck only when the Accident Class is 1st Harmful Event or Most Harmful Event = 08 (Collision with Fixed Object). The FO coding must directly correspond with the Accident Class coding 08 for the 1st and Most Harmful Events.

Example: V1 was NB on Mosquito Rd when it struck a guardrail and went through ditch and struck tree

Sample coding: AC-FHE = 08 AND AC-MHE = 08; the CWOV-FHE = 09 (guardrail) and MHE = 20 (tree)

Fixed Object ('08'): An accident in which the First Harmful Event is the striking of a fixed object by a vehicle in-transport. Fixed objects include the objects shown on the form such as guardrail, bridge railing or abutments, impact attenuators, trees, embedded rocks, utility poles, ditches, steep earth or rock slopes, culverts, fences and buildings. The key word is FIXED, implying immovable.

Other Object ('09'): Other Object collisions are not included in any other category of collision type. They include collisions with parts of a motor vehicle or its cargo which have come loose and are motionless in the roadway and collisions with dead bodies (animal or human).

Examples :

- 1) Engine block in roadway
- 2) Furniture in the roadway
- 3) Deceased deer laying in the road
- 4) Deceased pedestrian laying in the road

ACCIDENT CLASS MOST HARMFUL EVENT (MHE)

Accidents also must be classified according to the **Most Harmful Event (MHE)**. Though the **Most Harmful Event (MHE)** can be open to debate, a determination is required. To the best of your ability, indicate the Accident Class MHE that best represents the evidence and witness information gathered. Generally speaking, personal injury should be weighed above property damage.

In many cases, the FHE and MHE will be the same.

Examples:

V1 was NB on Main when EB V2 ran a red light striking V1 in the front and then V2 struck P3

Sample coding: AC-FHE = 03, AC-MHE = 02

V1 was WB on Spruce when EB V2 went left of center striking V1 head on

Sample coding: AC-FHE = 03, AC-MHE = 03

Note: for coding unique / strange accident situations, refer to 'Unusual Accident Coding Situations' (see pages 74-77)

<http://www.ksdot.org/burtransplan/prodinfo/PDF/AccidentDataFAQs.pdf>.

ACCIDENT CLASS (mark 1 box per side)	
<u>1st Harmful Event</u>	<u>Most Harmful Event</u>
<input type="radio"/> 00 Other non-collision	<input type="radio"/>
<input type="radio"/> 01 Overturned/Rollover	<input type="radio"/>
..... COLLISION WITH:	
<input type="radio"/> 02 Pedestrian	<input checked="" type="radio"/>
<input checked="" type="radio"/> 03 Motor vehicle in-transport*	<input type="radio"/>
<input type="radio"/> 04 Motor veh. NOT in-transport	<input type="radio"/>
<input type="radio"/> 05 Railway train	<input type="radio"/>
<input type="radio"/> 06 Pedal cyclist	<input type="radio"/>
<input type="radio"/> 07 Animal Type: _____	<input type="radio"/>
<input type="radio"/> 08 Fixed object**	<input type="radio"/>
<input type="radio"/> 09 Other object: _____	<input type="radio"/>
<input type="radio"/> 99 Unknown	<input type="radio"/>

LIGHT CONDITIONS Mark the option that best applies to the Light Conditions at the time of the accident.

ADVERSE WEATHER CONDITIONS Record the most appropriate code for the weather conditions at the time of the accident. Sun or sun glare, cloudy, hazy and breezy are **NOT** adverse weather conditions and should be coded as 00-No Adverse Conditions (not 88-Other). If the officer investigating the accident feels these were a factor, they should be recorded as contributing circumstances (see "environment" contributing circumstances on the back of the Accident Code Sheet (855) form).

ADVERSE WEATHER CONDITIONS	
<input type="radio"/> 00 No adverse conditions	
<input type="radio"/> 01 Rain, mist, drizzle	
<input type="radio"/> 02 Sleet, hail	
<input type="radio"/> 03 Snow	
<input type="radio"/> 04 Fog	
<input type="radio"/> 05 Smoke	
<input type="radio"/> 06 Strong wind	
<input type="radio"/> 07 Blowing dust, sand, etc.	
<input type="radio"/> 08 Freezing rain, mist, drizzle	
<input type="radio"/> 14 Rain & fog	
<input type="radio"/> 16 Rain & wind	<input type="radio"/> 88 Other: _____
<input type="radio"/> 24 Sleet & fog	
<input type="radio"/> 36 Snow & wind	<input type="radio"/> 99 Unknown

Rain (01) includes **drizzle, mist, sprinkles,** and **light rain.** Use code '08' for freezing rain (rain which freezes on contact with the road surface or other objects). If a combination of conditions exist, some combinations are provided on the list of choices. Use the most appropriate code for the weather conditions at the time of the accident. If none of these fit, use code '88'.

Note: A "cataclysm" is considered to be a "violent disaster" of nature. Strong thunderstorm winds would not be considered "cataclysmic" unless the winds were above 73 mph and causing significant damage to stationary objects. But, an accident caused by strong winds less than 74 mph would be considered an "adverse" weather causation (code '06') and deemed a reportable accident. Further, cataclysm applies if the accident is the result of a flooding event (e.g. excessive rain). If events involve a cataclysm and a motor vehicle accident, they would not be considered a reportable accident (see page 5, bullet 4).

SURFACE TYPE Record the proper code reflecting the **ON** Road Surface Type. Mark the **AT** Road option only if the accident location is a '12', '13', or '15'.

SURFACE CONDITION Record the proper code reflecting the **ON** Road Surface Condition at the time of the accident. Mark the **AT** Road option only if the accident location is a '12', '13', or '15'.

Note: Wet ('02') includes "damp". "Glaze or frost" on the roadway is "Ice" ('04').

ROAD SPECIAL FEATURES Record up to three codes for special features at the accident AOI (not near or within sight of the accident location). If there is no Road Special Feature that applies, record '00'.

ROAD SPECIAL FEATURES (up to 3)	
<input type="checkbox"/> 00 None	
<input type="checkbox"/> 01 Bridge _____	
<input type="checkbox"/> 02 Bridge Overhead	
<input type="checkbox"/> 03 Railroad Bridge	
<input type="checkbox"/> 04 RRXING _____	
<input type="checkbox"/> 05 Interchange	
<input type="checkbox"/> 06 Ramp	
<input type="checkbox"/> 99 Unknown	

BRIDGE (01) If an accident occurs on a bridge, or if contact is made with a bridge structure, bridge rail, or the guardrail adjoining the bridge, code '01' and record the posted bridge number if possible.

BRIDGE OVERHEAD (02) A non-railroad bridge running over the roadway where the accident occurs.

RAILROAD BRIDGE (03) This refers to a RR bridge over the roadway where the accident occurs.

RRXING (04) Record this code only if one or more of the following situations exist:

1. A motor vehicle collides with a train
2. A motor vehicle collides with a fixed object related to the crossing (examples: cross bucks, lights, gate, control box);
3. A traffic unit collides with another traffic unit (not a train) stopped at or slowing for the crossing, such as for passing of a train or for a fuel truck or bus stopping or slowing as required by law.
4. If a motor vehicle is damaged because of rough tracks
5. A motor vehicle loses control and crashes due to the crossing itself (because of rough tracks for example, a vehicle overturns).

Note: If possible, identify the crossing by obtaining the Federal Crossing Number from the cross bucks or on the metal box nearby if the crossing is signalized (lights, gate, etc). Code this Federal number on the line next to "04 RRXING".

INTERCHANGE ('05') This code applies if the accident occurs within the boundaries of an interchange including all ramps and toll areas (see notes for Accident Location code '15' on pages 23-26).

RAMP ('06') Use this code only if the AOI is actually on a ramp of an interchange or a rest area ramp. (see notes for Accident Location code '15' on pages 23-26).

TRAFFIC CONTROLS (ON/AT) There must be at least one 'O' (On Road) recorded in the first box for every accident. In the box to the right, code the Type of Traffic Control device present (00-None, 02-Traffic Signal, 01-Flagger, etc). Finally, code 'OK' (functioning properly) or 'NF' (Not functioning properly) for each device.

Functioning "OK" indicates the Traffic Control (sign, signal, gate, pavement lines, etc.) are visible, not broken prior to the accident, and used according to their intended purpose. If the accident caused the device to not function properly, and the device was "OK" prior to the accident occurrence, record OK.

Not functioning (NF) applies to signs that are knocked down before an accident occurs, lights that do not work properly, RRXING gates not working properly, center or edge lines that are not effectively visible, etc. "NF" does NOT apply to flashers not flashing as a part of their normal operation (like a school zone). Record 'A' (At Road) Traffic Control devices if the Accident Location is '12' and '13' or '15' if they apply. Code all traffic control devices present (up to five).

TRAFFIC CONTROLS		
(On / At Road) O/A		
	Type Present	OK/NF
00 None	1	1
01 Officer, flagger	2	2
02 Traffic signal	3	3
03 Stop sign	4	4
04 Flasher	5	5
05 Yield sign		
06 RR gates / signal		
07 RR crossing signs		
08 No passing zone		
09 Center/Edge lines		
10 Warning signs		
11 School zone signs		
12 Parking lines		
88 Other: _____		
99 Unknown		

If a school zone sign ('11') has a flasher attached, code ('04') as well. If a warning sign ('10') has a flasher attached, code '04' as well. If a portable message board is used for traffic control (like a warning message or arrow), it should be coded as a '10'. If the message board displays information such as "Don't Drink and Drive" or "Click it or ticket", etc, it would NOT be considered a Traffic Control device.

Accident Diagram

850A continued

BACK SIDE OF THE 850A

COLLISION DIAGRAM

Draw scene as observed or recreate per statements and evidence available

A basic diagram or unknown value is required for all accidents, and is especially important for fatality accidents. Indicate "Unknown" only if not enough information is known to reconstruct a basic scene. Draw a concise diagram of the roads and vehicles showing their names, and the movement(s) of vehicle(s).

This does not have to be a scaled drawing and should be completed whether vehicles were moved from the scene or not.

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Arrows showing vehicle movements **leading to** the collision are sufficient. Examples: "→ ←" indicates a head-on collision or "→ ●" shows a vehicle striking a pole (or another fixed object). Show location features like a creek or river, RR tracks etc. if possible.

Other suggested inclusions:

- Direction of units prior to and after impact, skid marks, etc.
- Location of signs, traffic controls, and reference points
- Location of other property hit or damaged (trees, signs, etc.)
- Location of temporary roadway conditions (construction or maintenance zone, etc.)
- Measurements to locate the accident relative to specific, fixed, and identifiable points

Note that there is a  symbol located to the top right of the collision diagram. Please indicate the North (**N**) direction using this symbol. Note: Electronic diagrams may use a different north arrow orientation.

SPECIAL EVENT...can be used for tracking accidents at or related to an unusual or unique community event.

Examples: "Kansas State Fair" (RN Co.), "Kansas Speedway Races" (WY Co.), "Walnut Valley Music Festival" (CL Co.), "Verizon Theater Concert" (WY Co.), etc.

Note: To do research on this data field, consistency is very important in listing the event you would like to show in this box. If several accidents for instance, happen in conjunction with the Kansas State Fair, the law enforcement officers in Reno County should make sure they all list the "Special Event" in the same way. "Kansas State Fair" versus "KS State Fair" or whichever way is agreed upon. The main point here is to be consistent in the way the "Special Event" is spelled/listed so it can be researched later.

SPECIAL DATA This box is for recording additional description of an accident location such as for a parking lot (Dillons, Walmart, etc) or a rest area description (Matfield Green, East Topeka, Lawrence, etc), or for any additional coding useful to accident reporting.

ROADWAY NUMBER OF LANES Check the appropriate circle for the “ON Road,” and if the Accident Location is a “12” (intersection), also check the appropriate “AT Road” circle. This includes all roadway lanes (driving lanes), even when the roadway is divided by any type of median. Turn lanes are excluded. Note: Recording “At Road” data is useful for an Accident Location of “13” (intersection-related) and “15” (Interchange).

- If the location is under construction, code the number of lanes open to travel.
- If the accident occurs on an interchange ramp, record the number of lanes for the ramp only.
- If the accident occurs on a gravel or other unmarked roadway that handles two-way traffic, record “02 - Two”
- If the accident occurs in a parking lot trafficway, record the appropriate number. If in a parking lot aisle or unmarked lot area, record “88 – Other.”

ROADWAY NUMBER OF LANES	
<u>O/A</u>	
<input type="radio"/> <input type="radio"/>	01 One
<input type="radio"/> <input type="radio"/>	02 Two
<input type="radio"/> <input type="radio"/>	03 Three
<input type="radio"/> <input type="radio"/>	04 Four to Six
<input type="radio"/> <input type="radio"/>	05 Seven or more
<input type="radio"/> <input type="radio"/>	88 Other: _____
<input type="radio"/> <input type="radio"/>	99 Unknown

ROAD CHARACTER	
<u>O/A</u>	
<input type="radio"/> <input type="radio"/>	01 Straight & Level
<input type="radio"/> <input type="radio"/>	02 Straight on grade/slope
<input type="radio"/> <input type="radio"/>	03 Straight on hillcrest
<input type="radio"/> <input type="radio"/>	04 Curved & level
<input type="radio"/> <input type="radio"/>	05 Curved on grade/slope
<input type="radio"/> <input type="radio"/>	06 Curved on hillcrest
<input type="radio"/> <input type="radio"/>	88 Other: _____
<input type="radio"/> <input type="radio"/>	99 Unknown

ROAD CHARACTER check the appropriate circle for the “ON Road,” and if the accident location is a ‘12’ (intersection), also check the appropriate “AT Road” circle. Note: Recording “At Road” data is useful for an Accident Location of “13” (intersection-related) and “15” (Interchange).

SPECIAL JURISDICTION Record the Special Jurisdiction in which the accident occurred. If there is no Special Jurisdiction applicable, code ‘00’.

SPECIAL JURISDICTION	
<input type="radio"/>	00 Normal Jurisdiction (Not Special)
<input type="radio"/>	01 National Park Service
<input type="radio"/>	02 Military
<input type="radio"/>	03 Indian Reservation
<input type="radio"/>	04 College / University Campus
<input type="radio"/>	05 Other Federal property
<input type="radio"/>	88 Other: _____
<input type="radio"/>	99 Unknown

SPECIAL NOTES ON TRAFFIC UNITS**Traffic Unit Inclusions:**

- Mechanically or some electrically powered motor vehicles in-transport
- All pedestrian types
- Trains involved with a motor vehicle in-transport at public roadway crossings.

Exclusions:

- The distinction of motor vehicles “in-transport” eliminates legally parked vehicles
- The term “in-transport” denotes the state or condition of a motor vehicle which is in motion, ready for motion, or illegally parked within the portion of a driving lane ordinarily used by similar transport vehicles.
- A traffic unit includes all parts of the traffic unit, including towed units or anything transported by the traffic unit. If parts of the traffic unit or its cargo become detached, it is still considered a part of the traffic unit until the parts or cargo come to rest (motionless).

Vehicles “In-transport” Inclusions:

- Motor vehicle on a roadway (within driving lanes)
- Driverless motor vehicle in motion on the shoulder, roadside or median.
- Motionless or disabled motor vehicle abandoned in a roadway (driving lanes)
- Motor vehicle in motion outside the trafficway.
- A stopped motor vehicle with any portion of its primary outline as defined by the four sides of the vehicle (e.g., tires, bumpers, fenders) and load, if any, within the roadway.
- Working vehicles operating for their intended purpose: Paving machines, Snow Plows, etc.

Examples:

- A driverless vehicle previously parked on the shoulder begins to roll forward because the parking brake was not set.
- A stopped vehicle partially on the shoulder with two tires on the roadway.
- A tractor trailer with its load hanging over the roadway edge line.
- A person deliberately driving an all-terrain vehicle (ATV) down a median or the roadside.
- A police vehicle patrolling or responding to an emergency.
- A police or emergency vehicle stopped on the roadway at the scene of an accident or traffic stop or other police action, regardless of whether or not the emergency lights have been activated.
- Construction, maintenance, or utility work vehicles traveling on a trafficway from one work site to another location.
- Taxis, limousines, or other passenger vehicles, with or without passengers while on the roadway or in-motion on a trafficway.
- A school bus stopped in a travel lane with signs and/or lights activated.
- A private citizen using his pickup truck or lawn tractor with a blade removing snow from the roadways in his neighborhood. (Not a official city, county, highway maintenance activity.)
- A farm tractor or combine moving from a storage facility to a field under its own power on the trafficway.
- A moving motor vehicle on a private driveway.
- A car pulling away from a gas pump in a gas station.
- An ATV driving on a recreational off-road trail inside or outside the trafficway.

- A vehicle operating in the closed portion of the trafficway.
- A van left unattended in a lane during rush hour when parking is prohibited because it is in an open travel lane at the time.

Exclusions:

- Transport vehicle stopped off the roadway within the trafficway.
- Transport vehicle stopped in parking lanes during periods when parking is allowed.
- A stopped motor vehicle with any portion of its primary outline as defined by the four sides of the vehicle (e.g., tires, bumpers, fenders) and load, if any, not within the roadway.

Examples:

- A disabled utility vehicle stopped on the shoulder, median, or roadside.
- An automobile parked in an area designated for parking area against the curb of a residential street, or in a parking space/lane.
- A truck stopped on the shoulder where only the extended side-view mirror overhangs the roadway edge line.
- A power company truck working on the power lines in an elevated basket in a maintenance work zone.
- A concrete mixer discharging its load of concrete in a construction work zone.

NON-CONTACT VEHICLES: While non-contact vehicles are considered “in-transport,” code them with a special prefix of ‘N’ (N##). **Be careful not to repeat any traffic unit numbers regardless of their type.** Non-contact vehicles are only to be recorded if their actions or inactions directly affected the circumstances of the accident.

NOT “IN-TRANSPORT” VEHICLES:

Vehicles not in motion, not ready for motion, and no portion of the vehicle or its load intrude into the driving lanes of a road.

Inclusions:

- Legally parked transport vehicles off the roadway.
- Motionless vehicles off the roadway.

Examples:

- A stopped vehicle on the shoulder to change a tire as long as no portion is intruding into driving lanes.
- A car legally parked against the curb on a residential street.
- A parked truck completely on the shoulder of a road.

PARKED MOTOR VEHICLE: A parked motor vehicle is a motor vehicle not in-transport that is not in motion and not located in the roadway (driving lanes). Motor vehicles in-transport have maneuvers (some of which are not in motion) and positions in trafficways. Legally parked vehicles may have positions in trafficways, but they do not have maneuvers.

Also see Section 98 of the Kansas Traffic Ordinances

DO NOT code legally parked vehicles or non-contact vehicles with normal traffic unit numbers. Record their information after recording and numbering all “in-transport” traffic units where possible. Code a legally parked traffic unit as unit ‘**X##**’ and a non-contact traffic unit as unit ‘**N##**’. Do not repeat unit numbers for any type of traffic unit. Example: TU 01, 02, N03, X04.

Legally Parked Vehicle Inclusions:

- Any stopped motor vehicle where the entirety of the vehicle's primary outline as defined by the four sides of the vehicle (e.g. tires, bumpers, fenders) and load, if any, is not within the roadway.
- Where roadway lanes are used for travel during some periods and for parking during other periods, a parked motor vehicle should be considered to be in-transport during periods when parking is forbidden.
- A motionless vehicle complete on the shoulder, median, or roadside.
- A vehicle at a gas station pump.
- A delivery vehicle parked on a roadway to unload cargo, merchandise, etc is legally parked by ordinance.

Exclusions:

- Disabled vehicles in the roadway are not legally parked.
- A motor vehicle left unattended on a roadway, where parking is always prohibited.
- A driver of vehicle stopped curbside on a city street opens his door into the travel lane.
- A truck stopped on the shoulder where only the extended side-view mirror overhangs the roadway edge line.
- A car stopped in a private driveway waiting to enter a roadway.
- A stopped vehicle partially on the shoulder with two tires on the roadway.
- A tractor trailer with part of its load extending over the roadway edge line.

TRAINS colliding with motor vehicles at public roadway crossings are considered state reportable accidents. However, a train collision at any other location is considered a private property accident and a train collision with a pedestrian **only** is not considered a motor vehicle accident by state standards. Record identification and description of train traffic units in the middle part of the form. Identify trains only by ownership (e.g., BN&SF or UP) and, in the Vehicle Identification Number space, place numerals or other identification for the locomotive (for the lead locomotive only, if more than one). **DO NOT** record driver information for train crew in the Driver Table (front of the 850B). Record all crew members of the lead engine in the Passenger Table as seat type ‘31’. Record any train passengers who are injured (seat type ‘32’). Seat type ‘32’ would also include any other train crew members including conductors, engineers, car attendants, brakemen, etc.

RECORDING DATA

As with every form, accuracy and completeness are the most important elements. There are many users of the information, including law enforcement. The data collected impacts court proceedings, road safety improvements, targeted enforcement efforts, the driving record, vehicle safety research, accident severity studies, driver impairment legislation, driver age studies, and so on.

The Occupants & Vehicles form (850B) is structured such that an officer can capture up to two drivers and two vehicles as well as up to four passengers. This allocation represents approximately 93% of the accidents in Kansas. All data related to drivers and vehicles are captured on this form.

Note: Pedestrian and witness information are not captured on the 850B, which includes occupants of legally parked vehicles.

If a given accident involves pedestrians or more passengers than the 850B can hold, the Passengers & Pedestrians supplement (form 854) is used. **DO NOT** record drivers, pedestrians, or witnesses in the Passenger table. Record drivers in the Drivers table (top), passengers in the Passenger table (bottom), pedestrians in the Pedestrians table (854 backside), and witness information in the accident narrative (form 851).

If a commercial motor vehicle, or other vehicles with a GVWR over 10,000 lbs., or hazardous materials are involved, one should complete the Heavy Vehicle / Hazmat supplement (form 852). Requirements for completion are located on the back of the form.

CODING ORDER

Traffic units should be numbered according to type and then involvement. The priority of types is: Motor vehicles in-transport, other transport vehicles, PED types, non-contact traffic units (listed as unit N##), and legally parked vehicles (listed as unit X##). This numbering format does not concern with fault, but rather consistency of structure. Fault should be indicated at the conclusion of the investigation and reflected in the Contributing Circumstances and Violations sections of the 850B. Always record the traffic unit number per unit or person, and verify the correct people are associated with the proper vehicle.

ADDITIONAL 850B FORMS

Add an 850B form for more than 2 (4, 6, 8, etc.) traffic units. If there are more passengers than the required amount of 850B forms hold, add a Passenger Supplement (854). Do NOT use the Passenger Supplement until all the passenger lines are used on the 850B form(s).

Example: Accident 09-1324 has 3 vehicles and 11 occupants...

850B #1	TU1 – van with 1 driver and 6 passengers
850B #1&2	TU2 – car with 1 driver and 1 passenger
850B #2	TU3 – car with 1 driver and 1 passenger

The first 850B captures TU1 and TU2 drivers and 4 out of 6 passengers from TU1. The second 850B captures the TU3 driver, the remaining 3 passengers from TU1 and TU2, as well as the passenger from TU3. Please list the passengers in TU order. When additional pages are needed, always use the traffic unit section for drivers and vehicles on the left before using the right side. **DO NOT** repeat any traffic unit numbers.

Occupants & Vehicles

KDOT Form 850B Rev. 1-2009

DRIVER INFORMATION

VIOLATIONS CHARGED; CITATION NUMBER: Identify each citation issued by the traffic unit type (D or P), the traffic unit number, the violation charged (by state statute code or description), and the citation document number. Please use the **state statute**. If no state statute is relevant, use the applicable Standard Traffic Ordinance value. If the drivers on an 850B form exceed four citations, mark the checkbox, and list the remaining citations on the narrative form (851). The citation data on the accident form is captured for the convenience of those who use the forms: law enforcement, insurance companies, courts, etc. This is not a requirement by KDOT.

CONTRIBUTING CIRCUMSTANCES (CCs): Contributing circumstances can be recorded on any 850B form. At least one contributing circumstance should be coded per driver and pedestrian even if it is '00' (No driver CC evident) or '99' (unknown). Capturing contributing circumstance information is **crucial** to traffic safety. It is the main element relied upon to assess the cause(s) of accidents stated in Kansas Statute 8-1612. Improper coding or a lack of coding can significantly hinder traffic safety efforts.

Example: If an intersection has many accidents related to “failure to yield...” and officers record this contributing circumstance on the accident forms, countermeasures can be implemented to address the problem. If the CC is not recorded, the problem is not identified or substantiated and appropriate improvements might not be made. Grant money is directly tied to proving a problem exists; no data, no problem.

It is important that law enforcement record CCs whenever known. Record as many per accident as apply. Use the codes shown on the Accident Code Sheet (form 855).

Note: Inattention should not be used as a default value, but rather used as a secondary code along with codes such as “Failure to Yield” or “Distraction: Mobile (cell) Phone.”

Record the CC type ('D', 'P', 'V', 'EV', 'OR', 'AR'), the traffic unit number for 'D', 'P', or 'V' types, and then the applicable code. **TYPE/UNIT(D1)** and **SPECIFIC CODE(02)**...Equals (D1) Driver1-(02) Under the influence of Alcohol.

IMPORTANT:

- **The CC list has been revised and reordered! Codes of the past are now numbered differently. The new ordering and number breaks serve a purpose.**
- **Code at least one CC per accident; better yet, all that apply. If no contributing circumstances are known, code '99'.**
- **Contributing circumstances should reflect probable causes indicated by the evidence available to the recording officer (verbal or physical). They should not reflect mere speculation.**
- **Do NOT code “driver” contributing circumstances for a traffic unit that is “driverless”. Vehicle CCs ('14' or '15') may be more appropriate.**

DRIVERS TABLE Information concerning drivers is captured on the 850B on the Driver & Passenger side. The Drivers Table located towards the top is for **drivers only**. DO NOT record passengers, pedestrians, or witnesses in this table including occupants of legally parked vehicles. Note that the table captures up to two drivers and each have two lines to complete in the table. Pay attention to the headings. If a vehicle is driverless, DO NOT record the owner or any other person in the driver fields.

NOTE: The following fields require a value where information is unknown: TU, ST, Last Name (Unknown), DOB (99/99/9999), Gender, Age, SE Used, Eject/Trapped, and Injury Severity.

Unit #	DRIVER First Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)		Personal Phone Number
Seat Type	DRIVER Last Name	Date of Birth	City	State Zip	Work Phone Number
TU		MN		New address? <input type="checkbox"/>	Personal
ST		DOB			Work

TRAFFIC UNIT (TU) NUMBER: Record each traffic unit number starting with 01. Record TU numbers in order as much as possible. Place an 'X##' in the unit box for legally parked vehicles and 'N##' for non-contact vehicles followed by their unit number. Never repeat unit numbers regardless of the type of unit. Record 'X' and 'N' units last. Make sure the traffic unit numbers in the drivers table, other driver fields, passenger table, and vehicle information are assigned correctly.

SEAT TYPE (Drivers): For occupants of vehicles, the term “seat type” equates to a person’s position in relationship to a vehicle. **The seat type will always be '01' in the Drivers Table.**

When traveling on the roadway and not in a “working vehicle” situation, drivers of tractors, snow plows, road graders, street sweepers, etc. should be coded as seat type '01.' For drivers in seat position '03' (shotgun), record them as '01'. **Example:** a mail carrier with a right-hand steering wheel. All other occupant seat types are recorded in the Passenger Table including drivers of trains ('31') and towed vehicles ('30').

IDENTIFICATION OF PERSONS: On the 850B, it is only necessary to record personal information one time. **Example:** If the driver and owner are the same, only record the information in the Drivers Table. Record “Same” in the Owner Last Name field. Record personal information as completely as possible.

DRIVER NAME: Transcribe the driver's full name exactly as shown on the driver’s license. Record all drivers involved in the accident. Please ensure data is readable and understandable. If the name is unknown, type unknown in the Last Name field and leave the other name fields blank.

“Working vehicle” operators (PED Type 26) are not recorded in the Drivers Table. Record their information on the Ped form (854). Further, do not record train operators’ (crew) in the Drivers Table. Record their information in the Passengers Table. For driverless vehicles, do not record driver information in the Drivers Table, but rather record the owner information on the back of the 850B or witness information on the 851.

DATE OF BIRTH
Record the date of birth in MM/DD/YYYY format. This is a mandatory field. If the DOB is unknown, record '99/99/9999'. Obviously, the date of birth field is important for identification purposes and other needs.

DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
New address? <input type="checkbox"/>			Personal				
			Work				<input type="checkbox"/>

DRIVER ADDRESS Transcribe the driver's address as shown on the driver's license unless it is incorrect. Check the "New address?" checkbox if their current address is different from the license. Enter the street address with the apartment number if any, or the rural route number, and the city, state, and zip code. Record addresses of unlicensed persons or pedestrians as completely as possible.

GENDER Record the gender for all vehicle occupants, pedestrian types, train crew, and injured train passengers. If the gender is unknown, record a 'U'. Valid codes are: 'M', 'F', and 'U'.

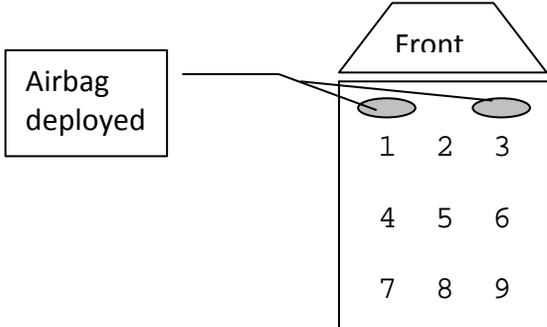
AGE Record the age for all vehicle occupants, pedestrian types, train crew, and injured train passengers.

- Valid Age codes are:**
- NN – Birth to 24 hours
 - NB – 1 to 6 days old
 - BB – 7 days to 364 days old
 - 01-98 – exact age in years
 - 99 – Ninety-nine years old and older
 - 00 - Unknown

SAFETY EQUIPMENT USE This is a mandatory field for all drivers, passengers, and pedestrians. **Do NOT use 'Y' meaning Yes.** If the Safety Equipment is not known, record a 'U'. All Safety Equipment codes are shown on the code sheet (form 855). Note: Booster Seats are normally used between the ages of 4-8 where the child is between 40 and 80 lbs.

SAFETY EQUIPMENT USE	
S	Shoulder & Lap belt
X	Shoulder belt only
L	Lap belt only
I	Infant seat/restraint system (rear facing)
C	Child seat/restraint system (front facing)
T	"Booster" seat/restraint system (see manual)
P	Airbag deployed only (Passive system)
R	Airbag deployed - Shoulder & Lap belt
J	Airbag deployed - Shoulder belt only
W	Airbag deployed - Lap belt only
F	Airbag deployed - Infant seat (rear facing)
D	Airbag deployed - Child seat (front facing)
K	Airbag deployed - "Booster" seat
B	Both Motorcyclist helmet & eye protection
E	Motorcyclist eye protection
H	Motorcyclist helmet
Q	Pedestrian helmet or protective pads
V	Reflective clothing
N	None used
U	Unknown

Airbag Codes: Use the 'Airbag' codes that affect only the seat position (if occupied) that applies to the airbag's deployment.



In the example, the only occupants requiring airbag codes would be the driver (1) and "shotgun" position (3).

If a side airbag deployed for another seat position, code it accordingly.

Another Example: If an occupant is riding in the back seat of a car on the left side (seat type '04') at the time of the accident, and they were wearing their seat belt and an airbag deployed directly affecting their seat position, code an 'R' for that occupant.

Motorcyclists Codes: Record helmets (H), eye protection (E), or Both (B) as they apply to occupants of motorcycles, mopeds, and ATVs. Do NOT use these safety equipment codes for other vehicle body types or pedestrians even if these protection types are used.

EJECTED/TRAPPED: For occupants inside motor vehicles, record the ejected/trapped code, as well as for pedestrian types '24'-'26' as they apply. If the individual was not ejected or trapped, code 'N'. "Trapped" means they had to be extricated from inside the vehicle. If partially ejected and trapped, mark Partially Ejected ('P') and the Ejection Path. Note: Use code 'N' for motorcycle / motor scooter occupants, as the "ejected" and "trapped" definitions do **not** include two-wheeled motor vehicle body types. However, ATVs with three or more wheels are included.

INJURY SEVERITY: Record injury severity for all vehicle occupants, pedestrian types, train crew, and injured train passengers. The definitions listed below are taken from the Manual on Classification of Motor Vehicle Traffic Accidents.

U - Unknown **N** - Not Injured

P - Possible Injury: A Possible injury is any injury reported or claimed which is not a fatal injury, incapacitating injury, or non-incapacitating (evident) injury. Inclusions: momentary unconsciousness, limping, complaint of injuries not evident, nausea, hysteria.

INJURY SEVERITY	
N	Not injured
P	Possible injury (complaint of pain)
I	Injury - not incapacitating
D	Injury - incapacitating (disabling)
F	Fatal injury
U	Unknown

I - Non-incapacitating Injury: A Non-incapacitating Injury is NOT fatal or disabling, but rather is an injury evident to observers at the scene of the accident where the injury occurred. Inclusions: Lump on head, abrasions, bruises, minor lacerations, etc.

D - Disabling Injury (incapacitating): A Disabling injury is any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing the activities he/she was capable of performing before the injury occurred. Includes severe lacerations, broken or distorted limbs, skull or chest injuries, abdominal injuries, unconsciousness at or when taken from the accident scene, or inability to leave the accident scene without assistance.

F -Fatal: Fatal injury is any injury that results in death to a person within 30 days of the accident. Note: See page 13 (Special Note) of the Form 850A instructions for details concerning a death occurring more than 30 days from the date/time of the accident or from a prior medical condition.

EJECT PATH: Record the code below that best depicts the occupant path as they were ejected from the vehicle. This coding is mandatory for every occupant of a vehicle who is fully or partially ejected.

EJECTION PATH	
01 Side door	06 Roof - sunroof/convertible top down)
02 Side window	07 Roof - convertible top up
03 Windshield	08 Other path (pickup bed)
04 Back window	99 Unknown
05 Back door/Tailgate	

EXTRICATION: Mark the extrication checkbox if an occupant was trapped inside a vehicle and had to be extricated from it. To be “extricated” is to be freed or disentangled from inside a motor vehicle.

Example:

Having my foot released from the spokes of the front wheel of my bicycle would NOT be considered extrication.

Gender	SE Used	Inj Severity	Transpt Unit
Age	Eject/Trap	Eject Path	Extrication?
M	N	D	A
25	T		<input checked="" type="checkbox"/>
			<input type="checkbox"/>

TRANSPORTING UNIT CODE This code is to be used ONLY when a person is transported to a medical facility for treatment (even if the person dies on the way or at the facility). Do not use for deceased victims at the scene transported to a morgue. Record this information in the narrative.

Transport Unit _____	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:

Use letters ‘A’-‘N’ in sequential order in the Transport Unit field at the bottom of the 850B (or 854) form. Then label the Transport Unit for each victim using the corresponding letter. The letter designation applies to each vehicle (unit), not the transport company. If more than one person was transferred to the hospital in the same unit, use the same Transport Unit letter for both. Additional Transport Units can be shown on the Passenger Supplement (form 854) as necessary.

Transport Units can include non-EMS vehicles where the unit is transporting a patient to a medical facility. If transportation is provided for someone to take them somewhere other than a hospital, record this on the Accident Narrative form (851) if needed for documentation purposes.

TIME EMS NOTIFIED, ARRIVED ON SCENE, AND ARRIVED AT HOSPITAL (bottom of the 850B form)

Where possible, record the time you requested Emergency Medical Services (EMS) along with when they arrived on scene and at the hospital. These data are mandatory for fatal accidents. (Follow up with EMS personnel to collect this information)

INJURED TAKEN BY: Identify the EMS transporters including non-EMS units. Include all resources used for emergency transportation of the injured to a medical facility.

INJURED TAKEN TO: Identify the hospital (medical facility) destination for each of the transporters. If the injured are not taken to a medical care facility, do not complete this field. Use the narrative where appropriate.

DL State	Driver's License Number	DL Class	Driving for Employer? <input type="checkbox"/>	CDL? <input type="checkbox"/>
----------	-------------------------	----------	--	-------------------------------

DRIVER'S LICENSE STATE Record the two letter abbreviation of the state issuing the license. For Indian Nations, code 'OT' (other jurisdiction). See State Abbreviations on page 91 for Canadian provinces and Mexican states.

DRIVER'S LICENSE NUMBER Record the number as shown on the driver's license. If the driver claims to be licensed but cannot present the license and you are unable find it by other means, leave the field blank. If through a search, a license number, ID number, or a computer generated number is found, record it. If the DL is an identification number (not a DL license), record 'ID' in the DL Class field. **Please do not record the Social Security Number in this field**, as the accident forms are considered an "Open Record," and SSNs are protected requiring field redaction.

DRIVER'S LICENSE CLASS The classification of a driver's license is determined by the Kansas Department of Revenue. The codes for Kansas licenses are listed below. The codes 'A', 'B', and 'C' are used for both commercial and non-commercial drivers. Licenses from other states can have different code values. Further, the Class codes may be combined to show multiple privileges (CMP – auto, motorcycle, permit). Simply record the classification show on the license. If the DL Number field contains a number, the DL Class field must contain a value even if it is U – Unknown.

NON-DL; IDENTIFICATION NUMBER

ID - If the person is not licensed to drive but has an ID number issued by the state, record the number in the Driver's License Number field and then record 'ID' in the DL Class field.

PERMITS

P - Add a 'P' to the DL class for driving permits (e.g. 'CP'). According to the Department of Revenue, a permit is a valid license for the person to operate a vehicle within the restrictions allowed by the permit. **DL Comply** should equal **07 – Restricted**. For example, a person can have a valid Class C driver's license and a CDL permit. In this case you would record 'CP' for the DL Class. The person can drive under the class C as usual, but then only operate CMV under the restrictions of the permit.

COMMERCIAL DL

A - For operators of any combination of vehicles with a GCWR of 26,001 pounds or more, providing the GVWR of the vehicles being towed is in excess of 10,000 pounds and all other lawful combinations of vehicles with a GCWR of 26,001 pounds or more.

B - Motor vehicles which include any single vehicle with a GVWR of 26,001 pounds or more, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR qualifies for class 'C' but not class 'M'.

C - Motor Vehicles include any single vehicle less than 26,001 pounds GVWR, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR, provided the GCWR of the combination is less than 26,001 comprising:

- a. Vehicles designed to transport sixteen or more passengers (including driver); or
- b. Vehicles used in the transportation of hazardous materials which require a placarded.

NON-COMMERCIAL DL

A - For operators of any combination of vehicles with a GCWR of 26,001 pounds or more, providing the GVWR of the vehicles being towed is in excess of 10,000 pounds; except that Class A does not include a combination of vehicles that has a truck registered as a farm-truck under subsection (2) of K.S.A. 8-143, and amendments thereto.

B - Motor vehicles which include any single vehicle with a GVWR of 26,001 pounds or more, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR. Class B motor vehicles do not include a single vehicle registered as a truck registered as a farm-truck under subsection (2) of K.S.A. 8-143, and amendments thereto, when such farm-truck has a GVWR of 26,001 pounds or more, or any fire truck operated by a volunteer fire department.

C - Motor Vehicles include any single vehicle less than 26,001 pounds GVWR, or any such vehicle towing a vehicle not in excess of 10,000 pounds GVWR, or any vehicle with less than a 26,001 pound GVWR towing a vehicle in excess of 10,000 pounds GVWR, provided the combination is less than 26,001 pounds, or any single vehicle registered as a farm truck under subsection (2) of K.S.A. 8-143, and amendments thereto, when such farm-truck has a GVWR of 26001 pounds or more.

M - Motor vehicles which include motorcycles

U - If the Class is unknown, code 'U'.

COMMERCIAL VEHICLE DRIVER Drivers of commercial motor vehicles used for the transportation of goods, property or people in interstate or intrastate commerce:

Inclusions:

- Motor vehicles providing transportation of goods, property, or people for compensation (for-hire)
- Privately-owned motor vehicles providing transportation of privately-owned goods or property in furtherance of a business enterprise.
- Privately-owned motor vehicles providing passenger transportation in furtherance of a business enterprise.

Examples:

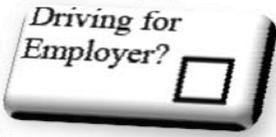
1. A trucking company hauling a manufacturing company's goods for a fee.
2. A motor coach transporting passengers within and between cities and towns.
3. A truck or truck tractor owned by an individual truck driver used to carry goods or property under contract.
4. An airport shuttle bus service paid to transport persons to hotels and other businesses.
5. A manufacturing company hauling its own products to retail stores.
6. A retail store delivering products to its buyers.
7. A business engaged in the transportation of students to and from school and school-related activities.
8. An agricultural farm hauling its produce to market.
9. A taxi or limousine service transporting passengers for a fee.

Exclusions:

- Persons providing private transportation of personal property or people.

Examples:

1. A non-commercial horse rancher transporting hay bales from his pasture on one side of the road to his stables on the other side in a medium truck.
2. Homeowner carrying recyclables to a drop-off point in a personally owned pickup truck greater than 10,000 lbs.
3. Large family of 10 persons taking a trip in the family's 12-person van.



DRIVING FOR EMPLOYER? This applies to commercial motor vehicle drivers who are driving for their employer at the time of the accident.

CDL? If the driver's license reflects a **C**ommercial **D**river's **L**icense, mark the checkbox (regardless of the driver's current activity). Leave blank if it is not a commercial license.



- DR LICENSE COMPLY**
- 00 Not licensed
 - 01 Valid License
 - 02 Suspended
 - 03 Revoked
 - 04 Expired
 - 05 Cancl'd or Denied
 - 06 Disqualified
 - 07 Restricted
 - 99 Unknown

DR. LICENSE COMPLIANCE Record one code which describes the driver's license status. The DL status is determined by a driver's compliance with various laws and / or for the type of vehicle driven at the time of accident.

One law may indicate that a driver in violation will have their licensed suspended for "x" amount of time. While another law may say Revoked, Denied, Restricted and so on. The state Department of Revenue maintains the driving records and is the source for the status of the license.

If a driver is operating a vehicle (i.e. motorcycle or commercial vehicle) but is not licensed to do so, record '00' Not Licensed in this case, though they have a valid license, but not for the vehicle they are driving.

RESTRICTIONS COMPLIANCE If the "Restrictions?" area equals No (N), leave the **Drivers Lic Restrictions** fields blank. If "Restrictions?" equals Yes (Y), at least one **Drivers Lic Restrictions** field cannot be blank. Record all driving restrictions listed on the driver's license (up to 4). For each restriction listed, select Yes (Y) if the driver complied with the restriction or No (N) if they did not comply. If the restriction compliance is unknown, leave the "Complied?" area blank. The Kansas License Restrictions are listed on the back side of the code sheet (855). **For driver interlock or other restrictions not listed, use code I – Limited other.**

RESTRICT COMPLY		
	Y	N
Restrictions?	<input type="radio"/>	<input type="radio"/>
Driver's Lic Restrictions	Y	N
1 <input type="text"/>	<input type="radio"/>	<input type="radio"/>
2 <input type="text"/>	<input type="radio"/>	<input type="radio"/>
3 <input type="text"/>	<input type="radio"/>	<input type="radio"/>
4 <input type="text"/>	<input type="radio"/>	<input type="radio"/>

NOTE: There is a difference between having a Restricted License (Driver's License Compliance) and having Restrictions on a license (Restriction Compliance). Example: A restricted license like a permit, may or may not have restrictions present.

COMMERCIAL ENDORSEMENTS Enter all endorsements listed on the driver's license (up to 4). **Endorsements apply to CDL licenses only.** Do not code 'Z' (leave blank) if the driver does not have a CDL. Each endorsement qualifies the driver to handle vehicles or payload signified by the endorsement code. A person can have a CDL with no endorsements.

- COMMERCIAL ENDORSEMENTS**
- Z - None
 - T - Double/Triple Trailer
 - P - Passenger Vehicle
 - N - Tank Vehicle
 - H - Placarded Haz. Material
 - X - Combination Tank/HazMat
 - S - School Bus
 - U - Unknown

SUBSTANCE USE Indicate whether the substance(s) was ingested and whether it contributed to the cause of the accident. As the form says, mark all that apply. It is important to know what a driver's BAC is where there is indication of 'AP' or 'AC'. Be sure to complete the Method of Determination and Impairment Test fields as they apply even if this requires sending an amended report later. Please make sure that substance use data does not conflict with Contributing Circumstances that are coded.

Example: If a Substance Use code of 'AC' (Alcohol Contributed) is used for Traffic Unit 1, a Contributing Circumstance of '02' should be coded for Driver 1 (D1 02).

METHOD OF DETERMINATION should be coded whenever possible for each driver and pedestrian. If there is no evidence of impairment, simply choose '00' for both Alcohol and Drugs. Otherwise, mark all methods used to determine a driver's impairment for alcohol (to the left) and illegal drugs (to the right). If the outcome of the test does not reflect impairment, mark '00' as well. Ensure that this coding agrees with Driver Contributing Circumstances, Substance Use, and Impairment Tests. If unknown, leave blank.

- METHOD OF DETERMINATION**
(mark all that apply)
- | ALCOHOL | DRUGS |
|--|-------------------------------------|
| <input type="checkbox"/> 00 No evidence of impairment | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> 01 Evidential Test (Breath, Blood, etc) | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> 02 Preliminary Breath Test PBT | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 03 Behavioral
<small>Tests: HGN, walk-and-turn, one leg stand, etc.</small> | <input type="checkbox"/> |
| <input type="checkbox"/> 04 Passive Alcohol Sensor
<small>(detects alcohol from driver's mouth)</small> | <input type="checkbox"/> |
| <input type="checkbox"/> 05 Observed
<small>(Odor, staggering, slurred speech, etc)</small> | <input type="checkbox"/> |
| <input type="checkbox"/> 06 Other (e.g. saliva test) | <input type="checkbox"/> |

Example: If the Driver CC = '01' (illegal drugs contributed), Method of determination, Substance Use, and Impairment tests must contain values in agreement.

DRIVER/PED IMPAIRMENT TEST If no test is given, choose 'NG'. If a test was refused, choose 'TR'. Otherwise select the test type and record the results where applicable. **Evidentiary Breath, Blood, Eye Fluid, and Other are for alcohol results only.** If results are pending, be sure to submit an amended report indicating the final test results. **BAC reporting is very important** to all levels of government (including law enforcement). Please ensure all test results are recorded and submitted. Further, ensure that the Method of Determination coding agrees with these values.

- IMPAIRMENT TEST**
(mark all that apply)
- NG - No Test given
 - TR - Test Refused (Alcohol/Drug)
 - PT - Prelim Positive Test (PBT)
 - TG - Evidentiary Test given
 - RP - Results pending

For illegal drugs, record whether a drug screen was given and whether it was positive ('P') or negative ('N'). DO NOT record illegal drug result values and the type of drugs used on the KDOT forms, as this is criminal information. The KDOT forms are considered "open records." Record this on other documentation. If the accident is fatal, be sure to send the additional documentation with the accident for federal reporting.

Special Note: In the event that there is a drunk pedestrian not directly impacted by the collision and you want to record their intoxication, list them in the narrative along with their results.

Example: Jethro Bodine from the Beverly Hillbillies is drunk and stops the family truck in the roadway; he gets out, and relieves his abdominal pressure in the ditch. Meanwhile, the Clampett's prized truck is struck by V2. You may want to record that Jethro had too much of Granny's "medicine," but he is NOT a driver or a pedestrian in this situation...just a witness. Driver/Ped Contributing Circumstances or other impairment data are not recorded on the 850B or 854. List his information in the narrative. However, if he is harmed by the collision (outside the vehicle), record him as a drunk Ped on the 854 form.

BLOOD ALCOHOL CONTENT (BAC)

Requirements:

According to state law (8-1001), a law enforcement officer shall request a BAC test if an officer believes the person was operating or attempting to operate under the influence of alcohol and drugs or an accident has resulted in serious injury or death. This information is vital for our Federal reporting and should be submitted as an amended report when known.

ALCOHOL	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> Eye Fluid
	0. _____	0. _____
	<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> Other
	0. _____	0. _____
<input type="checkbox"/> Drug screen result		<input type="radio"/> Pos <input type="radio"/> Neg

- When alcohol test results are available, record those results to the 3rd decimal place (0.081).
- It is vital that all test results are recorded and submitted when known. Please submit amended (complete) reports when necessary.
- BAC data can affect whether agencies are able to obtain federal grant money for safety programs or law enforcement initiatives.
- When submitting the test kits to the KBI, be sure to submit the KBI form as complete as possible including driver designation.
- **Alcohol-related accident data is one of the most requested from the media, research groups, local, state, and federal government, etc.** Recording the BAC on all alcohol involved accidents helps maintain more accurate data for reporting and decision making. Missing information creates inept data which then provides insufficient answers to those that make significant decisions (it's important!).

Occupants & Vehicles

KDOT Form 850B Rev. 1-2009

PASSENGER INFORMATION

PASSENGER TABLE: The passenger table accommodates up to four passengers per 850B form. It is best to list passengers of each traffic unit together in traffic unit number order. If a given accident involves more passengers than the 850B(s) can hold, the Passengers supplement (form 854) is used. Pedestrians are NOT to be listed in the Passenger or Driver sections, use the back of form 854 for all pedestrians involved.

NOTE: The following fields require a value where information is unknown: TU, ST, Last Name (Unknown), DOB (99/99/9999), Gender, Age, SE Used, Eject/Trapped, and Injury Severity.

Unit #	PASSENGER First Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER Last Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MM				Personal				
ST		DOB				Work				<input type="checkbox"/>

To find codes and descriptions for Seat Type, Gender, Safety Equipment Use, Ejected/Trapped, Ejection Path, and Injury Severity codes, use the Accident Code Sheet (form 855).

TAKE NOTE OF THE NEW CODES OR RENUMBERED CODES

TRAFFIC UNIT (ASSOCIATION): Identify which traffic unit each person is associated with. Record the passengers for each traffic unit together and in unit order where possible.

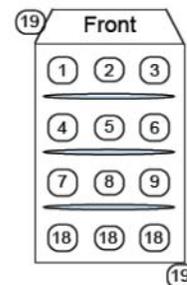
SEAT TYPE (Passengers): For occupants of vehicles, the term "seat type" equates to a person's position in relationship to a vehicle. DO NOT record drivers, pedestrians, or witnesses in the Passenger Table. Remember, **legally parked vehicle occupants are coded as PEDs: Type 25.** Review the list of seat types. **Some of the codes are different from the 2005 forms.** Record the appropriate position per passenger and vehicle type.

Note: Because motorcycles are vehicles, motorcycles drivers and passengers are vehicle occupants.

SAFETY EQUIPMENT USE: This is a mandatory field for all drivers, passengers, and pedestrians. **Do NOT use 'Y' meaning Yes.** If the Safety Equipment is not known,

OCCUPANT SEAT POSITION

- FRONT ROW** 01 Driver
02 Center
03 Right
- SECOND ROW** 04 Left
05 Center
06 Right
- THIRD ROW** 07 Left
08 Center
09 Right



- 10 Motorcycle passenger
- 11 Extra person on driver's seat or lap
- 12-17 Extra person on passenger lap
- 18 Other seat position IN vehicle
- 19 Other position ON or Outside vehicle
- 27 Enclosed cargo area
- 28 Unenclosed cargo area (pickup bed, etc)
- 29 Sleeper section of truck cab
- 30 Trailing unit (auto, boat, camper)
- 99 Unknown position IN or On vehicle

record a 'U'. All Safety Equipment codes are shown on the code sheet (form 855).

Three types of child restraint seats;

- 1) Infant – seat faces backwards
- 2) Child – Front facing seat for infant up to approx 5 years old
- 3) Booster – Front facing booster seat for approximately 5 to 8 years old (up to 80 lbs or 4'9")

Important notes about safety equipment use:

Child Passenger Safety Act (KSA 8-1343)

- 1) Requires all children under age 4 to be in a federally approved child safety seat.
- 2) Children ages 4 to 8 years must be in a federally approved child safety seat/booster seat UNLESS the child weighs more than 80 pounds OR is taller than 4' 9".
- 3) Children 8 years of age but under the age of 14 must be protected by a safety belt.
- 4) This law applies to all passenger cars designed for carrying fewer than 10 passengers, as defined by KSA 8-1343a. The fine is \$60 including court costs.

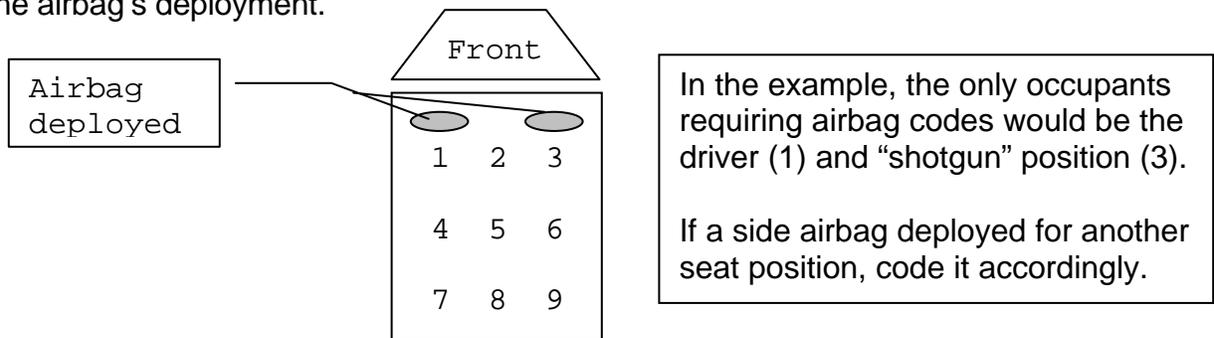
Safety Belt Use Act (KSA 8-2501)

- 5) Primary Enforcement: Occupants of a passenger car (carrying fewer than 10 passengers) 14 years of age but younger than 18 years of age can be cited for this violation – KSA 8-2503. The fine is \$60 including court costs.
- 6) Secondary Enforcement: front seat occupants of a passenger car (carrying fewer than 10 passengers) 18 years of age or older can be cited for a seat belt violation only after being cited for another violation, such as an expired registration. KSA 8-2503. The fine is \$30, including court costs.

Commercial Seat Belt DOT.392.16/ CMV 66-1,129 82-4-3h

A commercial motor vehicle which has a seat belt assembly installed at the driver's seat shall not be driven unless the driver has properly restrained himself/herself with the seat belt assembly. The fine is \$100 plus court costs.

Airbag Codes: Use the 'Airbag' codes that affect only the seat position (if occupied) that applies to the airbag's deployment.



Another Example: If an occupant is riding in the back seat of a car on the left side (seat type '04') at the time of the accident, and they were wearing their seat belt and an airbag deployed directly affecting their seat position, code an 'R' for that occupant.

Motorcyclists Codes: Record helmets (H), eye protection (E), or Both (B) as they apply to occupants of motorcycles, mopeds, and ATVs. Do NOT use these safety equipment codes for other vehicle body types or pedestrians even if these protection types are used.

CODING EXAMPLES FOR PASSENGERS

- A person who illegally parks his/her vehicle and enters the vehicle from the passenger side and is sliding across front seat to driver's seat when struck by another vehicle is a driver (seat type '01'). Likewise, if the driver is exiting (from the passenger side of the vehicle) he/she is also a driver.
- If a driver or passenger of a vehicle falls or jumps out, the person is considered an occupant (not a pedestrian). Code to seat position occupied before falling or jumping out. The traffic unit should not be coded driverless if the driver jumps or falls out.
- For **buses**, record '01' for the driver and all passengers as seat type '18'. After filling the passenger table(s), list any remaining passengers on the Passenger Supplement (form 854).
- A skateboarder, skater, or skier, attached to a motor vehicle (vehicle--pulling unit) is a seat type '19' as it is considered part of the traffic unit similar to a trailer.
- Use seat type code '26' for machine operator/rider only when such machine is being used for its intended purpose (e.g. riding lawn mower mowing on the side of the road, or a road grader moving materials on the side of the road). If such machine is traveling (not working) on the roadway, code operator as seat type code '01' (Driver).
- An occupant of a truck bed who falls out is a seat type '28.'
- Injured occupants of non-motorized wheelchairs, skateboarders, skaters, sledders, etc., should be coded as ped type '88' (Other).

MANDATORY FIELDS FOR FATAL ACCIDENTS

- | | |
|------------------------------------|---|
| • Contributing circumstances | coding) |
| • Violations / Citations | • First and Major Impact points |
| • All Location information | • Method of Determination |
| • Special Jurisdiction | • Evidentiary test results for alcohol |
| • Age / DOB | • EMS information |
| • Safety Equipment / Airbags | • Drug Screen Results: Positive or Negative |
| • Eject/Trapped | |
| • Ejection Path (based on ejection | |

No other drug result (criminal) information should be shown on the KDOT accident forms, since they are considered an Open Record. When sending additional drug information for the FARS (federal) analysis database, simply put it on another document (not the state forms) and attach it to the accident forms. KDOT will separate them for processing. **Be sure to send the complete report (all DOT forms) for each accident.**

PASSENGER SUPPLEMENT: The passenger tables on the 850B and 854 forms are identical. Once the 850B form(s) is full, add a Passenger Supplement to capture the remaining occupants. Be sure to assign the passengers to the right traffic unit and seat type. List in order of traffic unit where possible.

WITNESSES: Record witnesses and their statements on the Narrative form (851). Do not include them in the passenger/drivers tables on the form 850B or the 854.

Occupants & Vehicles

KDOT Form 850B Rev. 1-2009

VEHICLE INFORMATION

850B

VEHICLE TRAFFIC UNIT

NUMBER See Motor Vehicle Basic Terms and Qualifications on page 6 and Special Notes on Traffic Units on pages 9 and 10.

VEHICLE#	
(01, 03, N3, X3, etc)	

SPECIAL DATA This special data field can be utilized by anyone completing the forms to capture additional information concerning vehicles involved.

Example: An officer notices a unique modification or marking on a vehicle and wants to record it.

VEHICLE OWNER IDENTIFICATION ...is mandatory for each vehicle. If not discernable, record "unknown" in the Owner Last Name field. Enter "**SAME**" in the owner Last Name field if the owner information is the same as the driver. Otherwise, enter the owner's full name, phone number, and address from the registration document or by other means.

COLOR Record the National Crime Information Center (NCIC) code for the vehicle color. Do not use marketing descriptions for colors such as "Sand Drift Metallic, or Carmine Red" or other descriptive names.

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs	
VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants
Insurance Company			Policy Number		

Paint transferred from the striking vehicle onto another vehicle (particularly onto the "victim vehicle" struck by a hit and run vehicle) may be the only descriptive information available for the hit and run vehicle, therefore, use color information whenever possible.

YEAR (Vehicle) Record the model year as shown on the vehicle or its registration on the vehicle label.

MAKE Record the NCIC 4-character code. Most NCIC vehicle make codes are the first four letters of the name of the make. See page 92 for a partial list of common NCIC codes. Examples: Buic (Buick) or Toyt (Toyota).

MODEL & BODY STYLE Record the NCIC model and body style (up to 10 characters each)

REGISTRATION STATE (ST) If the License Plate is recorded, record the state abbreviation code for which the vehicle is registered (shown on the registration document or as shown on the license plate). Otherwise, leave the field blank.

LICENSE PLATE NUMBER Record the complete license plate number as shown on the tag.

COUNTY (Registration) Record the two character abbreviation shown on the vehicle license plate or registration. If a county abbreviation does not apply like a Native American Nation tag, leave it blank.

EXPIRATION YEAR Record the expiration year of the license tag as shown on the vehicle registration or license plate.

REMOVED BY Record who removed the vehicle from the scene either by tow or driving away (name of towing service, "owner," "friend," etc.). If the vehicle was towed because of disabling damage, be sure to **mark the Towed Away, Special Conditions box**.

MOTORCYCLE CCs Record the engine size in cubic centimeters. The size is often part of the model or description of a motorcycle and is marked clearly on the vehicle.

Examples: Honda 350, Suzuki 200

VEHICLE IDENTIFICATION NUMBER (VIN) Record the VIN in **upper case letters** and **smaller numbers** (A2C3F4...) from the VIN plate on the vehicle (showing through the lower part of the windshield on most vehicles manufactured since the late 1960s). It may also be found inside the driver's side doorjamb, on the insurance card, or the vehicle registration. For railway trains, record the identification number for the lead locomotive where possible.

DIRECTION OF TRAVEL Enter direction of travel prior to the accident for each traffic unit, including and pedestrians. Valid codes are: 'N', 'S', 'E', 'W', 'NE', 'NW', 'SE', 'SW', and 'U'.

NUMBER OF OCCUPANTS IN VEHICLE Record the total number of vehicle occupants including the driver for each non-pedestrian traffic unit. If unknown and at least one was present, record 1, else 0. Do not code 99 for unknown. **Do NOT list Occupants of legally parked vehicles in the passenger table**. If they are injured, list them as pedestrians (seat type 25) on form 854 in the pedestrian table. If they were not injured, they are considered witnesses and can be listed in the Narrative (851).

INSURANCE COMPANY According to the policy of your department, enter the name of the automobile insurer (not the agent) as indicated by documentary proof or according to the driver or owner's statement. If insurance coverage is not in force (per document or statement), write "NOT INSURED." Also see INSURANCE REPORTING (pg. 3) concerning the DC-66 (pg. 94).

POLICY NUMBER Record the insurance policy number if available.

ODOMETER READING Record the odometer reading to the nearest mile. Record the actual miles, if known by the owner, in cases of "odometer roll-over". **If inoperable or illegible, leave blank**.

FIRE Check the box if a fire occurred either as a first or subsequent event. To indicate "no fire", leave the box blank. Check the box if a fire breaks out in a vehicle which has been totally destroyed or a fire breaks out but is extinguished before significant damage occurs from the fire.

SPECIAL CONDITIONS FOR TRAFFIC UNITS			Odometer	Fire? <input type="checkbox"/>
<input type="checkbox"/> 1 Hit & Run	<input type="checkbox"/> 2 Non-Contact	<input type="checkbox"/> 3 Stolen		
<input type="checkbox"/> 4 Legally Parked	<input type="checkbox"/> 5 Pursued by LE	<input type="checkbox"/> 6 Driverless	<input type="checkbox"/> 7 Towed away due to damage	

SPECIAL CONDITIONS CHECK BOXES FOR VEHICLE DATA Check a maximum of 5 boxes that apply to the specific traffic unit described.

Check "**Hit & Run**" ('1') for the vehicle (driver) which left the accident scene. Also, check the hit-and-run accident checkbox at the top right on form 850A.

"Non-contact" ('2') Non-contact traffic units are sometimes called "phantom" vehicles or peds and are alleged to have contributed to an accident even though they were not part of the collision. They may or may not have left the scene. If non-contact is checked, an 'N' followed by the traffic unit number should appear in the traffic unit number box. List 'N'-units after regular traffic units with the next consecutive number.

"Stolen" ('3') applies only to the vehicle being described.

"Legally Parked" ('4') Includes legally parked vehicles designated by state or local ordinances. If "Legally Parked" is checked, an 'X##' should appear in the traffic unit number box. List 'X'-units after regular traffic units whenever possible. Do not repeat unit numbers for any type of traffic unit. Example: TU1, N2, X3. Legally parked does not include vehicles with any portion of the vehicle in the driving lanes of traffic.

"Pursued by LE (law enforcement)" ('5') This applies only to the vehicle being pursued in a "chase", not the law enforcement vehicle. Pursuit does not apply to a routine traffic stop.

"Driverless" ('6') Applies to the vehicle being described which was either in motion or illegally parked. Do NOT code driver ('DR') contributing circumstances for 'driverless' traffic units.

"Towed Away" ('7') Applies to the vehicle being towed away from the scene due to disabling damage from the accident. Do not mark this box if the vehicle was not towed or towed for other reasons. Be sure to indicate who towed the vehicle in the Removed by field.

VEHICLE BODY TYPE

Record one code per vehicle.

Automobile (car)

Includes all passenger vehicles not on a truck frame. El Caminos & Rancheros should be coded '01' (automobile). Automobiles could be used as a "school bus" – if so, be sure to code the Vehicle Use as '03' (school bus).

VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
<input type="radio"/> 01 Automobile	<input type="radio"/> 10 Single heavy truck >10,000 lbs
<input type="radio"/> 02 Motorcycle	<input type="radio"/> 11 Truck & trailer(s)
<input type="radio"/> 03 Motor scooter or Moped	<input type="radio"/> 12 Tractor-trailer(s)
<input type="radio"/> 04 Van	<input type="radio"/> 13 Cross country bus
<input type="radio"/> 05 Pickup truck <10,001 lbs	<input type="radio"/> 14 School bus
<input type="radio"/> 06 Sport utility veh - SUV	<input type="radio"/> 15 Transit (city) bus
<input type="radio"/> 07 Camper or RV	<input type="radio"/> 16 Other bus
<input type="radio"/> 08 Farm machinery	<input type="radio"/> 25 Train
<input type="radio"/> 09 All-terrain vehicle - ATV	<input type="radio"/> 88 Other: _____ <input type="radio"/> 99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Fuel Hybrid Electric

Motorcycles Include two and three wheeled motorcycles where the engine CCs are greater than 50.

Mopeds, Motor scooters, etc. Use code '03' for engine sizes less than 50cc. **Other Examples:** minibike, "pocket" motorcycles.

Van Full size passenger vans, mini vans, but not larger vans such as a furniture delivery van.

Pickup Truck Vehicles under 10,001 pounds with a truck frame generally made to carry a small to medium size payload. A pickup truck with dual wheels (four tires on one axle) should be coded '05' unless the GVW is 10,001 lbs or greater. No truck supplement report is required for an '05' code. A single truck over 10,000 lbs with a minimum of two axles and 6 tires is a code '10' and a Truck-Bus Supplement (852) may be required. If a pickup-trailer combination is over

10,000 lbs, record code '11.'

Sport Utility Vehicle Use code '06' for Broncos, Blazers, Jeeps, Suburbans, Explorers etc. (enclosed vehicles that normally have a higher road clearance for off-road use).

Recreational Vehicles Vehicle body type '07' includes **personal use** motorized campers, recreational vehicles, and buses or truck-trailer combinations converted into an RV; it **does not include** camping trailers that are towed or any RV configuration used commercial business (like a band).

Farm Machinery Vehicles such as tractors, combines, sprayers, swath / windrower, etc. This would NOT include grain trucks, as they would be considered a body type of '10'-'12'.

All Terrain Vehicle – ATV Use code '09' only for all-terrain vehicles which are used mainly as recreation vehicles; include 3-wheelers, 4-wheelers, and dune buggies.

LARGE / HEAVY VEHICLES (GCVWR OVER 10,000 POUNDS):

Single Heavy Truck (10) – having no trailer attached; can have 3 or more axles or more than 6 tires. See “Vehicle Configuration” chart on the back of the 852 “Heavy Vehicle/Hazmat Supplement” form Codes '02' and '03'. Single Truck includes buses converted into an RV with **less than 9 seats** and used for commercial business (not personal) and a bobtail semi.

Truck and Trailer (11) A single –unit truck pulling a trailer. See “Vehicle Configuration” chart on the back of the 852 “Heavy Vehicle/Hazmat Supplement” form Code '04'. Truck and Trailer includes truck-trailer combinations converted into an RV and used for commercial business (not personal).

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)	
<input type="radio"/> 10 Single heavy truck >10,000 lbs	
<input type="radio"/> 11 Truck & trailer(s)	
<input type="radio"/> 12 Tractor-trailer(s)	Calculated speed at impact
<input type="radio"/> 13 Cross country bus	
<input type="radio"/> 14 School bus	Bus Seat Capacity _____
<input type="radio"/> 15 Transit (city) bus	
<input type="radio"/> 16 Other bus	
<input type="radio"/> 25 Train	<input type="radio"/> Fuel <input type="radio"/> Hybrid <input type="radio"/> Electric
<input type="radio"/> 88 Other: _____	<input type="radio"/> 99 Unknown

Tractor-Trailer(s) (12) or Tractor/Semi Trailer consists of a truck tractor (bobtail; see Vehicle Configuration Code 05) and/or one or more attached trailers. See “Vehicle Configuration” chart on the back of the 852 “Heavy Vehicle/Hazmat Supplement” form Codes '06', '07', and '08'.

Cross Country Bus (13) A large bus that has 16 or more seats, usually used for intrastate or interstate travel, such as a Greyhound Bus. See “Vehicle Configuration” chart on the back of the 852 “Heavy Vehicle/Hazmat Supplement” form Code '01'.

School Bus (14) A conveyance vehicle to normally transport passengers to and from K through 12 school or a school associated function. Usually has 9 or more seats (including the driver). See “Vehicle Configuration” chart on the back of the 852 “Heavy Vehicle/Hazmat Supplement” form Code '00' and '01'.

Transit Bus (15) A bus that has 16 or more seats. Usually a “city” bus conveying passengers to various places in a larger city. See “Vehicle Configuration” chart on the back of the 852 “Heavy Vehicle/Hazmat Supplement” form Code '01'.

Other Bus (16) A conveyance vehicle that has 9 or more seats (including the driver) that would not fit the other “bus” types. Other bus includes buses converted into an RV with **more than 8 seats** and used for commercial business (not personal).

Train (25) A motor vehicle that rides on rails. This would include a truck that is able to ride on the rails, that also can be driven on a roadway using tires, or other single unit testing vehicles used by the railway companies to check rail tracks.

Note: The code “**Emergency Vehicle**” (‘77’) has been eliminated. Record the body type that best describes the vehicle, and then record what the Vehicle Use was at the time of the accident.

Other If “other” (‘88’) is coded, specify type (a riding lawn mower, golf cart, etc.). Tractors, street sweepers, sanding trucks, snowplows, road graders and other construction equipment, when in the roadway, are traffic units with a body type of ‘88’ (“other”) with a seat type of ‘01’.

CALCULATED SPEED If a trained person is reconstructing an accident event and calculates the minimum speed of a vehicle before impact, please record the value. This is strongly encouraged for fatal accidents.

BUS CAPACITY Record the seat capacity for any vehicle body type used as a bus as defined by ANSI D.16 7th Edition 2.8.1. Submit a Heavy Vehicle / Hazmat Supplement (852) if the bus seat capacity is 9 or more, and the other form 852 requirements are met.

POWER SOURCE

- Fuel (‘F’): Gasoline, Ethanol, Diesel, etc.
- Electric (‘E’): Generally runs on battery power only
- Hybrid (‘H’): Uses both fuel and electricity

VEHICLE USE	
<input type="radio"/> 01 No special use	<input type="radio"/> 06 Police
<input type="radio"/> 02 Taxi / Limo	<input type="radio"/> 07 Ambulance
<input type="radio"/> 03 School bus	<input type="radio"/> 08 Fire
<input type="radio"/> 04 Other bus	<input type="radio"/> 09 Mail/Parcel
<input type="radio"/> 05 Military	<input type="radio"/> 99 Unknown

VEHICLE USE Record how the vehicle was used at the time of the accident. Record ‘01’- No Special Use, if the other codes do not apply. **03-School bus** applies to grades K through 12 only (private or public).

Examples:

- If an individual is a volunteer fireman and uses their pickup truck to respond to an emergency call, record ‘08’ (Fire) for the Vehicle Use if they are involved in an accident.
- If a School bus is driven to the shop for repairs (not carrying passengers), record ‘01’ (No Special Use).
- Use ‘06’ where law enforcement is on patrol or responding to a call.

VEHICLE DAMAGE Record one code for the vehicle damage. The following definitions are from the Manual on Classification of Motor Vehicle Accidents. Record 00-None if the vehicle is not damaged.

- **Minor** (‘01’): Minor damage is harm to property that reduces its monetary value.
- **Functional** (‘02’): Functional damage is any damage, other than disabling, which affects operation of the vehicle or its parts.
- **Disabling** (‘03’): Disabling damage prevents departure of the vehicle from the scene of the accident in its usual operating manner by daylight after simple repairs.
- **Destroyed** (‘04’): Salvage is not possible or reasonable. Excludes damage which may not be feasible for economic reasons only.
- **‘88’ – Other and ‘99’ - Unknown**

DAMAGE LOCATION AREA There are four separate coding opportunities in this section: First (initial) Impact, Major (Principal) Impact, Vehicle Damage Locations, and whether a Trailer was

Present ('P') or Damaged ('D').

First (initial) Impact...is required. It signifies the location of the vehicle where the first harm/impact occurred. Record the number value (01-14, 88, 99) most appropriate to the evidence at the scene; do NOT record the trailing letters (i.e. 3A, 6B, etc). Record 88 where there is no impact.

Major (principal) Impact...is required. It signifies the location of the vehicle where the most harm/impact occurred. Record the number value (01-14, 88, 99) most appropriate to the evidence at the scene; do not record the letters (i.e. 3A, 6B, etc). Record 88 where there is no impact.

Vehicle Damage Locations Circle or check all damaged locations applicable for each vehicle (01-17, 88, 99). If the vehicle has a trailer, the diagram represents the combination unit not just the towing vehicle. **DIAGRAMS FOR DIFFERENT VEHICLE COMBINATIONS are reflected in the back of this manual.**

DAMAGE LOCATION AREA										
First Impact _____					Major Impact _____					
	1	2	3A	3B	4	5				
FRONT	12B	12C		13		6C	6A			
	12A						6B			
	11	10	9B	9A	8	7				
<input type="checkbox"/> 14 Undercarriage <input type="checkbox"/> 15 Windshield <input type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other: _____										
Trailer? <input type="radio"/> Present <input type="radio"/> Damaged										

Trailer Present, Damaged If a trailer was present for the given traffic unit, check the Present circle. If the trailer was damaged as a result of the accident, check the Damaged circle. For electronic reports, key a 'P' (present but undamaged) or 'D' (present and damaged).

VEHICLE MANEUVER BEFORE UNSTABILIZED SITUATION Record one code for the vehicle's maneuver just prior to the unstabilized situation (loss of control, etc) in the associated traffic unit box. Example: On an icy roadway, the driver is "straight and following the road," then goes out of control (swerving, sliding) for 500 feet prior to the First Harmful Event. Code '01'. Do not code '88' – sliding.

Note: A legally parked vehicle is not considered "in-transport" and therefore does not have a vehicle maneuver.

VEHICLE SEQUENCE OF EVENTS

Notice the two sections: "**Non-collision**" and "**Collision With**". For each vehicle involved in the accident, record all (up to four) Sequence of Events codes that apply in the order they occurred as they apply to that vehicle. Record VSEs for the striking vehicle and vehicles being struck. If there are more than four events applicable to a given vehicle, code what you consider the most important four. Keep in mind that codes '01'-'05' are significant from an engineering standpoint, as they influence potential safety improvements. Accurately recording VSEs will result in safer roadways and vehicles. If the events are known, but the exact sequence is not known, mark the "...exact sequence is unknown" box. This listing of events applies only to the traffic unit at hand. Code '99' in the field(s) where the event is unknown.

Example: (shown below) A vehicle runs off the road to the right (01) and then strikes a guardrail (27), bounces back into traffic and strikes a vehicle (22). At some point the vehicle caught on fire (14), but when is not determined.

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				
1 01	2 27	3 22	4 14	<input checked="" type="checkbox"/> The exact sequence is unknown

Multiple Hits: If V1 is struck by V2 and then by V3 and then by V4, code '22' in three boxes for V1.

NOTE: The Sequence of Events codes may not agree with the First Harmful Event description for the accident. Also, Overturn includes vehicles rotating at least a ¼ turn (motorcycles included if damaged or riders injured).

Accident Narrative
KDOT Form 851 Rev. 1-2009

ACCIDENT NARRATIVE FORM

REPORT HEADER

The fields in the header are duplicated for the purpose of matching the Narrative report (851) with all other pages of a case if they become inadvertently separated. Copy the entries from the 850A form.

INVESTIGATING OFFICER / BADGE NUMBER Enter the name and/or badge number of the officer

Officer Observations	Witness Statements	Investigating Officer / Badge No.	Local Case No.	Page of
Description of Events	Additional Information			/

responsible for or in charge of the accident investigation and the report.

PAGE __ OF __ number the pages in a way that suits your needs the best, but please submit them in the following order: the Motor Vehicle Accident Report form (850A) first. Next, the Occupants & Vehicles forms (850B). Then add the Passengers & Pedestrians forms (854), any Heavy Vehicle/Hazmat Supplement forms (852) and finally, any Narrative forms (851) used. When you know how many total pages are to be sent to the State, go back to page 1 and enter the total number of pages on each sheet after the word "of."

NARRATIVE

The Narrative Report (851) form provides for the officer's complete description of the accident and any additional notes that might be relevant to the accident. When the Narrative report (851) form is used, it must be submitted to the State with the rest of the report.

Completion of the 851 form is mandatory if the accident involves a fatality, and we highly recommend its use for all accidents, as it contains vital information. Do NOT use other agency forms to take the place of the 851. Keep in mind that this document is considered an "open record" and its content should exclude information protected by law. **Example:** Do not record specific illegal drug test results on this form or other criminal information. The only indicator allowed for illegal drugs is Positive (P) or Negative (N) drug screen results.

It is important to all who review the report (including attorneys, insurance companies, etc.) that the narrative provides enough description to support the accident information recorded. Include any information that helps explain the accident and/or irregularities that may be associated with it. Make your statements brief and clear. Avoid excessive wordiness and inclusion of information which does not contribute to the facts which explain and describe the accident.

Note: Witness statements and other investigative documentation (not required by KDOT) captured on the KDOT forms must be submitted to KDOT and could be required in a court of law.

WITNESSES Record witnesses and their statements on the Narrative form (851). Do NOT list witnesses in the passenger table on the Occupants page (form 850B).

Fatality accidents require an extended narrative. Form 851 must be submitted with the 850A, 850B, and any other accident forms to KDOT.

COMMERCIAL MOTOR VEHICLES

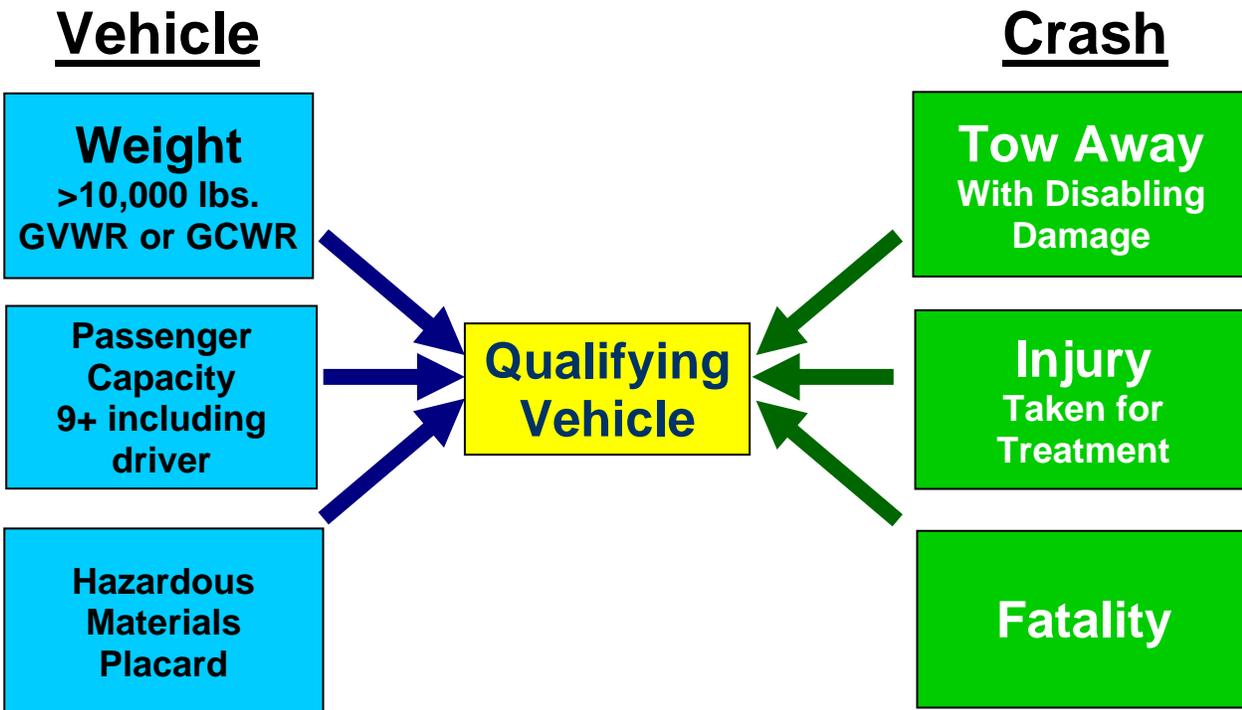
Truck and Bus Crashes Reportable to FMCSA

REPORT A TRAFFIC CRASH IF IT INVOLVES...

<p>Any truck that has a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) of more than 10,000 pounds used on public highways</p>	OR	<p>Any motor vehicle with seating to transport nine (9) or more people, including the driver's seat</p>	OR	<p>Any motor vehicle displaying a hazardous materials placard (regardless of weight)</p>
...AND RESULTS IN				
<p>A fatality: <u>any</u> person(s) killed in or outside of <u>any</u> vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash</p>	OR	<p>An injury: <u>any</u> person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene</p>	OR	<p>A tow-away: <u>any</u> motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle</p>

Federal Motor Carrier Safety Administration

U.S. Department of Transportation
www.fmcsa.dot.gov



It does NOT matter if the vehicle is a CMV or a personal use vehicle. If it meets the reportable criteria then a supplement WILL need to be filled out and submitted with the collision report.

CRASH SEVERITY

FATAL: A **fatality** is ANY person(s) killed in or outside of any vehicle involved in the crash or who dies within 30 days of the crash as a result of an injury sustained from the crash.

INJURY: For the purpose of commercial motor vehicle reporting, an **injury** is ANY person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene.

Q: What is the meaning of “immediate medical attention?”

A: A person immediately receives medical treatment, and he or she is transported directly from the scene of an accident to a hospital or other medical facility (taken to the hospital regardless of method of transportation).

TOWED: A **tow-away** is ANY motor vehicle disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle. Do NOT include vehicles that are not disabled and are towed from the scene for other reasons (i.e. driver arrested).

Disabling Damage means damage which precludes departure of a motor vehicle from the scene of the accident in its usual manner after simple repairs. A truck tractor or a single-unit truck pulling a trailer is considered one unit at the time of the accident. Therefore, if the truck tractor can drive away but the trailer is disabled, the entire truck combination should be considered disabled.

Example: A tractor semi-trailer strikes a bridge overhead structure with its trailer and the trailer is disabled and must be towed. However the truck tractor is not damaged, and is driven off. The vehicle would still be considered “towed” due to disabling damage.

Exclusions:

- Damage which can be remedied temporarily at the scene of the accident without special tools or parts
- Tire disablement without other damage even if no spare tire is available
- Headlamp or taillight damage
- Damage to turn signals, horn, or windshield wipers which make them inoperative
- If a vehicle is driven from the scene with damage determined to be minor or functional after being assisted by a another vehicle (e.g. being pulled out of a ditch for a slide off or being up-righted after), it is not considered to be towed due to disabling damage.

Important data fields for identifying Large/Hazmat vehicles.

If any of the vehicles involved have a Vehicle Body Type of 10 through 16, then a Large Vehicle/Hazmat supplement (852) must be filled out, UNLESS there is no fatality, injury requiring medical treatment away from the scene, or a vehicle towed away due to disabling damage.

VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
<input type="radio"/> 01 Automobile	<input type="radio"/> 10 Single heavy truck >10,000 lbs
<input type="radio"/> 02 Motorcycle	<input type="radio"/> 11 Truck & trailer(s)
<input type="radio"/> 03 Motor scooter or Moped	<input type="radio"/> 12 Tractor-trailer(s)
<input type="radio"/> 04 Van	<input type="radio"/> 13 Cross country bus
<input type="radio"/> 05 Pickup truck <10,001 lbs	<input type="radio"/> 14 School bus
<input type="radio"/> 06 Sport utility veh - SUV	<input type="radio"/> 15 Transit (city) bus
<input type="radio"/> 07 Camper or RV	<input type="radio"/> 16 Other bus
<input type="radio"/> 08 Farm machinery	<input type="radio"/> 25 Train
<input type="radio"/> 09 All-terrain vehicle - ATV	<input type="radio"/> 88 Other: _____
	<input type="radio"/> Fuel <input type="radio"/> Hybrid <input type="radio"/> Electric
	<input type="checkbox"/> 99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

POST CRASH INSPECTION CHECKBOX Check this box to indicate if a post-crash inspection CVSA Level I, II, III or V has been completed.

REPORT HEADER Selected fields in the first line are duplicated from the basic form (850A). Their purpose is to enable matching the supplemental form to the rest of the forms if they become separated.

TRAFFIC UNIT NUMBER (TU) Enter the traffic unit number for the truck or bus which corresponds to the traffic unit number on form 850B. This is especially important when more than one truck or bus is involved in the same collision.

CARRIER NAME If the large vehicle involved in the collision is a commercial vehicle then record the carrier name of the truck or bus even if the vehicle is leased, registered, or owned by another company or person. The motor carrier is the business entity, individual, partnership corporation or religious organization responsible for the transportation of the goods, property, or people. It may not be the registered owner. If driven non-commercially, record Non Motor Carrier.

USDOT# Companies that operate commercial vehicles transporting passengers or hauling cargo in interstate commerce must be registered with the FMCSA and must have a USDOT Number. Also, commercial intrastate hazardous materials carriers who haul quantities requiring a safety permit must register for a USDOT Number. The USDOT Number serves as a unique identifier when collecting and monitoring a company's safety information acquired during audits, compliance reviews, crash investigations, and inspections. In Kansas, all registrants of commercial motor vehicles, even intrastate and non-Motor Carrier registrants, are required to obtain a USDOT Number as a necessary condition for commercial vehicle registration.

MC/MX# FMCSA operating authority is also referred to as an "MC," "FF," or "MX" number, depending on the type of authority that is granted. This number will be found in the driver's paper work and / or on the outside of the vehicle. Unlike the USDOT Number application process, a company may need to obtain multiple operating authorities to support its planned business operations. The Operating Authority dictates the type of operation a company may run, the cargo it may carry, and the geographical area in which it may legally operate.

Commercial motor vehicles are required to display:

- * Legal or single trade name of the CMV
 - * Motor carrier DOT number, preceded by "USDOT" for a federal DOT number. (if this is a Kansas Carrier with a KS issued DOT number, then it will have a DOT number followed by the suffix "KS")
 - * If the name of any person other than the operating carrier appears...the name of the operating carrier must appear and be preceded by "Operated By"
- Note:** Other identifying information may be displayed on the vehicle if it is not inconsistent with the information required.
- * It does not matter if the motor carrier is for hire or a private carrier.

Most motor carriers involved in a collision can be identified by their company name and USDOT number that is on the side of the driver's truck tractor or truck, but do NOT stop investigating the DOT number as this may not be the correct carrier.

STEPS IN IDENTIFYING THE CORRECT MOTOR CARRIER

Complete a driver interview asking:

1. Is the vehicle leased or rented?
2. Who is the motor carrier responsible for this load (one carrier may responsible for the load to the destination; while another is responsible for the load on the return trip).
3. Who is directing and controlling the movement of this vehicle?
4. Where is the motor carrier's principal place of business?

DRIVER'S DAILY LOG One Calendar Day—24 Hours

05 07 2001 0700 hrs

ENDING ODOMETER: 0006653 STARTING ODOMETER: 0005784 MILES (Km) DRIVEN TODAY: 869 Km

TRK 123 1291 54213A R118

DRIVER'S NAME (PRINT): Joe Cool

Only The Best Trucking Co.

125 Takinganeasy Drive, Winnipeg, MB.

MAN/PRINCIPAL OFFICE ADDRESS HOME/TERRITORIAL ADDRESS

DUTY STATUS: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

1. Off-duty time (other than time in a Sleeper berth) 9.5

2. Off-duty time in a Sleeper berth 4.0

3. Driving time 9.5

4. On-duty time (other than driving time) 1.0

Total Hours: 24.0

REMARKS: Off Duty Winnipeg, MB; Pre-Trip Inspect; 1-29 Pembina, ND Border Crossing; 1-29 Fargo, ND Lunch; 1-29 Sioux Falls, SD Fuel; 1-29 Sioux City, IA On-duty sleeper; 1-29 Sioux City, IA Sleeper

Starting point: Winnipeg, MB. Destination: Laredo, Texas. Shipper: Gerry's Lumber Co. Inc.

Original (white) Submit to Carrier Duplicate (yellow) Driver Retain Shipping Doc. No. W78-1450 Commodity: Compressed wood pellets

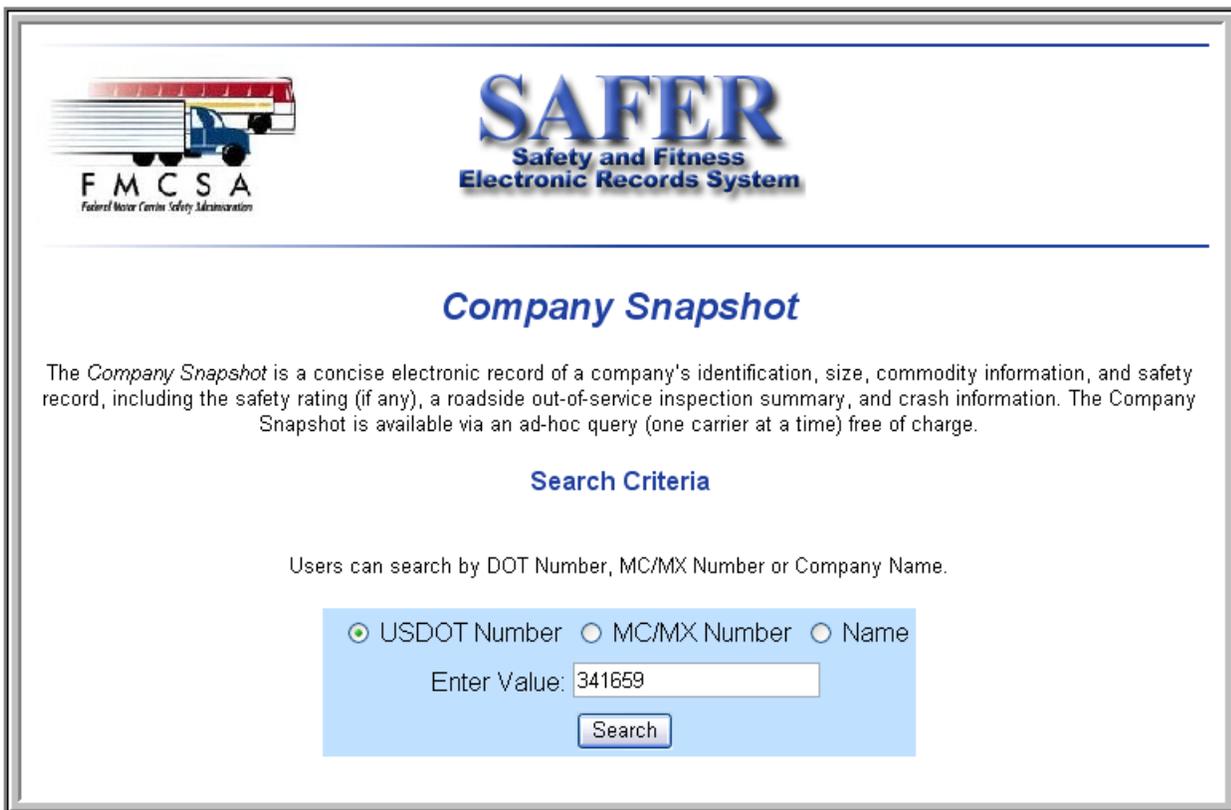
(Many drivers leave this number out, but good practice to enter it anyway) Copyright 2001. Medallion Imaging Systems. All Rights Reserved.

Shipping papers or a Bus Trip Manifest can provide the name of the motor carrier responsible for the load, but not the carrier's USDOT number. Shipping papers are only required for hazardous material cargo. The driver may state that there are no shipping papers even when they may be in the vehicle. The drivers log may also be useful in identifying the carrier (shown on the next page). The USDOT number will likely not be on the log sheet.

If this vehicle is leased or rented the lease agreement will identify the motor carrier and their USDOT number. A short-term rental agreement for less than 30 days is required to be inside the vehicle. A carrier is required to have their name and USDOT number on the side of the vehicle within 30 days of a long-term lease. One problem that may be encountered is a carrier that extends a short-term lease agreement (by re-renting the vehicle). This is an attempt to avoid putting the carrier's name and USDOT number on the vehicle.

The vehicle registration may also be used for identifying the owner as well as the registrant. A registrant is a carrier that has a USDOT number that is used to obtain registration only. This number should not be found on the vehicle. The registrant may then lease to another carrier. If a registrant number is found on the registration, look for a lease agreement.

If internet access is available, the following site may be used to assist in identifying the carrier responsible, <http://safer.fmcsa.dot.gov/companysnapshot.aspx>. This site will verify a motor carrier's USDOT number, legal name, "doing business" name, physical address, and telephone number.



FMCSA
Federal Motor Carrier Safety Administration

SAFER
Safety and Fitness
Electronic Records System

Company Snapshot

The *Company Snapshot* is a concise electronic record of a company's identification, size, commodity information, and safety record, including the safety rating (if any), a roadside out-of-service inspection summary, and crash information. The Company Snapshot is available via an ad-hoc query (one carrier at a time) free of charge.

Search Criteria

Users can search by DOT Number, MC/MX Number or Company Name.

USDOT Number
 MC/MX Number
 Name

Enter Value:

EXA

MPLES #1:

John Smith owns his own truck tractor, operating under John Smith Trucking. He contracts with White Manufacturing to take one of its trailers loaded with its goods from New York to Los Angeles.

Q: Who is the motor carrier, John Smith of White Manufacturing?

A: John Smith is the motor carrier because he is the entity that has agreed to carry this particular load.

EXAMPLE #2:

John Smith, driving his truck tractor, utilizes a cargo broker, K&S Trucking, to obtain goods from Intermodal Inc. shipping company for his return trip back to New York.

Q: Who is the motor carrier K&S Trucking, John Smith, or Intermodal Inc.?

A: John Smith is the motor carrier because K&S transferred the responsibility of the load to John Smith.

EXAMPLE #3:

John Smith, driving his truck tractor, leases his services to Polyester Chemical Company. Polyester directs Smith to deliver a semi-trailer from New York to St. Louis.

Q: Who is the motor carrier John Smith or Polyester?

A: The lease agreement between Polyester and Mr. Smith makes Polyester the motor carrier responsible for this load.

EXAMPLE #4

John Smith is driving a tractor/semi-trailer owned and operated by ABC Trucking.

Q: Who is the motor carrier John Smith or ABC Trucking:

A: ABC Trucking is the motor carrier. John Smith is just a driver for ABC Trucking.

EXAMPLE#5:

John smith is driving a tractor owned by ABC Trucking which has been leased to XYZ Trucking. XYZ uses the tractor to pull XYZ trailers in its regular shipping service.

Q: Who is the motor carrier John Smith, ABC Trucking or XYZ Trucking?

A: In this case, XYZ is the carrier because XYZ is directing the carrying of the load.

CARRIER ADDRESS/PHONE NUMBER Record the complete address of the carrier. Record the phone number for the carrier. Attempt to verify the number with the driver.

CARRIER COUNTRY Record the country the carrier is operating out of. The country of origin may be identified by the license plates of the tractor. US carriers, Canadian carriers and Mexican domiciled carriers should have their home country's plate on the tractor. This information may also be obtained during the driver interview. Mexican domiciled carriers legally allowed to be present in the US will have an "X" suffix after their USDOT designation number. If a "Z" suffix is found after the USDOT number this means the carrier is only allowed to operate in the US/Mexico border zone and should NOT be in Kansas. If there is no designated letter on a Mexican carrier they are not legally allowed to operate in the US.

If a Mexican Carrier operating in Kansas with a "Z" suffix or no authority at all, the vehicle shall immediately be placed out of service by a CVSA certified inspector under 49 CFR 392.9a. This carrier should be immediately reported to the Kansas Highway Patrol at 785-296-7189, or KHP dispatch during evening or nighttime hours.

Canadian carriers will not have any designation letter suffix attached to their USDOT number. Also, the registration on the trailer(s) may legally display Canadian or Mexico tags.

CARRIER TYPE				
<input type="radio"/> 0 - <u>In</u> trastate	<input type="radio"/> 1 - <u>Inter</u> state	<input type="radio"/> 2 - Not in Commerce - Other Truck or Bus	<input type="radio"/> 3 - Not in Commerce - Government Veh	<input type="radio"/> 4 - Other / Not Specified

CARRIER TYPE Record the proper Carrier Type (0-4). For the purposes of INTER and INTRA state motor carriers the origin or destination of the load is the concern.

INTERSTATE carrier is a carrier engaged in commerce that is destined to or from a place in a State and a place outside such State (including a place outside the United States/International shipments)

INTRASTATE carrier is a carrier engaged in commerce, whose origin and destination are in Kansas.

Not in commerce-Government should be used for any government OWNED vehicle. (e.g. buses, Military vehicles, KDOT vehicles, Police/Fire vehicles, most EMS vehicles unless privately owned) A sub-contractor working on a highway for KDOT but not owned by KDOT should have a USDOT number and may be a INTER or INTRAstate CMV.

Not in Commerce-Other Trucks should be used for a private citizen who is not in commerce. Example: An individual in a qualifying vehicle who is moving his or her own property from one location to another. Other / Not Specified should only be used when it is undeterminable if there is a motor carrier. The possible person or carriers responsible for the load should ALL be listed in the narrative.

GVWR/GCWR The Gross Vehicle Weight Rating or Gross Combined Weight Rating code is a mandatory field and may be determined by the manufacture’s sticker/plate for the truck or single unit. It is usually located inside the driver’s door between the door and the pillar of the door. The manufacture’s sticker/plate for a trailer may be located in several locations. On a Semi-Trailer it will usually be found on the front left side of the unit; another common location would be on the left side of the trailer near the frame. On smaller trailers, the plate may be located on the tongue, left or right side, and may even be located on the underside of the unit.

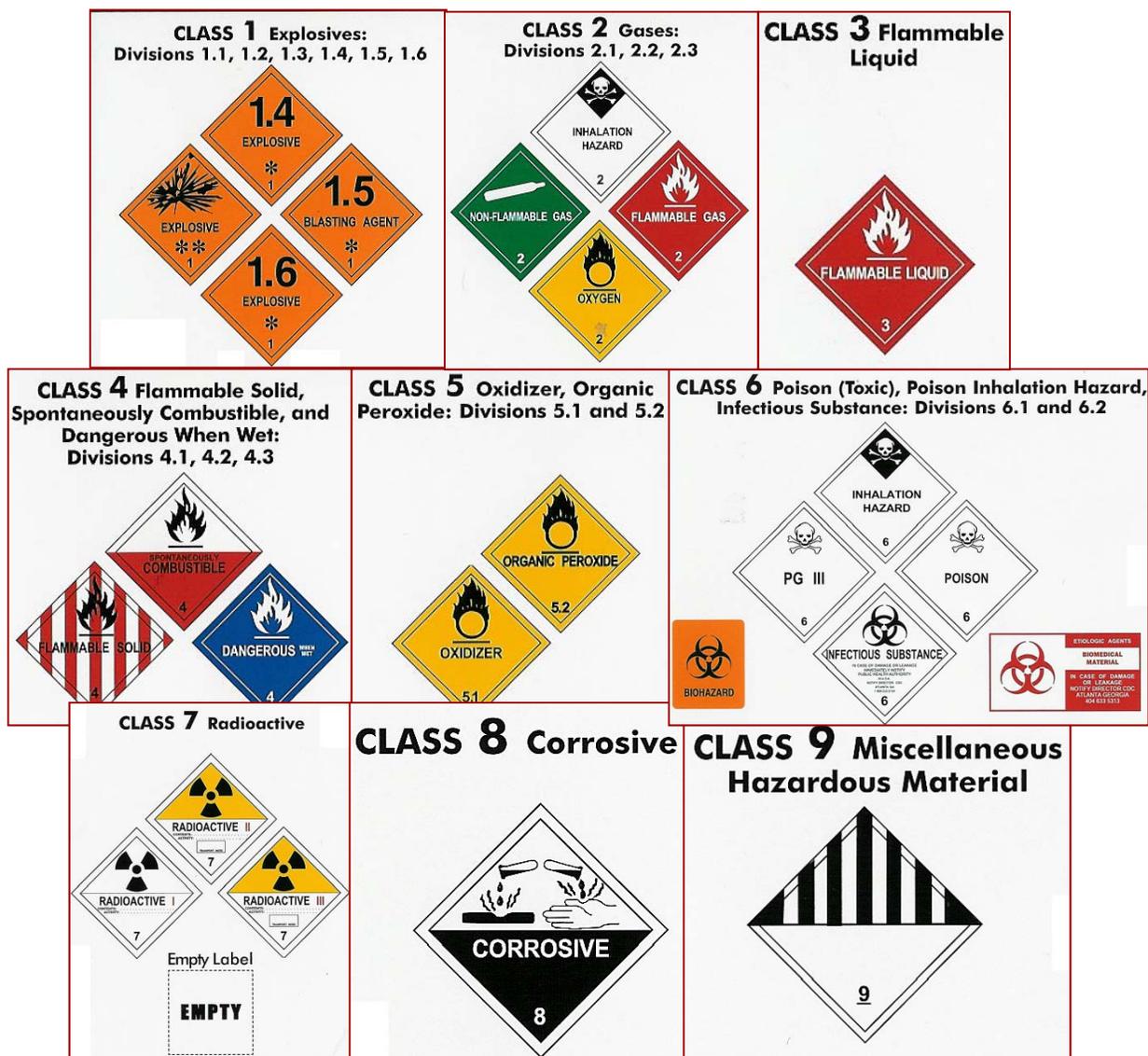
GVWR/GCWR	
<input type="radio"/> 01 10,000 lbs or less	
<input type="radio"/> 02 10,001-26,000 lbs	
<input type="radio"/> 03 More than 26,000 lbs	
<input type="radio"/> 99 Unknown	
ACTUAL WEIGHT	<input style="width: 100px;" type="text"/> lbs

Determine the GCWR by adding the GVWR of the units together (this designation is in lbs and kgs; record ONLY the GVWR in **lbs.** (1 lb=0.4535924 kg)). If the GVWR of one of the units in a combination can be determined and meets the criteria for category 02 or 03, but the second GVWR in a combination cannot be determined, mark what code seems appropriate for the combination (02 or 03). For example, if the GVWR of a truck (power unit) alone has a known GVWR of 26,001 lbs, then use code 03 – More than 26,000 lbs. A second example would be a truck that has a GVWR of 8,500 lbs and is pulling a two-axel trailer that the GVWR cannot be found or determined. However, the trailer load, your training or experience indicate the trailer would clearly have a GCWR exceeding combination. So you would code either 02 or 03. Only record 99 if the GVWR, GCVW or category of the units cannot be determined.

HAZMAT/ROADWAY INFORMATION Indicate whether or not the vehicle had a placard. A placard is the diamond shaped point on point fixture, comprised of various colors, which should be located on all four sides of a vehicle which is carrying placarded hazardous materials. There are nine classes of Hazardous materials.

Since there is only room on the report to record one hazardous material, record Class 1 hazardous materials over Class 2 hazardous materials. If more than one hazardous material on Class 2 then record the information for the highest quantity of hazardous material transported.

PLACARD EXAMPLES



If the vehicle does have a placard then indicate the hazardous material's 4-digit ID number in the space provided. The ID number may be found in the center of the placard. It may also be found on an orange panel or white square-on-point configuration adjacent to the placard.



The “Class” number is located at the bottom of the hazardous material placard and is critical for identifying and studying the various types of hazardous materials involved in traffic crashes. This number may be a single number or a two digit code with a decimal in the middle. The “Class” number should also be available on the required shipping papers.

Indicate whether or not there was a hazardous materials release. Fuel or oil carried by the vehicle for its own use is NOT considered cargo and should not be reported in this section. Any material other than fuel or oil carried by the vehicle for its own use should be considered cargo.

ON ROAD LANE TYPE Record the code which best describes the lane type for the road on which the accident occurred.

VEHICLE ACCESS CONTROL TO ROADWAYS Record the code which best describes the Access Control of the road on which the accident occurred. (See page 17 “**SIDE NOTE**” for further explanation)

VEHICLE CONFIGURATION Record the vehicle configuration code. Detailed examples and codes of vehicle configurations are shown on the back of the 852 form.

CARGO BODY TYPE Record the cargo body type for single trucks or combinations. Detailed examples of various configurations are shown on the back of the 852 form.

CARGO TYPE Record the code for the cargo. If code ‘88’ is used, indicate the type of cargo in the blank provided.

CAB TYPE Record the code that best describes the cab type for the vehicle.

Passengers & Pedestrians
 KDOT Form 854 Rev. 1-2009

ADDITIONAL PASSENGERS & PEDESTRIANS

The front of this form is to be used to list additional passengers (only) that cannot be listed on the 850B form(s). Do **NOT** record drivers, pedestrians, or witnesses on the front of this form. Please list passengers in traffic unit and seat type order if possible. See the instructions on pages 52-54 for form 850B on how to fill out the front of this form.

PEDESTRIAN INFORMATION

NOTE: The following fields require a value where information is unknown: TU, ST, Last Name (Unknown), DOB (99/99/9999), Gender, Age, SE Used, Eject/Trapped, and Injury Severity.

Unit #	PEDESTRIAN First Name	Middle Name	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.)		
Ped Type	PEDESTRIAN Last Name	Date of Birth	City	State	Zip

TRAFFIC UNIT (TU) NUMBER Record a unique (non-repeating) number in relation to the other TU's involved.

Example: Do NOT record V1 (01), V2 (02), PED1 ('01'). In this case, the pedestrian is coded as PED3 ('03'). They are the third traffic unit.

If an injured occupant of legally parked vehicle, record as separate TU with the parked vehicle as the last TU number: striking vehicle '01', injured Ped '02', and then 'X03'.

PEDESTRIAN TYPES (non-motorist)

- 21 Walking, standing, running, etc
- 22 Pedal cyclist
- 23 Rider of animal
- 24 Occupant of animal-drawn vehicle
- 25 In vehicle NOT IN TRANSPORT
(legally parked vehicles, snow plows...see manual)
- 26 Machine operator or passenger
- 88 Other

PEDESTRIAN TYPE See pedestrian type list on the Accident Code Sheet, form 855 and code the appropriate ped type.

PEDESTRIAN NAME, DOB, ADDRESS, PHONE #, ETC. Record all information requested on the 854 form, including the transporting unit (EMS, private car etc) with 'A', 'B', 'C', ..., 'N'.

SAFETY EQUIPMENT USE This is a mandatory field for all drivers, passengers, and pedestrians. If the safety equipment is not known, record a 'U'. The following two codes ('Q', 'V') are to be used for pedestrians only. Do NOT record a motorcycle helmet for pedestrians

Q Pedestrian helmet or protective pads

V Reflective clothing

GENDER, AGE, INJURY SEVERITY Code the same as drivers and passengers.

EJECTED/TRAPPED Record ejected/trapped codes for pedestrian types 24- in animal-drawn vehicle, 25- in vehicle NOT in-transport, and 26- machine operator or passenger as they apply. If the individual was not ejected, code 'N'. If the person was ejected, indicate the **Ejection Path**.

EXTRICATION? Check this box as it applies to pedestrian types 24- in animal-drawn vehicle, 25- in vehicle NOT in-transport, and 26- machine operator or passenger.

EMS INFORMATION The Pedestrian EMS fields are the same as the Driver and Passenger fields. Refer to page 46 for instruction.

DIRECTION OF TRAVEL Enter a direction of travel prior to the accident for each pedestrian traffic unit. Valid codes are: 'N', 'S', 'E', 'W', 'NE', 'NW', 'SE', 'SW', 'NA' (not applicable), and 'U' (unknown).

DRIVER'S LICENSE NUMBER If deemed useful for identification purposes or other reasons, record the number as shown on the driver's license or identification number obtained by other means. Do not record a Social Security Number.

DRIVER'S LICENSE STATE Record the two letter abbreviation of the state issuing the license. See State Abbreviations, page 91.

SPECIAL DATA This special data field can be utilized by anyone completing the forms to capture additional information concerning pedestrians involved.

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT Three main choices apply here: 1) NOT in the roadway 2) IN the roadway, "In or At Intersection" 3) IN the roadway "NOT In or At Intersection". Mark what is appropriate for the pedestrian TU you are coding.

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT	
<input type="radio"/> 00 NOT in roadway (driving lanes)	
IN or AT INTERSECTION	NOT IN or AT INTERSECTION
<input type="radio"/> 01 In crosswalk or bikeway <input type="radio"/> 02 NOT in crosswalk or bikeway <input type="radio"/> 03 In intersection without a crosswalk or bikeway <input type="radio"/> 88 Other: _____	<input type="radio"/> 11 In crosswalk or bikeway <input type="radio"/> 12 NOT in crosswalk or bikeway <input type="radio"/> 13 In area without a crosswalk or bikeway <input type="radio"/> 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes) If you have marked choice '01' above (NOT in the roadway), mark whichever code applies for the accident scenario.

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)	
<input type="radio"/> 01 Within a work zone <input type="radio"/> 02 In median (not shoulder) <input type="radio"/> 03 On Island <input type="radio"/> 04 Road shoulder (not ditch or median) <input type="radio"/> 05 Roadside (not on shoulder) <input type="radio"/> 06 Sidewalk <input type="radio"/> 07 Outside trafficway	<input type="radio"/> 08 Driveway access crosswalk <input type="radio"/> 09 Dedicated bike lane <input type="radio"/> 10 Shared-use path or trails <input type="radio"/> 11 Inside building <input type="radio"/> 12 In legally parked vehicle <input type="radio"/> 88 Other: _____ <input type="radio"/> 99 Unknown

PEDESTRIAN ACTION BEFORE CRASH Choose the PED Action that is most appropriate. Mark only one choice.

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL This is a mandatory section. Mark '00' (No pedestrian signal) if there is not one at the accident location.

PEDESTRIAN ACTION BEFORE CRASH	
<input type="radio"/> 01 Walking / cycling to or from school <input type="radio"/> 02 Approaching or leaving bus <input type="radio"/> 03 Approaching or leaving vehicle <input type="radio"/> 04 Working (not on vehicle) <input type="radio"/> 05 Working on vehicle <input type="radio"/> 06 Pushing motor vehicle	<input type="radio"/> 07 Standing, sitting, or lying <input type="radio"/> 08 Playing, running, walking <input type="radio"/> 09 Cycling <input type="radio"/> 10 Entering or crossing <input type="radio"/> 88 Other: _____ <input type="radio"/> 99 Unknown

IMPAIRMENT INFORMATION The Pedestrian impairment fields are the same as the Driver fields. Refer to pages 50-51 for instruction.

UNUSUAL ACCIDENT CODING SITUATIONS

CATEGORY	SITUATION	CODING
Cargo, debris, a part of a vehicle hits another vehicle, water, etc.	<ul style="list-style-type: none"> • Vehicle hits motionless cargo or debris in roadway • Motionless cargo / debris, but set in motion by V1 hitting V2 • Motionless and damages more than one vehicle • Vehicle hits cargo or debris that is In motion • Ice comes off V1 and hits V2 • Cargo or debris in motion and hits a vehicle on <u>another roadway</u> • If cargo only is damaged inside / on a vehicle over \$1,000, it is an accident • Mower throws debris and strikes a vehicle • Power line falls on vehicle (Not an accident if an act of God) • Golf ball hits a vehicle • Jackknife • Immersion in standing water without overturning or collision (It is <u>not</u> a reportable accident if the water is running over a roadway due to flooding) 	<ul style="list-style-type: none"> • 1 TU, AC=09 • AC=00, 1 TU • 2 TUs, AC=09 • 2 TUs, AC=03 and CWOV=88 • 2 TUs, AC=03 and CWOV=88 • 1 TU, AC=00, use On Road of hit vehicle • AC=00, 1 TU
Fatalities	<ul style="list-style-type: none"> • A pregnant mother is injured or dies, and her fetus/baby dies (ANSI D16-2.1.1 pg. 4) • If a person dies of medical condition OR after 30 days 	<ul style="list-style-type: none"> • 1 fatality or injury (fetus/baby ignored) • Injury accident, person's Injury Severity per accident cause
Fire	<ul style="list-style-type: none"> • Vehicle catches fire while parked, not while traveling on roadway • Fire or accidental Explosion in vehicle in-transport 	<ul style="list-style-type: none"> • Not an accident • AC=00, 1 TU
Illegally parked vehicles	<ul style="list-style-type: none"> • TU hits parked vehicle on roadside or parked in a stall on a street and door(s) is open or vehicle parked in the roadway • Giving assistance <u>and</u> in the roadway (illegally parked) • Driver leaves car and re-enters from Passenger's Side and is hit 	<ul style="list-style-type: none"> • 2 TUs or more, AC=03 • 2 TUs or more, AC=03 • person is the driver

Illegally parked continued	Note: If you are entering a vehicle but not all the way in = Ped.; If you exit a vehicle but not all the way out =Occupant	
Legally parked vehicles <u>Defined:</u> parked, all doors are shut, in the proper direction of traffic, and not in the roadway (does not include bridges) (Also see Vehicles in the line of duty)	<ul style="list-style-type: none"> • Collision with a legally parked vehicle • If there are occupants, they are considered peds only if injured. • A bicycle hits a legally parked vehicle. • A vehicle (with or without driver) rolls into a legally parked vehicle on or across the roadway. • Vehicle giving assistance (not in the roadway) to another vehicle regardless of which direction vehicles are facing. 	<ul style="list-style-type: none"> • 1 TU, 1 Unit X, AC=04 • 2 or more TUs, PT=25, 1 Unit X • Not reportable (NR) • 1 TU, AC=04 • 1 TU, AC=04
Non-reportable (NR) (unless fatal)	<ul style="list-style-type: none"> • Private roads (not used by the traveling public) • Unstabilized event and damage all occur on within closed travel lanes or roads. • Vehicle comes out of gear (or parking brake fails) and the unstabilized situation does NOT begin on or NO damage occurs on a public trafficway • Drive through lanes at banks, pick-up windows, and scales • Parking lots with no defined aisles or trafficways. • Train strikes a pedestrian NOT at a public roadway crossing 	<ul style="list-style-type: none"> • All are NR
Persons falls or jumps out of vehicle (for reasons other than the intent to harm oneself...like suicide)	<ul style="list-style-type: none"> • Driver • Passenger Note: If you are entering a vehicle but not all the way in = Ped.; If you exit a vehicle but not all the way out =Occupant	<ul style="list-style-type: none"> • ST=01, not a driverless veh. or ped. • ST= before they fell, not a ped. AC=00 (most of the time)
Railroad crossing	<ul style="list-style-type: none"> • RR equipment / device comes down on a vehicle • RR equipment / device is hit by a vehicle • Train strikes a pedestrian w/ no other motor vehicle involvement 	<ul style="list-style-type: none"> • 1 TU, AC=00 • 1 TU, AC=08 • Not an Accident

Towing Vehicles	<ul style="list-style-type: none"> • Vehicle is hit while towing another vehicle (considered a trailer) • Trailer comes unhooked, hits another vehicle • Vehicle hits trailer attached to another vehicle 	<ul style="list-style-type: none"> • 2 TUs, AC=03, Occupants in trailer are ST=08. • 2 TUs, AC=03, and CWOV=88 • 2 TUs, AC=03, and CWOV=1-6
Vehicles in the line of duty in the roadway & working vehicles Vehicles in the line of duty continued	<ul style="list-style-type: none"> • Hit an emergency vehicle acting as a barricade in the line of duty • Emergency vehicle <u>intentionally</u> strikes another vehicle to redirect or slow pursued vehicle • Emergency vehicle parked in the roadway in the line of duty is struck • Officer takes action to deflate vehicle tires and a the vehicle crashes • Paving machinery used for intended function is struck by a vehicle traveling on or coming from the roadway • Commercial motor vehicles parked in the roadway for loading or unloading are legally parked according to Standard Traffic Ordinance Section 98 • Utility vehicle w/ cones and/or signing (considered legally parked) is struck by another vehicle • Street sweepers are consider working vehicles • Snow from snow plow strikes and damages legally parked car • Snow from snow plow strikes and damages vehicle in-transport 	<ul style="list-style-type: none"> • AC=03, 2 TUs...the EV is considered "in-transport" – ANSI 2.2.34...if there is a driver of EV, code as PED type 26 • NR: Legal intervention • 2 TU, AC=03, ...if there is a driver of EV, code as PED type 26 • NR: Legal intervention • AC=09, 1 TU • 1 TU, AC=04 • 1 TU, AC=04 • 2TU, AC=03, ...if there is a driver of sweeper, code as PED type 26 • 1TU, AC=04...Driver of plow is PED type 26 • 2TU, AC=03, CWOV=88, ...Driver of plow is PED type 26

Miscellaneous	<ul style="list-style-type: none"> • Vehicle hits Horse–n-buggy (not a TU)- • Horse w/ a rider kicks, backs into, etc. a vehicle • School buses used <u>other than for school</u> • Vehicle traveled off roadway then struck by another vehicle • Vehicle comes out of gear (or parking brake fails) and the unstabilized situation begins on or damage occurs on a public trafficway • Vehicle comes out of gear (or parking brake fails) and the unstabilized situation does NOT begin on or NO damage occurs on a public trafficway • Vehicle traveled off roadway then struck building injuring residents inside • Vehicle hits an overhead bridge • Electric wheelchairs, motorized skateboards, etc. • Driver of a tractor on a public roadway 	<ul style="list-style-type: none"> • 1 TU, AC=09, occup. are peds (24). • 1 TU, AC=02, Ped=23 • Body Type=16 • 1 TU, AC=04, Sp Cond=4 • Is a TU & a reportable accident • Not state reportable • AC=08, 2 or more TUs, PT=88 • Fixed object=88, Road Special Features =02 • PED ST=88 • ST 01 (driver)
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DEFINITIONS / CLARIFICATIONS

ACCIDENT: An unstabilized situation which includes at least one motor vehicle in-transport and at least one harmful event. For the purpose of this manual, accident fully implies “motor vehicle accident.”

AGGRESSIVE / ANTAGONISTIC DRIVING: A contributing circumstance code representing the actions of a driver. Such actions are with the intent to display a driver’s irritation towards others or about circumstances. Intimidation, fear, and threats are attributes of this display.

Aggression: an offensive action...an unprovoked attack.

Antagonism: actively expressed opposition or hostility.

Examples: tailgating (intentional), improper passing, shinning bright lights, etc. (Note: This is NOT the same as a road-rage incident.)

This code should only be used when evidence, either physical or witnessed, indicates aggressive action by a driver. In addition, **this code is not a substitute for other codes such as followed too closely. It should be used in conjunction with any and all codes that apply to the accident.**

BUS: A bus is a motor vehicle with seating for transporting nine or more persons, including the driver.

BOOSTER SEATS: Used when a child outgrows the child seat and is normally between ages 4-8 and/or 40-80 lbs. This seat is intended to raise the child up so the shoulder and lap belts can properly protect. Keep in mind that booster seats can be no, low, or high back and can have their own safety belt restraint system.

CATAclysm: A cataclysm is a cloudburst (very intense rain), downburst (very strong winds from a storm), tornado, earthquake, flood, or lightning. Accidents resulting from a cataclysm are not considered state-reportable accidents.

Exclusions (reportable accidents):

1. Rain, snow, fog, hail, sleet, freezing rain, strong winds (less than 74 mph), etc.
2. An old tree falling only due to a rotting root system.
3. Shallow standing water.

CARRYING ROUTE: Applies only to Kansas, US, and Interstate highways: Where two highways ride together, the carrying route is the higher classed route or, if the same class, the lower numbered route. The On Road Name field should always reflect the carrying route in these cases.

Example: U040 rides on I070. I070 therefore is the carrying route (interstate is highest class).

COMMERCIAL MOTOR VEHICLE: A commercial motor vehicle is any motor vehicle used for the transportation of goods, property or people in interstate or intrastate commerce.

CMV Inclusions:

- Motor vehicles providing transportation of goods, property, or people for hire
- Privately-owned motor vehicles providing transportation of privately-owned goods or property in furtherance of a business enterprise.
- Privately-owned motor vehicles providing passenger transportation in furtherance of a business enterprise.

DEFINITIONS / CLARIFICATIONS

Examples:

1. A trucking company hauling a company's goods for a fee. (UPS, DHL or FedEx for example)
2. A motor coach transporting passengers within and between cities and towns. (Greyhound bus)
3. A truck or truck tractor owned by an individual truck driver used to carry goods or property under contract. (Independent hauler)
4. An airport shuttle bus service paid to transport persons to hotels and other businesses. (Roadrunner Express, Emu-Express)
5. A manufacturing company hauling its own products to retail stores. (Steinway Piano Company)
6. A retail store delivering products to its buyers. (Best Buy, Sears)
7. A business engaged in the transportation of students to and from school and school-related activities. (Various USD buses)
8. An agricultural farm hauling its produce to market. (Meadow Gold Dairy)
9. A taxi or limousine service transporting passengers for a fee. (Yellow Cab)

CMV Exclusions:

— Persons providing private transportation of personal property or people.

Examples:

1. Large family of 10 persons taking a trip in the family's 12-person van.
2. Recreational vehicle (provided they are not selling anything or providing a service out of it)

EMERGENCY VEHICLE: (MMUCC) “Indicates of any motor vehicle that is legally authorized by a government authority to respond to emergencies with or without the use of emergency warning equipment, such as a police vehicle, fire truck, or ambulance while actually engaged in such response.” We add vehicles used for towing or traffic control under the same response conditions.

FRONTAGE ROAD: A roadway generally paralleling an expressway, freeway, or parkway. It also could be a through street designed to intercept, collect and distribute traffic desiring to cross, or enter the main trafficway.

FULL TRAILER: A full trailer is a trailer, other than a pole trailer, designed for carrying property and so constructed that no part of its weight rests upon or is carried by the towing road vehicle.

GORE: The area at the end of a lane (e.g. interchange ramp) where the lane or it's shoulder merge with another road. The direction of the diverging or converging lanes must be the same.

GROSS VEHICLE WEIGHT (GVW): Gross vehicle weight is the actual weight of a road vehicle including the weight of the road vehicle, its load of persons and property, and all added equipment.

GROSS VEHICLE WEIGHT RATING (GVWR): A gross vehicle weight rating is the value specified by the manufacturer as the recommended maximum loaded weight and appears on a label or tag affixed to single-unit trucks, truck tractors and trailers manufactured for use in the United States. Such a label is required by federal regulations issued by the National Highway Traffic Safety Administration. The required label is generally placed on the door or door frame next to the driver's seating position or, for trailers, on the forward half of the left side. Gross vehicle weight ratings for trucks are also encoded in vehicle identification numbers and may be included in computerized motor vehicle records maintained by the states This rating includes the maximum rated capacity of a vehicle, including the base vehicle, mounted equipment and any cargo and passengers. Most of the time, GVWR is the sum of the maximum rated capacity of the axles of the vehicle.

DEFINITIONS / CLARIFICATIONS

HARMFUL EVENT: A harmful event is an occurrence of injury or damage. Harm is NOT defined as only an adverse reaction or the beginning of an unstabilized situation.

HEAVY TRUCK: A heavy truck has a gross vehicle weight rating of more than 26,000 lbs.

INTERSECTION: An area which contains a crossing or connection of two or more public roadways not classified as driveway access or alleys. Intersection applies only to "At-Grade" or "Same Plane" junctions (no grade separation, ramps, etc).

IN-TRANSPORT: The term "in-transport" denotes the state or condition of a transport vehicle which is in motion or within the portion of a transport way ordinarily used by similar transport vehicles. When applied to motor vehicles, "in-transport" means on a roadway or in motion within or outside the trafficway. For Kansas reporting, a "working motor vehicle" (see definition) at the time of the unstabilized situation is considered "in-transport."

In-transport Inclusions:

- Motor vehicle in traffic on a roadway
- Driverless motor vehicle in motion on the shoulder, roadside or median.
- Motionless or disabled motor vehicle abandoned on a roadway (in driving lanes)
- Motor vehicle in motion outside the trafficway.
- A stopped motor vehicle with any portion of its primary outline as defined by the four sides of the vehicle (e.g., tires, bumpers, fenders) and load, if any, within the roadway.

Examples:

1. A driverless vehicle previously parked on the shoulder begins to roll forward because the parking brake was not set.
2. A stopped vehicle partially on the shoulder with two tires on the roadway.
3. A stopped tractor trailer on the shoulder with its load hanging over the roadway edge line.
4. A person deliberately driving an all-terrain vehicle (ATV) down a median or the roadside.
5. A police vehicle patrolling or responding to an emergency.
6. A police or emergency vehicle stopped on the roadway (in the driving lanes) at the scene of an accident or traffic stop or other police action, regardless of whether or not the emergency lights have been activated.
7. Construction, maintenance, or utility work vehicles traveling on a trafficway from one work site to another location.
8. A school bus stopped in a travel lane with signs and/or lights activated.
10. A private citizen using his pickup truck or lawn tractor with a blade removing snow from the roadways in his neighborhood. (Not a highway maintenance activity.)
11. A farm tractor or combine moving from a storage facility to a field under its own power on the trafficway.
12. An ATV driving on a recreational off-road trail inside or outside the trafficway.

In-transport Exclusions:

- Transport vehicle stopped off the roadway within the trafficway.
- Transport vehicle stopped in parking lanes during periods when parking is allowed.
- Transport vehicle performing construction, maintenance, or utility work related to the work zone of a trafficway.
- A stopped motor vehicle with any portion of its primary outline as defined by the four sides of the vehicle (e.g., tires, bumpers, fenders) and load, if any, not within the roadway.
- A vehicle parked in roadway in order to unload merchandise (see Section 98 of the Kansas Traffic Ordinances)

DEFINITIONS / CLARIFICATIONS

Examples:

1. A disabled utility vehicle stopped on the shoulder, median, or roadside.
2. An automobile parked in an area designated for parking area against the curb of a residential street, or in a parking space or lane.
3. A truck stopped on the shoulder where only the extended side-view mirror overhangs the roadway edge line.
4. A power company truck working on the power lines in an elevated basket in a maintenance work zone.
5. A concrete mixer discharging its load of concrete in a construction work zone.
6. An asphalt spreader or roller repaving the roadway.

MEDIAN: A median is an area of a trafficway between parallel roads separating travel in opposite directions (See Example 7A and 7B in the back). A flush or painted median should be four or more feet wide between inside roadway edge lines. Medians fewer than four feet wide must have a barrier to be considered a median. Continuous left-turn lanes are not considered painted medians.

Median Inclusions:

- Physical barriers separating roads with travel in opposite directions
- Depressed, raised or flush areas between roads with travel in opposite directions
- Painted medians of four or more feet wide between roads with travel in opposite directions

Examples:

1. A depressed grassy median separating directions of travel of a divided highway.
2. A median with a concrete traffic barrier, guardrail or cable, separating roads of a multi-lane divided highway.
3. A flush painted median of four or more feet of a divided highway.

Median Exclusions:

- Shoulders
- Turn lanes
- Continuous left-turn lanes

MEDIUM TRUCK: A medium truck is a truck which has a gross vehicle weight rating of more than 10,000 pounds and less than or equal to 26,000 pounds.

MOPED: A moped is a speed-limited motor-driven cycle which may be propelled by pedaling.

MOTORCYCLE: A motorcycle is any motor vehicle having a seat or saddle for the use of its operator and designed to travel on not more than three wheels in contact with the ground.

MOTOR-DRIVEN CYCLE: A motor-driven cycle is any motorcycle having an engine with less than 150 cubic centimeters displacement or with five brake horsepower or less.

Inclusions: Moped, Miniature motorcycles, "Pocket Bikes"

MOTOR VEHICLE ACCIDENT: A transport accident that 1) involves a motor vehicle in transport, and 2) is not an aircraft accident or watercraft accident.

NON-CONTACT VEHICLES: A non-contact ("phantom") vehicle or pedestrian may be recorded if it had a role in the accident. Record them as an "N###" unit. Information about a non-contact vehicle may be recorded for legal or documentation purposes, but such vehicles are not counted for statistical purposes.

DEFINITIONS / CLARIFICATIONS

Examples:

1. A vehicle changes lanes into the path of another vehicle (without making contact) causing an accident. The vehicle changing lanes is a non-contact vehicle.
2. A school bus is stopped on the roadway picking up or discharging pupils and one of the pupils is struck without the school bus being struck. The school bus is a non-contact vehicle.
3. A pedestrian darts into the roadway causing a motor vehicle to stop suddenly without striking the pedestrian. A following vehicle swerves to avoid the stopped vehicle and collides with a fixed object. The first vehicle is a non-contact vehicle.

OTHER BUS: An “other bus” is any bus used for transportation purposes other than school bus, transit bus, intercity bus, or charter bus.

Inclusions:

- Private companies providing transportation services for their own employees and others (hotel shuttles, etc.).
- Non-governmental organizations (such as churches and non-profit groups).
- Non-educational units of government (such as departments of corrections).

OVERTURN/ROLLOVER: Includes vehicles rotating at least a ¼ turn (motorcycles included if damaged or riders injured)

PERSONAL CONVEYANCE: A personal conveyance is a device, other than a transport device, used by a pedestrian for personal mobility assistance or recreation. These devices can be motorized or human powered, but not propelled by pedaling.

Personal Conveyance Inclusions:

- Rideable toys
- Roller skates or inline skates
- Skateboards
- Roller blades
- Baby Carriage
- Scooters
- Toy Wagons
- Motorized rideable toys
- Motorized skateboard
- Motorized toy car
- Sidewalk scooters
- Devices for personal mobility assistance
- Segway-style devices
- Motorized/non-motorized wheelchairs
- Handicapped scooters

Personal Conveyance Exclusions:

- Golf cart
- Low Speed Vehicles (LSVs)
- Go-carts
- Mini-bike
- "Pocket" motorcycles
- Motor scooters
- Any registered or “tagged” vehicle

RIDING ROUTE: A riding route is a highway that rides on another highway with a higher designation. Example – U040 rides on I070 from Oakley to Topeka; I070 is the “carrying route” and U040 is the “riding route”, because Interstate routes “carry” U and K routes. Further, lower numbered routes of the same type “carry” higher numbered routes (e.g. U160 and U183).

SEMI-TRAILER: A semitrailer is a trailer, other than a pole trailer, designed for carrying property and so constructed that part of its weight rests upon or is carried by the towing road vehicle.

DEFINITIONS / CLARIFICATIONS

SHOULDER: A shoulder is that part of a trafficway contiguous with the roadway for emergency use, for accommodation of stopped road vehicles, and for lateral support of the roadway structure.

SINGLE-UNIT TRUCK: A single-unit truck is a truck consisting primarily of a single motorized transport device designed for carrying property. When connected to a trailer, such a device may be part of a truck combination.

Examples:

- Two axle, four-tire trucks
- Two axle, six-tire trucks
- Three or more axle trucks

Exclusions:

- Truck tractors
- Truck combinations

SPORT UTILITY VEHICLE (SUV): A utility vehicle is a motor vehicle other than a motorcycle or large bus consisting primarily of a transport device designed for carrying persons, and generally considered a multi-purpose vehicle that is designed to have off-road capabilities. These vehicles are generally four-wheel-drive (4x4) and have increased ground clearance. An SUV typically has a gross vehicle weight rating (GVWR) of 10,000 pounds or less.

Examples:

1. Small — S-10, Blazer, Wrangler, Ranger, Jimmy, Tracker
2. Midsize — Cherokee, Comanche, Yukon, Typhoon, Explorer, Escape, Envoy, Sorrento, Element, Axiom, Rodeo, Mountaineer, Xterra
3. Full-size — Blazer, Suburban, Bronco, F Series, Sierra, Land Cruiser, Pathfinder Armada, Ascender, Pilot, Escalade, Expedition, Excursion, Yukon
4. Large — Hummer, Navigator
5. Small bus – Utility vehicles with more than nine seats; i.e. Chevy Suburban, Ford Excursion, Ford Expedition, GMC Yukon SL, Chevy Tahoe

TRUCK TRACTOR: A truck tractor is a motor vehicle consisting of a single motorized transport device designed primarily for drawing trailers.

RECKLESS / CARELESS DRIVING: A contributing circumstance code representing the actions of a driver. Such actions display a driver's apathy towards the law and others. This code should only be used when evidence, either physical or witnessed, indicates reckless action by a driver. In addition, **this code is not a substitute for other codes such as improper passing or exceeded posted speed limit.** It should be used in conjunction with any and all codes that apply to the accident.

Reckless: marked by a lack of caution; rash; irresponsible; wild; negligent.

Careless: not taking care; unconcerned or indifferent of the consequences.

Examples: Excessive speed or racing, "pulling stunts" with a vehicle, disregarding traffic control devices (intentional), etc. (Note: This is not the same as aggressive / antagonistic driving)

ROAD RAGE INCIDENT: "...an assault with a motor vehicle or other dangerous weapon by the operator or passenger(s) of one motor vehicle on the operator or passenger(s) of another motor vehicle or is caused by an incident that occurred on a roadway." (source: NHTSA) Therefore, Road Rage is an **intentional act** of harming another and is not an accident.

DEFINITIONS / CLARIFICATIONS

TRUCK CLASSIFICATION BY WEIGHT.....(see Gross Vehicle Weight)

- Categories: Light truck — Gross vehicle weight rating under 10,000 pounds
Medium truck — Gross vehicle weight rating 10,000 to 26,000 pounds
Heavy truck — Gross vehicle weight rating over 26,000 pounds

UNSTABILIZED SITUATION: An unstabilized situation is a set of events not under human control. It originates when control is lost and terminates when control is regained or, in the absence of persons who are able to regain control, when all persons and property are at rest. In cases of multiple events, determination for documenting one or more accidents is based upon whether the events are continuous or whether there is time between unstabilized situations.

WORKING MOTOR VEHICLE: is a motor vehicle in the act of performing emergency response, enforcement, construction, maintenance, or utility activities related to the trafficway. This "work" may be located within open or closed portions of the trafficway and motor vehicles performing these activities can be within or outside of the trafficway boundaries. **Drivers** of these vehicles are NOT to be listed in the Drivers Table (unless at fault). Record as PED type 26 and list on the 854 form. Their PED action is (04) Working; PED Location is where the vehicle was at the time of collision (like '13'; see Report Example 19); PED Obedience equals NA ('04'). Record **passengers** in the passenger table (850B). Kansas is differing from the ANSI D16 standard in two ways: 1. A working vehicle is considered "in-transport" when operating within an open trafficway and 2. Law enforcement and emergency vehicle activities are included.

Working Motor Vehicle Inclusions:

- Vehicles at work in a marked work zone (Note: non-state reportable accident if on closed roadway)
- Vehicles at work on the median, shoulder or roadside.
- Mobile maintenance convoys
- A law enforcement vehicle which is participating strictly in a stationary construction or mobile maintenance activity as a traffic slowing, control, signaling or calming influence.
- Emergency vehicles (Fire, police, EMS, & tow) performing work activities such as traffic stops, responding to an emergency call, legal intervention, and traffic control (where risk is above normal).

Examples:

1. Asphalt roller working in a highway construction zone. (non-state reportable accident)
2. Maintenance crew mowing grass on roadside or plowing snow.
3. Utility truck performing maintenance on the power lines along the roadway.
4. A private excavating company contracted by the state digging the foundation for a new overpass.
5. Law enforcement parked with lights for a traffic stop

Working Motor Vehicle Exclusions:

- Vehicles performing a private construction/maintenance activity.
- Law enforcement vehicles on routine patrol
- Construction, maintenance, utility vehicles while moving from one job site to another.

Examples:

Garbage trucks, delivery trucks, taxis, etc.

Important Note: If after investigation the working vehicle driver is found to be held responsible for the damage and/or injury, record them in the Drivers Table (not as a PED type 26), and reflect the proper driver contributing circumstances, violations, and citations.

DEFINITIONS / CLARIFICATIONS

WORK ZONE: An area of a trafficway where construction, maintenance, or utility work activities are identified by warning signs/signals/indicators, including those on transport devices (e.g., signs, flashing lights, channelizing devices, barriers, pavement markings, flagmen, warning signs and arrow boards mounted on the vehicles in a mobile maintenance activity) that mark the beginning and end of a construction, maintenance or utility work activity. It extends from the first warning sign, signal or flashing lights to the “END ROAD CONSTRUCTION” sign or the last traffic control device pertinent for that work activity. Work zones also include roadway sections where there is ongoing, moving (mobile) work activity such as lane line painting or roadside mowing only if the beginning of the ongoing, moving (mobile) work activity is designated by warning signs or signals.

WORK ZONE ACCIDENT: a motor vehicle traffic accident in which the First Harmful Event occurs within the boundaries of a work zone or on an approach to or exit from a work zone, resulting from an activity, behavior, or control related to the movement of the traffic units through the work zone.

Inclusions:

- Collision and non-collision accidents occurring within the signs or markings indicating a work zone.
- Collision and non-collision accidents occurring on approach to, exiting from, or adjacent to work zones that are related to the work zone, regardless of distance. (See Example #4 below)

Examples:

1. An automobile on the roadway loses control within a work zone due to a shift or reduction in the travel lanes and crashes into another vehicle in the work zone.
2. A van in an open travel lane strikes a highway worker in the work zone.
3. A highway construction vehicle working on the edge of the roadway is struck by a motor vehicle in-transport in a construction work zone.
4. A rear-end collision accident occurs before the signs or markings indicating a work zone caused by vehicles slowing or stopped on the roadway because of the work zone activity.
5. A pickup in-transport loses control in an open travel lane within a work zone caused by a shift or reduction in the travel lanes and crashes into another vehicle down the road that had already exited the work zone.
6. A sport utility loses control and overturns on a roadway within a work zone due to a severe lane shift without any collision event.

Exclusion Examples:

1. Two motor vehicles performing work in a work zone collide.
2. A highway maintenance truck strikes a highway worker. Both are within the closed portion of the work site.

ACCIDENT PHOTOGRAPHS

An important part of traffic crash investigation is recording information so that it can be used later. Photography is an indispensable means of recording certain kinds of traffic crash information and a useful supplement to the traffic crash report and diagram. Photos are employed in two ways to preserve information:

- a. As a permanent, accurate unbiased record of something specifically observed by an investigator.
- b. To capture the detailed appearance of something such as a mark on the road or damage to a vehicle, which may later reveal significant details that were not observed at the time the picture was taken.

As a record of observations, photos serve...

- 1) To recall later to an investigator's mind details of what he saw, and
- 2) To explain what the investigator saw to someone else, perhaps in court. A dozen pages, which could take hours to write, cannot describe details of damage to a vehicle as well as a single picture. The nature of scratches on a vehicle's body, or the pattern of fractures in a windshield defy accurate description in words.

As a reservoir of nondescript information, photos include unnecessary data and may omit essential facts because the photographer was unaware of those facts when the photo was made. However, photos made on the chance that they might prove useful to include an immense amount of data that would otherwise be unavailable. Moreover, photos made only to record an investigator's particular observations often also include a wealth of detail not noticed by the investigator at the time he made the photograph.

Uses of photographs

Credibility of photos is impressive. People tend to believe that "photos don't lie." Although a photo may not be completely "true representation," it is regarded as relatively free from the bias that may influence verbal or written reports. Photos are certainly not subject to the loss of detail and uncertainties that memory is. Hence, photos are very effective in verifying reports of observations. Photos are unsurpassed in offering the officer a reminder to refresh the memory about something seen in the past, perhaps years ago.

Writing and sketching are simplified by making photos. Often a photograph makes notes of observations unnecessary. A spare print of a photograph can be marked with notes giving dimensions, pointing out significant observations, and explaining why the photo was made. Do this as soon as you receive the print of the picture. This makes the photo more effective in reminding you of what you observed. Such a marked photo cannot ordinarily be admitted as evidence in court, but it may be referred to like any other notes you have made. It is useful to mark each photo of a traffic crash scene with a small arrow to show which direction is north.

If the crash is later sent to a reconstructionist, photographs are very helpful to bring the reconstructionist to the scene. Sometimes details that the investigating officer did not observe or note will be evident to the trained professional. It may allow the reconstructionist a chance to follow up with the investigator or witness in dissecting this crash further.

Copies of documents made photographically by one process or another are frequently used in traffic crash investigation. The most commonly copied document is the official traffic crash report form.

When to make photographs

The point in the investigation at which to make photos depends on how urgent photographic documentation is compared to other procedures. For example, if there are no injuries, but

damaged vehicles must be moved promptly to clear the road, photographing the position of the vehicles may be the first thing you should do upon arrival at the scene. It may take priority over locating the position of vehicles by measurements because the position can be quickly marked when the pictures are taken and the measurements made later. On the other hand, if no photos are necessary, except a general view of the scene, photos may be deferred until just before trial. In this case, photography might be about the last step in the investigation.

Postponing some photographs

Make photographs soon of things that will change. Marks on the road are very important because they may soon be obliterated. Photograph vehicles on the roadway promptly so that they can be removed to restore traffic movement, but photographs of vehicles off the road can be postponed. You can delay getting views of the general scene, pictures of view obstructions, damage to cars or fixed objects, and positions of signs. Delay in taking pictures may prove to be desirable, because light or weather conditions may improve. It is a good practice to return to the site the day following a serious night traffic crash for better photos than were possible in darkness. Sometimes tire and other marks on the roadway may be obscured by debris, water or snow at the time of the traffic crash but become visible later and may be photographed, perhaps even days later.

At the scene

At the scene, photography is most difficult because there are so many other things to do, and because conditions at the time may be unfavorable. Remember the general rule: at the scene, you do not have to do anything that can be done later. However, remember too, that it is sometimes easier to take a photo at the scene than to make a special trip to get it later.

Final positions of vehicles and bodies can only be photographed at the scene, and sometimes if the vehicles or bodies must be removed for safety reasons before photos can be made, then mark the road giving an indication of their position to be photographed later.

To be most useful, take pictures showing either vehicles or a vehicle and a body where they came to rest. It is important to include some of the roadway and recognizable landmarks in the vicinity; otherwise, the picture may lose much of its value. If there is more than one vehicle, take one picture with each vehicle in the foreground and one or more with them in the background. If vehicles are widely separated and it is dark, good photos that meet these requirements are not easily made. A second flash for the further car is recommended. Photograph final resting positions of vehicles. Show their relationship to the road and other vehicles, if possible. General views of final positions of vehicles and bodies help make traffic crash situation maps when measurements either were not made at the scene or turn out to be unsatisfactory.

Photos made of vehicle damage at the scene are preferable to those made after the vehicle has been moved because they may show additional damage caused by the process of removing the vehicle. Photo documentation of damaged vehicles can often show the relationship of damage to other vehicles or fixed objects with which damaged vehicles are engaged. Photos of damage can be taken more easily at the scene than elsewhere. For example, during daylight when the vehicle is in the open, it may be more accessible to the photographer than it will be later in a crowded salvage yard.

On the other hand, a vehicle down in a ditch among bushes at night may make good at-scene damage pictures impossible. So a decision has to be made about where it is best to make damage photos. Detached parts of vehicles should be treated exactly like separate vehicles as far as photographing final positions is concerned.

Results of the traffic crash on the road require the same kind of decision. Some traffic crash evidence like debris, tire ruts in snow, furrows in gravel roads, and light tire scrubs, will soon

disappear and must be photographed as soon as possible. Other evidence like gouges will last and photographs of them can be left until later, possibly for someone else to do. Taken later, they become part of the technical follow-up rather than initial at-scene investigation.

What to photograph

Tire marks and long scratches that show the path of the vehicle need to be fully and systematically photographed to supplement rather than substitute for measurements. If tire marks are shown adequately in photos of the final positions of the vehicles, no additional photos are required. If the marks extend along the roadway for more than about 50 ft., a series of photos may be necessary.

Ruts and furrows on the roadside are usually best photographed in the direction of movement of the vehicle that made them. Show the edge of the road where such marks begin or if they are more than 40 ft., make a series of two or more pictures.

Smaller marks, especially gouges or groups of gouges, collision scrubs and irregularities in tire marks, require close-up photographs to show necessary detail, even if the marks are included in the general pictures. If there are more than two small marks, be careful to identify each in some way so as to eliminate possible confusion about which mark shown on the field sketch was the one in the picture. The easiest way to identify a mark is by a crayon letter -- A, B, C, etc. -- beside it. This can be the same letter used to identify it for measurements or you can make special notes relating to it.

Often, close-up pictures of sections of long marks are useful to show exactly what they look like. Such pictures can show pavement texture in a skid mark or striations in yaw mark.

RESULTS OF THE TRAFFIC CRASH TO THE VEHICLE

Contact and induced damage is usually recorded better by photographs than any other way; but do not think the photographs make other records of damage unnecessary. For example, photography is no substitute for measurements to show how much the wheels have been moved by the collision.

Damage is photographed to help reconstruct the traffic crash, to evaluate the probable cost of repair, or both. In reconstruction, we want to know such things as how one vehicle fitted against another vehicle or fixed object at maximum engagement, from what direction the force came, whether the vehicle rolled over, whether it was involved in more than one collision during the traffic crash, what areas received contact damage, and what parts of the vehicle were forced into unusual contact with the road. In evaluating cost of repairs for financial responsibility assessments or claim settlements, investigators/adjusters want to know what parts will require replacement. For either traffic crash reconstruction or repair cost evaluation, it is often as important to know what parts of the vehicle were not damaged as to know what parts were affected.

When the traffic crash warrants few pictures or when your supply of film is limited, you may decide that one picture of damage to a vehicle will be enough. In this case, the best single picture usually shows not only the damage area but also as much adjacent undamaged area as possible. Therefore, take the picture to show one side and one end. There are exceptions to this rule, of course. For example, the vehicle may be so located that it is impossible to take a picture from the most desirable viewpoint without moving the vehicle or some other object and you cannot or may not move either; or perhaps it is important to show more minute detail of the damage than would be possible from a distance required to include the entire vehicle in the one picture.

If not all the damage can be shown in one picture, you should make additional photos. At least two are required to show satisfactorily which parts are damaged and which are not. Usually,

therefore, the best two pictures of a damaged vehicle are those that show opposite corners, each photo showing one side and one end. Circumstances may be such that it is impossible to get such pictures, but try to approximate such views as well as possible.

Oblique or corner photographs like those recommended for the best one or two photographs usually leave much to be desired for technical reconstruction purposes. For example, from an oblique picture it may be difficult to judge how far a vehicle part, such as a wheel or headlamp, was pushed straight back and how much to the right or left. This is important; four damage pictures of a vehicle are usually needed for technical purposes. Each shows the entire vehicle from one side or end. Make these pictures on the centerline of the vehicle facing directly toward it. Damage to the vehicle often makes it difficult to decide just where the centerline is. Align your camera by undamaged parts of the vehicle. For example, if the front end has been forced to the right, do not take the picture looking directly toward the offset front end, but rather on a line that passes down the left side.

The center of the windshield and the rear window if in their normal position. For side views, make the center doorposts on each side coincide so that the one on the rear side covers that on the far side.

View obstructions should be photographed under two conditions: (1) the driver claims or suggests that his view was obstructed by something on the road; and/or (2) you believe that this may have been the case. Much time can be avoided in court, if photographs are produced which allow others to judge for themselves the nature of the view obstruction.

If there are vertical view obstructions such as crests or hills, have a person or a car stationed at known and recorded distances beyond the crest to show how much or how little they could have seen. If there are horizontal view obstructions on curves, a sequence of pictures with a wide-angle lens will show them adequately. For view obstructions at junctions or railroads crossings, an extremely wide-angle lens would be necessary to show as much to the side as the human eye can perceive. Such a lens usually gives distorted perspective, so if there is a view obstruction probable, make approach pictures at 50-ft. intervals, but in addition, one straight ahead down the road at each location. Also, make one at a 45-degree angle to the side in the direction at which the hazard was located.

Try to make view obstruction pictures under as nearly as possible the same conditions as existed at the time of the traffic crash. For example, if trees and shrubs were bare of leaves at the time of the traffic crash, try to make the picture when they are that way; and if cars were parked at a junction when the traffic crash occurred, make the picture with cars parked in as nearly the same way as possible.

Photography documentation provided by the Kansas Law Enforcement Training Center.

COUNTY ABBREVIATIONS

The following are the standard alphabetic abbreviations for each county in Kansas:

Allen	AL	Greeley	GL	Osborne	OB
Anderson	AN	Greenwood	GW	Ottawa	OT
Atchison	AT	Hamilton	HM	Pawnee	PN
Barber	BA	Harper	HP	Phillips	PL
Barton	BT	Harvey	HV	Pottawatomie	PT
Bourbon	BB	Haskell	HS	Pratt	PR
Brown	BR	Hodgeman	HG	Rawlins	RA
Butler	BU	Jackson	JA	Reno	RN
Chase	CS	Jefferson	JF	Republic	RP
Chautauqua	CQ	Jewell	JW	Rice	RC
Cherokee	CK	Johnson	JO	Riley	RL
Cheyenne	CN	Kearny	KE	Rooks	RO
Clark	CA	Kingman	KM	Rush	RH
Clay	CY	Kiowa	KW	Russell	RS
Cloud	CD	Labette	LB	Saline	SA
Coffey	CF	Lane	LE	Scott	SC
Comanche	CM	Leavenworth	LV	Sedgwick	SG
Cowley	CL	Lincoln	LC	Seward	SW
Crawford	CR	Linn	LN	Shawnee	SN
Decatur	DC	Logan	LG	Sheridan	SD
Dickinson	DK	Lyon	LY	Sherman	SH
Doniphan	DP	Marion	MN	Smith	SM
Douglas	DG	Marshall	MS	Stafford	SF
Edwards	ED	McPherson	MP	Stanton	ST
Elk	EK	Meade	ME	Stevens	SV
Ellis	EL	Miami	MI	Sumner	SU
Ellsworth	EW	Mitchell	MC	Thomas	TH
Finney	FI	Montgomery	MG	Trego	TR
Ford	FO	Morris	MR	Wabaunsee	WB
Franklin	FR	Morton	MT	Wallace	WA
Geary	GE	Nemaha	NM	Washington	WS
Gove	GO	Neosho	NO	Wichita	WH
Graham	GH	Ness	NS	Wilson	WL
Grant	GT	Norton	NT	Woodson	WO
Gray	GY	Osage	OS	Wyandotte	WY

STATE ABBREVIATIONS

AL – Alabama	KY – Kentucky	ND – North Dakota
AK – Alaska	LA – Louisiana	OH – Ohio
AZ – Arizona	ME – Maine	OK – Oklahoma
AR – Arkansas	MD – Maryland	OR – Oregon
CA – California	MA – Massachusetts	PA – Pennsylvania
CO – Colorado	MI – Michigan	RI – Rhode Island
CT – Connecticut	MN – Minnesota	SC – South Carolina
DE – Delaware	MS – Mississippi	SD – South Dakota
DC – Dist. of Col.	MO – Missouri	TN – Tennessee
FL – Florida	MT – Montana	TX – Texas
GA – Georgia	NE – Nebraska	UT – Utah
HI – Hawaii	NV – Nevada	VT – Vermont
ID – Idaho	NH – New Hampshire	VA – Virginia
IL – Illinois	NJ – New Jersey	WA – Washington
IN – Indiana	NM – New Mexico	WV – West Virginia
IA – Iowa	NY – New York	WI – Wisconsin
KS – Kansas	NC – North Carolina	WY – Wyoming

INTERNATIONAL ABBREVIATIONS

Canada (CD)	Mexico (MM)		
AB – Alberta	AG – Aguascalientes	JL – Jalisco	TB – Tabasco
BC – British Columbia	BA – Baja California Norte	MX – Mexico	TA – Tamaulipas
MB – Manitoba	BJ – Baja California Sur	MC – Michoacán de Ocampo	TL – Tlaxcala
NB – New Brunswick	CE – Campeche	MR – Morelos	VC – Veracruz
NF – Newfoundland	CI – Chiapas	NA – Nayarit	YU – Yucatan
NT – Northwest Territory	CH – Chihuahua	NL – Nuevo Leon	ZA - Zacatecas
NS – Nova Scotia	CU – Coahuila de Zaragoza	OA – Oaxaca	
ON – Ontario	CL – Colima	PB – Puebla	
PE – Prince Edward Is.	DF – Distrito Federal	QU – Queretaro de Arteaga	
QC – Quebec	DO – Durango	QR – Quintana Roo	
SK – Saskatchewan	GU – Guanajuato	SL – San Luis Potosi	
YT – Yukon Territory	GR – Guerrero	SI – Sinaloa	
	HL - Hidalgo	SO – Sonora	

MISCELLANEOUS OTHER CODES

US – US Government	PR – Puerto Rico	VI – Virgin Islands
YY – Other Countries, Provinces or States	OT – Native American Reservations (US, CA, MX)	
UN – Unknown		

SOURCE: MMUCC THIRD EDITION (2008); NCIC; FIPS PUB 5-2 & 10-3; ANSI X3, 38-R1994 (not all standard codes included)

NCIC CODES FOR COMMON AUTOMOBILE MAKES

ACUR	– Acura	FIAT	– Fiat	OLDS	– Oldsmobile
AMER	– American Motors	FORD	– Ford	PLYM	– Plymouth
AUDI	– Audi	HOND	– Honda	PONT	– Pontiac
BMW	– BMW	HYUN	– Hyundai	PORS	– Porsche
BUIC	– Buick	LINC	– Lincoln	RENA	– Renault
CADI	– Cadillac	MAZD	– Mazda	SUBA	– Subaru
CHEV	– Chevrolet	MERZ	– Mercedes Benz	TOYT	– Toyota
CHRY	– Chrysler	MERC	– Mercury	VOLK	– Volkswagen
DATS	– Datsun	MITS	– Mitsubishi	VOLV	– Volvo
DODG	– Dodge	NISS	– Nissan		

DC-66 FORM REPORTING REQUIREMENTS

Circumstance	Action by Law Enforcement
<p>Accident – Driver provides proof of vehicle liability insurance coverage</p>	<p>The filing of a DC-66 form with the Division of Vehicles (KDOR) is not required. A completed DC-66 form should be prepared and mailed to the Division only if the law enforcement questions the authenticity of insurance documentation provided.</p>
<p>Accident – Driver does not provide proof of vehicle liability insurance coverage</p>	<p>The preparation of a DC-66 form is required. The completed DC-66 form should be attached to the citation for no proof of vehicle insurance and forwarded, along with the citation, to the court. The officer is not required to mail a copy of the DC-66 form to the Division of Vehicles (KDOR).</p>
<p>Traffic Stop – Driver provides proof of vehicle liability insurance coverage</p>	<p>A DC-66 form is not required. A DC-66 form should be prepared and mailed to the Division of Vehicles (KDOR) only if the law enforcement officer questions the authenticity of insurance documentation provided.</p>
<p>Traffic Stop – Driver does not provide proof of vehicle liability insurance coverage</p>	<p>The preparation of a DC-66 form is required. The completed DC-66 form should be attached to the traffic citation that is sent to the prosecutor and/or court. The officer is not required to mail a copy of the DC-66 form to the Division (KDOR).</p>

ADDRESS:

Driver Control Bureau
P. O. Box 12021
Topeka, Kansas 66612-2021

PHONE:

785-296-3613

ACCIDENT CODING EXAMPLES

Example No.	Scenario
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Note: On the accident forms, the Example Number is located in the Local Case Number field.

1. Two vehicle accident, intersection of two highways with two junctions, KDOT property
2. Cross-median collision, three vehicle accident, highway milepost reference only
3. Car/ large truck accident, two local city streets
4. Car accident, interchange location in work zone
5. Fatal accident on a named county road
6. School Bus, single vehicle, injury accident, with medication contributing circumstances
7. Examples of 'Crossover' accidents (Acc. Location 16)
8. Single vehicle accident (Acc. Location 22)
9. 'Other Non-Collision' (Fire)
10. Hit & Run using a NONAME On Road, two road references, & other Unknown info
11. Animal accident on a named county road
12. Non-contact accident
13. 'Other Object' accident class at an interchange with a roundabout
14. Train/ vehicle accident (alcohol involved)
15. Parking lot trafficway accident
16. Legally parked vehicle accident
17. Pedestrian accident
18. Interchange Ramp
19. Working Vehicle Scenario
20. Accident Location Diagrams - Coding Examples (14, 88, 21, & 23)
21. First (Initial) and Most (Principal) Impact Point Examples
22. Roundabout / Traffic Circle Diagrams
23. Parking Lot Diagram

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Pawnee County Sheriff

Reviewed by

Aldrich

Local Case No.

Example 1

Page of

1 / 4

Amended Report

DUI

Hit & Run

Accident Severity

Milepost 158.2	Block No	Dir Pfx	On Road Name U056	Road Type HWY	Dir Sfx	SpdLmt 65	Date of Accident (mm/dd/yyyy) 05/02/2012	Time Occur. 20:12	Day WE	
From Dist	Ft/Mi	From Dir <input type="radio"/> FROM <input checked="" type="radio"/> AT	Dir Pfx	Reference or At Road Name U183WJCT	Road Type HWY	Dir Sfx	SpdLmt 65	Date Notified (mm/dd/yyyy) 05/02/2012	Time Notif. 20:20	Day WE

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V-1 was southbound on US-183;
V-2 was eastbound on US-56;
V-1 failed to stop at stop sign, collided with V-2 due, and then struck a KDOT sign due to distraction by cell phone

Date Arrived (mm/dd/yyyy) 05/02/2012	Time Arriv. 20:40	Day WE
Latitude (AOI) 38.01188	WORK ZONE TYPE AT 00	
Longitude (AOI) -99.31407	00 None Apply	
Photos by	01 Construction Zone - 	
	02 Maintenance Zone -	
	03 Utility Zone -	
	99 Unknown	

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) **Road sign knocked down** Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone
KDOT

KDOT? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area 99 Unknown

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

00 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other:
24 Sleet & fog
36 Snow & wind 99 Unknown

02 SURFACE TYPE ON AT **02**

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other:
04 Dirt
05 Brick 99 Unknown

01 SURFACE CONDITIONS ON AT **01**

01 Dry 88 Other:
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

12 ACC. LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drwvy
15 Interchange Area +
16 On Crossover
17 Toll Plaza
OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other:
99 Unknown

04 +INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None

01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRRXING
05 Interchange
06 Ramp
99 Unknown

03 ACCIDENT CLASS (mark 1 box per side) **03**

1st Harmful Event Most Harmful Event

00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE** (mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

- WORK ZONE CATEGORY

01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

03 *COLLISION WITH VEHICLE (mark 1 box per side if applicable) **03**

1st Harmful Event Most Harmful Event

01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A

	Type Present	OK/NF
00 None	1 O 1 09 1 OK	
01 Officer, flagger	2 O 2 08 2 OK	
02 Traffic signal	3 A 3 03 3 OK	
03 Stop sign	4 A 4 09 4 OK	
04 Flasher	5 A 5 08 5 OK	
05 Yield sign		
06 RR gates / signal		
07 RR crossing signs		
08 No passing zone		
09 Center/Edge lines		
10 Warning signs		
11 School zone signs		
12 Parking lines		
88 Other: _____		
99 Unknown		

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

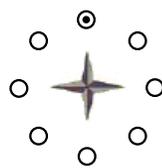
Page of

Example 1

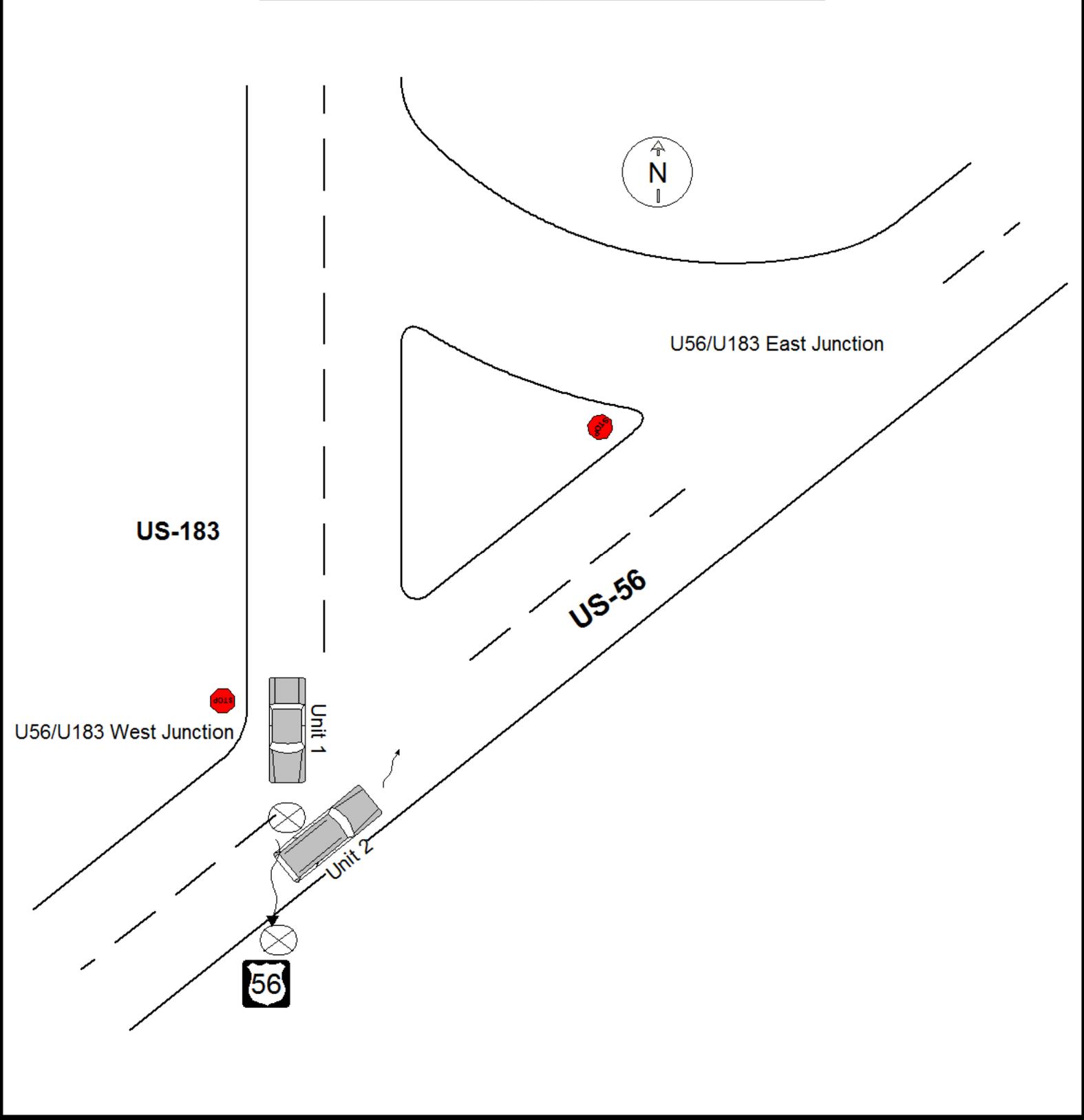
2 / 4

02 ON	ROADWAY NUMBER OF LANES	02 AT	01 ON	ROAD CHARACTER AT	01 00	SPECIAL JURISDICTION
01 One			01 Straight & Level		00 Normal Jurisdiction (Not Special)	A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.
02 Two			02 Straight on grade/slope		01 National Park Service	
03 Three			03 Straight on hillcrest		02 Military	
04 Four to Six			04 Curved & level		03 Indian Reservation	
05 Seven or more			05 Curved on grade/slope		04 College / University Campus	
88 Other: _____			06 Curved on hillcrest		05 Other Federal property	
99 Unknown			88 Other: _____		88 Other: _____	
			99 Unknown		99 Unknown	

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1	20	D1	31	D1	30						
----	----	----	----	----	----	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Pennyworth	MN	3636 S Joker AVE	(913) 456-7890	M	R	D	A
ST 01	Alfred	DOB 12/07/1941	Gotham KS 67411	Work	68	T		<input checked="" type="checkbox"/>
TU 02	Wayne	MN	3636 S Joker AVE	(913) 555-1542	M	R	I	
ST 01	Bruce	DOB 08/02/1972	Gotham KS 67411	Work (913) 555-1789	37	N		<input type="checkbox"/>

TRAFFIC UNIT#	02 (01, 03, N3, X3, etc)	TRAFFIC UNIT#	02 (02, 04, N2, X4, etc)
DL State	Driver's License Number	DL State	Driver's License Number
KS	K01487546	KS	K02446712

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions	Complied? Y_N	Z - None	01 Valid License	Driver's Lic Restrictions	Complied? Y_N	Z - None
02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	T - Double/Triple Trailer
03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle	03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle
04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle	04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle
05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material	05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)	
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/> NG - No Test given	<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input checked="" type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____
		<input type="checkbox"/> Other 0. _____			<input type="checkbox"/> Other 0. _____
		Drug screen result <input type="checkbox"/>			Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 02	Lane	MN	7126 Lex Luther PLZ	(785) 555-4456	F	R	D	B
ST 02	Lois	DOB 02/09/1973	Smallville KS 62113	Work (785) 555-3210	37	N		<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
A	20:25	Pawnee Co. EMS	B	20:27	Larned EMS
EMS Arrived 20:55	EMS Time@Hosp 21:25	Injured taken to: Pawnee Co. General	EMS Arrived 20:52	EMS Time@Hosp 21:35	Injured taken to: Larned Clinic

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE# 02

SPECIAL DATA

Local Case No.

Page of

Example 1

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OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

COLOR **RED** YEAR **2008** MAKE **CHEV** MODEL **IMP** BODY STYLE **4D** ST **KS**

COLOR **BLK** YEAR **2011** MAKE **JEEP** MODEL **WRG** BODY STYLE **LL** ST **KS**

LICENSE PLATE # **MNOFSTL** County **RS** Exp YR **2012** Removed by: **Larned Towing** MC CCs _____

LICENSE PLATE # **DRKNIGT** County **JO** Exp YR **2012** Removed by: **Larned Towing** MC CCs _____

VEHICLE IDENTIFICATION NUMBER **2G1WT55K589161513** Dir of Travel **S** # Occupants **1**

VEHICLE IDENTIFICATION NUMBER **1J4RR4GG0BC508097** Dir of Travel **NE** # Occupants **2**

Insurance Company **All County Ins** Policy Number **5248619**

Insurance Company **Farmhand Ins** Policy Number **6548429**

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 **7** 2 _____ 3 _____ 4 _____ 5 _____ Odometer **29418** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 **7** 2 _____ 3 _____ 4 _____ 5 _____ Odometer **19497** Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

06 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact **57**
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
06 Sport utility veh - SUV 15 Transit (city) bus }
07 Camper or RV 16 Other bus }
08 Farm machinery 25 Train Power Source **F**
09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact **64**
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
06 Sport utility veh - SUV 15 Transit (city) bus }
07 Camper or RV 16 Other bus }
08 Farm machinery 25 Train Power Source **H**
09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

01 VEHICLE USE 06 Police 04 Destroyed
02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other:
03 School bus 08 Fire 02 Functional
04 Other bus 09 Mail/Parcel
05 Military 99 Unknown 03 Disabling 99 Unknown

01 VEHICLE USE 06 Police 04 Destroyed
02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other:
03 School bus 08 Fire 02 Functional
04 Other bus 09 Mail/Parcel
05 Military 99 Unknown 03 Disabling 99 Unknown

DAMAGE LOCATION AREA First Impact **01** Major Impact **12**

14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____

Trailer: Present / Damaged

01 VEH. MANU. BEFORE UNSTAB. SIT.
01 Straight/ following road 11 Stopped awaiting turn
02 Left Turn 12 Stopped in traf
03 Right Turn 13 Illegally parked
04 U Turn 14 Disabled in roadway
05 Passing 15 Slowing or stopping
06 Changing lanes 16 Negotiating a curve
07 Avoidance man.
08 Merging 88 Other:
09 Parking
10 Backing 99 Unknown

DAMAGE LOCATION AREA First Impact **09** Major Impact **10**

14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____

Trailer: Present / Damaged

01 VEH. MANU. BEFORE UNSTAB. SIT.
01 Straight/ following road 11 Stopped awaiting turn
02 Left Turn 12 Stopped in traf
03 Right Turn 13 Illegally parked
04 U Turn 14 Disabled in roadway
05 Passing 15 Slowing or stopping
06 Changing lanes 16 Negotiating a curve
07 Avoidance man.
08 Merging 88 Other:
09 Parking
10 Backing 99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 88 2 03 3 22 4 02 The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 22 2 03 3 4 The exact sequence is unknown

NON-COLLISION

01 Ran off road right 10 Downhill runaway
02 Ran off road left 11 Trailer swing
03 Crossed centerline 12 Separation of units
04 Overturn/Rollover 13 Jackknife
05 Crossed median 14 Fire
06 Fell/Jumped from veh 15 Explosion
07 Thrown or falling object 16 Immersion in water
08 Cargo loss or shift 88 Other event:
09 Equipment failure (tire, brakes, etc.) **Failed to Yield**
98 Unknown non-coll.

COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

NON-COLLISION

01 Ran off road right 10 Downhill runaway
02 Ran off road left 11 Trailer swing
03 Crossed centerline 12 Separation of units
04 Overturn/Rollover 13 Jackknife
05 Crossed median 14 Fire
06 Fell/Jumped from veh 15 Explosion
07 Thrown or falling object 16 Immersion in water
08 Cargo loss or shift 88 Other event:
09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.

COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Russell County Sheriff

Reviewed by
Officer Wake

Local Case No.
Example 2

Page of
1 / 7

Amended Report

DUI

Hit & Run

Accident Severity

Milepost 177	Block No	Dir Pfx	On Road Name 1070	Road Type FWY	Dir Sfx	SpdLmt 75	Date of Accident (mm/dd/yyyy) 03/17/2012	Time Occur. 11:20	Day SA		
From Dist 600	Ft/Mi F	From Dir E	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy) 03/17/2012	Time Notif. 11:22	Day SA
Narrative: Describe each traffic unit's pre-crash movement and direction of travel							Date Arrived (mm/dd/yyyy) 03/17/2012	Time Arriv. 11:37	Day SA		

V-1 (EB) clipped the back end of V-2 (EB) causing V-2 to loose control, cross the median, and collide with V-3 which was WB.

Latitude (AOI) 38.86288	00	ON	WORK ZONE TYPE	AT
Longitude (AOI) -98.98391	00 None Apply			
Photos by	01 Construction Zone - 			
	02 Maintenance Zone -			
	03 Utility Zone -			
	99 Unknown			

KDOT: Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT: Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

01 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other: _____
24 Sleet & fog
36 Snow & wind 99 Unknown

01 SURFACE TYPE ON AT

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other: _____
04 Dirt
05 Brick 99 Unknown

02 SURFACE CONDITIONS ON AT

01 Dry 88 Other: _____
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

11 ACC. LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)

11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drwvy
15 Interchange Area +
16 On Crossover
17 Toll Plaza

OFF ROADWAY:

20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other: _____
99 Unknown

+INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None

01 Bridge _____
02 Bridge Overhead _____
03 Railroad Bridge _____
04 RRRXING _____
05 Interchange _____
06 Ramp _____
99 Unknown

03 ACCIDENT CLASS (mark 1 box per side)

1st Harmful Event **Most Harmful Event**

00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE** (mark 1 box per side if applicable)

1st Harmful Event **Most Harmful Event**

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

02 *COLLISION WITH VEHICLE (mark 1 box per side if applicable)

1st Harmful Event **Most Harmful Event**

01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A

Type Present OK/NF

1	1	1
O	09	OK
2	2	2
3	3	3
4	4	4
5	5	5

00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

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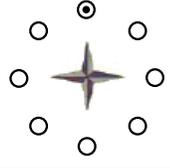
Example 2

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04 ON	ROADWAY NUMBER OF LANES	01 ON	ROAD CHARACTER AT	00 ON	SPECIAL JURISDICTION
01 One		01 Straight & Level		00 Normal Jurisdiction (Not Special)	
02 Two		02 Straight on grade/slope		01 National Park Service	
03 Three		03 Straight on hillcrest		02 Military	
04 Four to Six		04 Curved & level		03 Indian Reservation	
05 Seven or more		05 Curved on grade/slope		04 College / University Campus	
88 Other: _____		06 Curved on hillcrest		05 Other Federal property	
99 Unknown		88 Other: _____		88 Other: _____	
		99 Unknown		99 Unknown	

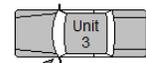
A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction

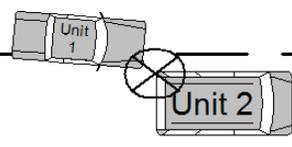


Draw scene as observed or recreate per statements and evidence available

I-70 WB



Grass Median



I-70 EB

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1	35	D1	41	D2	47	OR	01	E	02
----	----	----	----	----	----	----	----	---	----

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Window	MN	12123 SW 56th ST	Personal (785) 555-6317	F	J	N	
ST 01	Susan	DOB 01/20/1973	Topeka KS 66651	Work (785) 555-0456	37	N		<input type="checkbox"/>
TU 02	Fender	MN	1240 Elm ST	Personal (785) 555-1227	M	R	D	A
ST 01	Jacob	DOB 11/13/1959	Topeka KS 66607	Work (785) 555-6666	50	P	01	<input type="checkbox"/>

TRAFFIC UNIT#	01 (01, 03, N3, X3, etc)	TRAFFIC UNIT#	02 (02, 04, N2, X4, etc)
DL State	Driver's License Number	DL State	Driver's License Number
KS	K01782103	KS	K00712886

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input checked="" type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions Y_N	Complied? Y_N	Z - None	01 Valid License	Driver's Lic Restrictions Y_N	Complied? Y_N	Z - None
02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer
03 Revoked	3 <input type="checkbox"/>	4 <input type="checkbox"/>	P - Passenger Vehicle	03 Revoked	3 <input type="checkbox"/>	4 <input type="checkbox"/>	P - Passenger Vehicle
04 Expired			N - Tank Vehicle	04 Expired			N - Tank Vehicle
05 Cancl'd or Denied			H - Placarded Haz. Material	05 Cancl'd or Denied			H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)	
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.		<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.		<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____
		<input type="checkbox"/> Other 0. _____			<input type="checkbox"/> Other 0. _____
		Drug screen result <input type="checkbox"/>			Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Window	MN	456 W 5TH ST	Personal (785) 555-9510	F	R	N	
ST 03	Shaundra	DOB 09/15/1980	Topeka KS 66610	Work (785) 555-6363	29	N		<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>

Transport Unit <u>A</u>	EMS Time Notified 11:22	Injured taken by: AMR	Transport Unit _____	EMS Time Notified	Injured taken by:
EMS Arrived 11:40	EMS Time@Hosp 11:59	Injured taken to: Hays Medical Center	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE# 02

SPECIAL DATA

Local Case No.

Page of

Example 2

4 / 7

OWNER Last Name ("Same" if Driver) Same	OWNER First Name	Middle Name
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OWNER Last Name ("Same" if Driver) Same	OWNER First Name	Middle Name
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OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone
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OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone
--------------------------------	---------------------------------------	----------------

CITY	ST	ZIP	Work Phone
------	----	-----	------------

CITY	ST	ZIP	Work Phone
------	----	-----	------------

COLOR WHI	YEAR 2000	MAKE MERC	MODEL COU	BODY STYLE 2D	ST KS
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COLOR RED	YEAR 2001	MAKE CHEV	MODEL AST	BODY STYLE VN	ST KS
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LICENSE PLATE # DAV 712	County SN	Exp YR 2012	Removed by: Owner	MC CCs
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LICENSE PLATE # HLP 743	County SN	Exp YR 2012	Removed by: Tucker Tow	MC CCs
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VEHICLE IDENTIFICATION NUMBER 1ZWFT61L6Y5617953	Dir of Travel E	# Occupants 2
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VEHICLE IDENTIFICATION NUMBER 1GNDM16Z71B105978	Dir of Travel E	# Occupants 1
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Insurance Company Alstate	Policy Number 89719
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Insurance Company State Farm	Policy Number 716836
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SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer 100899	Fire? <input type="checkbox"/>
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SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer 75020	Fire? <input type="checkbox"/>
--------------------------------------	---	---	---	---	---	-------------------	-----------------------------------

1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage
4 Legally Parked	5 Pursued by LE	6 Driverless	

1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage
4 Legally Parked	5 Pursued by LE	6 Driverless	

01	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01	Automobile	10 Single heavy truck >10,000 lbs
02	Motorcycle	11 Truck & trailer(s)
03	Motor scooter or Moped	12 Tractor-trailer(s)
04	Van	13 Cross country bus
05	Pickup truck <10,001 lbs	14 School bus
06	Sport utility veh - SUV	15 Transit (city) bus
07	Camper or RV	16 Other bus
08	Farm machinery	25 Train
09	All-terrain vehicle - ATV	88 Other: _____ 99 Unknown

Calculated speed at impact **69**

Bus Seat Capacity _____

Power Source **F**

04	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01	Automobile	10 Single heavy truck >10,000 lbs
02	Motorcycle	11 Truck & trailer(s)
03	Motor scooter or Moped	12 Tractor-trailer(s)
04	Van	13 Cross country bus
05	Pickup truck <10,001 lbs	14 School bus
06	Sport utility veh - SUV	15 Transit (city) bus
07	Camper or RV	16 Other bus
08	Farm machinery	25 Train
09	All-terrain vehicle - ATV	88 Other: _____ 99 Unknown

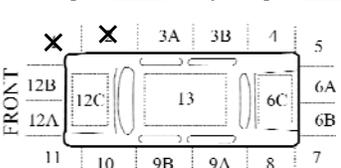
Calculated speed at impact **62**

Bus Seat Capacity _____

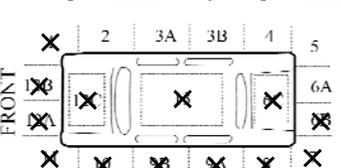
Power Source **F**

01	VEHICLE USE	02	VEHICLE DAMAGE
01	No special use	06	Police
02	Taxi / Limo	07	Ambulance
03	School bus	08	Fire
04	Other bus	09	Mail/Parcel
05	Military	99	Unknown
00	None	04	Destroyed
01	Damage (minor)	88	Other: _____
02	Functional		
03	Disabling	99	Unknown

01	VEHICLE USE	04	VEHICLE DAMAGE
01	No special use	06	Police
02	Taxi / Limo	07	Ambulance
03	School bus	08	Fire
04	Other bus	09	Mail/Parcel
05	Military	99	Unknown
00	None	04	Destroyed
01	Damage (minor)	88	Other: _____
02	Functional		
03	Disabling	99	Unknown

DAMAGE LOCATION AREA	05	VEH. MANU. BEFORE UNSTAB. SIT.
First Impact <u>01</u> Major Impact <u>02</u>	01	Straight/ following road
	11	Stopped awaiting turn
<input type="checkbox"/> 14 Undercarriage	12	Stopped in traf
<input type="checkbox"/> 16 Other windows	13	Illegally parked
<input type="checkbox"/> 17 Entire vehicle damaged	14	Disabled in roadway
<input type="checkbox"/> 88 Other: _____	15	Slowing or stopping
	16	Negotiating a curve
	07	Avoidance man.
	08	Merging
	09	Parking
	10	Backing
	99	Unknown

Trailer: Present / Damaged

DAMAGE LOCATION AREA	01	VEH. MANU. BEFORE UNSTAB. SIT.
First Impact <u>07</u> Major Impact <u>11</u>	01	Straight/ following road
	11	Stopped awaiting turn
<input checked="" type="checkbox"/> 14 Undercarriage	12	Stopped in traf
<input checked="" type="checkbox"/> 16 Other windows	13	Illegally parked
<input type="checkbox"/> 17 Entire vehicle damaged	14	Disabled in roadway
<input type="checkbox"/> 88 Other: _____	15	Slowing or stopping
	16	Negotiating a curve
	07	Avoidance man.
	08	Merging
	09	Parking
	10	Backing
	99	Unknown

Trailer: Present / Damaged

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 <u>03</u> 2 <u>22</u> 3 _____ 4 _____ <input type="checkbox"/> The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 <u>22</u> 2 <u>02</u> 3 <u>05</u> 4 <u>22</u> <input type="checkbox"/> The exact sequence is unknown

NON-COLLISION	COLLISION WITH
01 Ran off road right	21 Pedestrian
02 Ran off road left	22 Motor veh in-transport
03 Crossed centerline	23 Legally Parked Vehicle
04 Overturn/Rollover	24 Train
05 Crossed median	25 Pedal cycle (bike, etc)
06 Fell/Jumped from veh	26 Animal
07 Thrown or falling object	27 Fixed Object
08 Cargo loss or shift	28 Other moveable object
09 Equipment failure (tire, brakes, etc.)	99 Unknown object
10 Downhill runaway	
11 Trailer swing	
12 Separation of units	
13 Jackknife	
14 Fire	
15 Explosion	
16 Immersion in water	
18 Other event:	
98 Unknown non-coll.	

NON-COLLISION	COLLISION WITH
01 Ran off road right	21 Pedestrian
02 Ran off road left	22 Motor veh in-transport
03 Crossed centerline	23 Legally Parked Vehicle
04 Overturn/Rollover	24 Train
05 Crossed median	25 Pedal cycle (bike, etc)
06 Fell/Jumped from veh	26 Animal
07 Thrown or falling object	27 Fixed Object
08 Cargo loss or shift	28 Other moveable object
09 Equipment failure (tire, brakes, etc.)	99 Unknown object
10 Downhill runaway	
11 Trailer swing	
12 Separation of units	
13 Jackknife	
14 Fire	
15 Explosion	
16 Immersion in water	
18 Other event:	
98 Unknown non-coll.	

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 03	Davis	MN	2165 NE Corn AVE			Personal (585) 555-4821	M	N	D	B
ST 01	Allen	DOB 09/21/1938	Baxter	OK	73115	Work (585) 555-9317	71	E	03	<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
OK	435517116	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/> N	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None	00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None
01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	T - Double/Triple Trailer	01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	T - Double/Triple Trailer
02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		P - Passenger Vehicle	02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		P - Passenger Vehicle
03 Revoked			N - Tank Vehicle	03 Revoked			N - Tank Vehicle
04 Expired			H - Placarded Haz. Material	04 Expired			H - Placarded Haz. Material
05 Cancl'd or Denied			X - Combination Tank/HazMat	05 Cancl'd or Denied			X - Combination Tank/HazMat
06 Disqualified			S - School Bus	06 Disqualified			S - School Bus
07 Restricted			U - Unknown	07 Restricted			U - Unknown
99 Unknown				99 Unknown			

SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed		

METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)
ALCOHOL	DRUGS	ALCOHOL	DRUGS
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Eye Fluid 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) 0. _____
	<input type="checkbox"/> Other 0. _____		<input type="checkbox"/> Other 0. _____
	Drug screen result <input type="checkbox"/>		Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
B	11:22	Russell Co. Ems			
	EMS Arrived 11:41	EMS Time@Hosp 12:03			
		Injured taken to: Hays Medical Center			

OWNER Last Name ("Same" if Driver) Same	OWNER First Name	Middle Name	OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
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OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone	OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone
--------------------------------	---------------------------------------	----------------	--------------------------------	---------------------------------------	----------------

CITY	ST	ZIP	Work Phone	CITY	ST	ZIP	Work Phone
------	----	-----	------------	------	----	-----	------------

COLOR GRY	YEAR 2001	MAKE PONT	MODEL SNF	BODY STYLE 2D	ST OK	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
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LICENSE PLATE # LOR 321	County RS	Exp YR 2012	Removed by: Tucker Tow	MC CCs	LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
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VEHICLE IDENTIFICATION NUMBER 1G2JB1237X7557054	Dir of Travel W	# Occupants 1	VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
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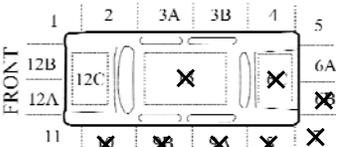
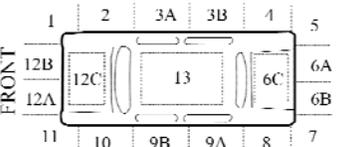
Insurance Company City Insurance	Policy Number 1413187	Insurance Company	Policy Number
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SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer 110000	Fire? <input type="checkbox"/>	SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer	Fire? <input type="checkbox"/>
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1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage	1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage
4 Legally Parked	5 Pursued by LE	6 Driverless		4 Legally Parked	5 Pursued by LE	6 Driverless	

01	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)						VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)					
	01 Automobile	10 Single heavy truck >10,000 lbs						01 Automobile	10 Single heavy truck >10,000 lbs					
	02 Motorcycle	11 Truck & trailer(s)					Calculated speed at impact 63	02 Motorcycle	11 Truck & trailer(s)					Calculated speed at impact
	03 Motor scooter or Moped	12 Tractor-trailer(s)						03 Motor scooter or Moped	12 Tractor-trailer(s)					
	04 Van	13 Cross country bus					Bus Seat Capacity _____	04 Van	13 Cross country bus					Bus Seat Capacity _____
	05 Pickup truck <10,001 lbs	14 School bus						05 Pickup truck <10,001 lbs	14 School bus					
	06 Sport utility veh - SUV	15 Transit (city) bus					Power Source F	06 Sport utility veh - SUV	15 Transit (city) bus					Power Source _____
	07 Camper or RV	16 Other bus						07 Camper or RV	16 Other bus					
	08 Farm machinery	25 Train						08 Farm machinery	25 Train					
	09 All-terrain vehicle - ATV	88 Other: _____						09 All-terrain vehicle - ATV	88 Other: _____					
		99 Unknown							99 Unknown					

01	VEHICLE USE	03	VEHICLE DAMAGE	01	VEHICLE USE	03	VEHICLE DAMAGE	
	01 No special use	06 Police	00 None	04 Destroyed	01 No special use	06 Police	00 None	04 Destroyed
	02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____	02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
	03 School bus	08 Fire	02 Functional	_____	03 School bus	08 Fire	02 Functional	_____
	04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown	04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
	05 Military	99 Unknown			05 Military	99 Unknown		

DAMAGE LOCATION AREA First Impact <u>10</u> Major Impact <u>09</u> 	01 VEH. MANU. BEFORE UNSTAB. SIT. 01 Straight/ following road 11 Stopped awaiting turn 02 Left Turn 12 Stopped in traf 03 Right Turn 13 Illegally parked 04 U Turn 14 Disabled in roadway 05 Passing 15 Slowing or stopping 06 Changing lanes 16 Negotiating a curve 07 Avoidance man. 08 Merging 09 Parking 10 Backing 88 Other: _____ 99 Unknown
DAMAGE LOCATION AREA First Impact _____ Major Impact _____ 	VEH. MANU. BEFORE UNSTAB. SIT. 01 Straight/ following road 11 Stopped awaiting turn 02 Left Turn 12 Stopped in traf 03 Right Turn 13 Illegally parked 04 U Turn 14 Disabled in roadway 05 Passing 15 Slowing or stopping 06 Changing lanes 16 Negotiating a curve 07 Avoidance man. 08 Merging 09 Parking 10 Backing 88 Other: _____ 99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence) 1 <u>22</u> 2 <u>01</u> 3 _____ 4 _____ <input type="checkbox"/> The exact sequence is unknown	VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence) 1 _____ 2 _____ 3 _____ 4 _____ <input type="checkbox"/> The exact sequence is unknown
--	--

NON-COLLISION 01 Ran off road right 02 Ran off road left 03 Crossed centerline 04 Overturn/Rollover 05 Crossed median 06 Fell/Jumped from veh 07 Thrown or falling object 08 Cargo loss or shift 09 Equipment failure (tire, brakes, etc.)	COLLISION WITH 10 Downhill runaway 11 Trailer swing 12 Separation of units 13 Jackknife 14 Fire 15 Explosion 16 Immersion in water 18 Other event: 98 Unknown non-coll.	NON-COLLISION 21 Pedestrian 22 Motor veh in-transport 23 Legally Parked Vehicle 24 Train 25 Pedal cycle (bike, etc) 26 Animal 27 Fixed Object 28 Other moveable object 99 Unknown object
--	---	--

Because of the wet pavement, the driver of V1 appeared to hydroplane and clipped the back of V2 causing V2 to loose control and cross the median into the WB lanes colliding with V3.

W1 I lost control while attempting to pass, veered to the right, and struck vehicle in front of me.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Wichita Police Dept

Reviewed by
Officer Bale

Local Case No.
Example 3

Page of
1 / 6

Amended Report

DUI

Hit & Run

Accident Severity

Investigating Officer Name
M Guerrero

Badge Number
610

County
SG

City Name
WICHITA

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
	1535	S	Oliver	ST		40	06/10/2012	16:16	SU	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
75	F	N	E	Harry	ST		40	06/10/2012	16:18	SU

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

NB V1 was yielding to SB traffic to make a left turn into One Day Jewelry ; NB V2 was unable to stop rear ending V1.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
06/10/2012	16:25	SU
Latitude (AOI)	WORK ZONE TYPE	
37.66485	00	ON
Longitude (AOI)	00 None Apply	
-97.28051	01 Construction Zone - 	
Photos by	02 Maintenance Zone - <input type="checkbox"/>	
	03 Utility Zone -	
	99 Unknown	

KDOT? <input type="checkbox"/>	Object 1 Damaged & Nature of Damage (show in diagram)	Owner Street Address	Personal Phone
	Owner Last Name	First Name	Middle Name
			City
			State
			Zip
			Work Phone

KDOT? <input type="checkbox"/>	Object 2 Damaged & Nature of Damage (show in diagram)	Owner Street Address	Personal Phone
	Owner Last Name	First Name	Middle Name
			City
			State
			Zip
			Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01	LIGHT CONDITIONS	14	ACC. LOCATION (of 1st Harmful Event)	03	ACCIDENT CLASS (mark 1 box per side)	03
	01 Daylight 04 Dark: street lights on		<u>ON ROADWAY:</u> (within travel lanes)	1st	Harmful Event <u>Most Harmful Event</u>	
	02 Dawn 05 Dark: no street lights		11 Non-intersection		00 Other non-collision	
	03 Dusk 99 Unknown		12 Intersection +		01 Overturned/Rollover	
			13 Intersection-related +		COLLISION WITH:	
			14 Access to Parking lot/Drvwy		02 Pedestrian	
			15 Interchange Area +		03 Motor vehicle in-transport*	
			16 On Crossover		04 Legally Parked Vehicle	
			17 Toll Plaza		05 Railway train	
			<u>OFF ROADWAY:</u>		06 Pedal cyclist	
			20 Shoulder		07 Animal Type: _____	
			21 Roadside (not shoulder)		08 Fixed object**	
			22 Median		09 Other object: _____	
			23 Parking lot or Rest area		99 Unknown	
			88 Other: _____		**FIXED OBJECT TYPE	
			99 Unknown		(mark 1 box per side if applicable)	
			+INTERSECTION TYPE	1st	Harmful Event <u>Most Harmful Event</u>	
			01 Four-way intersection		01 Bridge structure	
			02 Five-way or more		02 Bridge rail	
			03 T - intersection		03 Crash cush./Impact attenuator	
			04 Y - intersection		04 Divider, median barrier	
			05 L - intersection		05 Overhead sign support	
			06 Roundabout (See Manual for Definitions)		06 Utility devices: pole, meter, etc	
			07 Traffic Circle		07 Other post or pole	
			08 Part of an interchange		08 Building	
			99 Unknown		09 Guardrail	
			ROAD SPECIAL FEATURES (up to 3)		10 Sign post	
			00 None <input type="checkbox"/> 00 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		11 Culvert	
			01 Bridge _____		12 Curb	
			02 Bridge Overhead _____		13 Fence/Gate	
			03 Railroad Bridge _____		14 Hydrant	
			04 RRRXING _____		15 Barricade	
			05 Interchange _____		16 Mailbox	
			06 Ramp _____		17 Ditch	
			99 Unknown		18 Embankment	
					19 Wall	
					20 Tree	
					21 RRRXING fixtures	
					88 Other: _____	
					99 Unknown	

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

02 *COLLISION WITH VEHICLE 02
(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A

	Type Present	OK/NF
00 None	1 O	1 OK
01 Officer, flagger	2	2
02 Traffic signal	3	3
03 Stop sign	4	4
04 Flasher	5	5
05 Yield sign		
06 RR gates / signal		
07 RR crossing signs		
08 No passing zone		
09 Center/Edge lines		
10 Warning signs		
11 School zone signs		
12 Parking lines		
88 Other: _____		
99 Unknown		

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

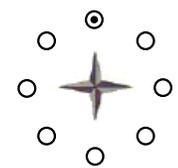
Example 3

2 / 6

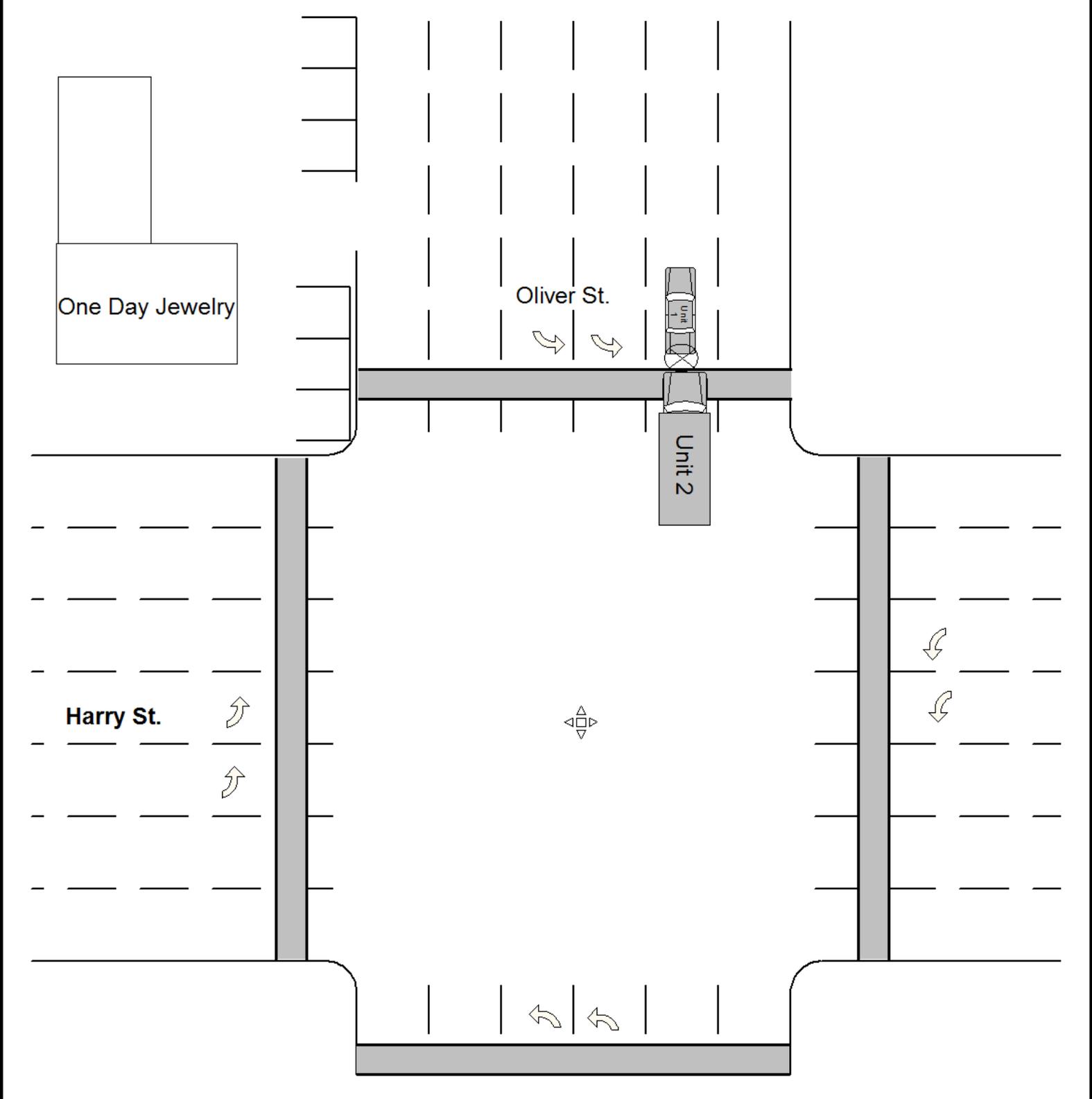
04 ON	ROADWAY NUMBER OF LANES	04 AT	01 ON	ROAD CHARACTER AT	00 ON	SPECIAL JURISDICTION
	01 One			01 Straight & Level		00 Normal Jurisdiction (Not Special)
	02 Two			02 Straight on grade/slope		01 National Park Service
	03 Three			03 Straight on hillcrest		02 Military
	04 Four to Six			04 Curved & level		03 Indian Reservation
	05 Seven or more			05 Curved on grade/slope		04 College / University Campus
	88 Other: _____			06 Curved on hillcrest		05 Other Federal property
	99 Unknown			88 Other: _____		88 Other: _____
				99 Unknown		99 Unknown

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D2 | 33 | D2 | 24 | OR | 01 | E | 02

Unit # Seat Type	DRIVER Last Name DRIVER First Name	Middle Name Date of Birth	DRIVER ADDRESS (Number, Street, Suffix, etc.) City State Zip	Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
TU 01	Wake	MN David	2815 Harrison New address? <input type="checkbox"/>	(316) 555-8696	M	S	P	
ST 01	Jonathan	DOB 08/02/1988	Wichita KS 67890	Work (316) 555-2256	21	N		<input type="checkbox"/>
TU 02	Casa	MN Jose	12123 SW 86th ST New address? <input type="checkbox"/>	Personal (785) 555-6563	M	S	N	
ST 01	Roberto	DOB 09/02/1947	Topeka KS 66617	Work (785) 555-0456	62	N		<input type="checkbox"/>

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)	TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)
DL State Driver's License Number DL Class Driving for Employer? CDL? KS K01235766 C <input type="checkbox"/> <input type="checkbox"/>	DL State Driver's License Number DL Class Driving for Employer? CDL? KS K00488219 A <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

01 DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	01 DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed 01 Valid License 02 Suspended 03 Revoked 04 Expired 05 Cancl'd or Denied 06 Disqualified 07 Restricted 99 Unknown	Restrictions? <input checked="" type="checkbox"/> Y Driver's Lic Restrictions Y N 1 <input type="checkbox"/> B <input checked="" type="checkbox"/> Y 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Z - None T - Double/Triple Trailer P - Passenger Vehicle N - Tank Vehicle H - Placarded Haz. Material X - Combination Tank/HazMat S - School Bus U - Unknown	00 Not licensed 01 Valid License 02 Suspended 03 Revoked 04 Expired 05 Cancl'd or Denied 06 Disqualified 07 Restricted 99 Unknown	Restrictions? <input type="checkbox"/> N Driver's Lic Restrictions Y N 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> T <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Z - None T - Double/Triple Trailer P - Passenger Vehicle N - Tank Vehicle H - Placarded Haz. Material X - Combination Tank/HazMat S - School Bus U - Unknown

SUBSTANCE USE (mark all that apply)	SUBSTANCE USE (mark all that apply)
<input type="checkbox"/> AP - Alcohol ingested <input type="checkbox"/> AC - Alcohol contributed <input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. <input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) <input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc) <input type="checkbox"/> 06 Other (e.g. saliva test)	<input checked="" type="checkbox"/> DRUGS	<input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending Alcohol: <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/>	<input checked="" type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. <input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) <input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc) <input type="checkbox"/> 06 Other (e.g. saliva test)	<input checked="" type="checkbox"/> DRUGS	<input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending Alcohol: <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/>

Unit # Seat Type	PASSENGER Last Name PASSENGER First Name	Middle Name Date of Birth	PASSENGER ADDRESS (Number, Street, Sfx, etc.) City State Zip	Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
TU 01	Aldridge	MN Jay	2100 Meadowlark LN New address? <input type="checkbox"/>	Personal (316) 555-8290	M	S	N	
ST 03	Michael	DOB 01/08/1987	Derby KS 66891	Work (316) 555-4910	23	N		<input type="checkbox"/>
TU 01	Bell	MN James	321 N Jazz AVE APT B New address? <input type="checkbox"/>	Personal (316) 555-8520	M	S	I	
ST 04	Eston	DOB 05/06/1985	Wichita KS 67891	Work (316) 555-9631	25	N		<input type="checkbox"/>
TU 02	Mannebach	MN Andrew	5310 SE Pauley DR New address? <input type="checkbox"/>	Personal (785) 555-0861	M	S	N	
ST 03	Glenn	DOB 08/09/1955	Topeka KS 66605	Work (785) 555-4879	54	N		<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

OWNER Last Name ("Same" if Driver) Wake		OWNER First Name Jonathan		Middle Name David	
OWNER ADDRESS (Number, Street) 2815 Harrison					
CITY Wichita		ST KS	ZIP 67890	Work Phone (316) 555-2256	
COLOR BLK	YEAR 1966	MAKE PONT	MODEL GTO	BODY STYLE 2D	ST KS
LICENSE PLATE # BATMAN	County SG	Exp YR 2012	Removed by: Happy Hooker		MC CCs
VEHICLE IDENTIFICATION NUMBER 242076K2000015677				Dir of Travel N	# Occupants 3

OWNER Last Name ("Same" if Driver) Marstall		OWNER First Name Tammy		Middle Name Jo	
OWNER ADDRESS (Number, Street) 4560 SW 19th TER					
CITY Topeka		ST KS	ZIP 66604	Work Phone (785) 555-6520	
COLOR GRN	YEAR 2001	MAKE MACK	MODEL TK	BODY STYLE DS	ST KS
LICENSE PLATE # QRS 117	County SN	Exp YR 2012	Removed by: Driver		MC CCs
VEHICLE IDENTIFICATION NUMBER 1M1A1ZY6WW7086760				Dir of Travel N	# Occupants 2

Insurance Company Classic Auto Ins		Policy Number 66555			
SPECIAL CONDITIONS FOR TRAFFIC UNITS		1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Odometer 50890		Fire? <input type="checkbox"/>			
1 Hit & Run		2 Non-Contact		3 Stolen	
4 Legally Parked		5 Pursued by LE		6 Driverless	
				7 Towed away due to damage	

Insurance Company Farm State Ins		Policy Number 0-4443176			
SPECIAL CONDITIONS FOR TRAFFIC UNITS		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Odometer 126678		Fire? <input type="checkbox"/>			
1 Hit & Run		2 Non-Contact		3 Stolen	
4 Legally Parked		5 Pursued by LE		6 Driverless	
				7 Towed away due to damage	

01	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)			
01 Automobile	10 Single heavy truck >10,000 lbs	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Calculated speed at impact</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">Bus Seat Capacity _____</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">Power Source <u> F </u></div>			
02 Motorcycle	11 Truck & trailer(s)				
03 Motor scooter or Moped	12 Tractor-trailer(s)				
04 Van	13 Cross country bus				
05 Pickup truck <10,001 lbs	14 School bus				
06 Sport utility veh - SUV	15 Transit (city) bus				
07 Camper or RV	16 Other bus				
08 Farm machinery	25 Train				
09 All-terrain vehicle - ATV	88 Other: _____				
	99 Unknown				

10	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)			
01 Automobile	10 Single heavy truck >10,000 lbs	<div style="border: 1px solid black; padding: 5px; display: inline-block;">Calculated speed at impact</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">Bus Seat Capacity _____</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">Power Source <u> F </u></div>			
02 Motorcycle	11 Truck & trailer(s)				
03 Motor scooter or Moped	12 Tractor-trailer(s)				
04 Van	13 Cross country bus				
05 Pickup truck <10,001 lbs	14 School bus				
06 Sport utility veh - SUV	15 Transit (city) bus				
07 Camper or RV	16 Other bus				
08 Farm machinery	25 Train				
09 All-terrain vehicle - ATV	88 Other: _____				
	99 Unknown				

01	VEHICLE USE	03	VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	_____
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown		

01	VEHICLE USE	01	VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	_____
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown		

DAMAGE LOCATION AREA		11	VEH. MANU. BEFORE UNSTAB. SIT.
First Impact <u> 06 </u>	Major Impact <u> 06 </u>	01 Straight/ following road	11 Stopped awaiting turn
		02 Left Turn	12 Stopped in traf
		03 Right Turn	13 Illegally parked
		04 U Turn	14 Disabled in roadway
		05 Passing	15 Slowing or stopping
		06 Changing lanes	16 Negotiating a curve
		07 Avoidance man.	88 Other: _____
		08 Merging	99 Unknown
		09 Parking	
		10 Backing	
		Trailer: Present / Damaged	

DAMAGE LOCATION AREA		01	VEH. MANU. BEFORE UNSTAB. SIT.
First Impact <u> 12 </u>	Major Impact <u> 12 </u>	01 Straight/ following road	11 Stopped awaiting turn
		02 Left Turn	12 Stopped in traf
		03 Right Turn	13 Illegally parked
		04 U Turn	14 Disabled in roadway
		05 Passing	15 Slowing or stopping
		06 Changing lanes	16 Negotiating a curve
		07 Avoidance man.	88 Other: _____
		08 Merging	99 Unknown
		09 Parking	
		10 Backing	
		Trailer: Present / Damaged	

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)			
1 <u> 22 </u>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> The exact sequence is unknown			
NON-COLLISION		COLLISION WITH	
01 Ran off road right	10 Downhill runaway	21 Pedestrian	
02 Ran off road left	11 Trailer swing	22 Motor veh in-transport	
03 Crossed centerline	12 Separation of units	23 Legally Parked Vehicle	
04 Overturn/Rollover	13 Jackknife	24 Train	
05 Crossed median	14 Fire	25 Pedal cycle (bike, etc)	
06 Fell/Jumped from veh	15 Explosion	26 Animal	
07 Thrown or falling object	16 Immersion in water	27 Fixed Object	
08 Cargo loss or shift	88 Other event: _____	28 Other moveable object	
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.	99 Unknown object	

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)			
1 <u> 22 </u>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> The exact sequence is unknown			
NON-COLLISION		COLLISION WITH	
01 Ran off road right	10 Downhill runaway	21 Pedestrian	
02 Ran off road left	11 Trailer swing	22 Motor veh in-transport	
03 Crossed centerline	12 Separation of units	23 Legally Parked Vehicle	
04 Overturn/Rollover	13 Jackknife	24 Train	
05 Crossed median	14 Fire	25 Pedal cycle (bike, etc)	
06 Fell/Jumped from veh	15 Explosion	26 Animal	
07 Thrown or falling object	16 Immersion in water	27 Fixed Object	
08 Cargo loss or shift	88 Other event: _____	28 Other moveable object	
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.	99 Unknown object	

V1 was yielding to SB traffic so he could turn into One Day Jewelry; V2, because of the wet pavement, following too closely, and not paying attention, struck V1 in the rear.

HEAVY VEHICLE & HAZMAT Supplement

INFORMATION ON HEAVY VEHICLES / BUSES / HAZARDOUS MATERIALS

Investigating Officer / Badge No.
Michael Guerrero 610

Local Case No.
Example 3

Page of
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KDOT Form 852 Rev. 1-2009

MOTOR CARRIER INFORMATION

02 Durkins Furniture 1515 SW Wanamaker Topeka
 TU # Carrier Name Carrier Street Address (P.O. Box only if no street address) City

KS 66604 (785) 555-1897 Usa
 State Zip Phone Carrier Country

CARRIER IDENTIFICATION NUMBER(S)

0327574 644735
 USDOT# MC/MX# NONE

0 CARRIER TYPE
 0 - Intrastate 1 - Interstate 2 - Not in Commerce - Other Truck or Bus 3 - Not in Commerce - Government Veh 4 - Other / Not Specified

01 AT THE TIME OF CRASH, THIS VEHICLE WAS: 01 Operating on a trafficway open to the public (In-Transport) 02 Parked on or off the trafficway 88 Other: _____ 99 Unknown	03 GVWR/GCWR 01 10,000 lbs or less 02 10,001-26,000 lbs 03 More than 26,000 lbs 99 Unknown ACTUAL WEIGHT 73800 lbs	01 SOURCE OF CARRIER NAME 01 Side of vehicle 02 Shipping papers or manifest 03 Driver 04 Logbook	PERMITS (Issuer and Permit Number) 1. KCC 101436 2. _____ 3. _____
---	---	--	---

VEHICLE INFORMATION

HAZMAT / ROADWAY INFORMATION

TRAILER DIMENSIONS	TRAILER(S) DAMAGED?	OVERSIZED LOAD
WIDTH (in) LENGTH (ft)		
Trailer 1	<input type="checkbox"/> None	<input type="checkbox"/> Height
Trailer 2	<input type="checkbox"/> Trailer 1	<input type="checkbox"/> Weight
Trailer 3	<input type="checkbox"/> Trailer 2	<input type="checkbox"/> Width
	<input type="checkbox"/> Trailer 3	

HAZARDOUS MATERIALS INVOLVEMENT
 Did the vehicle have a Hazardous Materials Placard?
If Yes, Include The Following Information From The Placard:
 HazMat 4-digit # from the diamond center box: _____
 HazMat Class # from the bottom of diamond: _____
 Was HazMat released (spilled) from THIS vehicle's cargo? _____
 HazMat Weight (lbs)



TRUCK AND TRAILER TOTALS

Vehicle Length (include trailer(s)) 48 ft No. of Trailers 0 No. of Axles 5
 TRAILER 1 - IDENTIFICATION NUMBER _____
 TRAILER 2 - IDENTIFICATION NUMBER _____
 TRAILER 3 - IDENTIFICATION NUMBER _____

00 ON-ROAD LANE TYPE
 00 Two-way traffic - Undivided roadway
 01 One-way traffic - Undivided roadway
 02 Two-way traffic - Median strip w/o barrier
 03 Two-way traffic - Median strip w/ barrier
 04 Two-way traffic - Undivided with a continuous left turn lane
 99 Unknown

00 VEHICLE ACCESS CONTROL TO ROADWAYS
 00 No access control (Unlimited access - Roads with no interchanges)
 01 Partial access control (mix of interchanges and "at-grade" intersections)
 02 Full access control (entry/exit only by interchange ramps)
 99 Unknown

SEE BACK OF THIS FORM FOR EXAMPLES OF VEHICLE CONFIGURATIONS AND CARGO TYPES

03 VEHICLE CONFIGURATION 00 Bus 9-15 passengers, including driver 01 Bus more than 15 passengers 02 Single-unit truck (2-axles) 03 Single-unit truck (3 or more axles) 04 Single-unit truck with trailer(s) 05 Truck Tractor only (bobtail) 06 Truck Tractor and semi-trailer 07 Truck Tractor and two trailers 08 Truck Tractor and three trailers 09 Heavy truck > 10,000 lbs cannot classify 10 Vehicles less than 10,000 lbs carrying hazardous materials 88 Other: _____ 99 Unknown	01 CARGO BODY TYPE 00 Not applicable/No cargo body 01 Van or Enclosed box 02 Hopper (e.g. Grain, Chips, Gravel) 03 Cargo tank (liquid, powder, etc) 04 Flatbed 05 Dump 06 Concrete mixer 07 Vehicle transporter 08 Garbage or refuse 09 Bus 9-15 people, including driver 10 Bus more than 15 people 11 Pole 12 Vehicle towing another motor vehicle 13 Intermodal chassis 14 Logging 88 Other: _____ 99 Unknown	08 CARGO TYPE 00 None 01 Drive away or Tow away 02 Explosives 03 Animals: farm or other 04 Farm products 05 Gases 06 General freight (packages) 07 Heavy machinery, objects 08 Household goods 09 Liquids (bulk) 10 Logs, poles, lumber 11 Metal (coils, sheets, etc) 12 Mobile / Modular home 13 Motor vehicles 14 Refrigerated foods 15 Solids (bulk) 16 Rock, sand, gravel, salt 17 Other food products 18 Plastic products 19 People 20 Garbage / refuse 21 Pavement mixture: concrete, asphalt, etc. 88 Other: _____ 99 Unknown
01 CAB TYPE 01 Cab behind engine 99 Unknown 02 Cab over engine		SPECIAL DATA

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Topeka Police Dept

Reviewed by
Officer Myers

Local Case No.
Example 4

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Amended Report

DUI

Hit & Run

Accident Severity

Investigating Officer Name
C. Huffman

Badge Number
312

County
SN

City Name
TOPEKA

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
	3200		Gage	BLVD		40	03/04/2012	21:05	SU	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
100	F	N	FROM AT	I470	RAMP		65	03/04/2012	21:06	SU

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 was making a left turn onto the NB lanes of Gage from EB I470 exit ramp. V2 failed to stop at the red light and collided with V1 in a KDOT maintenance zone. V2 then veered right and struck a KDOT sign.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
03/04/2012	21:11	SU
Latitude (AOI)	WORK ZONE TYPE	
39.0089	02 ON	AT
Longitude (AOI)	00 None Apply	
-95.73001	01 Construction Zone -	
Photos by	02 Maintenance Zone - <input checked="" type="checkbox"/>	
	03 Utility Zone -	
	99 Unknown	

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) **Sign - Broke post** Owner Street Address _____ Personal Phone _____

Owner Last Name _____ First Name _____ Middle Name _____ City _____ State _____ Zip _____ Work Phone _____

KDOT? Object 2 Damaged & Nature of Damage (show in diagram) _____ Owner Street Address _____ Personal Phone _____

Owner Last Name _____ First Name _____ Middle Name _____ City _____ State _____ Zip _____ Work Phone _____

04 - LOCATION IN WORK ZONE (AOI)

01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area 99 Unknown

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

04 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

00 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other: _____
24 Sleet & fog
36 Snow & wind 99 Unknown

01 SURFACE TYPE

ON _____ AT _____

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other: _____
04 Dirt
05 Brick 99 Unknown

01 SURFACE CONDITIONS

ON _____ AT _____

01 Dry 88 Other: _____
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

15 ACC. LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drvwy
15 Interchange Area +
16 On Crossover
17 Toll Plaza
OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other: _____
99 Unknown

08 +INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None 05

01 Bridge _____
02 Bridge Overhead _____
03 Railroad Bridge _____
04 RRRXING _____
05 Interchange _____
06 Ramp _____
99 Unknown

03 ACCIDENT CLASS (mark 1 box per side)

03

1st Harmful Event Most Harmful Event

00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

**FIXED OBJECT TYPE

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

01 - WORK ZONE CATEGORY

01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

03 *COLLISION WITH VEHICLE 03

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A

Type Present OK/NF

1	1	1
O	02	OK
2	2	2
O	09	OK
3	3	3
4	4	4
5	5	5

00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

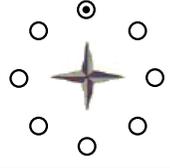
Example 4

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04 ON	ROADWAY NUMBER OF LANES AT	01 ON	ROAD CHARACTER AT	00 ON	SPECIAL JURISDICTION
01 One		01 Straight & Level		00 Normal Jurisdiction (Not Special)	
02 Two		02 Straight on grade/slope		01 National Park Service	
03 Three		03 Straight on hillcrest		02 Military	
04 Four to Six		04 Curved & level		03 Indian Reservation	
05 Seven or more		05 Curved on grade/slope		04 College / University Campus	
88 Other: _____		06 Curved on hillcrest		05 Other Federal property	
99 Unknown		88 Other: _____		88 Other: _____	
		99 Unknown		99 Unknown	

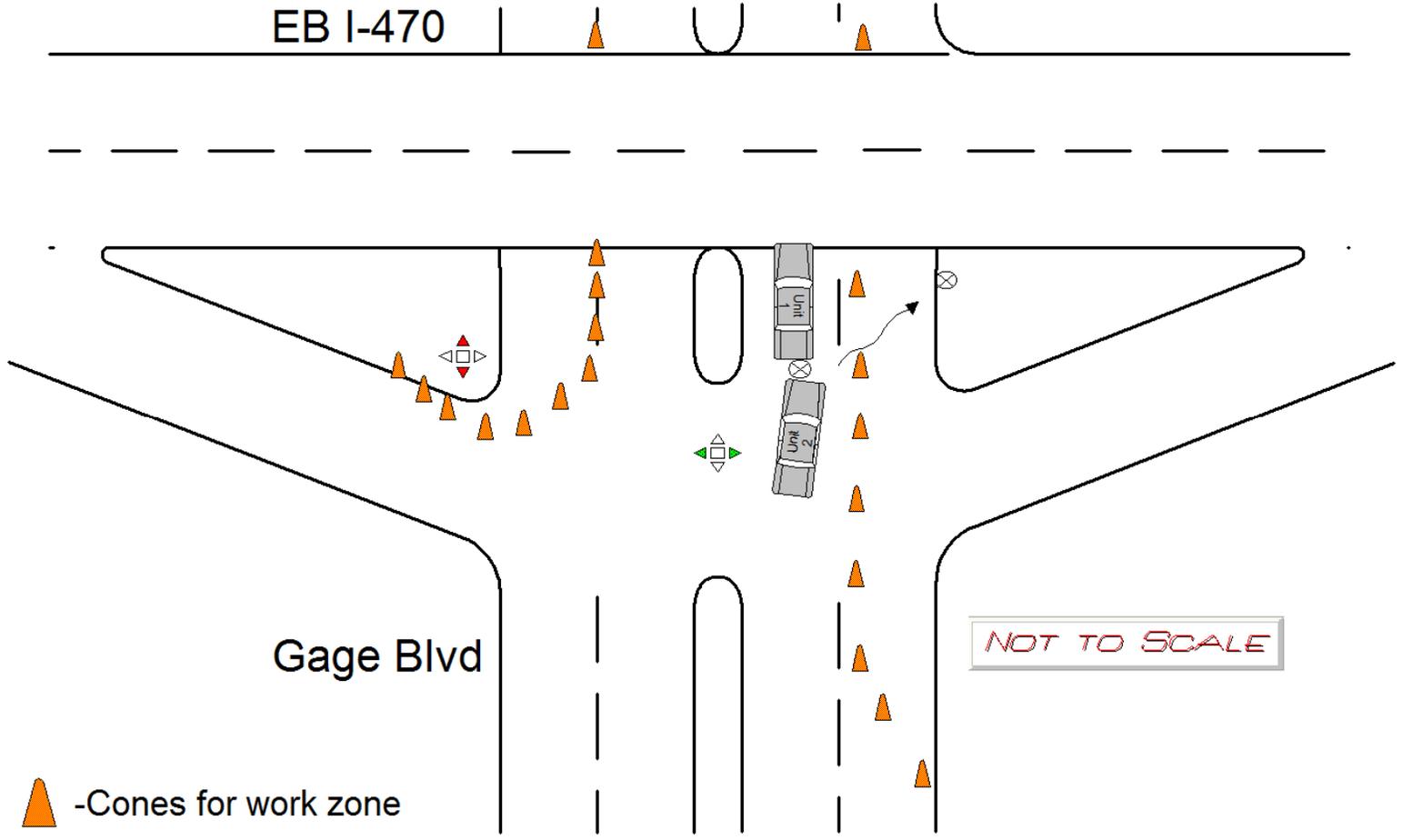
A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available

EB I-470



 -Cones for work zone

NOT TO SCALE

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D2	31	D2	32	D2	21
----	----	----	----	----	----

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Driver	MN	815 S Quincy ST	Personal (785) 222-6363	F	S	N	
ST 01	Ima	DOB 08/12/1944	Topeka KS 66600	Work (785) 555-4602	65	N		<input type="checkbox"/>
TU 02	Pain	MN	2355 Gage BLVD	Personal (785) 555-0393	F	R	I	
ST 01	Betty	DOB 05/15/1989	Topeka KS 66614	Work (785) 555-2604	20	N		<input type="checkbox"/>

TRAFFIC UNIT#	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
01 (01, 03, N3, X3, etc)	KS	K00037787	C	<input type="checkbox"/>	<input type="checkbox"/>
02 (02, 04, N2, X4, etc)	KS	K02894327	C	<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	07	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions Y_N	Complied? Y_N	Z - None	01 Valid License	Driver's Lic Restrictions Y_N	Complied? Y_N	Z - None
02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer
03 Revoked	3 <input type="checkbox"/>	4 <input type="checkbox"/>	P - Passenger Vehicle	03 Revoked	3 <input type="checkbox"/>	4 <input type="checkbox"/>	P - Passenger Vehicle
04 Expired			N - Tank Vehicle	04 Expired			N - Tank Vehicle
05 Cancl'd or Denied			H - Placarded Haz. Material	05 Cancl'd or Denied			H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)	
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)
ALCOHOL <input checked="" type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small> <input type="checkbox"/> 04 Passive Alcohol Sensor <small>(detects alcohol from driver's mouth)</small> <input type="checkbox"/> 05 Observed <small>(Odor, staggering, slurred speech, etc)</small> <input type="checkbox"/> 06 Other (e.g. saliva test)	DRUGS <input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending ALCOHOL <input type="checkbox"/> Evidentiary Breath 0.____ <input type="checkbox"/> Eye Fluid 0.____ <input type="checkbox"/> Blood (BAC) 0.____ <input type="checkbox"/> Other 0.____ Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE# 02

SPECIAL DATA

Local Case No.

Page of

Example 4

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OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

COLOR **BLU** YEAR **2001** MAKE **CHEV** MODEL **CAM** BODY STYLE **2D** ST **KS**

COLOR **YEL** YEAR **1998** MAKE **FORD** MODEL **MUS** BODY STYLE **2D** ST **KS**

LICENSE PLATE # **SRB 410** County **SN** Exp YR **2012** Removed by: **Rex's Tow** MC CCs _____

LICENSE PLATE # **RDCLTHS** County **SN** Exp YR **2012** Removed by: **Twin Tower Towing** MC CCs _____

VEHICLE IDENTIFICATION NUMBER **2G1FPZ2K612008889** Dir of Travel **N** # Occupants **1**

VEHICLE IDENTIFICATION NUMBER **3FAKP1138WR074320** Dir of Travel **N** # Occupants **1**

Insurance Company **Country Farm Ins.** Policy Number **78-AS6**

Insurance Company **Onestate Ins** Policy Number **AG-45646**

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 **7** 2 _____ 3 _____ 4 _____ 5 _____ Odometer **124706** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 **7** 2 _____ 3 _____ 4 _____ 5 _____ Odometer **40000** Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
06 Sport utility veh - SUV 15 Transit (city) bus
07 Camper or RV 16 Other bus
08 Farm machinery 25 Train Power Source **F**
09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
06 Sport utility veh - SUV 15 Transit (city) bus
07 Camper or RV 16 Other bus
08 Farm machinery 25 Train Power Source **F**
09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

01 VEHICLE USE

01 No special use 06 Police
02 Taxi / Limo 07 Ambulance
03 School bus 08 Fire
04 Other bus 09 Mail/Parcel
05 Military 99 Unknown

03 VEHICLE DAMAGE

00 None 04 Destroyed
01 Damage (minor) 88 Other: _____
02 Functional
03 Disabling 99 Unknown

01 VEHICLE USE

01 No special use 06 Police
02 Taxi / Limo 07 Ambulance
03 School bus 08 Fire
04 Other bus 09 Mail/Parcel
05 Military 99 Unknown

03 VEHICLE DAMAGE

00 None 04 Destroyed
01 Damage (minor) 88 Other: _____
02 Functional
03 Disabling 99 Unknown

DAMAGE LOCATION AREA

First Impact **06** Major Impact **08**

14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____

Trailer: Present / Damaged _____

DAMAGE LOCATION AREA

First Impact **12** Major Impact **12**

14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____

Trailer: Present / Damaged _____

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 **22** 2 _____ 3 _____ 4 _____ The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 **22** 2 **01** 3 **27** 4 _____ The exact sequence is unknown

NON-COLLISION

01 Ran off road right 10 Downhill runaway
02 Ran off road left 11 Trailer swing
03 Crossed centerline 12 Separation of units
04 Overturn/Rollover 13 Jackknife
05 Crossed median 14 Fire
06 Fell/Jumped from veh 15 Explosion
07 Thrown or falling object 16 Immersion in water
08 Cargo loss or shift 88 Other event: _____
09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.

COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

NON-COLLISION

01 Ran off road right 10 Downhill runaway
02 Ran off road left 11 Trailer swing
03 Crossed centerline 12 Separation of units
04 Overturn/Rollover 13 Jackknife
05 Crossed median 14 Fire
06 Fell/Jumped from veh 15 Explosion
07 Thrown or falling object 16 Immersion in water
08 Cargo loss or shift 88 Other event: _____
09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.

COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

V1 had just exited EB I-470 and made a left turn into the NB lanes of Gage Blvd. D2 said she was messing with the radio and didn't see the light change. V2 failed to stop at the red light and collided with V1. V2 then veered right and struck a KDOT sign. D2 sustained minor injuries. KDOT was performing maintenance work in the interchange area at the time of the crash.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Cloud County Sheriff

Reviewed by
J. Hancock

Local Case No.
Example 5

Page of
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Investigating Officer Name
Susan Stewart

Badge Number
245

County
CD

City Name

Amended Report
 DUI
 Hit & Run
F Accident Severity
 Fatal Injury
 PDO >= \$1,000
 PDO < \$1,000
 Private Property

Milepost	Block No	Dir Pfx	On Road Name Jade	Road Type RD	Dir Sfx	SpdLmt 55	Date of Accident (mm/dd/yyyy) 04/23/2012	Time Occur. 15:05	Day MO		
From Dist 0.700	Ft/Mi M	From Dir E	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx	Reference or At Road Name 170th	Road Type ST	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy) 04/23/2012	Time Notif. 15:09	Day MO
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 EB on Jade RD (CR376), lost control, left the roadway, hit a drainage ditch and overturned.							Date Arrived (mm/dd/yyyy) 04/23/2012	Time Arriv. 15:30	Day MO		

Latitude (AOI)
39.45189

Longitude (AOI)
-97.59790

Photos by

WORK ZONE TYPE
 00 None Apply
 01 Construction Zone - 
 02 Maintenance Zone - 
 03 Utility Zone -
 99 Unknown

KDOT: Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT: Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on
 02 Dawn 05 Dark: no street lights
 03 Dusk 99 Unknown

00 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
 01 Rain, mist, drizzle
 02 Sleet, hail
 03 Snow
 04 Fog
 05 Smoke
 06 Strong wind
 07 Blowing dust, sand, etc.
 08 Freezing rain, mist, drizzle
 14 Rain & fog
 16 Rain & wind 88 Other:
 24 Sleet & fog
 36 Snow & wind 99 Unknown

03 SURFACE TYPE

ON AT

01 Concrete
 02 Blacktop (Asphalt)
 03 Gravel 88 Other:
 04 Dirt
 05 Brick 99 Unknown

01 SURFACE CONDITIONS

ON AT

01 Dry 88 Other:
 02 Wet
 03 Snow 99 Unknown
 04 Ice
 05 Mud/dirt/sand
 06 Debris (oil, etc.)
 07 Standing/ moving water
 08 Slush

21 ACC. LOCATION
(of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
 11 Non-intersection
 12 Intersection +
 13 Intersection-related +
 14 Access to Parking lot/Drwvy
 15 Interchange Area +
 16 On Crossover
 17 Toll Plaza
 OFF ROADWAY:
 20 Shoulder
 21 Roadside (not shoulder)
 22 Median
 23 Parking lot or Rest area
 88 Other:
 99 Unknown

+INTERSECTION TYPE

01 Four-way intersection
 02 Five-way or more
 03 T - intersection
 04 Y - intersection
 05 L - intersection
 06 Roundabout (See Manual for Definitions)
 07 Traffic Circle
 08 Part of an interchange
 99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None

01 Bridge
 02 Bridge Overhead
 03 Railroad Bridge
 04 RRRXING
 05 Interchange
 06 Ramp
 99 Unknown

08 ACCIDENT CLASS
(mark 1 box per side)

01 1st Harmful Event Most Harmful Event

00 Other non-collision
 01 Overturned/Rollover
 COLLISION WITH:
 02 Pedestrian
 03 Motor vehicle in-transport*
 04 Legally Parked Vehicle
 05 Railway train
 06 Pedal cyclist
 07 Animal Type: _____
 08 Fixed object**
 09 Other object: _____
 99 Unknown

17 **FIXED OBJECT TYPE
(mark 1 box per side if applicable)

1st Harmful Event **Most Harmful Event**

01 Bridge structure
 02 Bridge rail
 03 Crash cush./Impact attenuator
 04 Divider, median barrier
 05 Overhead sign support
 06 Utility devices: pole, meter, etc
 07 Other post or pole
 08 Building
 09 Guardrail
 10 Sign post
 11 Culvert
 12 Curb
 13 Fence/Gate
 14 Hydrant
 15 Barricade
 16 Mailbox
 17 Ditch
 18 Embankment
 19 Wall
 20 Tree
 21 RRRXING fixtures
 88 Other: _____
 99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign
 02 Advance warning area
 03 Transition area
 04 Activity area
 05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure
 02 Lane shift / crossover
 03 Work on shoulder / median
 04 Intermittent or moving vehicle
 88 Other: _____
 99 Unknown

***COLLISION WITH VEHICLE**
(mark 1 box per side if applicable)

1st Harmful Event **Most Harmful Event**

01 Head on
 02 Rear end
 03 Angle - side impact
 04 Sideswipe: opposite direction
 05 Sideswipe: Same direction
 06 Backed into
 88 Other: _____
 99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A

Type Present OK/NF

1	1	1
O	00	
2	2	2
3	3	3
4	4	4
5	5	5

00 None
 01 Officer, flagger
 02 Traffic signal
 03 Stop sign
 04 Flasher
 05 Yield sign
 06 RR gates / signal
 07 RR crossing signs
 08 No passing zone
 09 Center/Edge lines
 10 Warning signs
 11 School zone signs
 12 Parking lines
 88 Other: _____
 99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

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Example 5

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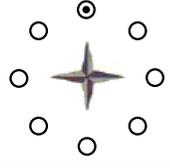
02 ON	ROADWAY NUMBER OF LANES	AT
	01 One	
	02 Two	
	03 Three	
	04 Four to Six	
	05 Seven or more	
	88 Other: _____	
	99 Unknown	

01 ON	ROAD CHARACTER	AT
	01 Straight & Level	
	02 Straight on grade/slope	
	03 Straight on hillcrest	
	04 Curved & level	
	05 Curved on grade/slope	
	06 Curved on hillcrest	
	88 Other: _____	
	99 Unknown	

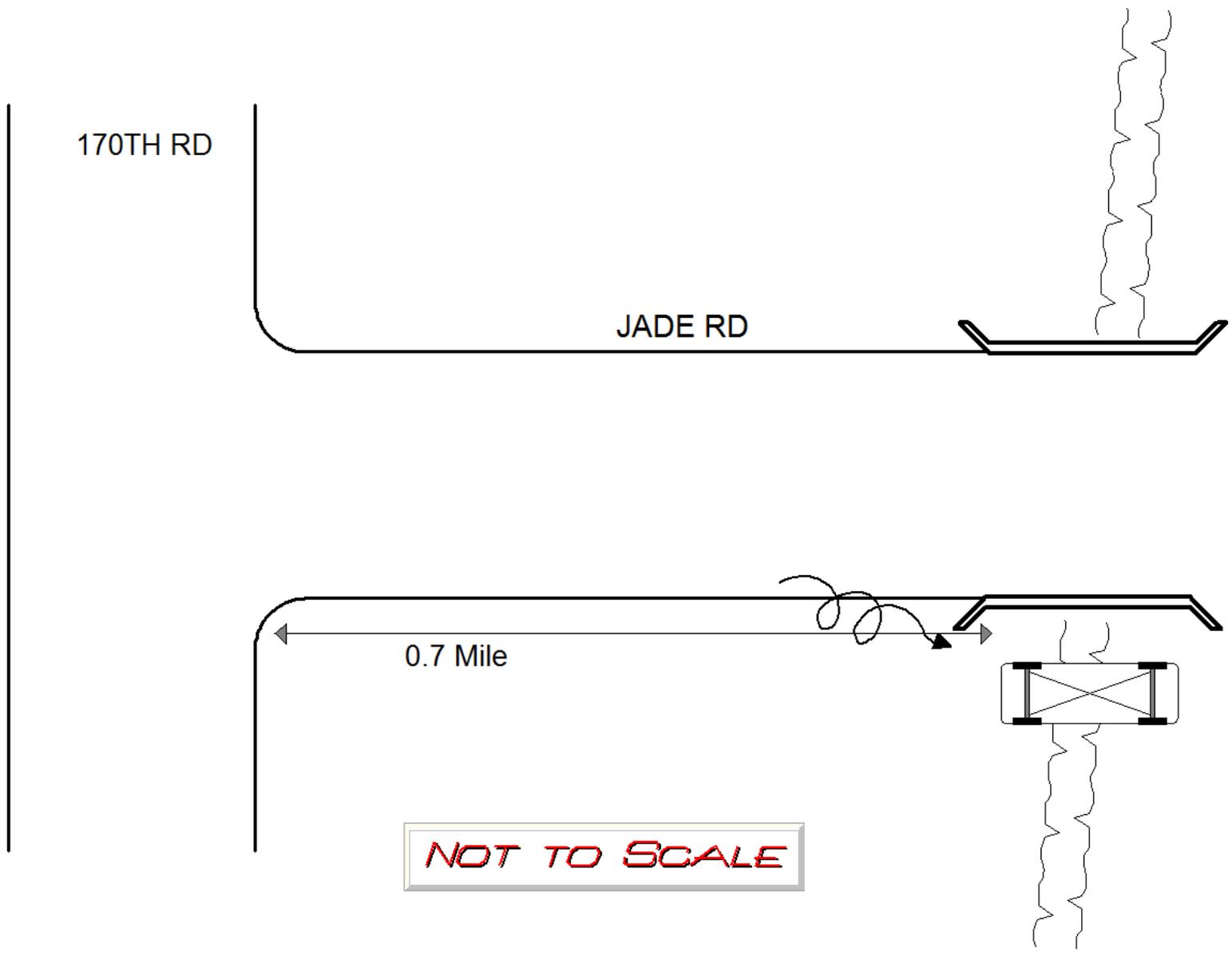
00	SPECIAL JURISDICTION
	00 Normal Jurisdiction (Not Special)
	01 National Park Service
	02 Military
	03 Indian Reservation
	04 College / University Campus
	05 Other Federal property
	88 Other: _____
	99 Unknown

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



NOT TO SCALE

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1	02	D1	34	D1	39														
----	----	----	----	----	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Foster	MN William	520 12th AVE			Personal (984) 555-6469	M	P	F	A
ST 01	Keith	DOB 05/22/1969	Any Town, KS 67311			Work (984) 555-5466	40	T		<input checked="" type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K02538711	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	02	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input checked="" type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions Y_N	Complied? Y_N	Z - None	01 Valid License	Driver's Lic Restrictions Y_N	Complied? Y_N	Z - None
02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	T - Double/Triple Trailer
03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle	03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle
04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle	04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle
05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material	05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)			
<input checked="" type="checkbox"/> AP - Alcohol ingested	<input checked="" type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed			<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed		

METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)
ALCOHOL	DRUGS	ALCOHOL	DRUGS
<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/> NG - No Test given
<input checked="" type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input checked="" type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input checked="" type="checkbox"/> Eye Fluid 0.220	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Eye Fluid 0.
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) 0.	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) 0.
	<input type="checkbox"/> Other 0.		<input type="checkbox"/> Other 0.
	Drug screen result <input checked="" type="checkbox"/> N		Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Foster	MN Lisa	520 12th AVE			Personal (984) 555-6469	F	N	F	A
ST 03	Mary-Jo	DOB 11/18/1968	Any Town, KS 67311			Work (984) 555-4953	41	E	02	<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit <u>A</u>	EMS Time Notified 15:35	Injured taken by: Carter EMS	Transport Unit <u> </u>	EMS Time Notified	Injured taken by:
EMS Arrived 15:50	EMS Time@Hosp 16:10	Injured taken to: Memorial Hospital	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE#

SPECIAL DATA

Local Case No.

Page of

(02, 04, N2, X4, etc)

Example 5

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OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER Last Name ("Same" if Driver) _____ OWNER First Name _____ Middle Name _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

COLOR **DGR** YEAR **1980** MAKE **CHEV** MODEL **CAP** BODY STYLE **4D** ST **KS**

COLOR _____ YEAR _____ MAKE _____ MODEL _____ BODY STYLE _____ ST _____

LICENSE PLATE # **SST 508** County **CD** Exp YR **2012** Removed by: **Rural Tow** MC CCs _____

LICENSE PLATE # _____ County _____ Exp YR _____ Removed by: _____ MC CCs _____

VEHICLE IDENTIFICATION NUMBER **1N69HAJ1849520456** Dir of Travel **E** # Occupants **2**

VEHICLE IDENTIFICATION NUMBER _____ Dir of Travel _____ # Occupants _____

Insurance Company **HP Insurance** Policy Number **846-6B**

Insurance Company _____ Policy Number _____

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 **7** 2 _____ 3 _____ 4 _____ 5 _____ Odometer **126412** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ Odometer _____ Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

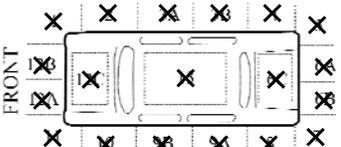
1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

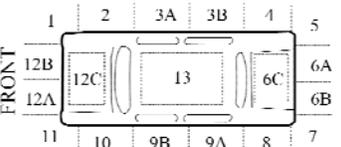
01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**
 01 Automobile 10 Single heavy truck >10,000 lbs
 02 Motorcycle 11 Truck & trailer(s)
 03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact **90**
 04 Van 13 Cross country bus
 05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
 06 Sport utility veh - SUV 15 Transit (city) bus
 07 Camper or RV 16 Other bus }
 08 Farm machinery 25 Train Power Source **F**
 09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**
 01 Automobile 10 Single heavy truck >10,000 lbs
 02 Motorcycle 11 Truck & trailer(s)
 03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact _____
 04 Van 13 Cross country bus
 05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
 06 Sport utility veh - SUV 15 Transit (city) bus
 07 Camper or RV 16 Other bus }
 08 Farm machinery 25 Train Power Source _____
 09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

01 VEHICLE USE 06 Police 04 Destroyed
 02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other: _____
 03 School bus 08 Fire 02 Functional _____
 04 Other bus 09 Mail/Parcel 03 Disabling 99 Unknown
 05 Military 99 Unknown

VEHICLE USE 06 Police 04 Destroyed
 02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other: _____
 03 School bus 08 Fire 02 Functional _____
 04 Other bus 09 Mail/Parcel 03 Disabling 99 Unknown
 05 Military 99 Unknown

DAMAGE LOCATION AREA First Impact **01** Major Impact **13**

 14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____
 Trailer: Present / Damaged _____

DAMAGE LOCATION AREA First Impact _____ Major Impact _____

 14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____
 Trailer: Present / Damaged _____

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
 1 **01** 2 **27** 3 **04** 4 _____ The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
 1 _____ 2 _____ 3 _____ 4 _____ The exact sequence is unknown

NON-COLLISION
 01 Ran off road right 10 Downhill runaway
 02 Ran off road left 11 Trailer swing
 03 Crossed centerline 12 Separation of units
 04 Overturn/Rollover 13 Jackknife
 05 Crossed median 14 Fire
 06 Fell/Jumped from veh 15 Explosion
 07 Thrown or falling object 16 Immersion in water
 08 Cargo loss or shift 88 Other event: _____
 09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.

COLLISION WITH
 21 Pedestrian
 22 Motor veh in-transport
 23 Legally Parked Vehicle
 24 Train
 25 Pedal cycle (bike, etc)
 26 Animal
 27 Fixed Object
 28 Other moveable object
 99 Unknown object

NON-COLLISION
 01 Ran off road right 10 Downhill runaway
 02 Ran off road left 11 Trailer swing
 03 Crossed centerline 12 Separation of units
 04 Overturn/Rollover 13 Jackknife
 05 Crossed median 14 Fire
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 08 Cargo loss or shift 88 Other event: _____
 09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.

COLLISION WITH
 21 Pedestrian
 22 Motor veh in-transport
 23 Legally Parked Vehicle
 24 Train
 25 Pedal cycle (bike, etc)
 26 Animal
 27 Fixed Object
 28 Other moveable object
 99 Unknown object

V1 was traveling EB at a high rate of speed, lost control, and left the roadway hitting a drainage ditch and overturning on the south side of Jade Rd.

Opened beer cans and other alcohol substances were found both inside and outside the vehicle. Both occupants were without breath upon our arrival.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department

KHP

Reviewed by

Matt Soper

Local Case No.

Example 6

Page of

1 / 6

Amended Report

DUI

Hit & Run

Accident Severity

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
			CR190	RD		50	09/12/2012	15:02	WE	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
0.5	M	W	FROM	K023	HWY			09/12/2012	15:12	WE
			AT					Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
								09/12/2012	15:32	WE

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V-1 (WB) on County Road 90, apparently fell asleep, drifted off the roadway, and struck bridge rail.

Latitude (AOI)	00	WORK ZONE TYPE	AT
38.54017	ON	00 None Apply	
Longitude (AOI)		01 Construction Zone -	
-100.46795		02 Maintenance Zone -	
Photos by		03 Utility Zone -	
		99 Unknown	

KDOT?	Object 1 Damaged & Nature of Damage (show in diagram)	Owner Street Address	Personal Phone			
<input type="checkbox"/>	Bridge rail scraped	755 N 7TH ST				
Owner Last Name	First Name	Middle Name	City	State	Zip	Work Phone
Public Works	Lane Co		Dighton	KS	67839	(620) 397-5391

KDOT?	Object 2 Damaged & Nature of Damage (show in diagram)	Owner Street Address	Personal Phone			
<input type="checkbox"/>						
Owner Last Name	First Name	Middle Name	City	State	Zip	Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01	LIGHT CONDITIONS
01 Daylight	04 Dark: street lights on
02 Dawn	05 Dark: no street lights
03 Dusk	99 Unknown

16	ADVERSE WEATHER CONDITIONS
00 No adverse conditions	
01 Rain, mist, drizzle	
02 Sleet, hail	
03 Snow	
04 Fog	
05 Smoke	
06 Strong wind	
07 Blowing dust, sand, etc.	
08 Freezing rain, mist, drizzle	
14 Rain & fog	
16 Rain & wind	88 Other: _____
24 Sleet & fog	
36 Snow & wind	99 Unknown

02	SURFACE TYPE	ON	AT
01 Concrete			
02 Blacktop (Asphalt)			
03 Gravel	88 Other: _____		
04 Dirt			
05 Brick	99 Unknown		

02	SURFACE CONDITIONS	ON	AT
01 Dry	88 Other: _____		
02 Wet			
03 Snow	99 Unknown		
04 Ice			
05 Mud/dirt/sand			
06 Debris (oil, etc.)			
07 Standing/ moving water			
08 Slush			

21	ACC. LOCATION (of 1st Harmful Event)
ON ROADWAY: (within travel lanes)	
11 Non-intersection	
12 Intersection +	
13 Intersection-related +	
14 Access to Parking lot/Drvwy	
15 Interchange Area +	
16 On Crossover	
17 Toll Plaza	
OFF ROADWAY:	
20 Shoulder	
21 Roadside (not shoulder)	
22 Median	
23 Parking lot or Rest area	
88 Other: _____	
99 Unknown	

	+INTERSECTION TYPE
01 Four-way intersection	
02 Five-way or more	
03 T - intersection	
04 Y - intersection	
05 L - intersection	
06 Roundabout (See Manual for Definitions)	
07 Traffic Circle	
08 Part of an interchange	
99 Unknown	

ROAD SPECIAL FEATURES (up to 3)			
00 None	1 01	2	3
01 Bridge			
02 Bridge Overhead			
03 Railroad Bridge			
04 RRRXING			
05 Interchange			
06 Ramp			
99 Unknown			

08	ACCIDENT CLASS (mark 1 box per side)	08
1 st	Harmful Event	Most Harmful Event
00 Other non-collision		
01 Overturned/Rollover		
COLLISION WITH:		
02 Pedestrian		
03 Motor vehicle in-transport*		
04 Legally Parked Vehicle		
05 Railway train		
06 Pedal cyclist		
07 Animal Type: _____		
08 Fixed object**		
09 Other object: _____		
99 Unknown		

02	**FIXED OBJECT TYPE	02
(mark 1 box per side if applicable)		
1 st	Harmful Event	Most Harmful Event
01 Bridge structure		
02 Bridge rail		
03 Crash cush./Impact attenuator		
04 Divider, median barrier		
05 Overhead sign support		
06 Utility devices: pole, meter, etc		
07 Other post or pole		
08 Building		
09 Guardrail		
10 Sign post		
11 Culvert		
12 Curb		
13 Fence/Gate		
14 Hydrant		
15 Barricade		
16 Mailbox		
17 Ditch		
18 Embankment		
19 Wall		
20 Tree		
21 RRRXING fixtures		
88 Other: _____		
99 Unknown		

- LOCATION IN WORK ZONE (AOI)		
01 Before first warning sign		
02 Advance warning area		
03 Transition area		
04 Activity area		
05 Termination area		99 Unknown

- WORK ZONE CATEGORY		
01 Lane closure		
02 Lane shift / crossover		
03 Work on shoulder / median		
04 Intermittent or moving vehicle		
88 Other: _____		
99 Unknown		

*COLLISION WITH VEHICLE (mark 1 box per side if applicable)		
1 st	Harmful Event	Most Harmful Event
01 Head on		
02 Rear end		
03 Angle - side impact		
04 Sideswipe: opposite direction		
05 Sideswipe: Same direction		
06 Backed into		
88 Other: _____		
99 Unknown		

TRAFFIC CONTROLS (On / At Road) O/A		
	Type Present	OK/NF
00 None	1 0	1 1
01 Officer, flagger	2 2	2 2
02 Traffic signal	3 3	3 3
03 Stop sign	4 4	4 4
04 Flasher	5 5	5 5
05 Yield sign		
06 RR gates / signal		
07 RR crossing signs		
08 No passing zone		
09 Center/Edge lines		
10 Warning signs		
11 School zone signs		
12 Parking lines		
88 Other: _____		
99 Unknown		

Accident Diagram

850A continued

SPECIAL EVENT

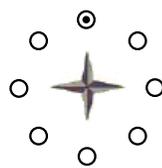
SPECIAL DATA

Local Case No.

Page of

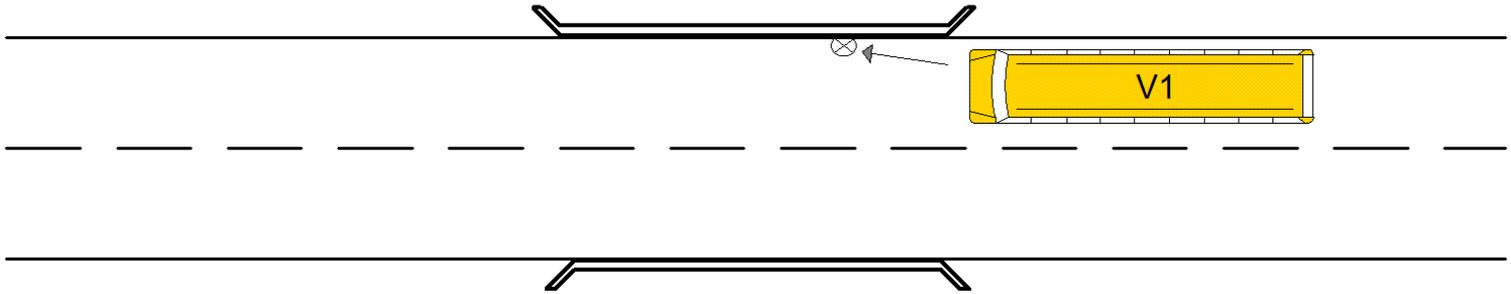
Example 6

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02 ON	ROADWAY NUMBER OF LANES	AT	01 ON	ROAD CHARACTER	AT	00	SPECIAL JURISDICTION	<p>A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.</p> <p style="text-align: center;"><u>Indicate North Direction</u></p> 
	01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 88 Other: _____ 99 Unknown			01 Straight & Level 02 Straight on grade/slope 03 Straight on hillcrest 04 Curved & level 05 Curved on grade/slope 06 Curved on hillcrest 88 Other: _____ 99 Unknown			00 Normal Jurisdiction (Not Special) 01 National Park Service 02 Military 03 Indian Reservation 04 College / University Campus 05 Other Federal property 88 Other: _____ 99 Unknown	

Draw scene as observed or recreate per statements and evidence available

County Road 90



0.5 Miles W of K-23

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1	05	D1	03																
----	----	----	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Gibson	MN	815 S Maple			Personal (876) 555-9530	M	R	I	
ST 01	Les	DOB 06/19/1953	Wherever			Work (876) 555-9530	57	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K01548327	A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS				01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS			
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/>	1 S	2 P	3	4	00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1	2	3	4
01 Valid License	Driver's Lic Restrictions	Complied? Y_N	Z - None				01 Valid License	Driver's Lic Restrictions	Complied? Y_N	Z - None			
02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	T - Double/Triple Trailer				02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	T - Double/Triple Trailer			
03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle				03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle			
04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle				04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle			
05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material				05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material			
06 Disqualified			X - Combination Tank/HazMat				06 Disqualified			X - Combination Tank/HazMat			
07 Restricted			S - School Bus				07 Restricted			S - School Bus			
99 Unknown			U - Unknown				99 Unknown			U - Unknown			

SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed		<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed		<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)			
ALCOHOL		DRUGS		ALCOHOL		DRUGS	
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/>	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/>	<input type="checkbox"/> NG - No Test given	<input type="checkbox"/>
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/>	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/>
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/>	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/>
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/>	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/>
Tests: HGN, walk-and-turn, one leg stand, etc.		<input type="checkbox"/> RP - Results pending		Tests: HGN, walk-and-turn, one leg stand, etc.		<input type="checkbox"/> RP - Results pending	
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> Eye Fluid	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> Eye Fluid
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	0. _____	0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	0. _____	0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> Other	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> Other
		0. _____	0. _____			0. _____	0. _____
		Drug screen result <input type="checkbox"/>				Drug screen result <input type="checkbox"/>	

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Gibbs	MN	2455 W CR190 RD			Personal (620) 587-1254	F	N	P	
ST 04	Kelly	DOB 08/16/1999	Dighton			Work KS 67839	13	N		<input type="checkbox"/>
TU 01	Gibbs	MN	2455 W CR190 RD			Personal (620) 587-1254	F	N	I	
ST 06	Karrie	DOB 08/16/1999	Dighton			Work KS 67839	13	N		<input type="checkbox"/>
TU 01	Gibbs	MN	2455 W CR190 RD			Personal (620) 587-1254	F	N	N	
ST 07	Kielly	DOB 08/16/1996	Dighton			Work KS 67839	16	N		<input type="checkbox"/>
TU 01	Gibbs	MN	2455 W CR190 RD			Personal (620) 587-1254	M	N	N	
ST 09	Konner	DOB 08/16/1999	Dighton			Work KS 67839	13	N		<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE#

SPECIAL DATA

Local Case No.

Page of

(02, 04, N2, X4, etc)

Example 6

4 / 6

OWNER Last Name ("Same" if Driver) **Same** OWNER First Name Middle Name

OWNER Last Name ("Same" if Driver) OWNER First Name Middle Name

OWNER ADDRESS (Number, Street) New address? Personal Phone

OWNER ADDRESS (Number, Street) New address? Personal Phone

CITY ST ZIP Work Phone

CITY ST ZIP Work Phone

COLOR **BLK** YEAR **2004** MAKE **THMS** MODEL **IHC** BODY STYLE **BU** ST **KS**

COLOR YEAR MAKE MODEL BODY STYLE ST

LICENSE PLATE # **KLP 116** County **LE** Exp YR **2012** Removed by: MC CCs

LICENSE PLATE # County Exp YR Removed by: MC CCs

VEHICLE IDENTIFICATION NUMBER **2CNBE13C931931388** Dir of Travel **W** # Occupants **9**

VEHICLE IDENTIFICATION NUMBER Dir of Travel # Occupants

Insurance Company **4x4 Insurance** Policy Number **375A-Q3**

Insurance Company Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 2 3 4 5 Odometer **32082** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 2 3 4 5 Odometer Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

14 VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity **65**
06 Sport utility veh - SUV 15 Transit (city) bus
07 Camper or RV 16 Other bus
08 Farm machinery 25 Train Power Source **F**
09 All-terrain vehicle - ATV 88 Other: 99 Unknown

VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity
06 Sport utility veh - SUV 15 Transit (city) bus
07 Camper or RV 16 Other bus
08 Farm machinery 25 Train Power Source
09 All-terrain vehicle - ATV 88 Other: 99 Unknown

03 VEHICLE USE **02** VEHICLE DAMAGE
01 No special use 06 Police 00 None 04 Destroyed
02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other:
03 School bus 08 Fire 02 Functional
04 Other bus 09 Mail/Parcel 03 Disabling 99 Unknown
05 Military 99 Unknown

VEHICLE USE VEHICLE DAMAGE
01 No special use 06 Police 00 None 04 Destroyed
02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other:
03 School bus 08 Fire 02 Functional
04 Other bus 09 Mail/Parcel 03 Disabling 99 Unknown
05 Military 99 Unknown

DAMAGE LOCATION AREA **01** VEH. MANU. BEFORE UNSTAB. SIT. **13**
First Impact **01** Major Impact **13**

14 Undercarriage 15 Windshield
16 Other windows 99 Unknown
17 Entire vehicle damaged
88 Other:
Trailer: Present / Damaged

DAMAGE LOCATION AREA VEH. MANU. BEFORE UNSTAB. SIT.
First Impact Major Impact

14 Undercarriage 15 Windshield
16 Other windows 99 Unknown
17 Entire vehicle damaged
88 Other:
Trailer: Present / Damaged

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 **01** 2 **27** 3 4 The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 2 3 4 The exact sequence is unknown

NON-COLLISION COLLISION WITH
01 Ran off road right 10 Downhill runaway 21 Pedestrian
02 Ran off road left 11 Trailer swing 22 Motor veh in-transport
03 Crossed centerline 12 Separation of units 23 Legally Parked Vehicle
04 Overturn/Rollover 13 Jackknife 24 Train
05 Crossed median 14 Fire 25 Pedal cycle (bike, etc)
06 Fell/Jumped from veh 15 Explosion 26 Animal
07 Thrown or falling object 16 Immersion in water 27 Fixed Object
08 Cargo loss or shift 88 Other event: 28 Other moveable object
09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll. 99 Unknown object

NON-COLLISION COLLISION WITH
01 Ran off road right 10 Downhill runaway 21 Pedestrian
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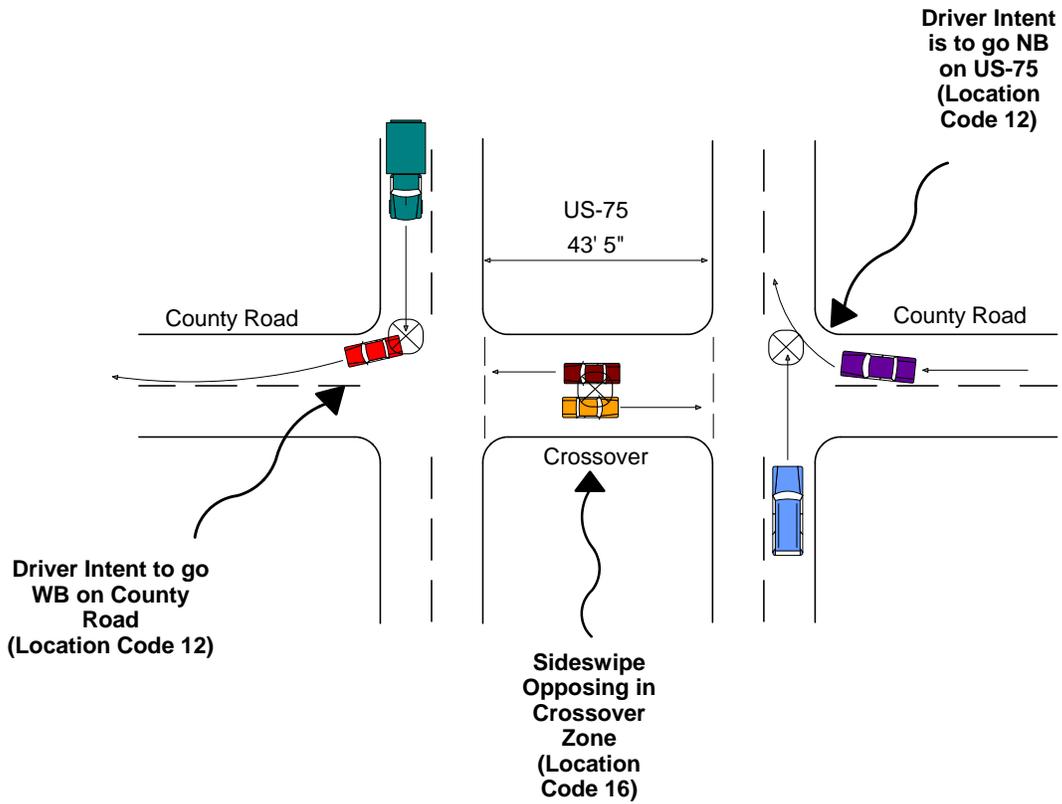
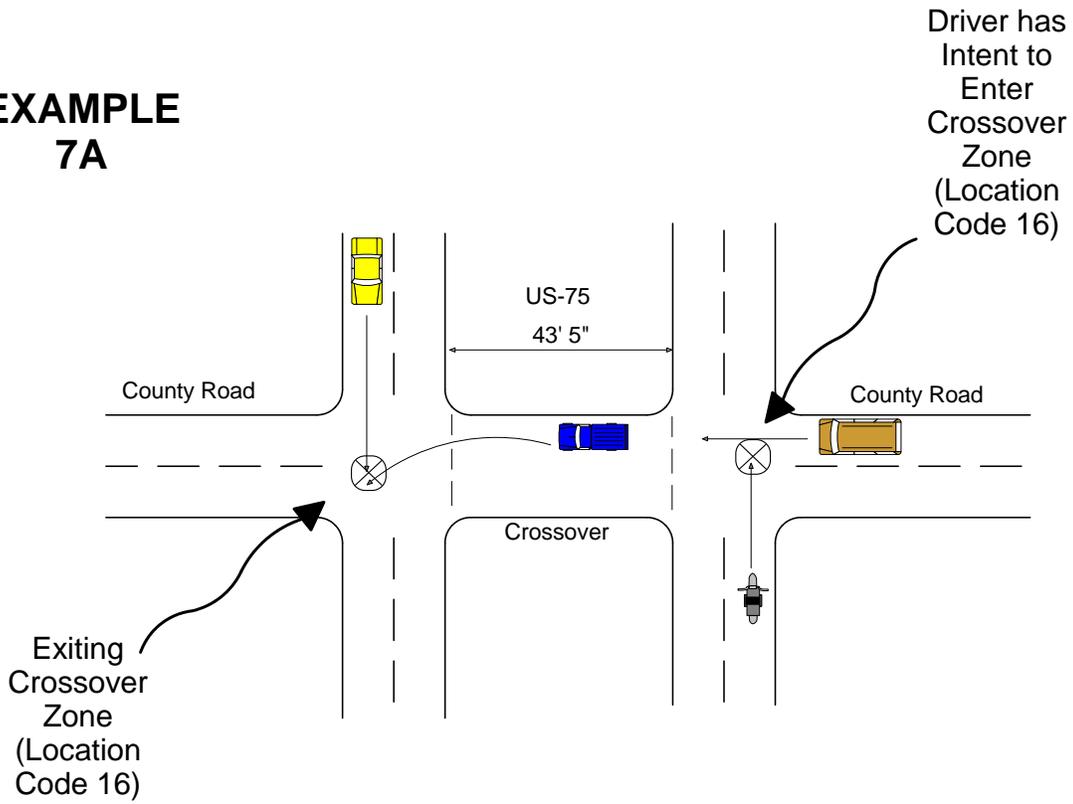
Unit # Seat Type	PASSENGER Last Name PASSENGER First Name	Middle Name Date of Birth	PASSENGER ADDRESS (Number, Street, Sfx, etc.) City State Zip	Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
TU 01	Gibbs	MN	2455 W CR190 RD <small>New address? <input type="checkbox"/></small>	Personal (620) 587-1254	F	N	N	
ST 18	Kaylie	DOB 08/16/1997	Dighton KS 67839	Work	15	N		<input type="checkbox"/>
TU 01	Gibbs	MN	2455 W CR190 RD <small>New address? <input type="checkbox"/></small>	Personal (620) 587-1254	F	N	P	
ST 18	Kent	DOB 08/16/1999	Dighton KS 67839	Work	13	N		<input type="checkbox"/>
TU 01	McGee	MN	2565 W CR190 RD <small>New address? <input type="checkbox"/></small>	Personal (620) 587-5874	M	N	P	
ST 18	Tony	DOB 07/05/2001	Dighton KS 67839	Work	11	N		<input type="checkbox"/>
TU 01	McGee	MN	2565 W CR190 RD <small>New address? <input type="checkbox"/></small>	Personal (620) 587-5874	M	N	I	
ST 18	Tommy	DOB 02/15/2003	Dighton KS 67839	Work	09	N		<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN	<small>New address? <input type="checkbox"/></small>	Personal				
ST		DOB		Work				<input type="checkbox"/>

Transport Unit _____	EMS Time Notified	Injured taken by:	Transport Unit _____	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:
Transport Unit _____	EMS Time Notified	Injured taken by:	Transport Unit _____	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

It appears that V-1 was traveling WB on County Road 90 when he fell asleep. As a result of his being asleep, he ran off the road striking the bridge rail. V-1 was not towed away and no occupants were transported by EMS.

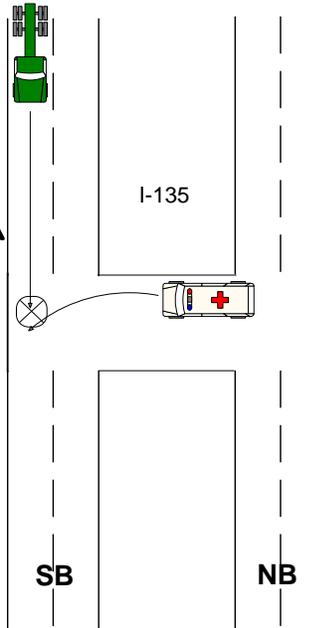
Driver indicated he had taken sinus medication for his cold which made him drowsy.

EXAMPLE 7A

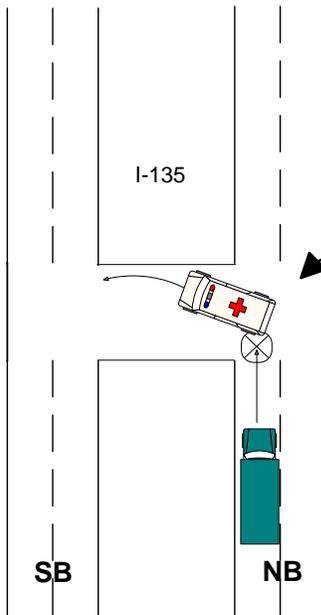


**EXAMPLE
7B**

Exiting
Crossover
Zone
(Location
Code 16)



Entering
Crossover
Zone
(Location
Code 16)



Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Trego County Sheriff

Reviewed by
G.Allen

Local Case No.
Example 8

Page of
1 / 5

Investigating Officer Name
Frank Smith

Badge Number
144

County
TR

City Name

Amended Report

DUI

Hit & Run

Accident Severity

Milepost 120.0	Block No	Dir Pfx	On Road Name 1070	Road Type FWY	Dir Sfx	SpdLmt 70	Date of Accident (mm/dd/yyyy) 11/09/2012	Time Occur. 13:20	Day FR		
From Dist 0.500	Ft/Mi M	From Dir E	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx	Reference or At Road Name C685	Road Type RD	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy) 11/09/2012	Time Notif. 13:25	Day FR
Narrative: Describe each traffic unit's pre-crash movement and direction of travel							Date Arrived (mm/dd/yyyy) 11/09/2012	Time Arriv. 13:35	Day FR	Fatal Injury PDO >= \$1,000 PDO < \$1,000	

V1 was eastbound and lost control because of icy road conditions. V1 began to skid off the roadway into the median and struck an overhead sign support.

Latitude (AOI)
39.02284

Longitude (AOI)
-100.02283

Photos by

Private Property

WORK ZONE TYPE

00 None Apply

01 Construction Zone - 

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) **Sign support bent** Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT

KDOT? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on

02 Dawn 05 Dark: no street lights

03 Dusk 99 Unknown

36 ADVERSE WEATHER CONDITIONS

00 No adverse conditions

01 Rain, mist, drizzle

02 Sleet, hail

03 Snow

04 Fog

05 Smoke

06 Strong wind

07 Blowing dust, sand, etc.

08 Freezing rain, mist, drizzle

14 Rain & fog

16 Rain & wind 88 Other: _____

24 Sleet & fog

36 Snow & wind 99 Unknown

02 SURFACE TYPE

ON AT

01 Concrete

02 Blacktop (Asphalt)

03 Gravel 88 Other: _____

04 Dirt

05 Brick 99 Unknown

03 SURFACE CONDITIONS

ON AT

01 Dry 88 Other: _____

02 Wet

03 Snow 99 Unknown

04 Ice

05 Mud/dirt/sand

06 Debris (oil, etc.)

07 Standing/ moving water

08 Slush

22 ACC. LOCATION
(of 1st Harmful Event)

ON ROADWAY: (within travel lanes)

11 Non-intersection

12 Intersection +

13 Intersection-related +

14 Access to Parking lot/Drwvy

15 Interchange Area +

16 On Crossover

17 Toll Plaza

OFF ROADWAY:

20 Shoulder

21 Roadside (not shoulder)

22 Median

23 Parking lot or Rest area

88 Other: _____

99 Unknown

+INTERSECTION TYPE

01 Four-way intersection

02 Five-way or more

03 T - intersection

04 Y - intersection

05 L - intersection

06 Roundabout (See Manual for Definitions)

07 Traffic Circle

08 Part of an interchange

99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None 00 01 02 03

01 Bridge _____

02 Bridge Overhead

03 Railroad Bridge

04 RRRXING _____

05 Interchange

06 Ramp

99 Unknown

08 ACCIDENT CLASS
(mark 1 box per side)

1st Harmful Event Most Harmful Event

00 Other non-collision

01 Overturned/Rollover

COLLISION WITH:

02 Pedestrian

03 Motor vehicle in-transport*

04 Legally Parked Vehicle

05 Railway train

06 Pedal cyclist

07 Animal Type: _____

08 Fixed object**

09 Other object: _____

99 Unknown

05 **FIXED OBJECT TYPE **05**

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Bridge structure

02 Bridge rail

03 Crash cush./Impact attenuator

04 Divider, median barrier

05 Overhead sign support

06 Utility devices: pole, meter, etc

07 Other post or pole

08 Building

09 Guardrail

10 Sign post

11 Culvert

12 Curb

13 Fence/Gate

14 Hydrant

15 Barricade

16 Mailbox

17 Ditch

18 Embankment

19 Wall

20 Tree

21 RRRXING fixtures

88 Other: _____

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure

02 Lane shift / crossover

03 Work on shoulder / median

04 Intermittent or moving vehicle

88 Other: _____

99 Unknown

***COLLISION WITH VEHICLE**
(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on

02 Rear end

03 Angle - side impact

04 Sideswipe: opposite direction

05 Sideswipe: Same direction

06 Backed into

88 Other: _____

99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A

Type Present OK/NF

1	1	1
O	09	OK
2	2	2
3	3	3
4	4	4
5	5	5

00 None

01 Officer, flagger

02 Traffic signal

03 Stop sign

04 Flasher

05 Yield sign

06 RR gates / signal

07 RR crossing signs

08 No passing zone

09 Center/Edge lines

10 Warning signs

11 School zone signs

12 Parking lines

88 Other: _____

99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

Blizzard Conditions

Example 8

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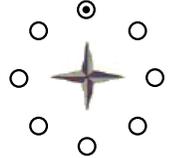
04	ROADWAY	01
ON	NUMBER OF LANES	AT
	01 One	
	02 Two	
	03 Three	
	04 Four to Six	
	05 Seven or more	
	88 Other: _____	
	99 Unknown	

01	ROAD CHARACTER	00
ON	AT	
	01 Straight & Level	
	02 Straight on grade/slope	
	03 Straight on hillcrest	
	04 Curved & level	
	05 Curved on grade/slope	
	06 Curved on hillcrest	
	88 Other: _____	
	99 Unknown	

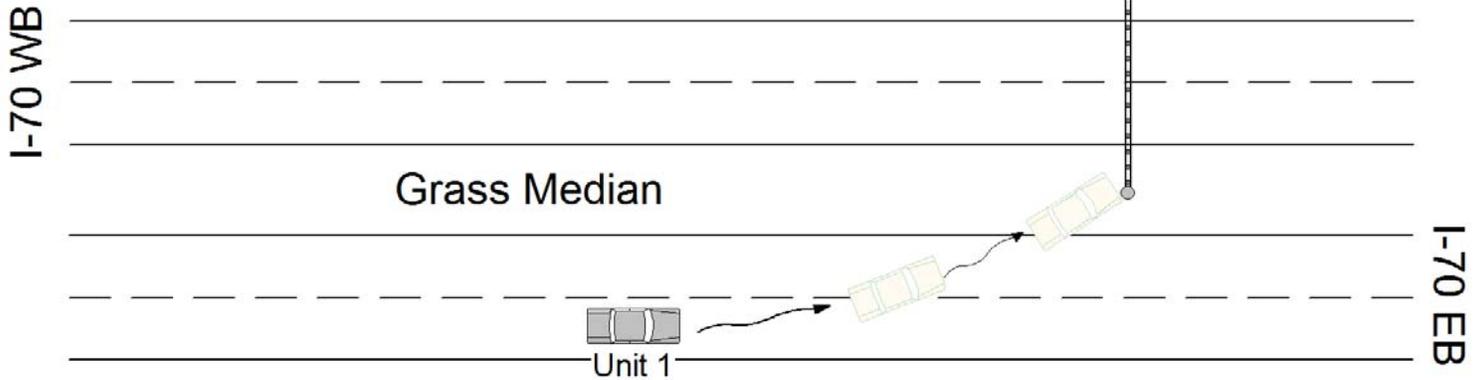
00	SPECIAL JURISDICTION
	00 Normal Jurisdiction (Not Special)
	01 National Park Service
	02 Military
	03 Indian Reservation
	04 College / University Campus
	05 Other Federal property
	88 Other: _____
	99 Unknown

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1	35	E	04	E	05	OR	02	OR	03										
----	----	---	----	---	----	----	----	----	----	--	--	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Cleaver	MN	1275 Sunset AVE			(321) 555-3315	M	S	D	
ST 01	Ward	DOB 06/17/1927	Palo Alto	CA	93811		83	N		<input type="checkbox"/>
TU		MN								
ST		DOB								<input type="checkbox"/>

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)	TRAFFIC UNIT# (02, 04, N2, X4, etc)
--	-------------------------------------

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
CA	1778326419	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS		DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/> Y	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	Z - None	01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	Z - None
02 Suspended	1 <input type="checkbox"/> B <input type="checkbox"/> 2 <input type="checkbox"/> G <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	T - Double/Triple Trailer
03 Revoked	3 <input type="checkbox"/>		P - Passenger Vehicle	03 Revoked	2 <input type="checkbox"/>		P - Passenger Vehicle
04 Expired	4 <input type="checkbox"/>		N - Tank Vehicle	04 Expired	3 <input type="checkbox"/>		N - Tank Vehicle
05 Cancl'd or Denied			H - Placarded Haz. Material	05 Cancl'd or Denied	4 <input type="checkbox"/>		H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed		<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed		<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/>	<input type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____
		<input type="checkbox"/> Blood (BAC) 0. _____			<input type="checkbox"/> Blood (BAC) 0. _____
		<input type="checkbox"/> Other 0. _____			<input type="checkbox"/> Other 0. _____
		Drug screen result <input type="checkbox"/>			Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Cleaver	MN	1275 Sunset AVE			(321) 555-3315	F	S	I	
ST 03	June	DOB 05/24/1929	Palo Alto	CA	93811		81	N		<input type="checkbox"/>
TU		MN								
ST		DOB								<input type="checkbox"/>
TU		MN								
ST		DOB								<input type="checkbox"/>
TU		MN								
ST		DOB								<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE#

SPECIAL DATA

Local Case No.

Page of

(02, 04, N2, X4, etc)

Example 8

4 / 5

OWNER Last Name ("Same" if Driver) Same	OWNER First Name	Middle Name
---	------------------	-------------

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
------------------------------------	------------------	-------------

OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone
--------------------------------	---------------------------------------	----------------

OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone
--------------------------------	---------------------------------------	----------------

CITY	ST	ZIP	Work Phone
------	----	-----	------------

CITY	ST	ZIP	Work Phone
------	----	-----	------------

COLOR PLE	YEAR 1998	MAKE CHEV	MODEL LUM	BODY STYLE 4D	ST CA
---------------------	---------------------	---------------------	---------------------	-------------------------	-----------------

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
-------	------	------	-------	------------	----

LICENSE PLATE # THEBEAV	County TR	Exp YR 2012	Removed by: Owner	MC CCs
-----------------------------------	---------------------	-----------------------	-----------------------------	--------

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
-----------------	--------	--------	-------------	--------

VEHICLE IDENTIFICATION NUMBER 2G1WL52MOW9314346	Dir of Travel E	# Occupants 2
---	---------------------------	-------------------------

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
-------------------------------	---------------	-------------

Insurance Company California Mutual	Policy Number CA-73-10766
---	-------------------------------------

Insurance Company	Policy Number
-------------------	---------------

SPECIAL CONDITIONS FOR TRAFFIC UNITS	1 7	2	3	4	5	Odometer 105985	Fire? <input type="checkbox"/>
--------------------------------------	------------	---	---	---	---	---------------------------	--------------------------------

SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer	Fire? <input type="checkbox"/>
--------------------------------------	---	---	---	---	---	----------	--------------------------------

1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage
4 Legally Parked	5 Pursued by LE	6 Driverless	

1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage
4 Legally Parked	5 Pursued by LE	6 Driverless	

01	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile	10 Single heavy truck >10,000 lbs	Calculated speed at impact
02 Motorcycle	11 Truck & trailer(s)	
03 Motor scooter or Moped	12 Tractor-trailer(s)	Bus Seat Capacity _____
04 Van	13 Cross country bus	
05 Pickup truck <10,001 lbs	14 School bus	Power Source F
06 Sport utility veh - SUV	15 Transit (city) bus	
07 Camper or RV	16 Other bus	
08 Farm machinery	25 Train	
09 All-terrain vehicle - ATV	88 Other: _____	99 Unknown

	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile	10 Single heavy truck >10,000 lbs	Calculated speed at impact
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06 Sport utility veh - SUV	15 Transit (city) bus	
07 Camper or RV	16 Other bus	
08 Farm machinery	25 Train	
09 All-terrain vehicle - ATV	88 Other: _____	99 Unknown

01	VEHICLE USE	03	VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown		

	VEHICLE USE		VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown		

DAMAGE LOCATION AREA	01	VEH. MANU. BEFORE UNSTAB. SIT.
First Impact 12 Major Impact 12	01 Straight/ following road	11 Stopped awaiting turn
	02 Left Turn	12 Stopped in traf
<input checked="" type="checkbox"/> 14 Undercarriage	03 Right Turn	13 Illegally parked
<input type="checkbox"/> 15 Windshield	04 U Turn	14 Disabled in roadway
<input type="checkbox"/> 16 Other windows	05 Passing	15 Slowing or stopping
<input type="checkbox"/> 17 Entire vehicle damaged	06 Changing lanes	16 Negotiating a curve
<input type="checkbox"/> 18 Other:	07 Avoidance man.	88 Other: _____
	08 Merging	
	09 Parking	99 Unknown
	10 Backing	

DAMAGE LOCATION AREA		VEH. MANU. BEFORE UNSTAB. SIT.
First Impact _____ Major Impact _____	01 Straight/ following road	11 Stopped awaiting turn
	02 Left Turn	12 Stopped in traf
<input type="checkbox"/> 14 Undercarriage	03 Right Turn	13 Illegally parked
<input type="checkbox"/> 15 Windshield	04 U Turn	14 Disabled in roadway
<input type="checkbox"/> 16 Other windows	05 Passing	15 Slowing or stopping
<input type="checkbox"/> 17 Entire vehicle damaged	06 Changing lanes	16 Negotiating a curve
<input type="checkbox"/> 18 Other:	07 Avoidance man.	88 Other: _____
	08 Merging	
	09 Parking	99 Unknown
	10 Backing	

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 02 2 03 3 27 4 _____ <input type="checkbox"/> The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 _____ 2 _____ 3 _____ 4 _____ <input type="checkbox"/> The exact sequence is unknown

NON-COLLISION	
01 Ran off road right	10 Downhill runaway
02 Ran off road left	11 Trailer swing
03 Crossed centerline	12 Separation of units
04 Overturn/Rollover	13 Jackknife
05 Crossed median	14 Fire
06 Fell/Jumped from veh	15 Explosion
07 Thrown or falling object	16 Immersion in water
08 Cargo loss or shift	88 Other event: _____
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.

COLLISION WITH
21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

NON-COLLISION	
01 Ran off road right	10 Downhill runaway
02 Ran off road left	11 Trailer swing
03 Crossed centerline	12 Separation of units
04 Overturn/Rollover	13 Jackknife
05 Crossed median	14 Fire
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COLLISION WITH
21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

V1 was headed east on I-70 when it lost control, ran off the road left into the median, and struck a KDOT overhead sign. The driver admitted that he was going too fast for the snow and ice conditions. There was some damage to the front and undercarriage of the car.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department

CKSO

Reviewed by

J.Wake

Local Case No.

Example 9

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Amended Report

DUI

Hit & Run

PO Accident Severity

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
		NE	Scammon	RD		55	04/05/2012	21:04	TH	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
0.25	M	E	NE	20TH	ST		45	04/05/2012	21:15	TH

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 (EB) began to give off smoke. Driver pulled over to the right shoulder, and vehicle engine compartment burst into flame.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
04/05/2012	21:31	TH

Latitude (AOI)	00	WORK ZONE TYPE	AT
37.28100		00 None Apply	
Longitude (AOI)		01 Construction Zone -	
-94.79156		02 Maintenance Zone -	
Photos by		03 Utility Zone -	
		99 Unknown	

KDOT: Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name	First Name	Middle Name	City	State	Zip	Work Phone
-----------------	------------	-------------	------	-------	-----	------------

KDOT: Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name	First Name	Middle Name	City	State	Zip	Work Phone
-----------------	------------	-------------	------	-------	-----	------------

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

05 LIGHT CONDITIONS	
01 Daylight	04 Dark: street lights on
02 Dawn	05 Dark: no street lights
03 Dusk	99 Unknown

00 ADVERSE WEATHER CONDITIONS	
00 No adverse conditions	
01 Rain, mist, drizzle	
02 Sleet, hail	
03 Snow	
04 Fog	
05 Smoke	
06 Strong wind	
07 Blowing dust, sand, etc.	
08 Freezing rain, mist, drizzle	
14 Rain & fog	
16 Rain & wind	88 Other:
24 Sleet & fog	
36 Snow & wind	99 Unknown

02 SURFACE TYPE	
01 Concrete	
02 Blacktop (Asphalt)	
03 Gravel	88 Other:
04 Dirt	
05 Brick	99 Unknown

01 SURFACE CONDITIONS	
01 Dry	88 Other:
02 Wet	
03 Snow	99 Unknown
04 Ice	
05 Mud/dirt/sand	
06 Debris (oil, etc.)	
07 Standing/ moving water	
08 Slush	

11 ACC. LOCATION (of 1st Harmful Event)
ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drvwy
15 Interchange Area +
16 On Crossover
17 Toll Plaza
OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other:
99 Unknown

+INTERSECTION TYPE
01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)			
00 None	1 00	2	3
01 Bridge			
02 Bridge Overhead			
03 Railroad Bridge			
04 RRRXING			
05 Interchange			
06 Ramp			
99 Unknown			

00 ACCIDENT CLASS (mark 1 box per side)	
1st Harmful Event	Most Harmful Event
00 Other non-collision	
01 Overturned/Rollover	
COLLISION WITH:	
02 Pedestrian	
03 Motor vehicle in-transport*	
04 Legally Parked Vehicle	
05 Railway train	
06 Pedal cyclist	
07 Animal Type: _____	
08 Fixed object**	
09 Other object: _____	
99 Unknown	

**FIXED OBJECT TYPE (mark 1 box per side if applicable)	
1st Harmful Event	Most Harmful Event
01 Bridge structure	
02 Bridge rail	
03 Crash cush./Impact attenuator	
04 Divider, median barrier	
05 Overhead sign support	
06 Utility devices: pole, meter, etc	
07 Other post or pole	
08 Building	
09 Guardrail	
10 Sign post	
11 Culvert	
12 Curb	
13 Fence/Gate	
14 Hydrant	
15 Barricade	
16 Mailbox	
17 Ditch	
18 Embankment	
19 Wall	
20 Tree	
21 RRRXING fixtures	
88 Other: _____	
99 Unknown	

- LOCATION IN WORK ZONE (AOI)	
01 Before first warning sign	
02 Advance warning area	
03 Transition area	
04 Activity area	
05 Termination area	99 Unknown

- WORK ZONE CATEGORY
01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

*COLLISION WITH VEHICLE (mark 1 box per side if applicable)	
1st Harmful Event	Most Harmful Event
01 Head on	
02 Rear end	
03 Angle - side impact	
04 Sideswipe: opposite direction	
05 Sideswipe: Same direction	
06 Backed into	
88 Other: _____	
99 Unknown	

TRAFFIC CONTROLS (On / At Road) O/A			
Type Present	OK/NF		
00 None	1 0	1 09	1 OK
01 Officer, flagger	2	2	2
02 Traffic signal	3	3	3
03 Stop sign	4	4	4
04 Flasher	5	5	5
05 Yield sign			
06 RR gates / signal			
07 RR crossing signs			
08 No passing zone			
09 Center/Edge lines			
10 Warning signs			
11 School zone signs			
12 Parking lines			
88 Other: _____			
99 Unknown			

Accident Diagram

850A continued

SPECIAL EVENT

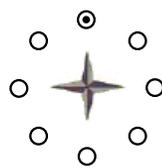
SPECIAL DATA

Local Case No.

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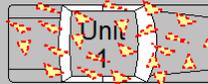
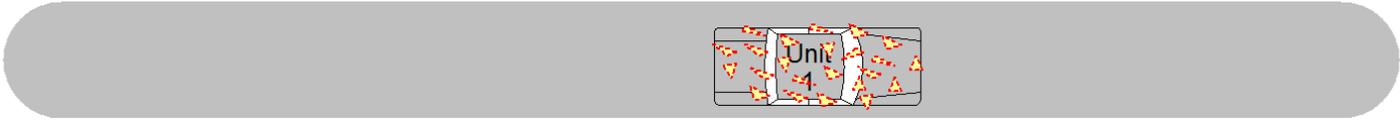
02 ON	ROADWAY NUMBER OF LANES AT	01	ROAD CHARACTER ON AT	00	SPECIAL JURISDICTION	<p>A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.</p> <p><u>Indicate North Direction</u></p> 
	01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 88 Other: _____ 99 Unknown		01 Straight & Level 02 Straight on grade/slope 03 Straight on hillcrest 04 Curved & level 05 Curved on grade/slope 06 Curved on hillcrest 88 Other: _____ 99 Unknown		00 Normal Jurisdiction (Not Special) 01 National Park Service 02 Military 03 Indian Reservation 04 College / University Campus 05 Other Federal property 88 Other: _____ 99 Unknown	

Draw scene as observed or recreate per statements and evidence available

0.25 Mi E of NE 20TH St (2.25 Mi E of K-7)



NE Scammon RD



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

V1 88

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Napier	MN	2525 SW Grand AVE			Personal (669) 555-1423	M	N	N	
ST 01	Jack	DOB 05/05/1965	Any Place KS 61145			Work (669) 555-4456	44	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00548211	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	02	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/> N	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None	00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None
01 Valid License	Driver's Lic Restrictions Y N	Complied? Y N	T - Double/Triple Trailer	01 Valid License	Driver's Lic Restrictions Y N	Complied? Y N	T - Double/Triple Trailer
02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle	02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle
03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle	03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle
04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material	04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material
05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	X - Combination Tank/HazMat	05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	X - Combination Tank/HazMat
06 Disqualified			S - School Bus	06 Disqualified			S - School Bus
07 Restricted			U - Unknown	07 Restricted			U - Unknown
99 Unknown				99 Unknown			

SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)	
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/>	<input type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____
	<input type="checkbox"/>	<input type="checkbox"/> Other 0. _____		<input type="checkbox"/>	<input type="checkbox"/> Other 0. _____
	<input type="checkbox"/>	Drug screen result <input type="checkbox"/>		<input type="checkbox"/>	Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE#

SPECIAL DATA

(02, 04, N2, X4, etc)

Local Case No.

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OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER Last Name ("Same" if Driver) _____ OWNER First Name _____ Middle Name _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

COLOR **BLU** YEAR **2001** MAKE **PONT** MODEL **GRA** BODY STYLE **4D** ST **KS**

COLOR _____ YEAR _____ MAKE _____ MODEL _____ BODY STYLE _____ ST _____

LICENSE PLATE # **QRS 134** County **CK** Exp YR **2012** Removed by: **Mike's Towing** MC CCs _____

LICENSE PLATE # _____ County _____ Exp YR _____ Removed by: _____ MC CCs _____

VEHICLE IDENTIFICATION NUMBER **1G2WP52KX1F186195** Dir of Travel **E** # Occupants **1**

VEHICLE IDENTIFICATION NUMBER _____ Dir of Travel _____ # Occupants _____

Insurance Company **Inferno Ins.** Policy Number **586-6A**

Insurance Company _____ Policy Number _____

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 **7** 2 _____ 3 _____ 4 _____ 5 _____ Odometer **182961** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ Odometer _____ Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile	10 Single heavy truck >10,000 lbs
02 Motorcycle	11 Truck & trailer(s)
03 Motor scooter or Moped	12 Tractor-trailer(s)
04 Van	13 Cross country bus
05 Pickup truck <10,001 lbs	14 School bus
06 Sport utility veh - SUV	15 Transit (city) bus
07 Camper or RV	16 Other bus
08 Farm machinery	25 Train
09 All-terrain vehicle - ATV	88 Other: _____
	99 Unknown

Calculated speed at impact _____
Bus Seat Capacity _____
Power Source **F**

VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile	10 Single heavy truck >10,000 lbs
02 Motorcycle	11 Truck & trailer(s)
03 Motor scooter or Moped	12 Tractor-trailer(s)
04 Van	13 Cross country bus
05 Pickup truck <10,001 lbs	14 School bus
06 Sport utility veh - SUV	15 Transit (city) bus
07 Camper or RV	16 Other bus
08 Farm machinery	25 Train
09 All-terrain vehicle - ATV	88 Other: _____
	99 Unknown

Calculated speed at impact _____
Bus Seat Capacity _____
Power Source _____

01 VEHICLE USE

01 No special use	06 Police
02 Taxi / Limo	07 Ambulance
03 School bus	08 Fire
04 Other bus	09 Mail/Parcel
05 Military	99 Unknown

04 VEHICLE DAMAGE

00 None	04 Destroyed
01 Damage (minor)	88 Other: _____
02 Functional	
03 Disabling	99 Unknown

VEHICLE USE

01 No special use	06 Police
02 Taxi / Limo	07 Ambulance
03 School bus	08 Fire
04 Other bus	09 Mail/Parcel
05 Military	99 Unknown

VEHICLE DAMAGE

00 None	04 Destroyed
01 Damage (minor)	88 Other: _____
02 Functional	
03 Disabling	99 Unknown

DAMAGE LOCATION AREA

First Impact **12** Major Impact **12**

14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____

Trailer: Present / Damaged _____

01 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road	11 Stopped awaiting turn
02 Left Turn	12 Stopped in traf
03 Right Turn	13 Illegally parked
04 U Turn	14 Disabled in roadway
05 Passing	15 Slowing or stopping
06 Changing lanes	16 Negotiating a curve
07 Avoidance man.	
08 Merging	88 Other: _____
09 Parking	
10 Backing	99 Unknown

DAMAGE LOCATION AREA

First Impact _____ Major Impact _____

14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____

Trailer: Present / Damaged _____

VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road	11 Stopped awaiting turn
02 Left Turn	12 Stopped in traf
03 Right Turn	13 Illegally parked
04 U Turn	14 Disabled in roadway
05 Passing	15 Slowing or stopping
06 Changing lanes	16 Negotiating a curve
07 Avoidance man.	
08 Merging	88 Other: _____
09 Parking	
10 Backing	99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 **14** 2 _____ 3 _____ 4 _____ The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 _____ 2 _____ 3 _____ 4 _____ The exact sequence is unknown

NON-COLLISION		COLLISION WITH	
01 Ran off road right	10 Downhill runaway	21 Pedestrian	
02 Ran off road left	11 Trailer swing	22 Motor veh in-transport	
03 Crossed centerline	12 Separation of units	23 Legally Parked Vehicle	
04 Overturn/Rollover	13 Jackknife	24 Train	
05 Crossed median	14 Fire	25 Pedal cycle (bike, etc)	
06 Fell/Jumped from veh	15 Explosion	26 Animal	
07 Thrown or falling object	16 Immersion in water	27 Fixed Object	
08 Cargo loss or shift	88 Other event:	28 Other moveable object	
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.	99 Unknown object	

NON-COLLISION		COLLISION WITH	
01 Ran off road right	10 Downhill runaway	21 Pedestrian	
02 Ran off road left	11 Trailer swing	22 Motor veh in-transport	
03 Crossed centerline	12 Separation of units	23 Legally Parked Vehicle	
04 Overturn/Rollover	13 Jackknife	24 Train	
05 Crossed median	14 Fire	25 Pedal cycle (bike, etc)	
06 Fell/Jumped from veh	15 Explosion	26 Animal	
07 Thrown or falling object	16 Immersion in water	27 Fixed Object	
08 Cargo loss or shift	88 Other event:	28 Other moveable object	
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.	99 Unknown object	

When I arrived at the scene I observed that V1 had caught on fire. D1 said that he was going east on Scammon when he noticed smoke coming from his engine compartment. He pulled onto the shoulder where his car caught on fire. Further investigation discovered a leak in a hose and the liquid ignited. The driver escaped unharmed.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Jewell County Sheriff

Reviewed by
J. Davis

Local Case No.
Example 10

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Investigating Officer Name
R. Hood

Badge Number
12

County
JW

City Name

Amended Report

DUI

Hit & Run

PO Accident Severity

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
			NONAME	RD		45	08/16/2012	99:99	TH	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
0.45	M	W	<input checked="" type="radio"/> FROM <input type="radio"/> AT	N	West			08/17/2012	08:18	FR

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

Evidence indicates unknown V1 was west bound on a county road (no name) 1.0 miles North of U036 and 0.45 miles West of N West Rd; driver lost control, went off the roadway, striking a legally parked vehicle (X2) off the roadway and in the ditch. Then a utility pole was stuck in the south ditch before leaving the scene.

Date Arrived (mm/dd/yyyy)
08/17/2012

Time Arriv.
08:41

Day
FR

Latitude (AOI)
39.79916

Longitude (AOI)
-98.22123

Photos by

00 ON **WORK ZONE TYPE** AT

00 None Apply

01 Construction Zone -

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area 99 Unknown

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

99 **LIGHT CONDITIONS**

01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

00 **ADVERSE WEATHER CONDITIONS**

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other:
24 Sleet & fog
36 Snow & wind 99 Unknown

03 ON **SURFACE TYPE** AT

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other:
04 Dirt
05 Brick 99 Unknown

01 ON **SURFACE CONDITIONS** AT

01 Dry 88 Other:
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

21 **ACC. LOCATION**
(of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drwvy
15 Interchange Area +
16 On Crossover
17 Toll Plaza
OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other:
99 Unknown

+INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None 00 01 02 03
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRRXING
05 Interchange
06 Ramp
99 Unknown

04 **ACCIDENT CLASS**
(mark 1 box per side)

1st **Harmful Event** **Most Harmful Event**

00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE** **06**
(mark 1 box per side if applicable)

1st **Harmful Event** **Most Harmful Event**

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

- WORK ZONE CATEGORY

01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

***COLLISION WITH VEHICLE**
(mark 1 box per side if applicable)

1st **Harmful Event** **Most Harmful Event**

01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A

Type Present OK/NF

1	1	1
O	00	
2	2	2
3	3	3
4	4	4
5	5	5

00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

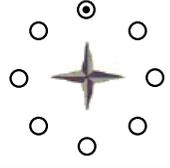
Example 10

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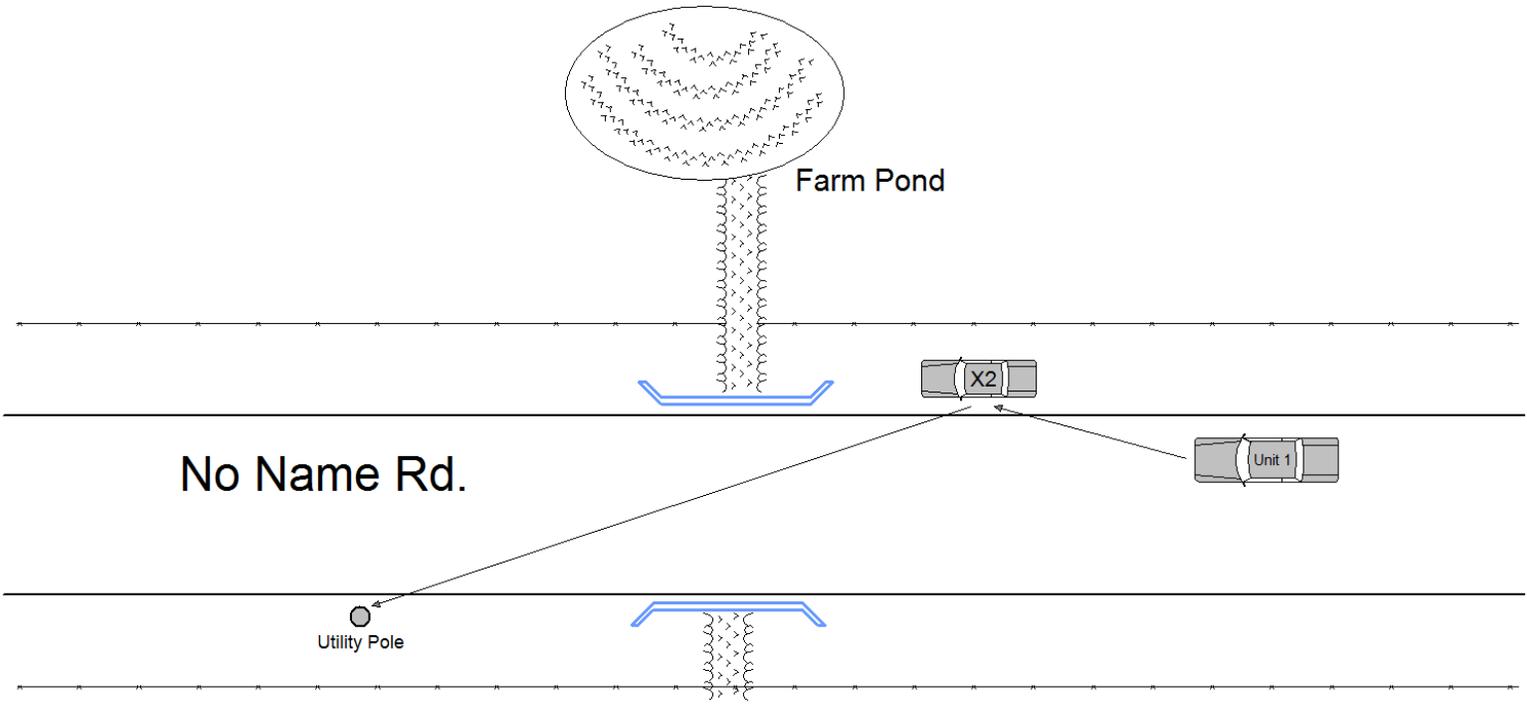
02 ON	ROADWAY NUMBER OF LANES AT	02 ON	ROAD CHARACTER AT	00	SPECIAL JURISDICTION
01 One		01 Straight & Level		00 Normal Jurisdiction (Not Special)	
02 Two		02 Straight on grade/slope		01 National Park Service	
03 Three		03 Straight on hillcrest		02 Military	
04 Four to Six		04 Curved & level		03 Indian Reservation	
05 Seven or more		05 Curved on grade/slope		04 College / University Campus	
88 Other: _____		06 Curved on hillcrest		05 Other Federal property	
99 Unknown		88 Other: _____		88 Other: _____	
		99 Unknown		99 Unknown	

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1	99																		
----	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit	
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extraction?	
TU 01	Unknown	MN	New address? <input type="checkbox"/>			Personal		U	U	U	
ST 01		DOB 99/99/9999				Work		00	U		<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal					
ST		DOB				Work					<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer? <input type="checkbox"/>	CDL? <input type="checkbox"/>	DL State	Driver's License Number	DL Class	Driving for Employer? <input type="checkbox"/>	CDL? <input type="checkbox"/>

99	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS				99	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS			
00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None T - Double/Triple Trailer P - Passenger Vehicle N - Tank Vehicle H - Placarded Haz. Material X - Combination Tank/HazMat S - School Bus U - Unknown				00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None T - Double/Triple Trailer P - Passenger Vehicle N - Tank Vehicle H - Placarded Haz. Material X - Combination Tank/HazMat S - School Bus U - Unknown			
01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>					01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>				
02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>					02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>				
03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>					03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>				
04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>					04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>				
05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>					05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>				
06 Disqualified							06 Disqualified						
07 Restricted							07 Restricted						
99 Unknown							99 Unknown						

SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)			
ALCOHOL		DRUGS		ALCOHOL		DRUGS	
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input checked="" type="checkbox"/> 02 Preliminary Breath Test PBT	<input checked="" type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> 06 Other (e.g. saliva test)
IMPAIRMENT TEST (mark all that apply)		IMPAIRMENT TEST (mark all that apply)		IMPAIRMENT TEST (mark all that apply)		IMPAIRMENT TEST (mark all that apply)	
<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> NG - No Test given	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> TG - Evidentiary Test given
<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> Other 0. _____	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> Other 0. _____
Drug screen result <input type="checkbox"/>				Drug screen result <input type="checkbox"/>			

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extraction?
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

OWNER Last Name ("Same" if Driver) Unknown		OWNER First Name		Middle Name		
OWNER ADDRESS (Number, Street)			New address? <input type="checkbox"/>	Personal Phone		
CITY		ST	ZIP	Work Phone		
COLOR BLU	YEAR	MAKE	MODEL	BODY STYLE	ST	
LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs		
VEHICLE IDENTIFICATION NUMBER				Dir of Travel W	# Occupants 1	

OWNER Last Name ("Same" if Driver) Hoffman		OWNER First Name Kurtis		Middle Name Lemont		
OWNER ADDRESS (Number, Street) 7895 Green Lantern CIR			New address? <input type="checkbox"/>	Personal Phone (785) 484-6559		
CITY Overland Park		ST KS	ZIP 65829	Work Phone		
COLOR SIL	YEAR 2003	MAKE FORD	MODEL MUS	BODY STYLE 2D	ST KS	
LICENSE PLATE # THERING	County JO	Exp YR 2012	Removed by: Owner	MC CCs		
VEHICLE IDENTIFICATION NUMBER 1FAPF44443F338468				Dir of Travel W	# Occupants 0	

Insurance Company		Policy Number						
SPECIAL CONDITIONS FOR TRAFFIC UNITS		1	2	3	4	5	Odometer	Fire? <input type="checkbox"/>
1 Hit & Run	2 Non-Contact	3 Stolen			7 Towed away due to damage			
4 Legally Parked	5 Pursued by LE	6 Driverless						

Insurance Company USAA		Policy Number 755955420631						
SPECIAL CONDITIONS FOR TRAFFIC UNITS		1	2	3	4	5	Odometer 61987	Fire? <input type="checkbox"/>
1 Hit & Run	2 Non-Contact	3 Stolen			7 Towed away due to damage			
4 Legally Parked	5 Pursued by LE	6 Driverless						

99	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)				
01 Automobile	10 Single heavy truck >10,000 lbs					
02 Motorcycle	11 Truck & trailer(s)	Calculated speed at impact				
03 Motor scooter or Moped	12 Tractor-trailer(s)					
04 Van	13 Cross country bus	Bus Seat Capacity _____				
05 Pickup truck <10,001 lbs	14 School bus					
06 Sport utility veh - SUV	15 Transit (city) bus	Power Source _____				
07 Camper or RV	16 Other bus					
08 Farm machinery	25 Train					
09 All-terrain vehicle - ATV	88 Other: _____	99 Unknown				

01	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)				
01 Automobile	10 Single heavy truck >10,000 lbs					
02 Motorcycle	11 Truck & trailer(s)	Calculated speed at impact				
03 Motor scooter or Moped	12 Tractor-trailer(s)					
04 Van	13 Cross country bus	Bus Seat Capacity _____				
05 Pickup truck <10,001 lbs	14 School bus					
06 Sport utility veh - SUV	15 Transit (city) bus	Power Source _____				
07 Camper or RV	16 Other bus					
08 Farm machinery	25 Train					
09 All-terrain vehicle - ATV	88 Other: _____	99 Unknown				

99	VEHICLE USE	99	VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	_____
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown		

01	VEHICLE USE	02	VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	_____
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown		

DAMAGE LOCATION AREA		99	VEH. MANU. BEFORE UNSTAB. SIT.
First Impact 99	Major Impact 99	01 Straight/ following road	11 Stopped awaiting turn
		02 Left Turn	12 Stopped in traf
		03 Right Turn	13 Illegally parked
<input type="checkbox"/> 14 Undercarriage <input type="checkbox"/> 15 Windshield <input type="checkbox"/> 16 Other windows <input checked="" type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other: _____		04 U Turn	14 Disabled in roadway
		05 Passing	15 Slowing or stopping
Trailer: Present / Damaged		06 Changing lanes	16 Negotiating a curve
		07 Avoidance man.	88 Other: _____
		08 Merging	99 Unknown
		09 Parking	
		10 Backing	

DAMAGE LOCATION AREA		08	VEH. MANU. BEFORE UNSTAB. SIT.
First Impact 08	Major Impact 09	01 Straight/ following road	11 Stopped awaiting turn
		02 Left Turn	12 Stopped in traf
		03 Right Turn	13 Illegally parked
<input type="checkbox"/> 14 Undercarriage <input type="checkbox"/> 15 Windshield <input checked="" type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other: _____		04 U Turn	14 Disabled in roadway
		05 Passing	15 Slowing or stopping
Trailer: Present / Damaged		06 Changing lanes	16 Negotiating a curve
		07 Avoidance man.	88 Other: _____
		08 Merging	99 Unknown
		09 Parking	
		10 Backing	

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)			
1 01	2 23	3 02	4 27
<input type="checkbox"/> The exact sequence is unknown			
NON-COLLISION		COLLISION WITH	
01 Ran off road right	10 Downhill runaway	21 Pedestrian	
02 Ran off road left	11 Trailer swing	22 Motor veh in-transport	
03 Crossed centerline	12 Separation of units	23 Legally Parked Vehicle	
04 Overturn/Rollover	13 Jackknife	24 Train	
05 Crossed median	14 Fire	25 Pedal cycle (bike, etc)	
06 Fell/Jumped from veh	15 Explosion	26 Animal	
07 Thrown or falling object	16 Immersion in water	27 Fixed Object	
08 Cargo loss or shift	88 Other event:	28 Other moveable object	
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.	99 Unknown object	

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)			
1 22	2	3	4
<input type="checkbox"/> The exact sequence is unknown			
NON-COLLISION		COLLISION WITH	
01 Ran off road right	10 Downhill runaway	21 Pedestrian	
02 Ran off road left	11 Trailer swing	22 Motor veh in-transport	
03 Crossed centerline	12 Separation of units	23 Legally Parked Vehicle	
04 Overturn/Rollover	13 Jackknife	24 Train	
05 Crossed median	14 Fire	25 Pedal cycle (bike, etc)	
06 Fell/Jumped from veh	15 Explosion	26 Animal	
07 Thrown or falling object	16 Immersion in water	27 Fixed Object	
08 Cargo loss or shift	88 Other event:	28 Other moveable object	
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.	99 Unknown object	

From my investigation, it appears an unknown vehicle traveling WB on an unnamed county road, ran off the road right, and struck a legally parked vehicle on the shoulder. The striking vehicle then deflected to the left, and struck a utility pole in the south ditch. Said vehicle left the scene and further information is unknown at this time. It is noted that there was a transfer of dark blue paint on the legally parked vehicle.

Owner of X2 discovered the damage upon returning to his vehicle after fishing at a nearby pond.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department

Bird City PD

Reviewed by

M. Goose

Local Case No.

Example 11

Page of

1 / 5

Amended Report

DUI

Hit & Run

PO Accident Severity

Investigating Officer Name

D. Duck

Badge Number

002

County

CN

City Name

BIRD CITY

Milepost

Block No

Dir Pfx

On Road Name

Road Type

Dir Sfx

SpdLmt

Date of Accident (mm/dd/yyyy)

Time Occur.

Day

100

7TH

ST

30

11/28/2012

19:15

WE

From Dist

Ft/Mi

From Dir

FROM

Dir Pfx

Reference or At Road Name

Road Type

Dir Sfx

SpdLmt

Date Notified (mm/dd/yyyy)

Time Notif.

Day

200

F

W

AT

Bird

AVE

30

11/28/2012

19:18

WE

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 was WB on 7TH ST when a turkey entered the roadway from the South. D1 was unable to avoid hitting the turkey. The turkey was killed.

Date Arrived (mm/dd/yyyy)

11/28/2012

Time Arriv.

19:41

Day

WE

Private Property

Latitude (AOI)

39.74637

Longitude (AOI)

-101.53347

Photos by

00

WORK ZONE TYPE

ON

AT

00 None Apply

01 Construction Zone -

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure

02 Lane shift / crossover

03 Work on shoulder / median

04 Intermittent or moving vehicle

88 Other: _____

99 Unknown

*COLLISION WITH VEHICLE

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on

02 Rear end

03 Angle - side impact

04 Sideswipe: opposite direction

05 Sideswipe: Same direction

06 Backed into

88 Other: _____

99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A

Type Present OK/NF

00 None

01 Officer, flagger

02 Traffic signal

03 Stop sign

04 Flasher

05 Yield sign

06 RR gates / signal

07 RR crossing signs

08 No passing zone

09 Center/Edge lines

10 Warning signs

11 School zone signs

12 Parking lines

88 Other: _____

99 Unknown

1	1	1
O	00	OK
2	2	2
3	3	3
4	4	4
5	5	5

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

05

LIGHT CONDITIONS

- 01 Daylight 04 Dark: street lights on
- 02 Dawn 05 Dark: no street lights
- 03 Dusk 99 Unknown

00

ADVERSE WEATHER CONDITIONS

- 00 No adverse conditions
- 01 Rain, mist, drizzle
- 02 Sleet, hail
- 03 Snow
- 04 Fog
- 05 Smoke
- 06 Strong wind
- 07 Blowing dust, sand, etc.
- 08 Freezing rain, mist, drizzle
- 14 Rain & fog
- 16 Rain & wind 88 Other: _____
- 24 Sleet & fog
- 36 Snow & wind 99 Unknown

05

SURFACE TYPE

- 01 Concrete
- 02 Blacktop (Asphalt)
- 03 Gravel 88 Other: _____
- 04 Dirt
- 05 Brick 99 Unknown

01

SURFACE CONDITIONS

- 01 Dry 88 Other: _____
- 02 Wet
- 03 Snow 99 Unknown
- 04 Ice
- 05 Mud/dirt/sand
- 06 Debris (oil, etc.)
- 07 Standing/ moving water
- 08 Slush

11

ACC. LOCATION

(of 1st Harmful Event)

ON ROADWAY: (within travel lanes)

- 11 Non-intersection
- 12 Intersection +
- 13 Intersection-related +
- 14 Access to Parking lot/Drwvy
- 15 Interchange Area +
- 16 On Crossover
- 17 Toll Plaza
- OFF ROADWAY:
- 20 Shoulder
- 21 Roadside (not shoulder)
- 22 Median
- 23 Parking lot or Rest area
- 88 Other: _____
- 99 Unknown

+INTERSECTION TYPE

- 01 Four-way intersection
- 02 Five-way or more
- 03 T - intersection
- 04 Y - intersection
- 05 L - intersection
- 06 Roundabout (See Manual for Definitions)
- 07 Traffic Circle
- 08 Part of an interchange
- 99 Unknown

ROAD SPECIAL FEATURES (up to 3)

- 00 None 00 01
- 01 Bridge _____
- 02 Bridge Overhead
- 03 Railroad Bridge
- 04 RRRXING _____
- 05 Interchange
- 06 Ramp
- 99 Unknown

07

ACCIDENT CLASS

(mark 1 box per side)

1st Harmful Event Most Harmful Event

- 00 Other non-collision
- 01 Overturned/Rollover
- COLLISION WITH:
- 02 Pedestrian
- 03 Motor vehicle in-transport*
- 04 Legally Parked Vehicle
- 05 Railway train
- 06 Pedal cyclist
- 07 Animal Type: Other wild
- 08 Fixed object**
- 09 Other object: _____
- 99 Unknown

**FIXED OBJECT TYPE

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

- 01 Bridge structure
- 02 Bridge rail
- 03 Crash cush./Impact attenuator
- 04 Divider, median barrier
- 05 Overhead sign support
- 06 Utility devices: pole, meter, etc
- 07 Other post or pole
- 08 Building
- 09 Guardrail
- 10 Sign post
- 11 Culvert
- 12 Curb
- 13 Fence/Gate
- 14 Hydrant
- 15 Barricade
- 16 Mailbox
- 17 Ditch
- 18 Embankment
- 19 Wall
- 20 Tree
- 21 RRRXING fixtures
- 88 Other: _____
- 99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

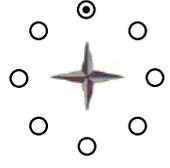
Example 11

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02 ON	ROADWAY NUMBER OF LANES	AT	02 ON	ROAD CHARACTER	AT	00	SPECIAL JURISDICTION
	01 One			01 Straight & Level			00 Normal Jurisdiction (Not Special)
	02 Two			02 Straight on grade/slope			01 National Park Service
	03 Three			03 Straight on hillcrest			02 Military
	04 Four to Six			04 Curved & level			03 Indian Reservation
	05 Seven or more			05 Curved on grade/slope			04 College / University Campus
	88 Other: _____			06 Curved on hillcrest			05 Other Federal property
	99 Unknown			88 Other: _____			88 Other: _____
				99 Unknown			99 Unknown

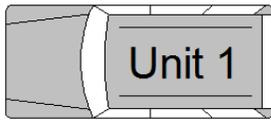
A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available

7TH ST



NOT TO SCALE

BIRD AVE

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

E	01	E	08																
---	----	---	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Fudd	MN	763 State ST			Personal (203) 555-9554	M	S	N	
ST 01	Elmer	DOB 10/11/1967	Charleston	WV	02764	Work	43	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
WV	9649-532	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS		DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	Z - None	01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	Z - None
02 Suspended	1 <input type="checkbox"/>		T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>		T - Double/Triple Trailer
03 Revoked	2 <input type="checkbox"/>		P - Passenger Vehicle	03 Revoked	2 <input type="checkbox"/>		P - Passenger Vehicle
04 Expired	3 <input type="checkbox"/>		N - Tank Vehicle	04 Expired	3 <input type="checkbox"/>		N - Tank Vehicle
05 Cancl'd or Denied	4 <input type="checkbox"/>		H - Placarded Haz. Material	05 Cancl'd or Denied	4 <input type="checkbox"/>		H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/>	<input type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid
		<input type="checkbox"/> Blood (BAC)			<input type="checkbox"/> Blood (BAC)
		<input type="checkbox"/> Other			<input type="checkbox"/> Other
		<input type="checkbox"/> Drug screen result			<input type="checkbox"/> Drug screen result

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Sam	MN	700 State ST			Personal (203) 555-8561	M	S	N	
ST 03	Yosemite	DOB 03/14/1965	Charleston	WV	02764	Work	45	N		<input type="checkbox"/>
TU 01	Martian	MN	3456 Mars AVE			Personal (982) 555-2642	M	S	N	
ST 04	Marvin	DOB 06/13/1970	Roswell	NM	48945	Work (982) 555-0001	40	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE#

SPECIAL DATA

(02, 04, N2, X4, etc)

Local Case No.

Page of

Example 11

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OWNER Last Name ("Same" if Driver) Same	OWNER First Name	Middle Name
---	------------------	-------------

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
------------------------------------	------------------	-------------

OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone
--------------------------------	---------------------------------------	----------------

OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone
--------------------------------	---------------------------------------	----------------

CITY	ST	ZIP	Work Phone
------	----	-----	------------

CITY	ST	ZIP	Work Phone
------	----	-----	------------

COLOR YEL	YEAR 2009	MAKE FORD	MODEL ECP	BODY STYLE SP	ST WV
---------------------	---------------------	---------------------	---------------------	-------------------------	-----------------

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
-------	------	------	-------	------------	----

LICENSE PLATE # WABTSSN	County CN	Exp YR 2012	Removed by: Owner	MC CCs
-----------------------------------	---------------------	-----------------------	-----------------------------	--------

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
-----------------	--------	--------	-------------	--------

VEHICLE IDENTIFICATION NUMBER 1FALP13P09W238335	Dir of Travel S	# Occupants 3
---	---------------------------	-------------------------

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
-------------------------------	---------------	-------------

Insurance Company WB Ins	Policy Number 58-GB8
------------------------------------	--------------------------------

Insurance Company	Policy Number
-------------------	---------------

SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer 16108	Fire? <input type="checkbox"/>
--------------------------------------	---	---	---	---	---	--------------------------	-----------------------------------

SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer	Fire? <input type="checkbox"/>
--------------------------------------	---	---	---	---	---	----------	-----------------------------------

1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage
4 Legally Parked	5 Pursued by LE	6 Driverless	

1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage
4 Legally Parked	5 Pursued by LE	6 Driverless	

06	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile	10 Single heavy truck >10,000 lbs	Calculated speed at impact
02 Motorcycle	11 Truck & trailer(s)	
03 Motor scooter or Moped	12 Tractor-trailer(s)	Bus Seat Capacity _____
04 Van	13 Cross country bus	
05 Pickup truck <10,001 lbs	14 School bus	Power Source H
06 Sport utility veh - SUV	15 Transit (city) bus	
07 Camper or RV	16 Other bus	
08 Farm machinery	25 Train	
09 All-terrain vehicle - ATV	88 Other: _____	99 Unknown

	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile	10 Single heavy truck >10,000 lbs	Calculated speed at impact
02 Motorcycle	11 Truck & trailer(s)	
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04 Van	13 Cross country bus	
05 Pickup truck <10,001 lbs	14 School bus	Power Source _____
06 Sport utility veh - SUV	15 Transit (city) bus	
07 Camper or RV	16 Other bus	
08 Farm machinery	25 Train	
09 All-terrain vehicle - ATV	88 Other: _____	99 Unknown

01	VEHICLE USE	01	VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown		

	VEHICLE USE		VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown		

DAMAGE LOCATION AREA	01	VEH. MANU. BEFORE UNSTAB. SIT.
First Impact 12 Major Impact 12	01 Straight/ following road	11 Stopped awaiting turn
	02 Left Turn	12 Stopped in traf
<input type="checkbox"/> 14 Undercarriage	03 Right Turn	13 Illegally parked
<input type="checkbox"/> 16 Other windows	04 U Turn	14 Disabled in roadway
<input type="checkbox"/> 17 Entire vehicle damaged	05 Passing	15 Slowing or stopping
<input type="checkbox"/> 88 Other: _____	06 Changing lanes	16 Negotiating a curve
	07 Avoidance man.	
	08 Merging	88 Other: _____
	09 Parking	
	10 Backing	99 Unknown
	Trailer: Present / Damaged	

DAMAGE LOCATION AREA		VEH. MANU. BEFORE UNSTAB. SIT.
First Impact _____ Major Impact _____	01 Straight/ following road	11 Stopped awaiting turn
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	07 Avoidance man.	
	08 Merging	88 Other: _____
	09 Parking	
	10 Backing	99 Unknown
	Trailer: Present / Damaged	

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 26 2 _____ 3 _____ 4 _____ <input type="checkbox"/> The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 _____ 2 _____ 3 _____ 4 _____ <input type="checkbox"/> The exact sequence is unknown

NON-COLLISION	
01 Ran off road right	10 Downhill runaway
02 Ran off road left	11 Trailer swing
03 Crossed centerline	12 Separation of units
04 Overturn/Rollover	13 Jackknife
05 Crossed median	14 Fire
06 Fell/Jumped from veh	15 Explosion
07 Thrown or falling object	16 Immersion in water
08 Cargo loss or shift	88 Other event: _____
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.

COLLISION WITH
21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

NON-COLLISION	
01 Ran off road right	10 Downhill runaway
02 Ran off road left	11 Trailer swing
03 Crossed centerline	12 Separation of units
04 Overturn/Rollover	13 Jackknife
05 Crossed median	14 Fire
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COLLISION WITH
21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

V1 was westbound on 7TH ST when an turkey entered the road way headed north. Elmer stated he was unable to avoid hitting the animal. The turkey was pronounced dead at the scene.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department

Hays PD

Reviewed by

Molly Dridgeall

Local Case No.

Example 12

Page of

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Amended Report

DUI

Hit & Run

Accident Severity

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
	1000	W	27th	ST		30	05/18/2012	14:15	FR	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
175	F	E	FROM AT	U183	HWY		35	05/18/2012	14:18	FR
Narrative: Describe each traffic unit's pre-crash movement and direction of travel							Date Arrived (mm/dd/yyyy)	Time Arriv.	Day	
Driver 1 left the roadway while traveling WB on 27th St, a EB vehicle drifted across the center line causing Driver 1 to take evasive action. Vehicle 1 then collided with a light pole, and proceeded into a bank parking lot before stopping.							05/18/2012	14:22	FR	
Latitude (AOI)							00	WORK ZONE TYPE		
38.88549								00 None Apply		
Longitude (AOI)								01 Construction Zone - 		
-99.31717								02 Maintenance Zone -		
Photos by								03 Utility Zone -		
Hays PD								99 Unknown		

KDOT?	Object 1 Damaged & Nature of Damage (show in diagram)	Owner Street Address	Personal Phone
<input type="checkbox"/>	Light pole destroyed	125 W 27th ST	(785) 555-9812
Owner Last Name	First Name	Middle Name	City State Zip Work Phone
Hays	Hays		KS 67601
KDOT?	Object 2 Damaged & Nature of Damage (show in diagram)	Owner Street Address	Personal Phone
<input type="checkbox"/>			
Owner Last Name	First Name	Middle Name	City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE										
01	LIGHT CONDITIONS			21	ACC. LOCATION (of 1st Harmful Event)			08	ACCIDENT CLASS (mark 1 box per side)	
	01 Daylight	04 Dark: street lights on		ON ROADWAY: (within travel lanes)		11 Non-intersection		1 st Harmful Event	Most Harmful Event	
	02 Dawn	05 Dark: no street lights		12 Intersection +		13 Intersection-related +		00 Other non-collision		
	03 Dusk	99 Unknown		14 Access to Parking lot/Drvwy		15 Interchange Area +		01 Overturned/Rollover		
01	ADVERSE WEATHER CONDITIONS			16 On Crossover		17 Toll Plaza		COLLISION WITH:		
	00 No adverse conditions			18 Access to Parking lot/Drvwy		20 Shoulder		02 Pedestrian		
	01 Rain, mist, drizzle			19 Access to Parking lot/Drvwy		21 Roadside (not shoulder)		03 Motor vehicle in-transport*		
	02 Sleet, hail			20 Shoulder		22 Median		04 Legally Parked Vehicle		
	03 Snow			21 Roadside (not shoulder)		23 Parking lot or Rest area		05 Railway train		
	04 Fog			22 Median		88 Other: _____		06 Pedal cyclist		
	05 Smoke			23 Parking lot or Rest area		99 Unknown		07 Animal Type: _____		
	06 Strong wind			88 Other: _____				08 Fixed object**		
	07 Blowing dust, sand, etc.			99 Unknown				09 Other object: _____		
	08 Freezing rain, mist, drizzle							99 Unknown		
	14 Rain & fog			+INTERSECTION TYPE				06	**FIXED OBJECT TYPE	
	16 Rain & wind	88 Other: _____		01 Four-way intersection					(mark 1 box per side if applicable)	
	24 Sleet & fog			02 Five-way or more				1 st Harmful Event	Most Harmful Event	
	36 Snow & wind	99 Unknown		03 T - intersection				01 Bridge structure		
02	SURFACE TYPE			04 Y - intersection				02 Bridge rail		
	ON		AT	05 L - intersection				03 Crash cush./Impact attenuator		
	01 Concrete			06 Roundabout (See Manual for Definitions)				04 Divider, median barrier		
	02 Blacktop (Asphalt)			07 Traffic Circle				05 Overhead sign support		
	03 Gravel	88 Other: _____		08 Part of an interchange				06 Utility devices: pole, meter, etc		
	04 Dirt			99 Unknown				07 Other post or pole		
	05 Brick	99 Unknown						08 Building		
02	SURFACE CONDITIONS			09 Guardrail				09 Sign post		
	ON		AT	10 Culvert				11 Culvert		
	01 Dry	88 Other: _____		12 Curb				12 Curb		
	02 Wet			13 Fence/Gate				13 Fence/Gate		
	03 Snow	99 Unknown		14 Hydrant				14 Hydrant		
	04 Ice			15 Barricade				15 Barricade		
	05 Mud/dirt/sand			16 Mailbox				16 Mailbox		
	06 Debris (oil, etc.)			17 Ditch				17 Ditch		
	07 Standing/ moving water			18 Embankment				18 Embankment		
	08 Slush			19 Wall				19 Wall		
				20 Tree				20 Tree		
				21 RRXING fixtures				21 RRXING fixtures		
				88 Other: _____				88 Other: _____		
				99 Unknown				99 Unknown		

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

00 None Apply

01 Construction Zone - 

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure

02 Lane shift / crossover

03 Work on shoulder / median

04 Intermittent or moving vehicle

88 Other: _____

99 Unknown

*COLLISION WITH VEHICLE
(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on

02 Rear end

03 Angle - side impact

04 Sideswipe: opposite direction

05 Sideswipe: Same direction

06 Backed into

88 Other: _____

99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A

Type Present OK/NF

1	1	1
O	09	OK
2	2	2
3	3	3
4	4	4
5	5	5

00 None

01 Officer, flagger

02 Traffic signal

03 Stop sign

04 Flasher

05 Yield sign

06 RR gates / signal

07 RR crossing signs

08 No passing zone

09 Center/Edge lines

10 Warning signs

11 School zone signs

12 Parking lines

88 Other: _____

99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

Example 12

2 / 5

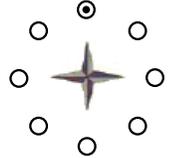
04	ROADWAY	01
ON	NUMBER OF LANES	AT
	01 One	
	02 Two	
	03 Three	
	04 Four to Six	
	05 Seven or more	
	88 Other: _____	
	99 Unknown	

01	ROAD CHARACTER	00
ON	AT	
	01 Straight & Level	
	02 Straight on grade/slope	
	03 Straight on hillcrest	
	04 Curved & level	
	05 Curved on grade/slope	
	06 Curved on hillcrest	
	88 Other: _____	
	99 Unknown	

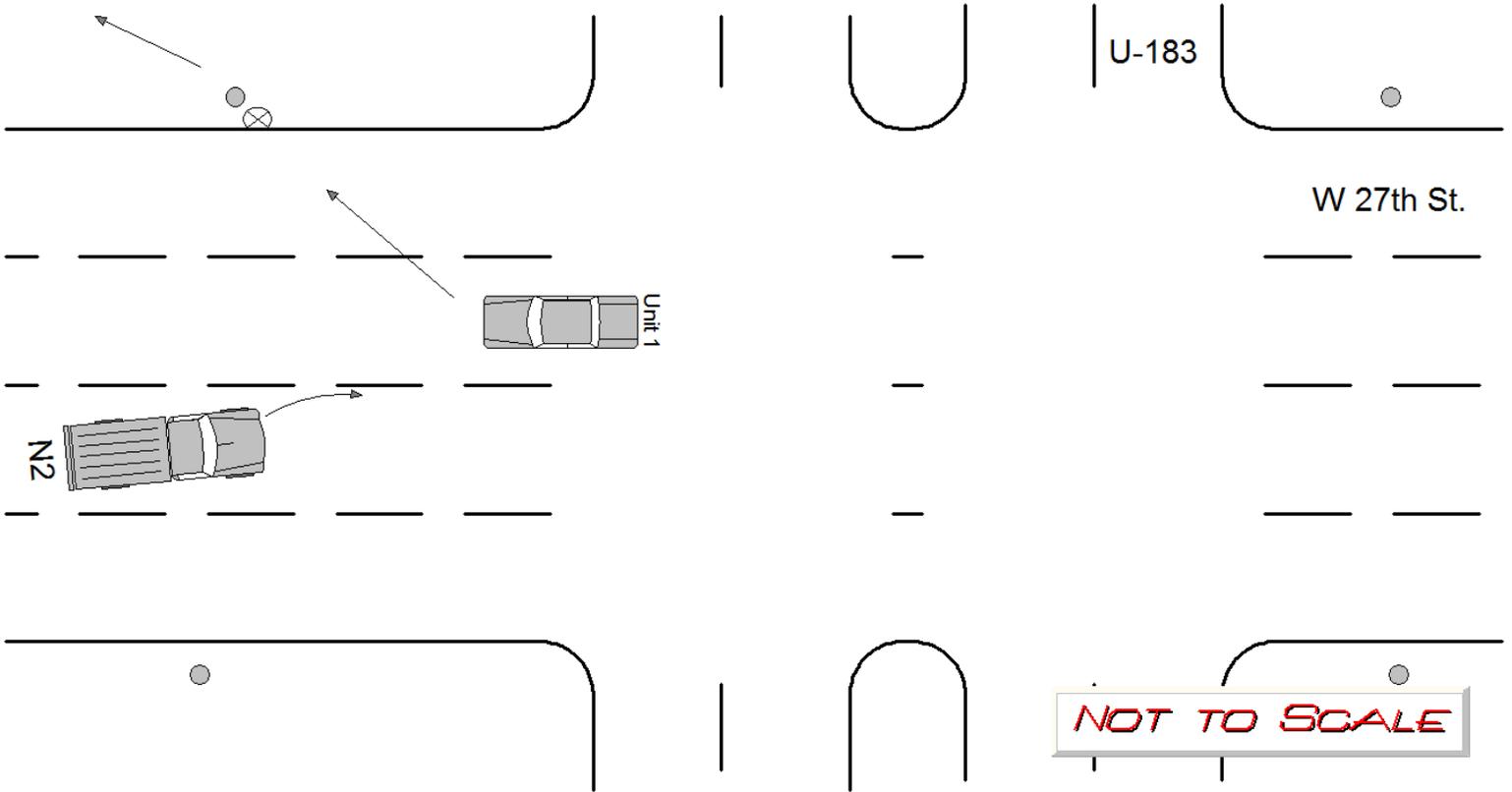
00	SPECIAL JURISDICTION
	00 Normal Jurisdiction (Not Special)
	01 National Park Service
	02 Military
	03 Indian Reservation
	04 College / University Campus
	05 Other Federal property
	88 Other: _____
	99 Unknown

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1 37

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Carter	MN	1820 Buffalo Jump DR			Personal (785) 555-0018	M	S	P	
ST 01	James	DOB 03/03/1933	Hays	KS	65337	Work	77	N		<input type="checkbox"/>
TU N2	Unknown	MN				Personal	U	U	N	
ST 01		DOB 99/99/9999				Work	00	N		<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(N2, 02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00487721	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	99	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/> Y	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	Z - None	01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	Z - None
02 Suspended	1 <input type="checkbox"/> B <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer
03 Revoked	3 <input type="checkbox"/>	4 <input type="checkbox"/>	P - Passenger Vehicle	03 Revoked	3 <input type="checkbox"/>	4 <input type="checkbox"/>	P - Passenger Vehicle
04 Expired			N - Tank Vehicle	04 Expired			N - Tank Vehicle
05 Cancl'd or Denied			H - Placarded Haz. Material	05 Cancl'd or Denied			H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)	
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____
	<input type="checkbox"/>	<input type="checkbox"/> Other 0. _____		<input type="checkbox"/>	<input type="checkbox"/> Other 0. _____
	<input type="checkbox"/>	Drug screen result <input type="checkbox"/>		<input type="checkbox"/>	Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

OWNER Last Name ("Same" if Driver) Same	OWNER First Name	Middle Name	OWNER Last Name ("Same" if Driver) Unknown	OWNER First Name	Middle Name
OWNER ADDRESS (Number, Street) New address? <input type="checkbox"/>			OWNER ADDRESS (Number, Street) New address? <input type="checkbox"/>		
CITY		ST	ZIP	Work Phone	

COLOR BLU	YEAR 2007	MAKE MERC	MODEL GMQ	BODY STYLE 4D	ST KS	COLOR RED	YEAR	MAKE	MODEL	BODY STYLE PK	ST	
LICENSE PLATE # AEO 775		County EL	Exp YR 2012	Removed by: Hays Hooker		LICENSE PLATE #		County	Exp YR	Removed by:		MC CCs
VEHICLE IDENTIFICATION NUMBER 3MELM74W05X681059				Dir of Travel W	# Occupants 1	VEHICLE IDENTIFICATION NUMBER				Dir of Travel E	# Occupants 1	

Insurance Company Every State Insurance					Policy Number JJ8688T23					
SPECIAL CONDITIONS FOR TRAFFIC UNITS					Odometer 20589	Fire? <input type="checkbox"/>				
1 Hit & Run		2 Non-Contact		3 Stolen		7 Towed away due to damage				
4 Legally Parked		5 Pursued by LE		6 Driverless						

01	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)									
01 Automobile	10 Single heavy truck >10,000 lbs										
02 Motorcycle	11 Truck & trailer(s)	Calculated speed at impact									
03 Motor scooter or Moped	12 Tractor-trailer(s)										
04 Van	13 Cross country bus	Bus Seat Capacity _____									
05 Pickup truck <10,001 lbs	14 School bus										
06 Sport utility veh - SUV	15 Transit (city) bus	Power Source F									
07 Camper or RV	16 Other bus										
08 Farm machinery	25 Train										
09 All-terrain vehicle - ATV	88 Other: _____	99 Unknown									

01	VEHICLE USE	03	VEHICLE DAMAGE	99	VEHICLE USE	00	VEHICLE DAMAGE
01 No special use	06 Police	00 None	04 Destroyed	99 No special use	06 Police	00 None	04 Destroyed
02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____	02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other: _____
03 School bus	08 Fire	02 Functional	_____	03 School bus	08 Fire	02 Functional	_____
04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown	04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown
05 Military	99 Unknown			05 Military	99 Unknown		

<p>DAMAGE LOCATION AREA</p> <p>First Impact 01 Major Impact 12</p> <p><input checked="" type="checkbox"/> 14 Undercarriage <input checked="" type="checkbox"/> 15 Windshield <input checked="" type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other: _____</p> <p>Trailer: Present / Damaged</p>	<p>07 VEH. MANU. BEFORE UNSTAB. SIT.</p> <p>01 Straight/ following road</p>	<p>DAMAGE LOCATION AREA</p> <p>First Impact _____ Major Impact _____</p> <p><input type="checkbox"/> 14 Undercarriage <input type="checkbox"/> 15 Windshield <input type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other: _____</p> <p>Trailer: Present / Damaged</p>	<p>11 Stopped awaiting turn</p>
	02 Left Turn	12 Stopped in traf	
	03 Right Turn	13 Illegally parked	
	04 U Turn	14 Disabled in roadway	
	05 Passing	15 Slowing or stopping	
	06 Changing lanes	16 Negotiating a curve	
	07 Avoidance man.	88 Other: _____	
	08 Merging	99 Unknown	
	09 Parking		
	10 Backing		

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)							
1 88	2 01	3 27	4 _____	<input type="checkbox"/> The exact sequence is unknown	1 03	2 _____	3 _____	4 _____	<input type="checkbox"/> The exact sequence is unknown		
NON-COLLISION				NON-COLLISION				COLLISION WITH			
01 Ran off road right	10 Downhill runaway	21 Pedestrian									
02 Ran off road left	11 Trailer swing	22 Motor veh in-transport									
03 Crossed centerline	12 Separation of units	23 Legally Parked Vehicle									
04 Overturn/Rollover	13 Jackknife	24 Train									
05 Crossed median	14 Fire	25 Pedal cycle (bike, etc)									
06 Fell/Jumped from veh	15 Explosion	26 Animal									
07 Thrown or falling object	16 Immersion in water	27 Fixed Object									
08 Cargo loss or shift	88 Other event:	28 Other moveable object									
Evasive action											
09 Equipment failure (tire, brakes, etc.)	98 Unknown non-coll.	99 Unknown object									

While traveling west on 27th St. driver 1 went off the north side of the road because of a pickup that drifted across the center line (N2). V1 then collided with a mailbox, and proceeded into a private yard before stopping. The identity of the pickup driver is unknown at this time. There were no known witnesses to the incident. D1 observed the driver of the pickup to be asleep or passed out. Upon D1 sounding the horn, N2 driver awoke, steered back into the EB lane and proceeded east. N2 did not stop.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Shawnee Co Sheriff

Reviewed by
G. Barner

Local Case No.
Example 13

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- Amended Report
 DUI
 Hit & Run

Investigating Officer Name
Clayton McMurray

Badge Number
117

County
SN

City Name

- Accident Severity
Fatal Injury
PDO >= \$1,000
PDO < \$1,000
 Private Property

Milepost 166	Block No	Dir Pfx	On Road Name U075	Road Type RAMP	Dir Sfx	SpdLmt 70	Date of Accident (mm/dd/yyyy) 06/23/2012	Time Occur. 21:45	Day SA		
From Dist 30	Ft/Mi F	From Dir S	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx NW	Reference or At Road Name 46TH	Road Type ST	Dir Sfx	SpdLmt 40	Date Notified (mm/dd/yyyy) 06/23/2012	Time Notif. 21:57	Day SA

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 was NB on US-75 exit ramp to EB NW 46TH ST and struck an engine block in the middle of the driving lane.

Date Arrived (mm/dd/yyyy) 06/23/2012	Time Arriv. 22:17	Day SA
Latitude (AOI) 39.12886	WORK ZONE TYPE	
Longitude (AOI) -95.71924	00 None Apply	
Photos by	01 Construction Zone -	
	02 Maintenance Zone -	
	03 Utility Zone -	
	99 Unknown	

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) **Engine Block cracked** Owner Street Address _____ Personal Phone _____

Owner Last Name _____ First Name _____ Middle Name _____ City _____ State _____ Zip _____ Work Phone _____

KDOT? Object 2 Damaged & Nature of Damage (show in diagram) _____ Owner Street Address _____ Personal Phone _____

Owner Last Name _____ First Name _____ Middle Name _____ City _____ State _____ Zip _____ Work Phone _____

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

05 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

00 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other: _____
24 Sleet & fog
36 Snow & wind 99 Unknown

01 SURFACE TYPE

ON _____ AT _____

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other: _____
04 Dirt
05 Brick 99 Unknown

01 SURFACE CONDITIONS

ON _____ AT _____

01 Dry 88 Other: _____
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

15 ACC. LOCATION
(of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drvwy
15 Interchange Area +
16 On Crossover
17 Toll Plaza
OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other: _____
99 Unknown

06 +INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None 05 06

01 Bridge _____
02 Bridge Overhead _____
03 Railroad Bridge _____
04 RRRXING _____
05 Interchange _____
06 Ramp _____
99 Unknown

09 ACCIDENT CLASS
(mark 1 box per side)

1st Harmful Event **Most Harmful Event**

00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: **Engine Block**
99 Unknown

****FIXED OBJECT TYPE**
(mark 1 box per side if applicable)

1st Harmful Event **Most Harmful Event**

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

- LOCATION IN WORK ZONE (AOI)**
- 01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area 99 Unknown

- WORK ZONE CATEGORY**
- 01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

- *COLLISION WITH VEHICLE**
(mark 1 box per side if applicable)
- 1st Harmful Event** **Most Harmful Event**
- 01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A

	Type Present	OK/NF
00 None	1 0 1 09 1 OK	
01 Officer, flagger	2 0 2 05 2 OK	
02 Traffic signal	3 3 3	
03 Stop sign	4 4 4	
04 Flasher	5 5 5	
05 Yield sign		
06 RR gates / signal		
07 RR crossing signs		
08 No passing zone		
09 Center/Edge lines		
10 Warning signs		
11 School zone signs		
12 Parking lines		
88 Other: _____		
99 Unknown		

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

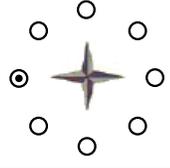
Example 13

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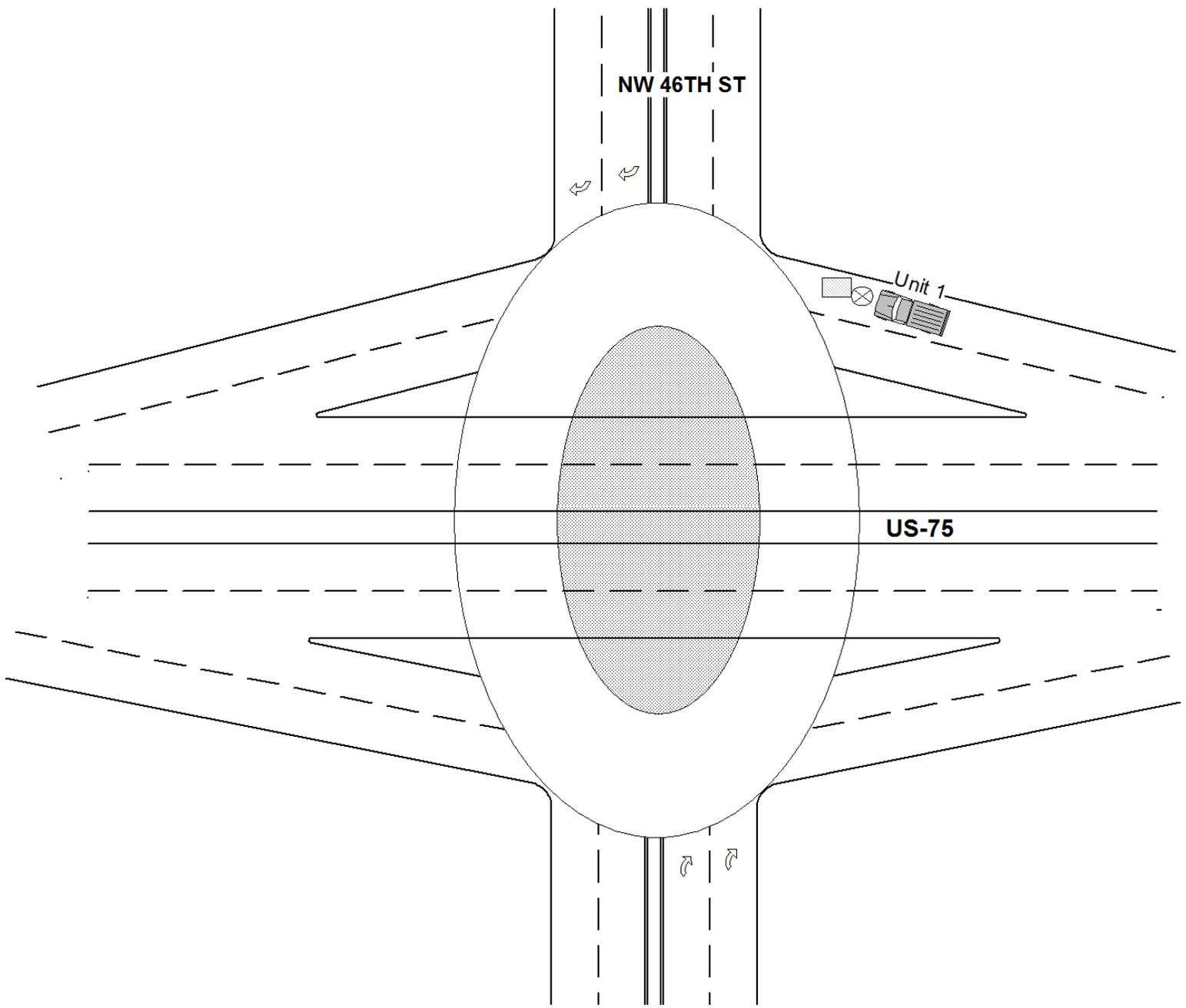
02 ON	ROADWAY NUMBER OF LANES	AT	02 ON	ROAD CHARACTER	AT	00	SPECIAL JURISDICTION
	01 One			01 Straight & Level			00 Normal Jurisdiction (Not Special)
	02 Two			02 Straight on grade/slope			01 National Park Service
	03 Three			03 Straight on hillcrest			02 Military
	04 Four to Six			04 Curved & level			03 Indian Reservation
	05 Seven or more			05 Curved on grade/slope			04 College / University Campus
	88 Other: _____			06 Curved on hillcrest			05 Other Federal property
	99 Unknown			88 Other: _____			88 Other: _____
				99 Unknown			99 Unknown

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

OR 04

Unit # Seat Type	DRIVER Last Name DRIVER First Name	Middle Name Date of Birth	DRIVER ADDRESS (Number, Street, Suffix, etc.) City State Zip	Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
TU 01	Williams	MN Douglas	2350 Hedge LN New address? <input type="checkbox"/>	Personal	M	S	P	
ST 01	Lamont	DOB 11/20/1954	Dalhart TX 14928	Work	55	N		<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc) **TRAFFIC UNIT# (02, 04, N2, X4, etc)**

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
TX	8739284G	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions Y <input type="checkbox"/> N <input type="checkbox"/>	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	Z - None	01 Valid License	Driver's Lic Restrictions Y <input type="checkbox"/> N <input type="checkbox"/>	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>
02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>
03 Revoked	2 <input type="checkbox"/>	3 <input type="checkbox"/>	P - Passenger Vehicle	03 Revoked	2 <input type="checkbox"/>	3 <input type="checkbox"/>
04 Expired	3 <input type="checkbox"/>	4 <input type="checkbox"/>	N - Tank Vehicle	04 Expired	3 <input type="checkbox"/>	4 <input type="checkbox"/>
05 Cancl'd or Denied	4 <input type="checkbox"/>		H - Placarded Haz. Material	05 Cancl'd or Denied	4 <input type="checkbox"/>	
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified		
07 Restricted			S - School Bus	07 Restricted		
99 Unknown			U - Unknown	99 Unknown		

SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)	
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Eye Fluid 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) 0. _____
	<input type="checkbox"/> Other 0. _____		<input type="checkbox"/> Other 0. _____
	Drug screen result <input type="checkbox"/>		Drug screen result <input type="checkbox"/>

Unit # Seat Type	PASSENGER Last Name PASSENGER First Name	Middle Name Date of Birth	PASSENGER ADDRESS (Number, Street, Sfx, etc.) City State Zip	Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE#

SPECIAL DATA

Local Case No.

Page of

(02, 04, N2, X4, etc)

Example 13

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OWNER Last Name ("Same" if Driver) **Same** OWNER First Name Middle Name

OWNER Last Name ("Same" if Driver) OWNER First Name Middle Name

OWNER ADDRESS (Number, Street) New address? Personal Phone

OWNER ADDRESS (Number, Street) New address? Personal Phone

CITY ST ZIP Work Phone

CITY ST ZIP Work Phone

COLOR **BLU** YEAR **1989** MAKE **CHEV** MODEL **S10** BODY STYLE **PK** ST **TX**

COLOR YEAR MAKE MODEL BODY STYLE ST

LICENSE PLATE # **YHB 1376** County **SN** Exp YR **2012** Removed by: **St Francis Tow** MC CCs

LICENSE PLATE # County Exp YR Removed by: MC CCs

VEHICLE IDENTIFICATION NUMBER **1GCBS14E3K2206421** Dir of Travel **E** # Occupants **1**

VEHICLE IDENTIFICATION NUMBER Dir of Travel # Occupants

Insurance Company **Lone Star Ins.** Policy Number **A-7873874**

Insurance Company Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 **7** 2 3 4 5 Odometer **112743** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 2 3 4 5 Odometer Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

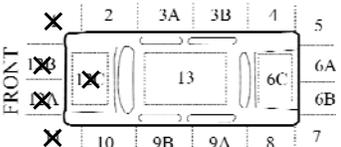
1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

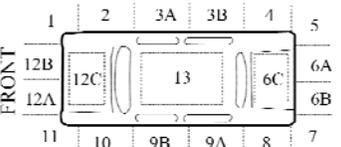
05 VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity
06 Sport utility veh - SUV 15 Transit (city) bus }
07 Camper or RV 16 Other bus }
08 Farm machinery 25 Train Power Source **F**
09 All-terrain vehicle - ATV 88 Other: 99 Unknown

VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity
06 Sport utility veh - SUV 15 Transit (city) bus }
07 Camper or RV 16 Other bus }
08 Farm machinery 25 Train Power Source
09 All-terrain vehicle - ATV 88 Other: 99 Unknown

01 VEHICLE USE **03** VEHICLE DAMAGE
01 No special use 06 Police 00 None 04 Destroyed
02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other:
03 School bus 08 Fire 02 Functional
04 Other bus 09 Mail/Parcel 03 Disabling 99 Unknown
05 Military 99 Unknown

VEHICLE USE VEHICLE DAMAGE
01 No special use 06 Police 00 None 04 Destroyed
02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other:
03 School bus 08 Fire 02 Functional
04 Other bus 09 Mail/Parcel 03 Disabling 99 Unknown
05 Military 99 Unknown

DAMAGE LOCATION AREA 15 VEH. MANU. BEFORE UNSTAB. SIT.
First Impact **12** Major Impact **14**

14 Undercarriage 15 Windshield
16 Other windows 99 Unknown
17 Entire vehicle damaged
88 Other:
Trailer: Present / Damaged

DAMAGE LOCATION AREA VEH. MANU. BEFORE UNSTAB. SIT.
First Impact Major Impact

14 Undercarriage 15 Windshield
16 Other windows 99 Unknown
17 Entire vehicle damaged
88 Other:
Trailer: Present / Damaged

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 **28** 2 3 4 The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 2 3 4 The exact sequence is unknown

NON-COLLISION COLLISION WITH
01 Ran off road right 10 Downhill runaway 21 Pedestrian
02 Ran off road left 11 Trailer swing 22 Motor veh in-transport
03 Crossed centerline 12 Separation of units 23 Legally Parked Vehicle
04 Overturn/Rollover 13 Jackknife 24 Train
05 Crossed median 14 Fire 25 Pedal cycle (bike, etc)
06 Fell/Jumped from veh 15 Explosion 26 Animal
07 Thrown or falling object 16 Immersion in water 27 Fixed Object
08 Cargo loss or shift 88 Other event: 28 Other moveable object
09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll. Engine Block
99 Unknown object

NON-COLLISION COLLISION WITH
01 Ran off road right 10 Downhill runaway 21 Pedestrian
02 Ran off road left 11 Trailer swing 22 Motor veh in-transport
03 Crossed centerline 12 Separation of units 23 Legally Parked Vehicle
04 Overturn/Rollover 13 Jackknife 24 Train
05 Crossed median 14 Fire 25 Pedal cycle (bike, etc)
06 Fell/Jumped from veh 15 Explosion 26 Animal
07 Thrown or falling object 16 Immersion in water 27 Fixed Object
08 Cargo loss or shift 88 Other event: 28 Other moveable object
09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll. 99 Unknown object

V1 was NB on US-75 exit ramp to EB NW 46TH ST and came upon an engine block in the middle of the right driving lane. Driver 1 could not avoid hitting the engine block, doing severe damage to V1. Upon arrival to the scene, V1 was disabled on the NB US-75 ramp shoulder.

Due to previous storm, the street lights were without power at the time of the accident.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department

KHP Troop F

Reviewed by

Ziva David

Local Case No.

Example 14

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Amended Report

DUI

Hit & Run

Accident Severity

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
		SE	Bluestem	RD		50	03/03/2012	14:25	SA	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
0.5	M	N	FROM AT	U400	HWY			03/03/2012	14:30	SA

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 was NB and because of heavy snowfall and slick roads, failed to stop for railroad crossing. V1 proceeded onto the tracks and was hit by V2 a EB train.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
03/03/2012	14:55	SA
Latitude (AOI)	00	WORK ZONE TYPE
37.68677	ON	AT
Longitude (AOI)		
-96.78890		
Photos by		

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

- 00 None Apply
 - 01 Construction Zone - 
 - 02 Maintenance Zone - 
 - 03 Utility Zone -
 - 99 Unknown
- LOCATION IN WORK ZONE (AOI)**
- 01 Before first warning sign
 - 02 Advance warning area
 - 03 Transition area
 - 04 Activity area
 - 05 Termination area
 - 99 Unknown

KDOT: Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT: Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

36 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other: _____
24 Sleet & fog
36 Snow & wind 99 Unknown

02 SURFACE TYPE

ON AT

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other: _____
04 Dirt
05 Brick 99 Unknown

03 SURFACE CONDITIONS

ON AT

01 Dry 88 Other: _____
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

11 ACC. LOCATION
(of 1st Harmful Event)

ON ROADWAY: (within travel lanes)

11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drwvy
15 Interchange Area +
16 On Crossover
17 Toll Plaza

OFF ROADWAY:

20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other: _____
99 Unknown

+INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None 04

01 Bridge _____
02 Bridge Overhead _____
03 Railroad Bridge _____
04 RRRXING _____
05 Interchange _____
06 Ramp _____
99 Unknown

05 ACCIDENT CLASS
(mark 1 box per side)

1st Harmful Event Most Harmful Event

00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE**
(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

- WORK ZONE CATEGORY

01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

***COLLISION WITH VEHICLE**
(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A

Type Present OK/NF

00 None

01 Officer, flagger

02 Traffic signal

03 Stop sign

04 Flasher

05 Yield sign

06 RR gates / signal

07 RR crossing signs

08 No passing zone

09 Center/Edge lines

10 Warning signs

11 School zone signs

12 Parking lines

88 Other: _____
99 Unknown

1	1	1
O	06	OK
2	2	2
O	07	OK
3	3	3
4	4	4
5	5	5

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

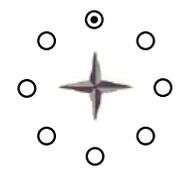
Example 14

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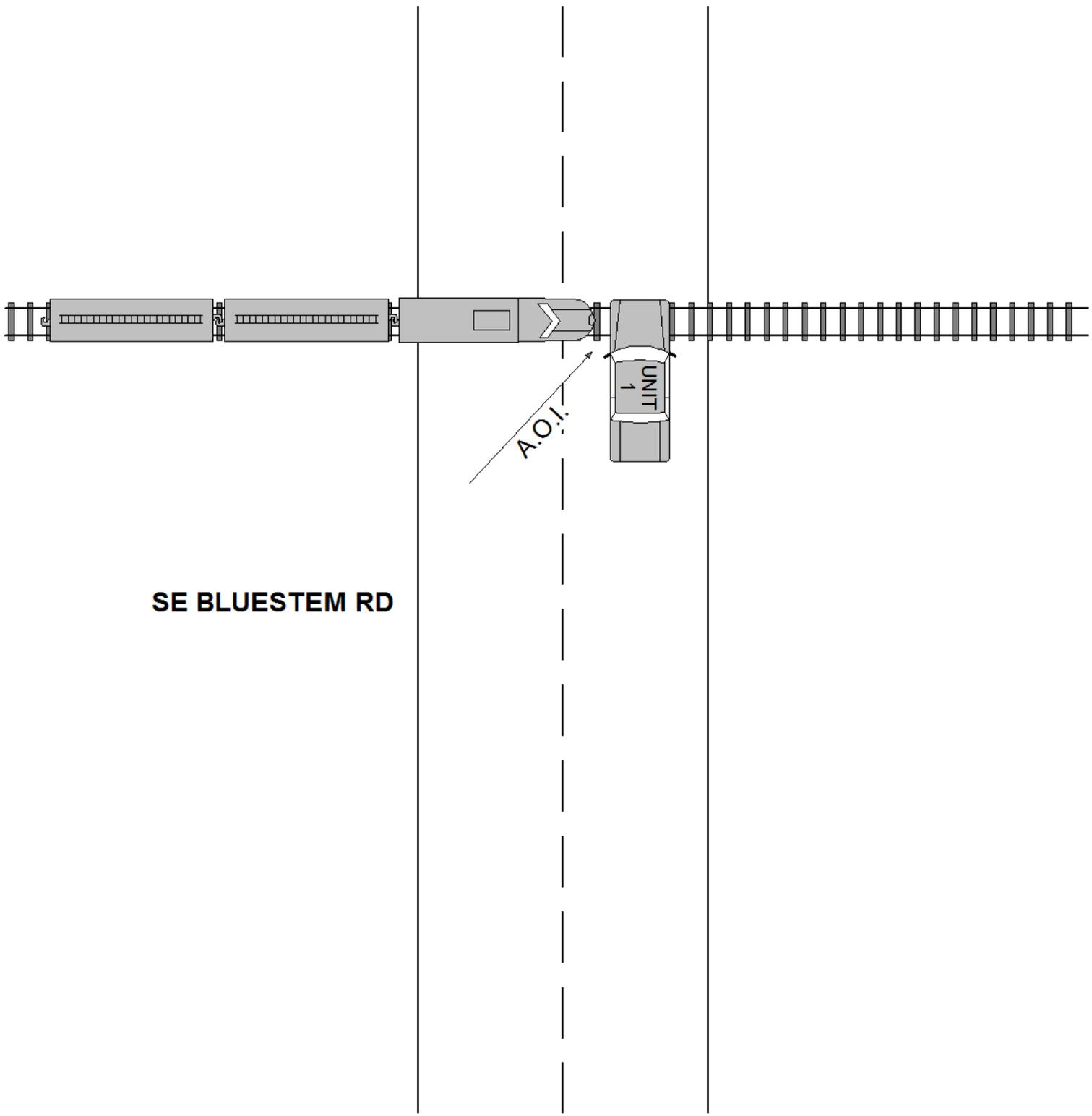
02 ON	ROADWAY NUMBER OF LANES	01 ON	ROAD CHARACTER AT	00 ON	SPECIAL JURISDICTION
01 One		01 Straight & Level		00 Normal Jurisdiction (Not Special)	
02 Two		02 Straight on grade/slope		01 National Park Service	
03 Three		03 Straight on hillcrest		02 Military	
04 Four to Six		04 Curved & level		03 Indian Reservation	
05 Seven or more		05 Curved on grade/slope		04 College / University Campus	
88 Other: _____		06 Curved on hillcrest		05 Other Federal property	
99 Unknown		88 Other: _____		88 Other: _____	
		99 Unknown		99 Unknown	

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



SE BLUESTEM RD

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

OR 03 D1 35 E 04 E 05

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Gibbs	MN	1215 King ST			Personal (620) 555-0146	M	R	I	
ST 01	LeRoy	DOB 01/16/1968	Pratt	KS	63866	Work	42	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc) **TRAFFIC UNIT# (02, 04, N2, X4, etc)**

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00956180	C	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS		DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input checked="" type="checkbox"/> N	1 Z 2 3 4	00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 2 3 4
01 Valid License	Driver's Lic Restrictions	Complied? Y N	Z - None	01 Valid License	Driver's Lic Restrictions	Complied? Y N	Z - None
02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	<input type="checkbox"/>	T - Double/Triple Trailer
03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle	03 Revoked	2 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle
04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle	04 Expired	3 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle
05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material	05 Cancl'd or Denied	4 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/>	<input type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	0. _____ 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	0. _____ 0. _____
		<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other			<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other
		0. _____ 0. _____			0. _____ 0. _____
		Drug screen result <input type="checkbox"/>			Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Sciuto	MN	155 State ST			Personal (620) 555-8664	F	S	I	
ST 03	Abby	DOB 04/04/1980	Pratt	KS	63866	Work	29	N		<input type="checkbox"/>
TU 02	Mallard	MN	8312 W 12th			Personal	M	U	N	
ST 31	Ducky	DOB 07/16/1957	Grand Island	NB	51668	Work	52	N		<input type="checkbox"/>
TU 02	McGee	MN	916 Walnut			Personal	M	U	N	
ST 31	Timothy	DOB 09/21/1974	Concordia	KS	67118	Work	35	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE# 02

SPECIAL DATA

Local Case No.

Page of

(02, 04, N2, X4, etc)

Example 14

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OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER Last Name ("Same" if Driver) **BNSF Railroad** OWNER First Name _____ Middle Name _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

COLOR **RED** YEAR **2004** MAKE **VOLK** MODEL **JET** BODY STYLE **4D** ST **KS**

COLOR _____ YEAR _____ MAKE _____ MODEL _____ BODY STYLE _____ ST _____

LICENSE PLATE # **JETRED** County **PR** Exp YR **2012** Removed by: **Major Tom Towing** MC CCs _____

LICENSE PLATE # _____ County _____ Exp YR _____ Removed by: _____ MC CCs _____

VEHICLE IDENTIFICATION NUMBER **3VW5K69M51M185149** Dir of Travel **N** # Occupants **2**

VEHICLE IDENTIFICATION NUMBER **16854** Dir of Travel **SE** # Occupants **2**

Insurance Company **Alliance of Kansas Ins Co** Policy Number **UV856283**

Insurance Company _____ Policy Number _____

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 **7** 2 _____ 3 _____ 4 _____ 5 _____ Odometer **59186** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ Odometer _____ Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
06 Sport utility veh - SUV 15 Transit (city) bus
07 Camper or RV 16 Other bus
08 Farm machinery 25 Train Power Source **F**
09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

25 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile 10 Single heavy truck >10,000 lbs
02 Motorcycle 11 Truck & trailer(s)
03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
04 Van 13 Cross country bus
05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
06 Sport utility veh - SUV 15 Transit (city) bus
07 Camper or RV 16 Other bus
08 Farm machinery 25 Train Power Source **F**
09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

01 VEHICLE USE 06 Police 07 Ambulance 08 Fire 09 Mail/Parcel 99 Unknown
02 Taxi / Limo 03 School bus 04 Other bus 05 Military

04 VEHICLE DAMAGE 04 Destroyed 88 Other: _____
01 Damage (minor) 02 Functional 03 Disabling 99 Unknown

01 VEHICLE USE 06 Police 07 Ambulance 08 Fire 09 Mail/Parcel 99 Unknown
02 Taxi / Limo 03 School bus 04 Other bus 05 Military

01 VEHICLE DAMAGE 04 Destroyed 88 Other: _____
01 Damage (minor) 02 Functional 03 Disabling 99 Unknown

DAMAGE LOCATION AREA First Impact **09** Major Impact **09**

14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____

Trailer: Present / Damaged _____

15 VEH. MANU. BEFORE UNSTAB. SIT.
01 Straight/ following road 11 Stopped awaiting turn
02 Left Turn 12 Stopped in traf
03 Right Turn 13 Illegally parked
04 U Turn 14 Disabled in roadway
05 Passing 15 Slowing or stopping
06 Changing lanes 16 Negotiating a curve
07 Avoidance man. 88 Other: _____
08 Merging 09 Parking 99 Unknown
10 Backing

DAMAGE LOCATION AREA First Impact **12** Major Impact **12**

14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____

Trailer: Present / Damaged _____

88 VEH. MANU. BEFORE UNSTAB. SIT.
01 Straight/ following road 11 Stopped awaiting turn
02 Left Turn 12 Stopped in traf
03 Right Turn 13 Illegally parked
04 U Turn 14 Disabled in roadway
05 Passing 15 Slowing or stopping
06 Changing lanes 16 Negotiating a curve
07 Avoidance man. 88 Other: **Riding Rails**
08 Merging 09 Parking 99 Unknown
10 Backing

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 **24** 2 _____ 3 _____ 4 _____ The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 **22** 2 _____ 3 _____ 4 _____ The exact sequence is unknown

NON-COLLISION

01 Ran off road right 10 Downhill runaway
02 Ran off road left 11 Trailer swing
03 Crossed centerline 12 Separation of units
04 Overturn/Rollover 13 Jackknife
05 Crossed median 14 Fire
06 Fell/Jumped from veh 15 Explosion
07 Thrown or falling object 16 Immersion in water
08 Cargo loss or shift 88 Other event: _____
09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.

COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

NON-COLLISION

01 Ran off road right 10 Downhill runaway
02 Ran off road left 11 Trailer swing
03 Crossed centerline 12 Separation of units
04 Overturn/Rollover 13 Jackknife
05 Crossed median 14 Fire
06 Fell/Jumped from veh 15 Explosion
07 Thrown or falling object 16 Immersion in water
08 Cargo loss or shift 88 Other event: _____
09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.

COLLISION WITH

21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

V1 was northbound on SE Bluestem RD. Because of heavy snowfall and slick roads, driver 1 was unable to stop for railroad crossing. The visibility was very low as a result of heavy blowing snow, and V1 proceeded onto the tracks and was hit by V2, a WB BNSF train. The train was composed of 4 engines and 33 fully loaded coal cars. Emergency stopping procedures were started about 100 feet east from the track crossing. Again, visibility was only approximately 100-150 feet.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
Sherman Co. Sheriff

Reviewed by
Tim Burton

Local Case No.
Example 15

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Amended Report

DUI

Hit & Run

Investigating Officer Name
B. House

Badge Number
007

County
SH

City Name
GOODLAND

PO Accident Severity

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
	2160		Parking Lot	TRFY			05/15/2012	09:32	TU	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
258	F	W	FROM AT	Commerce	RD		40	05/15/2012	09:35	TU

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 was traveling in the trafficway in front of the Wal-Mart store. V1 was unable to avoid colliding with V2 which turned left in front of V1.

Date Arrived (mm/dd/yyyy)
05/15/2012

Time Arriv.
09:40

Day
TU

Latitude (AOI)
39.33413

Longitude (AOI)
-101.72735

Photos by
Robert Black

WORK ZONE TYPE
00 None Apply

01 Construction Zone -

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area 99 Unknown

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS
01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

00 ADVERSE WEATHER CONDITIONS
00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other:
24 Sleet & fog
36 Snow & wind 99 Unknown

02 SURFACE TYPE
01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other:
04 Dirt
05 Brick 99 Unknown

01 SURFACE CONDITIONS
01 Dry 88 Other:
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

23 ACC. LOCATION (of 1st Harmful Event)
ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drvwy
15 Interchange Area +
16 On Crossover
17 Toll Plaza
OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other:
99 Unknown

+INTERSECTION TYPE
01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)
00 None 1 00 2 3
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRRXING
05 Interchange
06 Ramp
99 Unknown

03 ACCIDENT CLASS (mark 1 box per side)
1st Harmful Event Most Harmful Event
00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

**FIXED OBJECT TYPE (mark 1 box per side if applicable)
1st Harmful Event Most Harmful Event
01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

- WORK ZONE CATEGORY
01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

03 *COLLISION WITH VEHICLE 03 (mark 1 box per side if applicable)
1st Harmful Event Most Harmful Event
01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS (On / At Road) O/A
Type Present OK/NF
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

1	1	1
O	12	
2	2	2
3	3	3
4	4	4
5	5	5

Accident Diagram

850A continued

SPECIAL EVENT

Wal-Mart

SPECIAL DATA

Local Case No.

Page of

Example 15

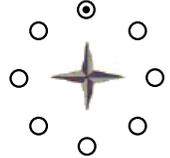
2 / 5

02	ROADWAY	01
ON	NUMBER OF LANES	AT
01	One	01 Straight & Level
02	Two	02 Straight on grade/slope
03	Three	03 Straight on hillcrest
04	Four to Six	04 Curved & level
05	Seven or more	05 Curved on grade/slope
88	Other: _____	06 Curved on hillcrest
99	Unknown	88 Other: _____
		99 Unknown

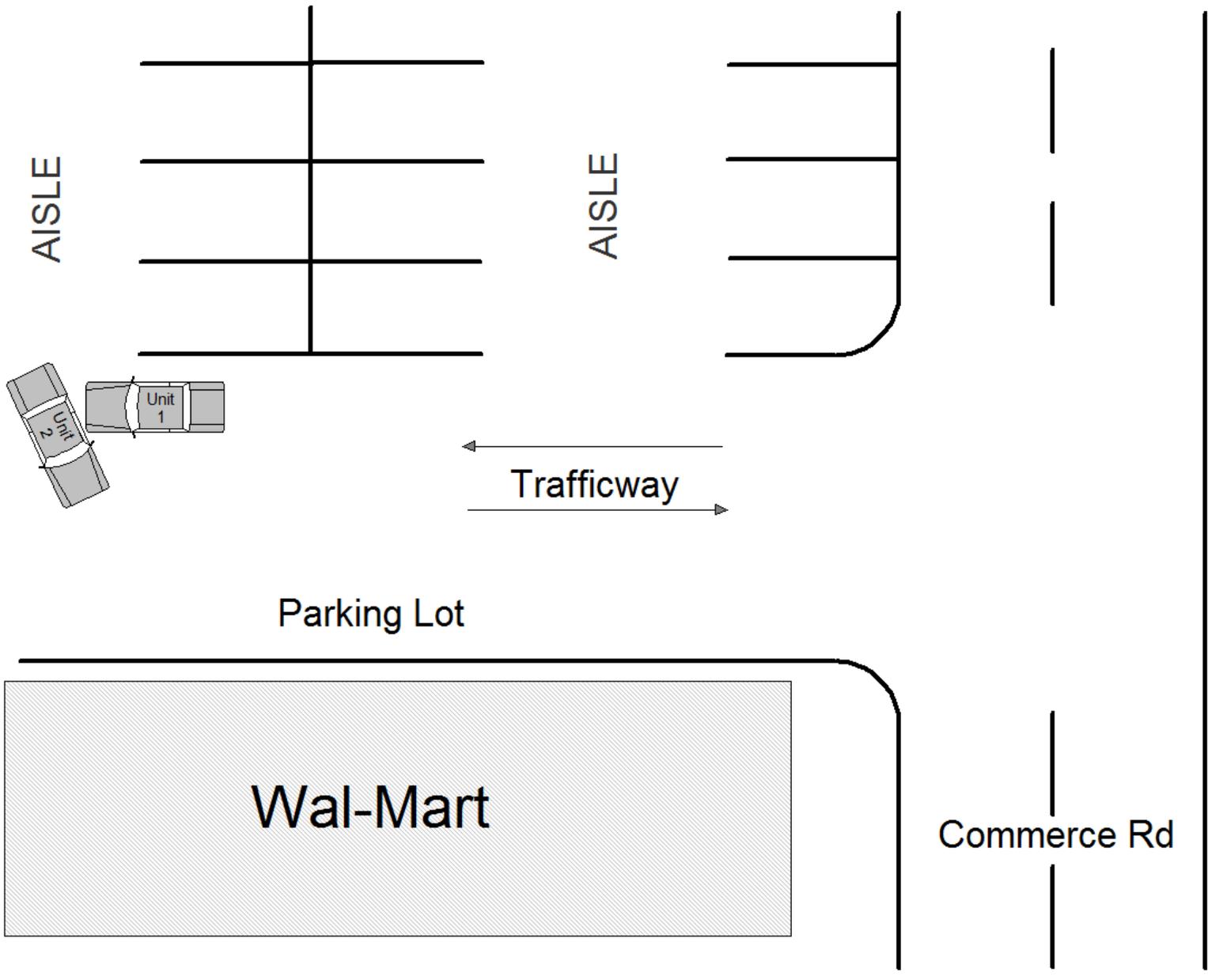
00	SPECIAL JURISDICTION
00	Normal Jurisdiction (Not Special)
01	National Park Service
02	Military
03	Indian Reservation
04	College / University Campus
05	Other Federal property
88	Other: _____
99	Unknown

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D2	30	D2	24								
----	----	----	----	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Stoddard	MN	1212 NW Cottonwood			Personal (813) 555-1847	F	S	N	
ST 01	Rebecca	DOB 02/09/1995	Sharon Springs	KS	68334	Work	15	N		<input type="checkbox"/>
TU 02	Pierce	MN	285 S Taylor AVE			Personal (813) 555-0374	M	S	N	
ST 01	Obadiah	DOB 11/21/1939	Sharon Springs	KS	68334	Work	70	N		<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	02 (02, 04, N2, X4, etc)
DL State	Driver's License Number	DL State	Driver's License Number
KS	K01748736	KS	K00579932

07	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	00 Not licensed	Restrictions? <input checked="" type="checkbox"/>	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01 Valid License	Driver's Lic Restrictions Y_N	Complied? Y_N	Z - None	01 Valid License	Driver's Lic Restrictions Y_N	Complied? Y_N	Z - None
02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer	02 Suspended	1 <input type="checkbox"/>	2 <input type="checkbox"/>	T - Double/Triple Trailer
03 Revoked	2 <input type="checkbox"/>	3 <input type="checkbox"/>	P - Passenger Vehicle	03 Revoked	2 <input type="checkbox"/>	3 <input type="checkbox"/>	P - Passenger Vehicle
04 Expired	3 <input type="checkbox"/>	4 <input type="checkbox"/>	N - Tank Vehicle	04 Expired	3 <input type="checkbox"/>	4 <input type="checkbox"/>	N - Tank Vehicle
05 Cancl'd or Denied	4 <input type="checkbox"/>		H - Placarded Haz. Material	05 Cancl'd or Denied	4 <input type="checkbox"/>		H - Placarded Haz. Material
06 Disqualified			X - Combination Tank/HazMat	06 Disqualified			X - Combination Tank/HazMat
07 Restricted			S - School Bus	07 Restricted			S - School Bus
99 Unknown			U - Unknown	99 Unknown			U - Unknown

SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Other 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Drug screen result <input type="checkbox"/>	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 02	Pierce	MN	785 N Taylor AVE			Personal (813) 555-8998	M	S	N	
ST 03	Jeremiah	DOB 04/28/1957	Sharon Springs	KS	66334	Work	53	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE# 02

SPECIAL DATA

Local Case No.

Page of

Example 15

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OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER Last Name ("Same" if Driver) **Same** OWNER First Name _____ Middle Name _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

OWNER ADDRESS (Number, Street) _____ New address? Personal Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

CITY _____ ST _____ ZIP _____ Work Phone _____

COLOR **GRN** YEAR **2008** MAKE **TOYT** MODEL **PRI** BODY STYLE **4D** ST **KS**

COLOR **WHI** YEAR **2003** MAKE **HOND** MODEL **ACC** BODY STYLE **4D** ST **KS**

LICENSE PLATE # **485 KRY** County **WA** Exp YR **2012** Removed by: **Owner** MC CCs _____

LICENSE PLATE # **AHF 287** County **WA** Exp YR **2012** Removed by: **Owner** MC CCs _____

VEHICLE IDENTIFICATION NUMBER **JTDKB20U487708613** Dir of Travel **W** # Occupants **1**

VEHICLE IDENTIFICATION NUMBER **1HGHM66523A086905** Dir of Travel **SE** # Occupants **2**

Insurance Company **No-State Ins** Policy Number **61083-783**

Insurance Company **Ho-Hum Ins** Policy Number **38163-B**

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ Odometer **38088** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ Odometer **87192** Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile	10 Single heavy truck >10,000 lbs
02 Motorcycle	11 Truck & trailer(s)
03 Motor scooter or Moped	12 Tractor-trailer(s)
04 Van	13 Cross country bus
05 Pickup truck <10,001 lbs	14 School bus
06 Sport utility veh - SUV	15 Transit (city) bus
07 Camper or RV	16 Other bus
08 Farm machinery	25 Train
09 All-terrain vehicle - ATV	88 Other: _____ 99 Unknown

Calculated speed at impact _____
Bus Seat Capacity _____
Power Source **H**

01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**

01 Automobile	10 Single heavy truck >10,000 lbs
02 Motorcycle	11 Truck & trailer(s)
03 Motor scooter or Moped	12 Tractor-trailer(s)
04 Van	13 Cross country bus
05 Pickup truck <10,001 lbs	14 School bus
06 Sport utility veh - SUV	15 Transit (city) bus
07 Camper or RV	16 Other bus
08 Farm machinery	25 Train
09 All-terrain vehicle - ATV	88 Other: _____ 99 Unknown

Calculated speed at impact _____
Bus Seat Capacity _____
Power Source **F**

01 VEHICLE USE	02 VEHICLE DAMAGE
01 No special use	00 None
02 Taxi / Limo	01 Damage (minor)
03 School bus	02 Functional
04 Other bus	03 Disabling
05 Military	04 Destroyed
06 Police	08 Other: _____
07 Ambulance	99 Unknown
08 Fire	
09 Mail/Parcel	
99 Unknown	

01 VEHICLE USE	02 VEHICLE DAMAGE
01 No special use	00 None
02 Taxi / Limo	01 Damage (minor)
03 School bus	02 Functional
04 Other bus	03 Disabling
05 Military	04 Destroyed
06 Police	08 Other: _____
07 Ambulance	99 Unknown
08 Fire	
09 Mail/Parcel	
99 Unknown	

DAMAGE LOCATION AREA
First Impact **12** Major Impact **12**

14 Undercarriage 15 Windshield
16 Other windows 99 Unknown
17 Entire vehicle damaged
88 Other: _____

Trailer: Present / Damaged _____

DAMAGE LOCATION AREA
First Impact **09** Major Impact **09**

14 Undercarriage 15 Windshield
16 Other windows 99 Unknown
17 Entire vehicle damaged
88 Other: _____

Trailer: Present / Damaged _____

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 **22** 2 _____ 3 _____ 4 _____ The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)

1 **22** 2 _____ 3 _____ 4 _____ The exact sequence is unknown

NON-COLLISION	COLLISION WITH
01 Ran off road right	21 Pedestrian
02 Ran off road left	22 Motor veh in-transport
03 Crossed centerline	23 Legally Parked Vehicle
04 Overturn/Rollover	24 Train
05 Crossed median	25 Pedal cycle (bike, etc)
06 Fell/Jumped from veh	26 Animal
07 Thrown or falling object	27 Fixed Object
08 Cargo loss or shift	28 Other moveable object
09 Equipment failure (tire, brakes, etc.)	99 Unknown object
10 Downhill runaway	
11 Trailer swing	
12 Separation of units	
13 Jackknife	
14 Fire	
15 Explosion	
16 Immersion in water	
18 Other event:	
98 Unknown non-coll.	

NON-COLLISION	COLLISION WITH
01 Ran off road right	21 Pedestrian
02 Ran off road left	22 Motor veh in-transport
03 Crossed centerline	23 Legally Parked Vehicle
04 Overturn/Rollover	24 Train
05 Crossed median	25 Pedal cycle (bike, etc)
06 Fell/Jumped from veh	26 Animal
07 Thrown or falling object	27 Fixed Object
08 Cargo loss or shift	28 Other moveable object
09 Equipment failure (tire, brakes, etc.)	99 Unknown object
10 Downhill runaway	
11 Trailer swing	
12 Separation of units	
13 Jackknife	
14 Fire	
15 Explosion	
16 Immersion in water	
18 Other event:	
98 Unknown non-coll.	

Driver 1 (Stoddard) was headed through the Wal-Mart parking trafficway in front of the store. Driver 2 (Pierce) was exiting a parking area aisle turning left. Driver 2 did not yield to driver 1 and the two collided in the traffic way.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department

Liberal PD

Reviewed by

J. Bateman

Local Case No.

Example 16

Page of

1 / 6

Amended Report

DUI

Hit & Run

Accident Severity

Milepost: 800 Block No: 800 Dir Pfx: On Road Name: Pershing Road Type: AVE Dir Sfx: SpdLmt: 40 Date of Accident (mm/dd/yyyy): 06/12/2012 Time Occur: 23:30 Day: TU

From Dist: 175 Ft/Mi: F From Dir: N Dir Pfx: Reference or At Road Name: 8th Road Type: ST Dir Sfx: SpdLmt: 30 Date Notified (mm/dd/yyyy): 06/12/2012 Time Notif: 23:32 Day: TU

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 veered right and sideswiped X3 which was legally parked on the street and left the scene. There was a passenger inside X3 (Ped 2) who was injured.

Date Arrived (mm/dd/yyyy): 06/12/2012 Time Arriv: 23:47 Day: TU

Latitude (AOI): 37.04731 Longitude (AOI): -100.92736 Photos by: WORK ZONE TYPE: 00 None Apply

01 Construction Zone - 
02 Maintenance Zone -
03 Utility Zone -
99 Unknown

Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

05 LIGHT CONDITIONS
01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

00 ADVERSE WEATHER CONDITIONS
00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other:
24 Sleet & fog
36 Snow & wind 99 Unknown

02 SURFACE TYPE
ON AT
01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other:
04 Dirt
05 Brick 99 Unknown

01 SURFACE CONDITIONS
ON AT
01 Dry 88 Other:
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

11 ACC. LOCATION
(of 1st Harmful Event)
ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drwvy
15 Interchange Area +
16 On Crossover
17 Toll Plaza
OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other:
99 Unknown

+INTERSECTION TYPE
01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)
00 None 00 01
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRRXING
05 Interchange
06 Ramp
99 Unknown

04 ACCIDENT CLASS
(mark 1 box per side) **04**
1st Harmful Event Most Harmful Event
00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE**
(mark 1 box per side if applicable)
1st Harmful Event Most Harmful Event
01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

- LOCATION IN WORK ZONE (AOI)
01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area 99 Unknown

- WORK ZONE CATEGORY
01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

***COLLISION WITH VEHICLE**
(mark 1 box per side if applicable)
1st Harmful Event Most Harmful Event
01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: _____
99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A
↓ Type Present OK/NF
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

1	1	1
0	00	
2	2	2
3	3	3
4	4	4
5	5	5

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

Example 16

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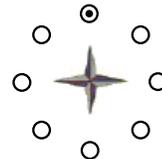
02 ON	ROADWAY NUMBER OF LANES	AT
	01 One	
	02 Two	
	03 Three	
	04 Four to Six	
	05 Seven or more	
	88 Other: _____	
	99 Unknown	

01 ON	ROAD CHARACTER	AT
	01 Straight & Level	
	02 Straight on grade/slope	
	03 Straight on hillcrest	
	04 Curved & level	
	05 Curved on grade/slope	
	06 Curved on hillcrest	
	88 Other: _____	
	99 Unknown	

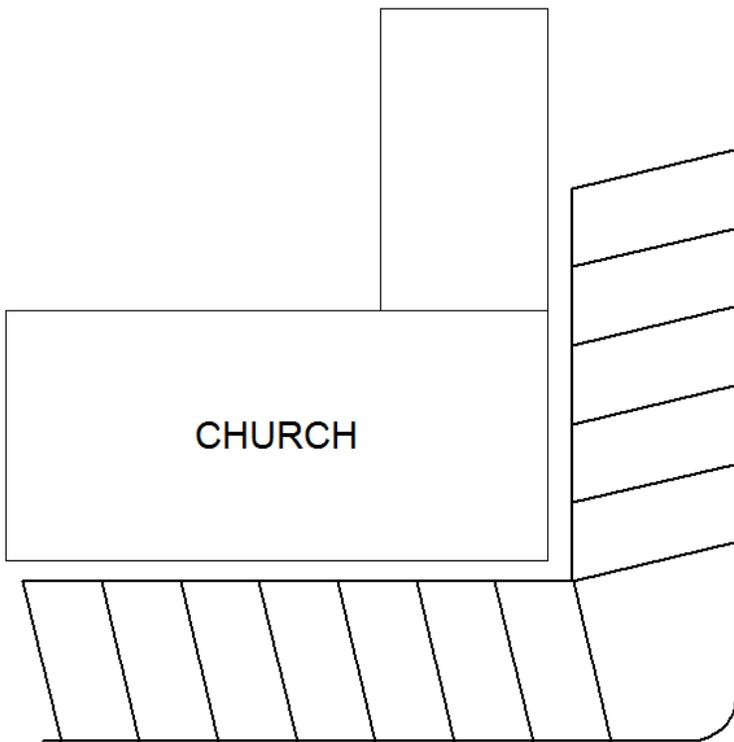
00	SPECIAL JURISDICTION
	00 Normal Jurisdiction (Not Special)
	01 National Park Service
	02 Military
	03 Indian Reservation
	04 College / University Campus
	05 Other Federal property
	88 Other: _____
	99 Unknown

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

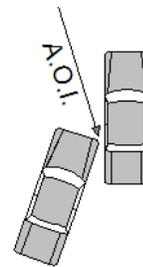
Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



8th



Pershing

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1	02	D1	39																
----	----	----	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Stewart	MN	1432 Franklin Park CIR			(620) 555-6411	F	N	P	
ST 01	Libby	DOB 01/12/1989	Liberal	KS	62985		21	N		<input type="checkbox"/>
TU		MN								
ST		DOB								<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00577132	A	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS	02	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input checked="" type="checkbox"/> N	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None T - Double/Triple Trailer P - Passenger Vehicle N - Tank Vehicle H - Placarded Haz. Material X - Combination Tank/HazMat S - School Bus U - Unknown	00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None T - Double/Triple Trailer P - Passenger Vehicle N - Tank Vehicle H - Placarded Haz. Material X - Combination Tank/HazMat S - School Bus U - Unknown
01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>		01 Valid License	Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	
02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
03 Revoked				03 Revoked			
04 Expired				04 Expired			
05 Cancl'd or Denied				05 Cancl'd or Denied			
06 Disqualified				06 Disqualified			
07 Restricted				07 Restricted			
99 Unknown				99 Unknown			

SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)	
<input checked="" type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input checked="" type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PT - Prelim Positive Test (PBT)	<input checked="" type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> PT - Prelim Positive Test (PBT)
<input checked="" type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input checked="" type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
<input checked="" type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/>	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Evidentiary Breath 0.12	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0.
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Blood (BAC) 0.18	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0.
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Other 0.	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Other 0.
		Drug screen result <input type="checkbox"/>			Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN								
ST		DOB								<input type="checkbox"/>
TU		MN								
ST		DOB								<input type="checkbox"/>
TU		MN								
ST		DOB								<input type="checkbox"/>
TU		MN								
ST		DOB								<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

While traveling north on Pershing, V1 was driving erratically and veered to the right side of the road, striking a legally parked vehicle (X3). This parked vehicle was occupied by a 16 yr old male who was subsequently injured by the impact. An open container was found in V1, and there was a distinct order of alcohol on D1. D1 received possible injury and the 16 year old occupant (P2) although injured, was not transported for medical attention (he refused treatment for minor cuts).

Unit # Ped Type	PEDESTRIAN Last Name PEDESTRIAN First Name	Middle Name Date of Birth	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) City State Zip	Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
TU 02	Martinez	MN James	1845 Trail Ridge RD New address? <input type="checkbox"/>	Personal (622) 555-6115	M	U	I	
PT 25	Micah	DOB 06/10/1994	Liberal KS 62985	Work	16	N		<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>	Personal				
PT		DOB		Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

TU#	DirTrvl	DL State	Driver's License Number	Special Data
02	N			

TU#	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT			
00	00 NOT in roadway (driving lanes)			
	IN or AT INTERSECTION	NOT IN or AT INTERSECTION		
	01 In crosswalk or bikeway	11 In crosswalk or bikeway		
	02 NOT in crosswalk or bikeway	12 NOT in crosswalk or bikeway		
	03 In intersection without a crosswalk or bikeway	13 In area without a crosswalk or bikeway		
	88 Other: _____	99 Unknown		

TU#	OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)			
12	01 Within a work zone			
	02 In median (not shoulder)	08 Driveway access crosswalk	09 Dedicated bike lane	10 Shared-use path or trails
	03 On Island	11 Inside building	12 In legally parked vehicle	13 In area without a crosswalk or bikeway
	04 Road shoulder (not ditch or median)	88 Other: _____	99 Unknown	
	05 Roadside (not on shoulder)			
	06 Sidewalk			
	07 Outside trafficway			

TU#	PEDESTRIAN ACTION BEFORE CRASH			
07	01 Walking / cycling to or from school			
	02 Approaching or leaving bus	07 Standing, sitting, or lying	08 Playing, running, walking	09 Cycling
	03 Approaching or leaving vehicle	10 Entering or crossing		
	04 Working (not on vehicle)	88 Other: _____	99 Unknown	
	05 Working on vehicle			
	06 Pushing motor vehicle			

TU#	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL			
04	00 No pedestrian signal			
	01 Obeyed pedestrian signal	03 Ped signal malfunction	04 Not applicable	99 Unknown
	02 Disobeyed pedestrian signal			

SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed		

METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)
ALCOHOL <input checked="" type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small> <input type="checkbox"/> 04 Passive Alcohol Sensor <small>(detects alcohol from driver's mouth)</small> <input type="checkbox"/> 05 Observed <small>(Odor, staggering, slurred speech, etc)</small> <input type="checkbox"/> 06 Other (e.g. saliva test)	DRUGS <input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ALCOHOL <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/> </div>	ALCOHOL <input type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small> <input type="checkbox"/> 04 Passive Alcohol Sensor <small>(detects alcohol from driver's mouth)</small> <input type="checkbox"/> 05 Observed <small>(Odor, staggering, slurred speech, etc)</small> <input type="checkbox"/> 06 Other (e.g. saliva test)	DRUGS <input type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ALCOHOL <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/> </div>

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department

Atwood PD

Reviewed by

J. Jones

Local Case No.

Example 17

Page of

1 / 6

Amended Report

DUI

Hit & Run

Accident Severity

Investigating Officer Name

William Wonka

Badge Number

008

County

RA

City Name

ATWOOD

Milepost

Block No

Dir Pfx

On Road Name

Road Type

Dir Sfx

SpdLmt

Date of Accident (mm/dd/yyyy)

Time Occur.

Day

100

Pearl

ST

35

07/04/2012

11:25

WE

From Dist

Ft/Mi

From Dir

FROM

Dir Pfx

Reference or At Road Name

Road Type

Dir Sfx

SpdLmt

Date Notified (mm/dd/yyyy)

Time Notif.

Day

190

F

W

AT

2nd

ST

35

07/04/2012

11:30

WE

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

Vehicle 1 EB on Pearl ST. Ped 2 ran into road chasing after a soccer ball. Veh 1 struck ped 2.

Date Arrived (mm/dd/yyyy)

07/04/2012

Time Arriv.

11:35

Day

WE

Private Property

Latitude (AOI)

39.80349

Longitude (AOI)

-101.04532

Photos by

00

WORK ZONE TYPE

ON

00 None Apply

01 Construction Zone -

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area

99 Unknown

- WORK ZONE CATEGORY

01 Lane closure

02 Lane shift / crossover

03 Work on shoulder / median

04 Intermittent or moving vehicle

88 Other: _____

99 Unknown

*COLLISION WITH VEHICLE

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on

02 Rear end

03 Angle - side impact

04 Sideswipe: opposite direction

05 Sideswipe: Same direction

06 Backed into

88 Other: _____

99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A

Type Present OK/NF

00 None

01 Officer, flagger

02 Traffic signal

03 Stop sign

04 Flasher

05 Yield sign

06 RR gates / signal

07 RR crossing signs

08 No passing zone

09 Center/Edge lines

10 Warning signs

11 School zone signs

12 Parking lines

88 Other: _____

99 Unknown

1	1	1
0	00	1
2	2	2
3	3	3
4	4	4
5	5	5

Object 1 Damaged & Nature of Damage (show in diagram)

Owner Street Address

Personal Phone

Owner Last Name

First Name

Middle Name

City

State

Zip

Work Phone

Object 2 Damaged & Nature of Damage (show in diagram)

Owner Street Address

Personal Phone

Owner Last Name

First Name

Middle Name

City

State

Zip

Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01

LIGHT CONDITIONS

01 Daylight

04 Dark: street lights on

02 Dawn

05 Dark: no street lights

03 Dusk

99 Unknown

00

ADVERSE WEATHER CONDITIONS

00 No adverse conditions

01 Rain, mist, drizzle

02 Sleet, hail

03 Snow

04 Fog

05 Smoke

06 Strong wind

07 Blowing dust, sand, etc.

08 Freezing rain, mist, drizzle

14 Rain & fog

16 Rain & wind

88 Other: _____

24 Sleet & fog

36 Snow & wind

99 Unknown

02

SURFACE TYPE

01 Concrete

02 Blacktop (Asphalt)

03 Gravel

88 Other: _____

04 Dirt

05 Brick

99 Unknown

01

SURFACE CONDITIONS

01 Dry

88 Other: _____

02 Wet

03 Snow

99 Unknown

04 Ice

05 Mud/dirt/sand

06 Debris (oil, etc.)

07 Standing/ moving water

08 Slush

11

ACC. LOCATION

(of 1st Harmful Event)

ON ROADWAY: (within travel lanes)

11 Non-intersection

12 Intersection +

13 Intersection-related +

14 Access to Parking lot/Drwvy

15 Interchange Area +

16 On Crossover

17 Toll Plaza

OFF ROADWAY:

20 Shoulder

21 Roadside (not shoulder)

22 Median

23 Parking lot or Rest area

88 Other: _____

99 Unknown

11

+INTERSECTION TYPE

01 Four-way intersection

02 Five-way or more

03 T - intersection

04 Y - intersection

05 L - intersection

06 Roundabout (See Manual for Definitions)

07 Traffic Circle

08 Part of an interchange

99 Unknown

11

ROAD SPECIAL FEATURES (up to 3)

00 None

01 Bridge

02 Bridge Overhead

03 Railroad Bridge

04 RRRXING

05 Interchange

06 Ramp

99 Unknown

02

ACCIDENT CLASS

(mark 1 box per side)

1st

Harmful Event

Most Harmful Event

00 Other non-collision

01 Overturned/Rollover

COLLISION WITH:

02 Pedestrian

03 Motor vehicle in-transport*

04 Legally Parked Vehicle

05 Railway train

06 Pedal cyclist

07 Animal Type: _____

08 Fixed object**

09 Other object: _____

99 Unknown

1st

Harmful Event

Most Harmful Event

01 Bridge structure

02 Bridge rail

03 Crash cush./Impact attenuator

04 Divider, median barrier

05 Overhead sign support

06 Utility devices: pole, meter, etc

07 Other post or pole

08 Building

09 Guardrail

10 Sign post

11 Culvert

12 Curb

13 Fence/Gate

14 Hydrant

15 Barricade

16 Mailbox

17 Ditch

18 Embankment

19 Wall

20 Tree

21 RRRXING fixtures

88 Other: _____

99 Unknown

99 Unknown

Accident Diagram

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

850A continued

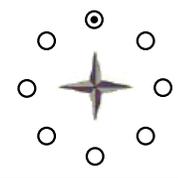
Example 17

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02 ON	ROADWAY NUMBER OF LANES	AT	01 ON	ROAD CHARACTER	AT	00	SPECIAL JURISDICTION
	01 One			01 Straight & Level			00 Normal Jurisdiction (Not Special)
	02 Two			02 Straight on grade/slope			01 National Park Service
	03 Three			03 Straight on hillcrest			02 Military
	04 Four to Six			04 Curved & level			03 Indian Reservation
	05 Seven or more			05 Curved on grade/slope			04 College / University Campus
	88 Other: _____			06 Curved on hillcrest			05 Other Federal property
	99 Unknown			88 Other: _____			88 Other: _____
				99 Unknown			99 Unknown

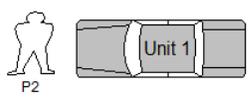
A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available

190 Ft from 2nd



PEARL ST

2nd St.

NOT TO SCALE

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

P2	17	P2	29								
----	----	----	----	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Finch	MN	6235 SW Moi Rue			Personal (785) 555-9766	M	S	N	
ST 01	Atticus	DOB 03/21/1961	Atwood	KS	66549	Work	49	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00398275	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS		DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input checked="" type="checkbox"/> Y	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None	00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None
01 Valid License	Driver's Lic Restrictions Y_N	Complied? <input checked="" type="checkbox"/> Y	T - Double/Triple Trailer	01 Valid License	Driver's Lic Restrictions Y_N	Complied? <input type="checkbox"/>	T - Double/Triple Trailer
02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		P - Passenger Vehicle	02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		P - Passenger Vehicle
03 Revoked			N - Tank Vehicle	03 Revoked			N - Tank Vehicle
04 Expired			H - Placarded Haz. Material	04 Expired			H - Placarded Haz. Material
05 Cancl'd or Denied			X - Combination Tank/HazMat	05 Cancl'd or Denied			X - Combination Tank/HazMat
06 Disqualified			S - School Bus	06 Disqualified			S - School Bus
07 Restricted			U - Unknown	07 Restricted			U - Unknown
99 Unknown				99 Unknown			

SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed		

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/> DRUGS	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/> DRUGS	<input type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> BLOOD	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> BLOOD	<input type="checkbox"/> Blood (BAC) 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> OTHER	<input type="checkbox"/> Other 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> OTHER	<input type="checkbox"/> Other 0. _____
	<input type="checkbox"/> DRUG SCREEN	Drug screen result <input type="checkbox"/>		<input type="checkbox"/> DRUG SCREEN	Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

Occupants & Vehicles

850B Continued

VEHICLE# 01

SPECIAL DATA

(01, 03, N3, X3, etc)

VEHICLE#

SPECIAL DATA

Local Case No.

Page of

(02, 04, N2, X4, etc)

Example 17

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OWNER Last Name ("Same" if Driver) **Same** OWNER First Name Middle Name

OWNER Last Name ("Same" if Driver) OWNER First Name Middle Name

OWNER ADDRESS (Number, Street) New address? Personal Phone

OWNER ADDRESS (Number, Street) New address? Personal Phone

CITY ST ZIP Work Phone

CITY ST ZIP Work Phone

COLOR **RED** YEAR **2005** MAKE **BMW** MODEL **M6** BODY STYLE **2D** ST **KS**

COLOR YEAR MAKE MODEL BODY STYLE ST

LICENSE PLATE # **JED 681** County **RA** Exp YR **2012** Removed by: MC CCs

LICENSE PLATE # County Exp YR Removed by: MC CCs

VEHICLE IDENTIFICATION NUMBER **WBAJ6320SJD41370** Dir of Travel **S** # Occupants **1**

VEHICLE IDENTIFICATION NUMBER Dir of Travel # Occupants

Insurance Company **Allstate Ins** Policy Number **5767Q73**

Insurance Company Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 2 3 4 5 Odometer **121983** Fire?

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 2 3 4 5 Odometer Fire?

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

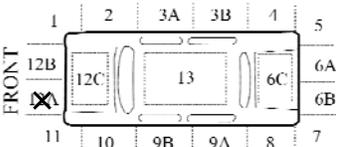
1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

01 VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**
 01 Automobile 10 Single heavy truck >10,000 lbs
 02 Motorcycle 11 Truck & trailer(s)
 03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
 04 Van 13 Cross country bus
 05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
 06 Sport utility veh - SUV 15 Transit (city) bus
 07 Camper or RV 16 Other bus
 08 Farm machinery 25 Train Power Source **F**
 09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

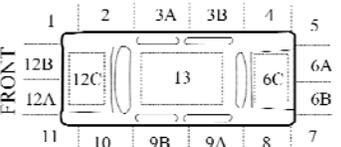
VEHICLE BODY TYPE **LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)**
 01 Automobile 10 Single heavy truck >10,000 lbs
 02 Motorcycle 11 Truck & trailer(s)
 03 Motor scooter or Moped 12 Tractor-trailer(s) Calculated speed at impact
 04 Van 13 Cross country bus
 05 Pickup truck <10,001 lbs 14 School bus } Bus Seat Capacity _____
 06 Sport utility veh - SUV 15 Transit (city) bus
 07 Camper or RV 16 Other bus
 08 Farm machinery 25 Train Power Source _____
 09 All-terrain vehicle - ATV 88 Other: _____ 99 Unknown

01 VEHICLE USE **01** VEHICLE DAMAGE
 01 No special use 06 Police 00 None 04 Destroyed
 02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other:
 03 School bus 08 Fire 02 Functional
 04 Other bus 09 Mail/Parcel 03 Disabling 99 Unknown
 05 Military 99 Unknown

VEHICLE USE VEHICLE DAMAGE
 01 No special use 06 Police 00 None 04 Destroyed
 02 Taxi / Limo 07 Ambulance 01 Damage (minor) 88 Other:
 03 School bus 08 Fire 02 Functional
 04 Other bus 09 Mail/Parcel 03 Disabling 99 Unknown
 05 Military 99 Unknown

DAMAGE LOCATION AREA First Impact **12** Major Impact **12**

 14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____
 Trailer: Present / Damaged

07 VEH. MANU. BEFORE UNSTAB. SIT.
 01 Straight/ following road 11 Stopped awaiting turn
 02 Left Turn 12 Stopped in traf
 03 Right Turn 13 Illegally parked
 04 U Turn 14 Disabled in roadway
 05 Passing 15 Slowing or stopping
 06 Changing lanes 16 Negotiating a curve
 07 Avoidance man. 88 Other:
 08 Merging 99 Unknown
 09 Parking
 10 Backing

DAMAGE LOCATION AREA First Impact Major Impact

 14 Undercarriage 15 Windshield
 16 Other windows 99 Unknown
 17 Entire vehicle damaged
 88 Other: _____
 Trailer: Present / Damaged

VEH. MANU. BEFORE UNSTAB. SIT.
 01 Straight/ following road 11 Stopped awaiting turn
 02 Left Turn 12 Stopped in traf
 03 Right Turn 13 Illegally parked
 04 U Turn 14 Disabled in roadway
 05 Passing 15 Slowing or stopping
 06 Changing lanes 16 Negotiating a curve
 07 Avoidance man. 88 Other:
 08 Merging 99 Unknown
 09 Parking
 10 Backing

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
 1 **21** 2 3 4 The exact sequence is unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
 1 2 3 4 The exact sequence is unknown

NON-COLLISION
 01 Ran off road right 10 Downhill runaway
 02 Ran off road left 11 Trailer swing
 03 Crossed centerline 12 Separation of units
 04 Overturn/Rollover 13 Jackknife
 05 Crossed median 14 Fire
 06 Fell/Jumped from veh 15 Explosion
 07 Thrown or falling object 16 Immersion in water
 08 Cargo loss or shift 88 Other event:
 09 Equipment failure (tire, brakes, etc.) 98 Unknown non-coll.

COLLISION WITH
 21 Pedestrian
 22 Motor veh in-transport
 23 Legally Parked Vehicle
 24 Train
 25 Pedal cycle (bike, etc)
 26 Animal
 27 Fixed Object
 28 Other moveable object
 99 Unknown object

NON-COLLISION
 01 Ran off road right 10 Downhill runaway
 02 Ran off road left 11 Trailer swing
 03 Crossed centerline 12 Separation of units
 04 Overturn/Rollover 13 Jackknife
 05 Crossed median 14 Fire
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COLLISION WITH
 21 Pedestrian
 22 Motor veh in-transport
 23 Legally Parked Vehicle
 24 Train
 25 Pedal cycle (bike, etc)
 26 Animal
 27 Fixed Object
 28 Other moveable object
 99 Unknown object

Mr. Finch (driver of vehicle 1) was westbound on Pearl ST when a young boy ran out directly in front of his vehicle from south to north. He was unable to avoid colliding with the child, who was chasing after a soccer ball.

D1 stopped immediately, and called for help via a cell phone. An ambulance was also called to the scene and transported the boy to the nearest hospital for medical attention. It appears that the child had a possible broken right arm and several smaller cuts and bruises. Mr. Finch was not injured.

Unit # Ped Type	PEDESTRIAN Last Name PEDESTRIAN First Name	Middle Name Date of Birth	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) City State Zip	Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
TU 02	Cunningham	MN Phillip	315 Ketcham AVE New address? <input type="checkbox"/>	Personal (785) 555-8922	M	N	D	A
PT 21	Walter	DOB 04/25/1999	Atwood KS 66549	Work	11	N		<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>	Personal				
PT		DOB		Work				<input type="checkbox"/>

Transport Unit A	EMS Time Notified 11:30	Injured taken by: Rawlins Co. EMS	Transport Unit _____	EMS Time Notified	Injured taken by:
EMS Arrived 11:41	EMS Time@Hosp 12:13	Injured taken to: Atwood General	EMS Arrived	EMS Time@Hosp	Injured taken to:

TU#	DirTrvl	DL State	Driver's License Number	Special Data	TU#	DirTrvl	DL State	Driver's License Number	Special Data
02	N								

TU#	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT				TU#	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT			
13	00 NOT in roadway (driving lanes)					00 NOT in roadway (driving lanes)			
	IN or AT INTERSECTION		NOT IN or AT INTERSECTION			IN or AT INTERSECTION		NOT IN or AT INTERSECTION	
	01 In crosswalk or bikeway		11 In crosswalk or bikeway			01 In crosswalk or bikeway		11 In crosswalk or bikeway	
	02 NOT in crosswalk or bikeway		12 NOT in crosswalk or bikeway			02 NOT in crosswalk or bikeway		12 NOT in crosswalk or bikeway	
	03 In intersection without a crosswalk or bikeway		13 In area without a crosswalk or bikeway			03 In intersection without a crosswalk or bikeway		13 In area without a crosswalk or bikeway	
	88 Other: _____		99 Unknown			88 Other: _____		99 Unknown	

TU#	OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)				TU#	OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)			
	01 Within a work zone		08 Driveway access crosswalk			01 Within a work zone		08 Driveway access crosswalk	
	02 In median (not shoulder)		09 Dedicated bike lane			02 In median (not shoulder)		09 Dedicated bike lane	
	03 On Island		10 Shared-use path or trails			03 On Island		10 Shared-use path or trails	
	04 Road shoulder (not ditch or median)		11 Inside building			04 Road shoulder (not ditch or median)		11 Inside building	
	05 Roadside (not on shoulder)		12 In legally parked vehicle			05 Roadside (not on shoulder)		12 In legally parked vehicle	
	06 Sidewalk		88 Other: _____			06 Sidewalk		88 Other: _____	
	07 Outside trafficway		99 Unknown			07 Outside trafficway		99 Unknown	

TU#	PEDESTRIAN ACTION BEFORE CRASH				TU#	PEDESTRIAN ACTION BEFORE CRASH			
08	01 Walking / cycling to or from school		07 Standing, sitting, or lying			01 Walking / cycling to or from school		07 Standing, sitting, or lying	
	02 Approaching or leaving bus		08 Playing, running, walking			02 Approaching or leaving bus		08 Playing, running, walking	
	03 Approaching or leaving vehicle		09 Cycling			03 Approaching or leaving vehicle		09 Cycling	
	04 Working (not on vehicle)		10 Entering or crossing			04 Working (not on vehicle)		10 Entering or crossing	
	05 Working on vehicle		88 Other: _____			05 Working on vehicle		88 Other: _____	
	06 Pushing motor vehicle		99 Unknown			06 Pushing motor vehicle		99 Unknown	

TU#	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL				TU#	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL			
00	00 No pedestrian signal		03 Ped signal malfunction			00 No pedestrian signal		03 Ped signal malfunction	
	01 Obeyed pedestrian signal		04 Not applicable			01 Obeyed pedestrian signal		04 Not applicable	
	02 Disobeyed pedestrian signal		99 Unknown			02 Disobeyed pedestrian signal		99 Unknown	

SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)
ALCOHOL <input checked="" type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small> <input type="checkbox"/> 04 Passive Alcohol Sensor <small>(detects alcohol from driver's mouth)</small> <input type="checkbox"/> 05 Observed <small>(Odor, staggering, slurred speech, etc)</small> <input type="checkbox"/> 06 Other (e.g. saliva test)	DRUGS <input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ALCOHOL <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/> </div>	ALCOHOL <input type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small> <input type="checkbox"/> 04 Passive Alcohol Sensor <small>(detects alcohol from driver's mouth)</small> <input type="checkbox"/> 05 Observed <small>(Odor, staggering, slurred speech, etc)</small> <input type="checkbox"/> 06 Other (e.g. saliva test)	DRUGS <input type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> ALCOHOL <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/> </div>

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
KHP

Reviewed by
J. Carpenter

Local Case No.
Example 18

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Investigating Officer Name
Calvin Hobbs

Badge Number
555

County
SN

City Name

Amended Report

DUI

Hit & Run

PO Accident Severity

Milepost 185.2	Block No	Dir Pfx	On Road Name U075	Road Type FWY	Dir Sfx	SpdLmt 65	Date of Accident (mm/dd/yyyy) 08/02/2012	Time Occur. 23:55	Day TH	
From Dist 100	Ft/Mi F	From Dir N	Dir Pfx <input checked="" type="radio"/> FROM <input type="radio"/> AT	Reference or At Road Name I070	Road Type RAMP	Dir Sfx	SpdLmt 45	Date Notified (mm/dd/yyyy) 08/02/2012	Time Notif. 23:58	Day TH

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Private Property

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

TU1, while exiting WB I-70 to NB U-75, lost control and collided with the bridge rail just north of the ramp gore area.

CODING NOTE: What is signed as US-75 NB Ramp is really considered an I-70 ramp...The rule: "You are not ON the next route until you fully leave the previous route." (See page 25)

Date Arrived (mm/dd/yyyy)
08/03/2012

Time Arriv.
00:15

Day
FR

Latitude (AOI)

39.06911

Longitude (AOI)

-95.73119

Photos by

KHP

00 ON

WORK ZONE TYPE AT

00 None Apply

01 Construction Zone -

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure

02 Lane shift / crossover

03 Work on shoulder / median

04 Intermittent or moving vehicle

88 Other: _____

99 Unknown

***COLLISION WITH VEHICLE**

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on

02 Rear end

03 Angle - side impact

04 Sideswipe: opposite direction

05 Sideswipe: Same direction

06 Backed into

88 Other: _____

99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A

Type Present OK/NF

00 None

01 Officer, flagger

02 Traffic signal

03 Stop sign

04 Flasher

05 Yield sign

06 RR gates / signal

07 RR crossing signs

08 No passing zone

09 Center/Edge lines

10 Warning signs

11 School zone signs

12 Parking lines

88 Other: _____

99 Unknown

1	1	1
O	09	OK
2	2	2
3	3	3
4	4	4
5	5	5

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Bridge rail cracked

Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT

KDOT? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

04 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

00 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other: _____
24 Sleet & fog
36 Snow & wind 99 Unknown

01 SURFACE TYPE ON AT

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other: _____
04 Dirt
05 Brick 99 Unknown

01 SURFACE CONDITIONS ON AT

01 Dry 88 Other: _____
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

20 ACC. LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drwvy
15 Interchange Area +
16 On Crossover
17 Toll Plaza
OFF ROADWAY:
20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other: _____
99 Unknown

+INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None 01 02 03
01 Bridge **B134**
02 Bridge Overhead
03 Railroad Bridge
04 RRRXING _____
05 Interchange
06 Ramp
99 Unknown

08 ACCIDENT CLASS (mark 1 box per side)

1st Harmful Event Most Harmful Event

00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

02 **FIXED OBJECT TYPE (mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

Page of

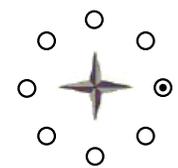
Example 18

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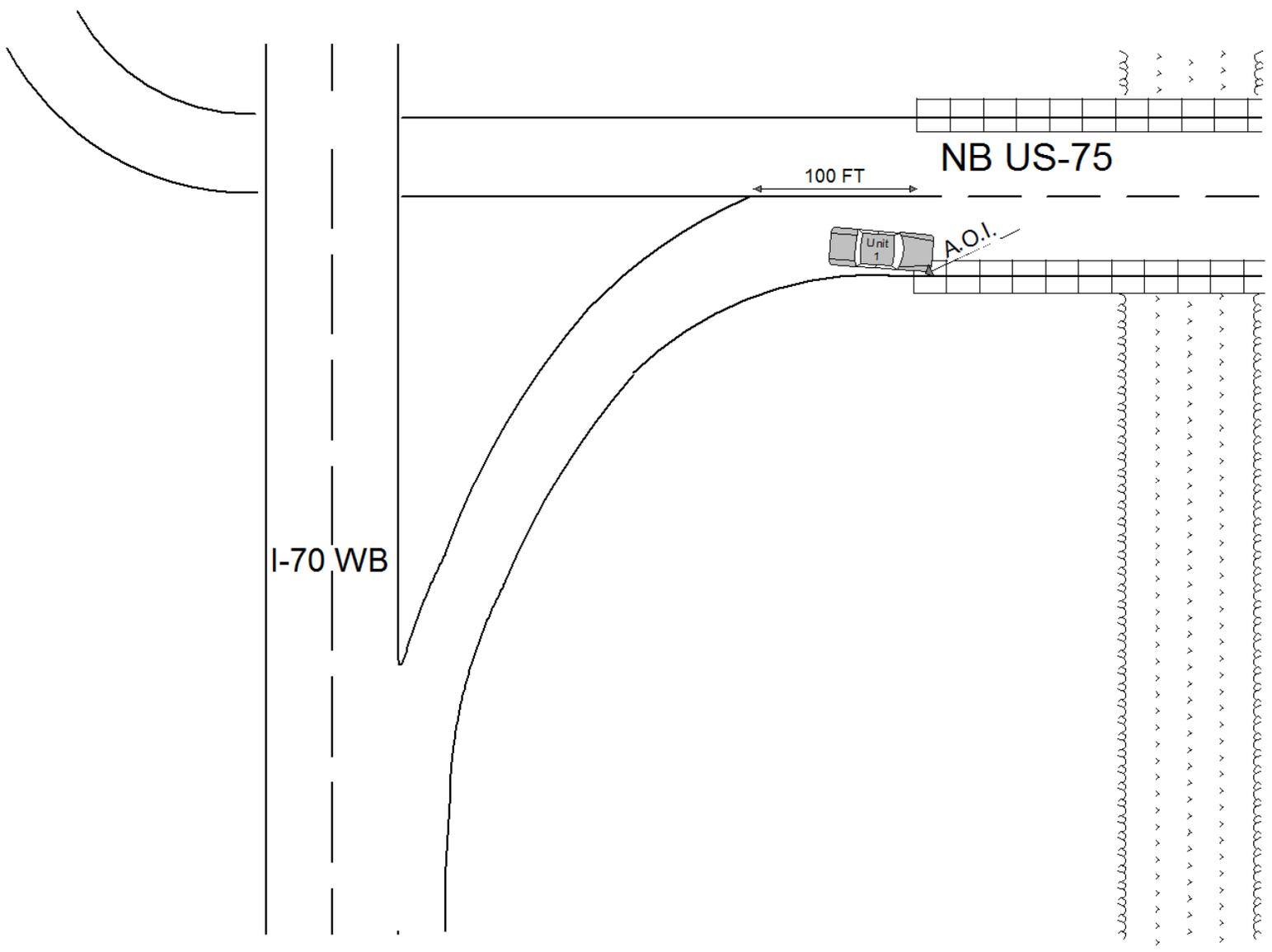
04	ROADWAY NUMBER OF LANES	05	ROAD CHARACTER	00	SPECIAL JURISDICTION
ON	AT	ON	AT		
01 One		01 Straight & Level		00 Normal Jurisdiction (Not Special)	
02 Two		02 Straight on grade/slope		01 National Park Service	
03 Three		03 Straight on hillcrest		02 Military	
04 Four to Six		04 Curved & level		03 Indian Reservation	
05 Seven or more		05 Curved on grade/slope		04 College / University Campus	
88 Other: _____		06 Curved on hillcrest		05 Other Federal property	
99 Unknown		88 Other: _____		88 Other: _____	
		99 Unknown		99 Unknown	

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

D1	34	D1	31	D1	38	D1	39								
----	----	----	----	----	----	----	----	--	--	--	--	--	--	--	--

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Keaton	MN	6642 SE Gastronomical DR	(412) 336-9611	M	R	N	
ST 01	Alex	DOB 09/22/1971	Furnace Creek CA 02665	Work	38	N		<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)
DL State	Driver's License Number	DL State	Driver's License Number
CA	98739849023		

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS		DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/> N	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None	00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None
01 Valid License	Driver's Lic Restrictions Y <input type="checkbox"/> N <input type="checkbox"/>	T - Double/Triple Trailer	T - Double/Triple Trailer	01 Valid License	Driver's Lic Restrictions Y <input type="checkbox"/> N <input type="checkbox"/>	T - Double/Triple Trailer	T - Double/Triple Trailer
02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	P - Passenger Vehicle	P - Passenger Vehicle	02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	P - Passenger Vehicle	P - Passenger Vehicle
03 Revoked	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	N - Tank Vehicle	N - Tank Vehicle	03 Revoked	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	N - Tank Vehicle	N - Tank Vehicle
04 Expired	3 <input type="checkbox"/> 4 <input type="checkbox"/>	H - Placarded Haz. Material	H - Placarded Haz. Material	04 Expired	3 <input type="checkbox"/> 4 <input type="checkbox"/>	H - Placarded Haz. Material	H - Placarded Haz. Material
05 Cancl'd or Denied	4 <input type="checkbox"/>	X - Combination Tank/HazMat	X - Combination Tank/HazMat	05 Cancl'd or Denied	4 <input type="checkbox"/>	X - Combination Tank/HazMat	X - Combination Tank/HazMat
06 Disqualified		S - School Bus	S - School Bus	06 Disqualified		S - School Bus	S - School Bus
07 Restricted		U - Unknown	U - Unknown	07 Restricted		U - Unknown	U - Unknown
99 Unknown				99 Unknown			

SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)	
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	DRUGS	IMPAIRMENT TEST (mark all that apply)
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/>	<input type="checkbox"/> NG - No Test given
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/> TG - Evidentiary Test given
Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	Tests: HGN, walk-and-turn, one leg stand, etc.	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/> Evidentiary Breath 0. _____
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/> Eye Fluid 0. _____
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/> Blood (BAC) 0. _____
	<input type="checkbox"/>	<input type="checkbox"/> Other 0. _____		<input type="checkbox"/>	<input type="checkbox"/> Other 0. _____
	<input type="checkbox"/>	Drug screen result <input type="checkbox"/>		<input type="checkbox"/>	Drug screen result <input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>
TU		MN		Personal				
ST		DOB		Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name	OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
------------------------------------	------------------	-------------	------------------------------------	------------------	-------------

BUDGET RENT-A-CAR	New address? <input type="checkbox"/>	Personal Phone	OWNER ADDRESS (Number, Street)	New address? <input type="checkbox"/>	Personal Phone
-------------------	---------------------------------------	----------------	--------------------------------	---------------------------------------	----------------

CITY	ST	ZIP	Work Phone	CITY	ST	ZIP	Work Phone
------	----	-----	------------	------	----	-----	------------

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
-------	------	------	-------	------------	----	-------	------	------	-------	------------	----

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs	LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
-----------------	--------	--------	-------------	--------	-----------------	--------	--------	-------------	--------

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants	VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
-------------------------------	---------------	-------------	-------------------------------	---------------	-------------

Insurance Company	Policy Number	Insurance Company	Policy Number
-------------------	---------------	-------------------	---------------

SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer	Fire?	SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer	Fire?
---	---	---	---	---	---	----------	-------	---	---	---	---	---	---	----------	-------

1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage	1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away due to damage
-------------	---------------	----------	----------------------------	-------------	---------------	----------	----------------------------

01	VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
	01 Automobile	10 Single heavy truck >10,000 lbs
	02 Motorcycle	11 Truck & trailer(s)
	03 Motor scooter or Moped	12 Tractor-trailer(s)
	04 Van	13 Cross country bus
	05 Pickup truck <10,001 lbs	14 School bus
	06 Sport utility veh - SUV	15 Transit (city) bus
	07 Camper or RV	16 Other bus
	08 Farm machinery	25 Train
	09 All-terrain vehicle - ATV	88 Other: _____ 99 Unknown

Calculated speed at impact	Bus Seat Capacity _____
----------------------------	-------------------------

01	VEHICLE USE	03	VEHICLE DAMAGE	
	01 No special use		00 None	04 Destroyed
	02 Taxi / Limo		01 Damage (minor)	88 Other: _____
	03 School bus		02 Functional	_____
	04 Other bus		03 Disabling	99 Unknown
	05 Military		06 Police	
			07 Ambulance	
			08 Fire	
			09 Mail/Parcel	
			99 Unknown	

<p>DAMAGE LOCATION AREA</p> <p>First Impact <u>01</u> Major Impact <u>02</u></p> <p><input type="checkbox"/> 14 Undercarriage <input type="checkbox"/> 15 Windshield</p> <p><input type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown</p> <p><input type="checkbox"/> 17 Entire vehicle damaged</p> <p><input type="checkbox"/> 88 Other: _____</p> <p>Trailer: Present / Damaged</p>	<p>16 VEH. MANU. BEFORE UNSTAB. SIT.</p> <p>01 Straight/ following road</p>
--	--

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)	VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
--	--

<p>NON-COLLISION</p> <p>01 Ran off road right</p> <p>02 Ran off road left</p> <p>03 Crossed centerline</p> <p>04 Overturn/Rollover</p> <p>05 Crossed median</p> <p>06 Fell/Jumped from veh</p> <p>07 Thrown or falling object</p> <p>08 Cargo loss or shift</p> <p>09 Equipment failure (tire, brakes, etc.)</p>	<p>COLLISION WITH</p> <p>21 Pedestrian</p> <p>22 Motor veh in-transport</p> <p>23 Legally Parked Vehicle</p> <p>24 Train</p> <p>25 Pedal cycle (bike, etc)</p> <p>26 Animal</p> <p>27 Fixed Object</p> <p>28 Other moveable object</p> <p>99 Unknown object</p>	<p>NON-COLLISION</p> <p>10 Downhill runaway</p> <p>11 Trailer swing</p> <p>12 Separation of units</p> <p>13 Jackknife</p> <p>14 Fire</p> <p>15 Explosion</p> <p>16 Immersion in water</p> <p>88 Other event:</p> <p>98 Unknown non-coll.</p>
---	--	---

Traffic unit 1 was exiting in a northwest direction, to go northbound on US-75 from eastbound I-70. Driver over stirred while merging with traffic and struck the bridge rail. Evidence and statements indicate speed and carelessness were factors in this accident.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department
KCKPD

Reviewed by
P. Collins

Local Case No.
Example 19

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Investigating Officer Name
G. Burns

Badge Number
443

County
WY

City Name
KANSAS CITY

- Amended Report
- DUI
- Hit & Run
- PO Accident Severity
 - Fatal Injury
 - PDO >= \$1,000
 - PDO < \$1,000
 - Private Property

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	
	1819	N	18th	ST		45	11/21/2012	06:15	WE	
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
112	F	S	FROM AT	Wood	AVE		35	11/21/2012	06:19	WE

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 was waiting at a driveway entrance/exit (facing WB) to pull SB onto 18th St. V2 was NB plowing a wet heavy snow on 18th St. As V2 passed by V1, a large amount of snow was thrown onto the windshield and front end of the WB vehicle. The windshield (V1) was broken by the force and weight of the slushy snow.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
11/21/2012	06:33	WE
Latitude (AOI)	WORK ZONE TYPE	
39.12378	00	ON
Longitude (AOI)	01 None Apply	
-94.64922	01 Construction Zone -	
Photos by	02 Maintenance Zone - <input type="checkbox"/>	
	03 Utility Zone -	
	99 Unknown	

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

04 LIGHT CONDITIONS

01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

03 ADVERSE WEATHER CONDITIONS

00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other: _____
24 Sleet & fog
36 Snow & wind 99 Unknown

02 SURFACE TYPE

ON AT

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other: _____
04 Dirt
05 Brick 99 Unknown

03 SURFACE CONDITIONS

ON AT

01 Dry 88 Other: _____
02 Wet
03 Snow 99 Unknown
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush

14 ACC. LOCATION
(of 1st Harmful Event)

ON ROADWAY: (within travel lanes)

11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drwvy
15 Interchange Area +
16 On Crossover
17 Toll Plaza

OFF ROADWAY:

20 Shoulder
21 Roadside (not shoulder)
22 Median
23 Parking lot or Rest area
88 Other: _____
99 Unknown

+INTERSECTION TYPE

01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

00 None 00 1 00 2 3

01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRRXING
05 Interchange
06 Ramp
99 Unknown

03 ACCIDENT CLASS
(mark 1 box per side)

03

1st Harmful Event Most Harmful Event

00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE**
(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other: _____
99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure
02 Lane shift / crossover
03 Work on shoulder / median
04 Intermittent or moving vehicle
88 Other: _____
99 Unknown

88 *COLLISION WITH VEHICLE 88
(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other: Plowed Snow
99 Unknown

TRAFFIC CONTROLS
(On / At Road) O/A

Type Present OK/NF

00 None	1	1	1
01 Officer, flagger	O	09	OK
02 Traffic signal	2	2	2
03 Stop sign	3	3	3
04 Flasher	4	4	4
05 Yield sign	5	5	5

06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

Accident Diagram

850A continued

SPECIAL EVENT

SPECIAL DATA

Local Case No.

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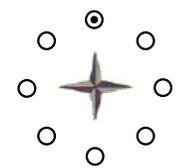
Example 19

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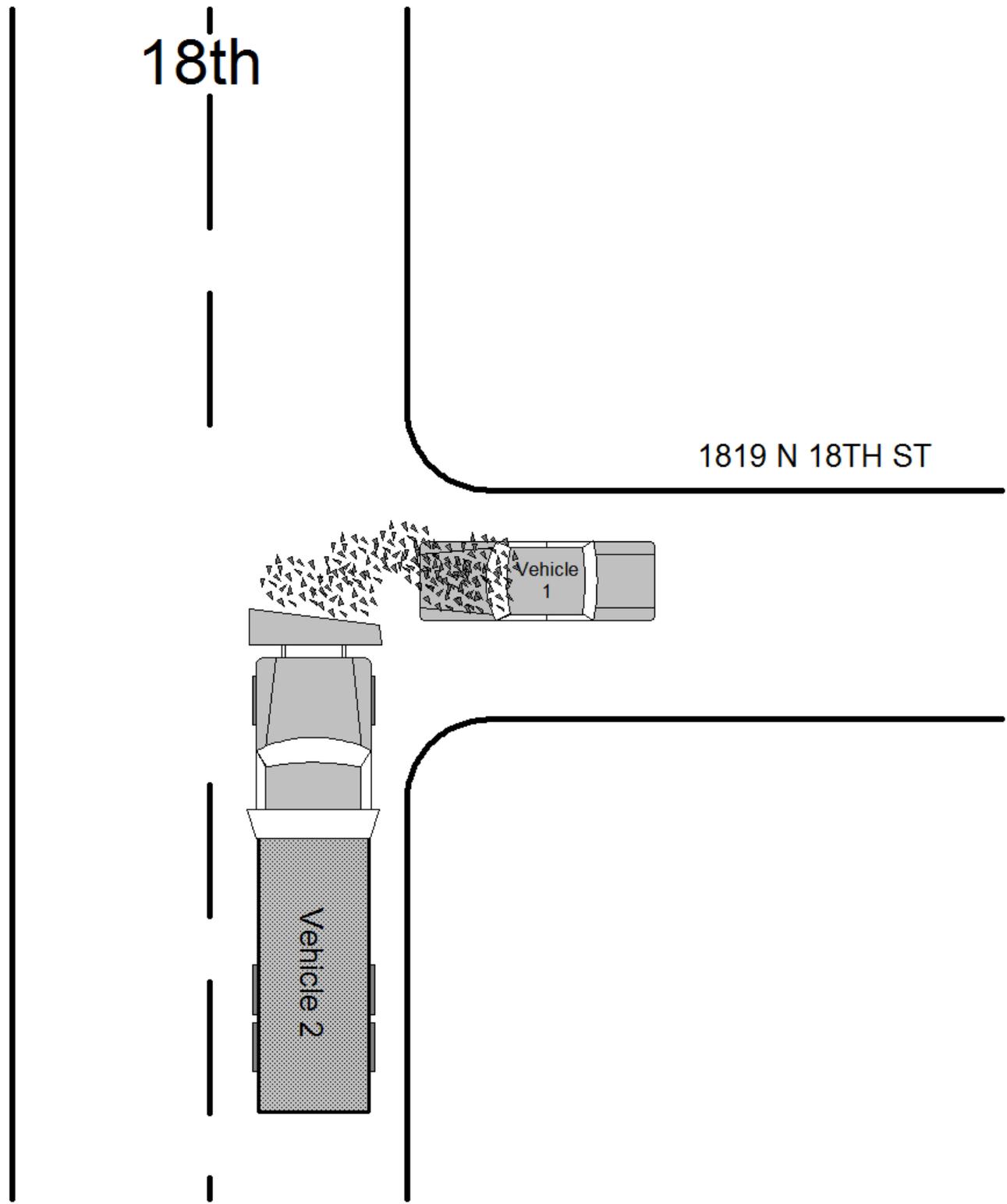
02 ON	ROADWAY NUMBER OF LANES	01 ON	ROAD CHARACTER AT	00 ON	SPECIAL JURISDICTION
01 One		01 Straight & Level		00 Normal Jurisdiction (Not Special)	
02 Two		02 Straight on grade/slope		01 National Park Service	
03 Three		03 Straight on hillcrest		02 Military	
04 Four to Six		04 Curved & level		03 Indian Reservation	
05 Seven or more		05 Curved on grade/slope		04 College / University Campus	
88 Other: _____		06 Curved on hillcrest		05 Other Federal property	
99 Unknown		88 Other: _____		88 Other: _____	
		99 Unknown		99 Unknown	

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)

OR 03 P3 17

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 01	Barry	MN	1561 Dunkie CT			Personal (744) 555-6920	M	S	N	
ST 01	Gibb	DOB 06/03/1945	Santa Rosa	CA	02477	Work	65	N		<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

TRAFFIC UNIT#	(01, 03, N3, X3, etc)	TRAFFIC UNIT#	(02, 04, N2, X4, etc)						
DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
CA	72098833	C	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS		DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS
00 Not licensed	Restrictions? <input type="checkbox"/> N	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None	00 Not licensed	Restrictions? <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Z - None
01 Valid License	Driver's Lic Restrictions Y <input type="checkbox"/> N <input type="checkbox"/>	T - Double/Triple Trailer	T - Double/Triple Trailer	01 Valid License	Driver's Lic Restrictions Y <input type="checkbox"/> N <input type="checkbox"/>	T - Double/Triple Trailer	T - Double/Triple Trailer
02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	P - Passenger Vehicle	P - Passenger Vehicle	02 Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	P - Passenger Vehicle	P - Passenger Vehicle
03 Revoked	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	N - Tank Vehicle	N - Tank Vehicle	03 Revoked	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	N - Tank Vehicle	N - Tank Vehicle
04 Expired	3 <input type="checkbox"/> 4 <input type="checkbox"/>	H - Placarded Haz. Material	H - Placarded Haz. Material	04 Expired	3 <input type="checkbox"/> 4 <input type="checkbox"/>	H - Placarded Haz. Material	H - Placarded Haz. Material
05 Cancl'd or Denied	4 <input type="checkbox"/>	X - Combination Tank/HazMat	X - Combination Tank/HazMat	05 Cancl'd or Denied	4 <input type="checkbox"/>	X - Combination Tank/HazMat	X - Combination Tank/HazMat
06 Disqualified		S - School Bus	S - School Bus	06 Disqualified		S - School Bus	S - School Bus
07 Restricted		U - Unknown	U - Unknown	07 Restricted		U - Unknown	U - Unknown
99 Unknown				99 Unknown			

SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)		SUBSTANCE USE (mark all that apply)	
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)		IMPAIRMENT TEST (mark all that apply)		METHOD OF DETERMINATION (mark all that apply)		IMPAIRMENT TEST (mark all that apply)	
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/> DRUGS	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/> DRUGS	<input type="checkbox"/> NG - No Test given	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<input type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> TG - Evidentiary Test given
<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/>	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/>
<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN				Personal				
ST		DOB				Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

HEAVY VEHICLE & HAZMAT Supplement

INFORMATION ON HEAVY VEHICLES / BUSES / HAZARDOUS MATERIALS

Investigating Officer / Badge No.
G. Burns 443

Local Case No.
Example 19

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KDOT Form 852 Rev. 1-2009

MOTOR CARRIER INFORMATION

02 Kansas City Public Works 1220 Minnesota AVE Kansas City
 TU # Carrier Name Carrier Street Address (P.O. Box only if no street address) City

KS 66106 Usa
 State Zip Phone Carrier Country

CARRIER IDENTIFICATION NUMBER(S)

31655 NONE
 USDOT# MC/MX#

3 CARRIER TYPE
 0 - Intrastate 1 - Interstate 2 - Not in Commerce - Other Truck or Bus 3 - Not in Commerce - Government Veh 4 - Other / Not Specified

01 AT THE TIME OF CRASH, THIS VEHICLE WAS: 01 Operating on a trafficway open to the public (In-Transport) 02 Parked on or off the trafficway 88 Other: _____ 99 Unknown	02 GVWR/GCWR 01 10,000 lbs or less 02 10,001-26,000 lbs 03 More than 26,000 lbs 99 Unknown ACTUAL WEIGHT 18550 lbs	01 SOURCE OF CARRIER NAME 01 Side of vehicle 02 Shipping papers or manifest 03 Driver 04 Logbook	PERMITS (Issuer and Permit Number) 1. _____ 2. _____ 3. _____
---	---	--	--

VEHICLE INFORMATION

HAZMAT / ROADWAY INFORMATION

TRAILER DIMENSIONS WIDTH (in) LENGTH (ft) Trailer 1 Trailer 2 Trailer 3	TRAILER(S) DAMAGED? <input checked="" type="checkbox"/> None <input type="checkbox"/> Trailer 1 <input type="checkbox"/> Trailer 2 <input type="checkbox"/> Trailer 3	OVERSIZED LOAD <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Width	HAZARDOUS MATERIALS INVOLVEMENT Did the vehicle have a Hazardous Materials Placard? <input type="checkbox"/> If Yes, Include The Following Information From The Placard: HazMat 4-digit # from the diamond center box: _____ HazMat Class # from the bottom of diamond: _____ Was HazMat released (spilled) from THIS vehicle's cargo? <input type="checkbox"/> _____  HazMat Weight (lbs)
--	--	---	---

TRUCK AND TRAILER TOTALS Vehicle Length (include trailer(s)) 17 ft No. of Trailers 0 No. of Axles 3 TRAILER 1 - IDENTIFICATION NUMBER TRAILER 2 - IDENTIFICATION NUMBER TRAILER 3 - IDENTIFICATION NUMBER	00 ON-ROAD LANE TYPE 00 Two-way traffic - Undivided roadway 01 One-way traffic - Undivided roadway 02 Two-way traffic - Median strip w/o barrier 03 Two-way traffic - Median strip w/ barrier 04 Two-way traffic - Undivided with a continuous left turn lane 99 Unknown	00 VEHICLE ACCESS CONTROL TO ROADWAYS 00 No access control (Unlimited access - Roads with no interchanges) 01 Partial access control (mix of interchanges and "at-grade" intersections) 02 Full access control (entry/exit only by interchange ramps) 99 Unknown
--	---	---

SEE BACK OF THIS FORM FOR EXAMPLES OF VEHICLE CONFIGURATIONS AND CARGO TYPES

03 VEHICLE CONFIGURATION 00 Bus 9-15 passengers, including driver 01 Bus more than 15 passengers 02 Single-unit truck (2-axles) 03 Single-unit truck (3 or more axles) 04 Single-unit truck with trailer(s) 05 Truck Tractor only (bobtail) 06 Truck Tractor and semi-trailer 07 Truck Tractor and two trailers 08 Truck Tractor and three trailers 09 Heavy truck > 10,000 lbs cannot classify 10 Vehicles less than 10,000 lbs carrying hazardous materials 88 Other: _____ 99 Unknown	05 CARGO BODY TYPE 00 Not applicable/No cargo body 01 Van or Enclosed box 02 Hopper (e.g. Grain, Chips, Gravel) 03 Cargo tank (liquid, powder, etc) 04 Flatbed 05 Dump 06 Concrete mixer 07 Vehicle transporter 08 Garbage or refuse 09 Bus 9-15 people, including driver 10 Bus more than 15 people 11 Pole 12 Vehicle towing another motor vehicle 13 Intermodal chassis 14 Logging 88 Other: _____ 99 Unknown	16 CARGO TYPE 00 None 01 Drive away or Tow away 02 Explosives 03 Animals: farm or other 04 Farm products 05 Gases 06 General freight (packages) 07 Heavy machinery, objects 08 Household goods 09 Liquids (bulk) 10 Logs, poles, lumber 11 Metal (coils, sheets, etc) 12 Mobile / Modular home 13 Motor vehicles 14 Refrigerated foods 15 Solids (bulk) 16 Rock, sand, gravel, salt 17 Other food products 18 Plastic products 19 People 20 Garbage / refuse 21 Pavement mixture: concrete, asphalt, etc. 88 Other: _____ 99 Unknown
--	--	---

01 CAB TYPE
 01 Cab behind engine 99 Unknown
 02 Cab over engine

SPECIAL DATA

Unit # Ped Type	PEDESTRIAN Last Name PEDESTRIAN First Name	Middle Name Date of Birth	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) City State Zip	Personal Phone Number Work Phone Number	Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
TU 03	Wright	MN Sherman	2135 S 78th ST New address? <input type="checkbox"/>	Personal (913) 555-4966	M	S	N	
PT 26	Robert	DOB 02/09/1959	Kansas City KS 66103	Work (913) 555-0087	51	N		<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>	Personal				
PT		DOB		Work				<input type="checkbox"/>

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

TU#	DirTrvl	DL State	Driver's License Number	Special Data
03	N	KS	K01568738	Plowing Snow

TU#	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT			
13	00 NOT in roadway (driving lanes)			
	IN or AT INTERSECTION	NOT IN or AT INTERSECTION		
	01 In crosswalk or bikeway	11 In crosswalk or bikeway		
	02 NOT in crosswalk or bikeway	12 NOT in crosswalk or bikeway		
	03 In intersection without a crosswalk or bikeway	13 In area without a crosswalk or bikeway		
	88 Other: _____	99 Unknown		

TU#	OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)			
04	01 Within a work zone	08 Driveway access crosswalk		
	02 In median (not shoulder)	09 Dedicated bike lane		
	03 On Island	10 Shared-use path or trails		
	04 Road shoulder (not ditch or median)	11 Inside building		
	05 Roadside (not on shoulder)	12 In legally parked vehicle		
	06 Sidewalk	88 Other: _____		
	07 Outside trafficway	99 Unknown		

TU#	PEDESTRIAN ACTION BEFORE CRASH			
04	01 Walking / cycling to or from school	07 Standing, sitting, or lying		
	02 Approaching or leaving bus	08 Playing, running, walking		
	03 Approaching or leaving vehicle	09 Cycling		
	04 Working (not on vehicle)	10 Entering or crossing		
	05 Working on vehicle	88 Other: _____		
	06 Pushing motor vehicle	99 Unknown		

TU#	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL			
04	00 No pedestrian signal	03 Ped signal malfunction		
	01 Obeyed pedestrian signal	04 Not applicable		
	02 Disobeyed pedestrian signal	99 Unknown		

SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed
<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)	METHOD OF DETERMINATION (mark all that apply)	IMPAIRMENT TEST (mark all that apply)												
ALCOHOL <input checked="" type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small> <input type="checkbox"/> 04 Passive Alcohol Sensor <small>(detects alcohol from driver's mouth)</small> <input type="checkbox"/> 05 Observed <small>(Odor, staggering, slurred speech, etc)</small> <input type="checkbox"/> 06 Other (e.g. saliva test)	DRUGS <input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">ALCOHOL</td> <td style="width:50%;">Eye Fluid</td> </tr> <tr> <td><input type="checkbox"/> Evidentiary Breath</td> <td><input type="checkbox"/> <u>0.</u></td> </tr> <tr> <td><input type="checkbox"/> Blood (BAC)</td> <td><input type="checkbox"/> <u>0.</u></td> </tr> </table> </div> <input type="checkbox"/> Drug screen result <input type="checkbox"/>	ALCOHOL	Eye Fluid	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> <u>0.</u>	<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> <u>0.</u>	ALCOHOL <input type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small> <input type="checkbox"/> 04 Passive Alcohol Sensor <small>(detects alcohol from driver's mouth)</small> <input type="checkbox"/> 05 Observed <small>(Odor, staggering, slurred speech, etc)</small> <input type="checkbox"/> 06 Other (e.g. saliva test)	DRUGS <input type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">ALCOHOL</td> <td style="width:50%;">Eye Fluid</td> </tr> <tr> <td><input type="checkbox"/> Evidentiary Breath</td> <td><input type="checkbox"/> <u>0.</u></td> </tr> <tr> <td><input type="checkbox"/> Blood (BAC)</td> <td><input type="checkbox"/> <u>0.</u></td> </tr> </table> </div> <input type="checkbox"/> Drug screen result <input type="checkbox"/>	ALCOHOL	Eye Fluid	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> <u>0.</u>	<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> <u>0.</u>
ALCOHOL	Eye Fluid														
<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> <u>0.</u>														
<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> <u>0.</u>														
ALCOHOL	Eye Fluid														
<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> <u>0.</u>														
<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> <u>0.</u>														

V1 was waiting at a driveway entrance/exit (facing WB) to pull SB onto 18th. V2 was NB plowing a wet heavy snow on 18th. As V2 passed by V1, a large amount of slushy snow was thrown onto the windshield and front end of the WB vehicle. The windshield was broken by the force and weight of the slushy snow.

Example 20

Legend:

AOI - Area of Impact (1st harm) 

AL - Accident Location

RW - Right-of-Way

US - Unstabilized Situation

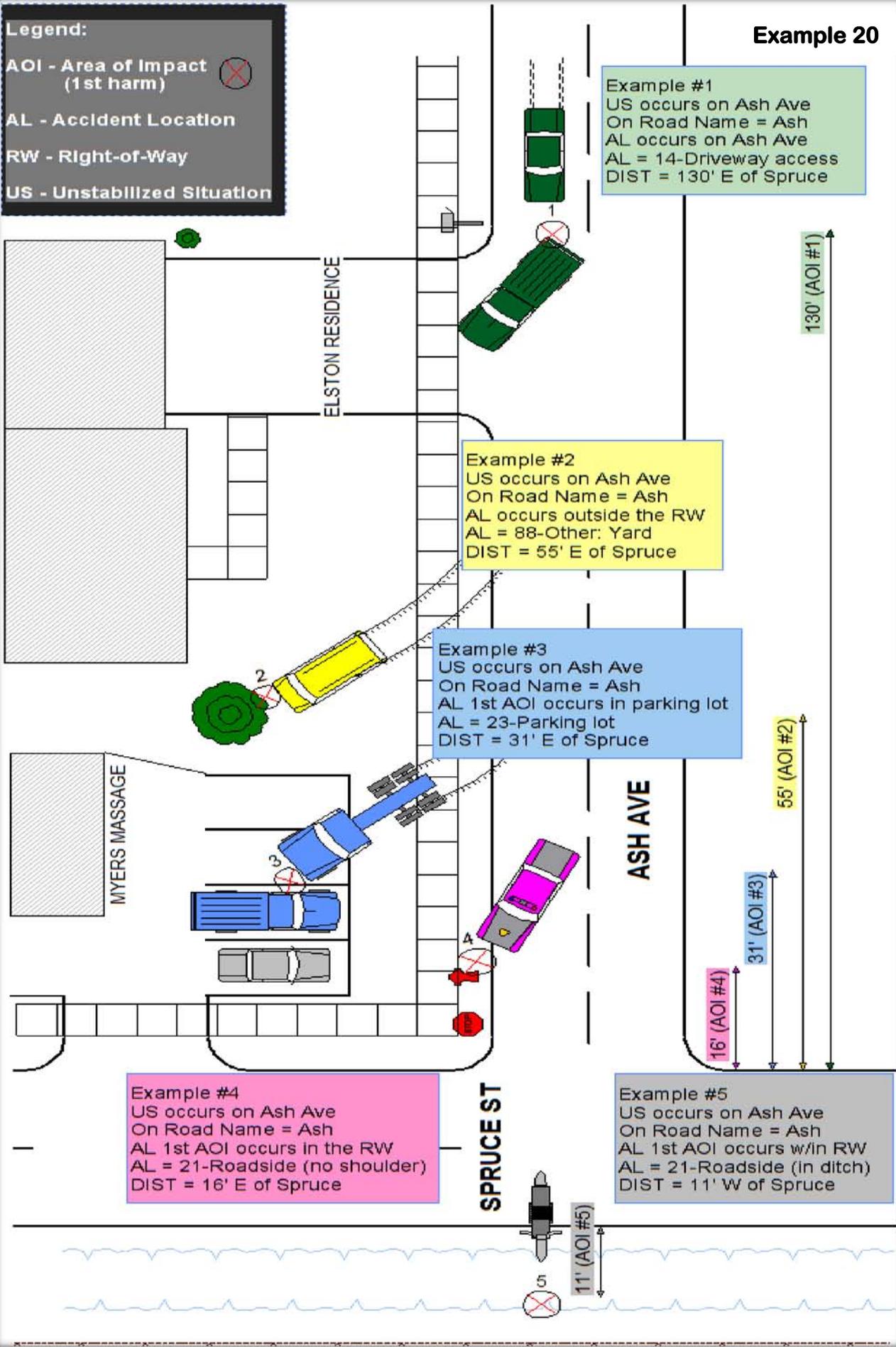
Example #1
US occurs on Ash Ave
On Road Name = Ash
AL occurs on Ash Ave
AL = 14-Driveway access
DIST = 130' E of Spruce

Example #2
US occurs on Ash Ave
On Road Name = Ash
AL occurs outside the RW
AL = 88-Other: Yard
DIST = 55' E of Spruce

Example #3
US occurs on Ash Ave
On Road Name = Ash
AL 1st AOI occurs in parking lot
AL = 23-Parking lot
DIST = 31' E of Spruce

Example #4
US occurs on Ash Ave
On Road Name = Ash
AL 1st AOI occurs in the RW
AL = 21-Roadside (no shoulder)
DIST = 16' E of Spruce

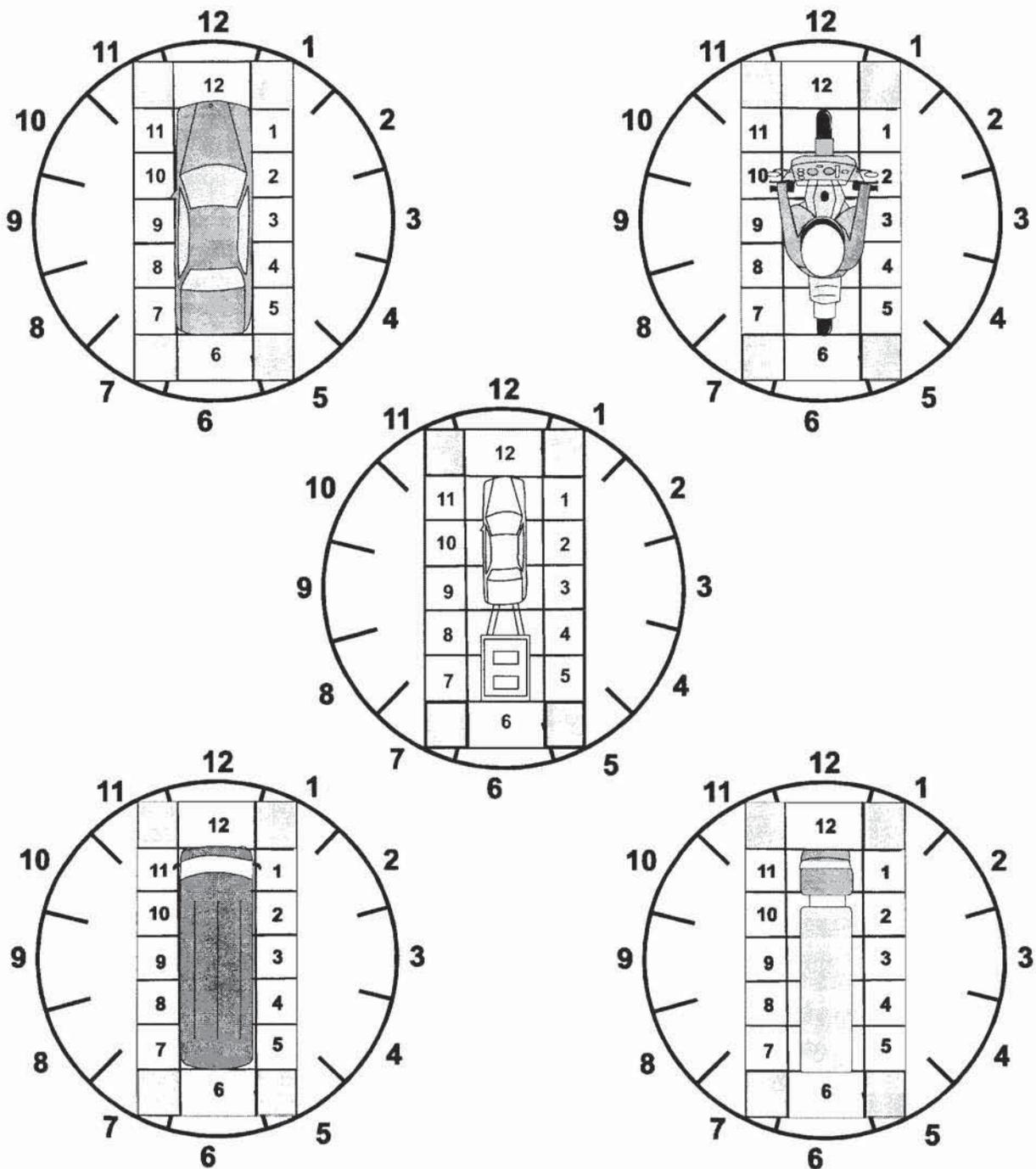
Example #5
US occurs on Ash Ave
On Road Name = Ash
AL 1st AOI occurs w/in RW
AL = 21-Roadside (in ditch)
DIST = 11' W of Spruce



First (Initial) & Most (Principal) Impact Points

Other Vehicle Examples

CLOCKPOINT DIAGRAM

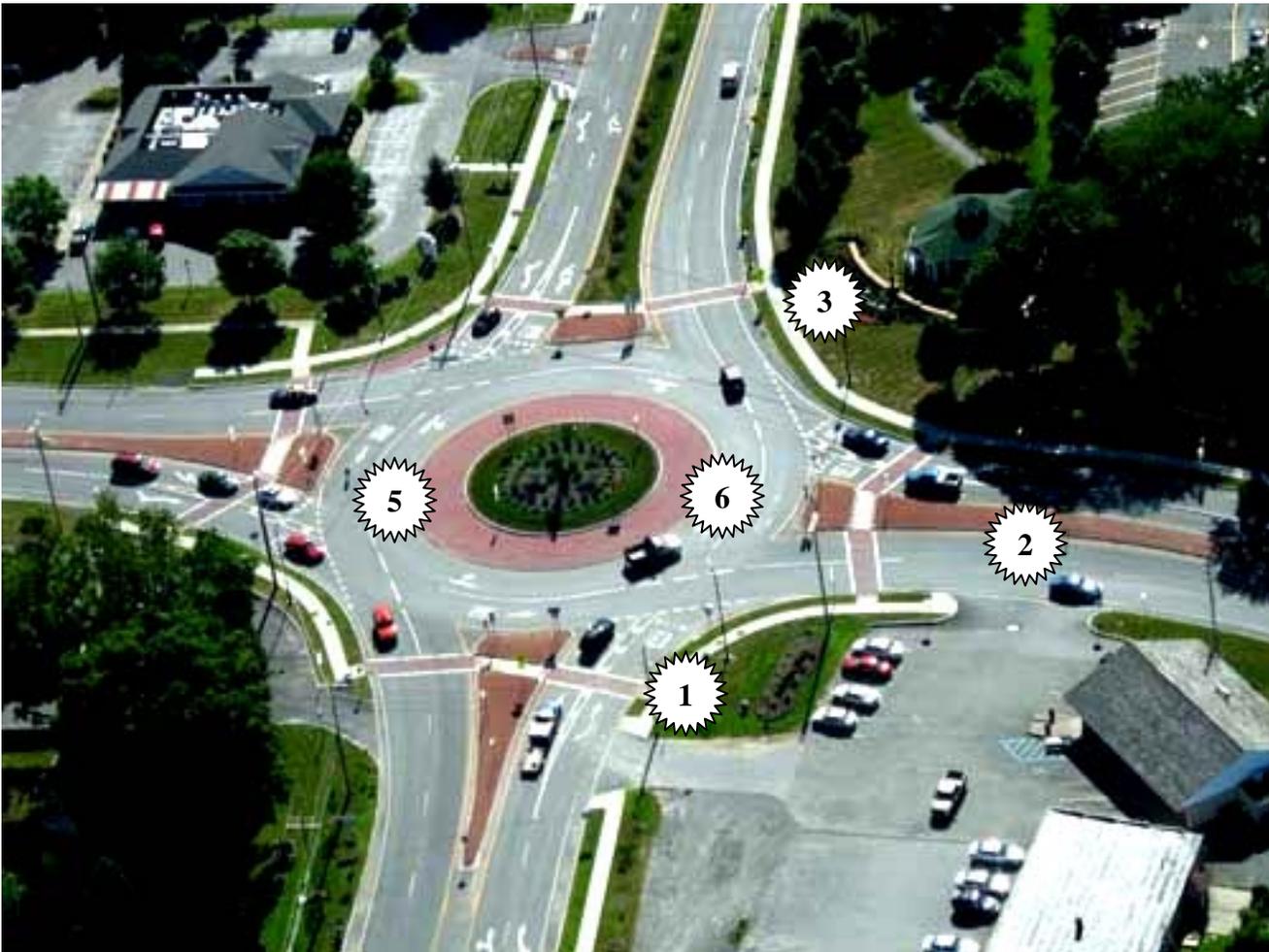


ROUNABOUT CHARACTERISTICS

Typical elements that constitute a roundabout are:

1. **Yielded entry** – cars entering must wait for a gap in the circulating traffic before entering
2. Roundabout **Islands** separate the entry from the circular roadway and direct traffic to the right.
3. Designated **crossing area for pedestrians**
4. Designed to be driven at speeds of **15 – 20 miles per hour**
5. **Single or multiple lanes**
6. Sometimes an inside **“apron”** is present for large vehicle use

Remember, roundabouts are not the same as traffic circles...see the next page.



TRAFFIC CIRCLE CHARACTERISTICS

Typical elements that constitute traffic circle are:

1. **NO signed, yielded entry**
2. **NO Islands** to separate the entry from the circular roadway and direct traffic to the right.
3. **NO Designated crossing area for pedestrians**
4. **NO signed speed of 15 – 20 miles per hour**
5. **Normally single lane**
6. **NO inside “apron” present for large vehicle use**



PARKING LOT CODING



The key is recognizing the difference between an **aisle** (access to stalls) and a **trafficway** designed to allow public traffic to move through a parking lot. Ownership and maintenance of the parking lot is NOT a consideration concerning accident reporting. Accidents in parking lot **trafficways** are considered **public** and **reportable** to the state. Accidents in parking lot **aisles** are considered **private** and **not reportable** to the state.

See the next page for more information.



“1” locations represent accidents occurring in parking lot **trafficways**. These accidents should reflect the accident location information as shown below. Notice the “**TRFY**” Road Type is shown and the **Private Property** box is **NOT** marked. These accidents should reflect the accident location information as shown below.

Kansas Motor Vehicle Accident Report KDOT Form 850A Rev 1-2009				Investigating Department Topeka Police Dept		Reviewed by Burd		Local Case No. Example 22		Page of 1 / 3		<input type="checkbox"/> Amended Report <input type="checkbox"/> DUI <input type="checkbox"/> Hit & Run <input type="checkbox"/> Accident Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000 <input type="checkbox"/> Private Property	
Investigating Officer Name BATMAN				Badge Number 103		County SN		City Name TOPEKA					
Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur	Day				
	3600		PARKING LOT	TRFY									
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notif. (mm/dd/yyyy)	Time Notif.	Day			
150	F	E	FROM	SW TOPEKA	BLVD								
Narrative: Describe each traffic unit's pre-crash movement and direction of travel							Date Arrived (mm/dd/yyyy)		Time Arriv.	Day			
V1 was heading EB in a White Lakes parking lot trafficway. NB V2 failed to stop at the stop sign thus striking V1.							Latitude (AOI)		ON	WORK ZONE TYPE			



“2” locations represent accidents occurring in parking lot **aisles**. (Accident Location “14”) Notice the **Road Type** field is blank, the **AT** circle is marked, and the **Private Property** box is marked. A helpful addition here is naming the lot in the **Special Data** field – “White Lakes.” These accidents should reflect the accident location information as shown below.

Kansas Motor Vehicle Accident Report KDOT Form 850A Rev 1-2009				Investigating Department Topeka Police Dept		Reviewed by Burd		Local Case No. Example 22		Page of 1 / 3		<input type="checkbox"/> Amended Report <input type="checkbox"/> DUI <input type="checkbox"/> Hit & Run <input checked="" type="checkbox"/> Accident Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000 <input checked="" type="checkbox"/> Private Property	
Investigating Officer Name J. WHITEHEAD				Badge Number 071		County SN		City Name TOPEKA					
Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur	Day				
	3600		PARKING LOT										
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notif. (mm/dd/yyyy)	Time Notif.	Day			
			AT	SW TOPEKA	BLVD								
Narrative: Describe each traffic unit's pre-crash movement and direction of travel							Date Arrived (mm/dd/yyyy)		Time Arriv.	Day			
V1 was heading EB in a White Lakes parking lot aisle. V2 backed out of a parking stall striking V1.							Latitude (AOI)		ON	WORK ZONE TYPE			



“3” locations represent accidents occurring in relation to a parking lot access point. (Accident Location “14”) Notice the **Private Property** box is **NOT** checked. These accidents should reflect the accident location information as shown below.

Kansas Motor Vehicle Accident Report KDOT Form 850A Rev 1-2009				Investigating Department Topeka Police Dept		Reviewed by Burd		Local Case No. Example 22		Page of 1 / 3		<input type="checkbox"/> Amended Report <input type="checkbox"/> DUI <input type="checkbox"/> Hit & Run <input type="checkbox"/> Accident Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000 <input type="checkbox"/> Private Property	
Investigating Officer Name SIXKILLER				Badge Number 318		County SN		City Name TOPEKA					
Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur	Day				
	3600	SW	TOPEKA	BLVD		40							
From Dist	Ft/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notif. (mm/dd/yyyy)	Time Notif.	Day			
635	F	N	AT	SW 37TH	ST		35						
Narrative: Describe each traffic unit's pre-crash movement and direction of travel							Date Arrived (mm/dd/yyyy)		Time Arriv.	Day			
V1 was NB on SW Topeka Blvd. V2 was SB and turned left in front of V1 while attempting to enter the White Lakes parking lot trafficway.							Latitude (AOI)		ON	WORK ZONE TYPE			

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Accident Code Sheet

KDOT Form 855 Rev. 9-2011

CONTRIBUTING CIRCUMSTANCES (LIST IN ORDER OF SIGNIFICANCE)Example: **D1|42|OR|02** Interpretation: Driver 1 made an improper turn on icy or slushy roadway**DRIVER CCs****(D + TU# = D1)**

00 No driver contributing circumstance evident

DRIVER CONDITION AT THE TIME OF CRASH

- 01 Under the influence of illegal Drugs
- 02 Under the influence of Alcohol
- 03 Under the influence of medication
- 04 Ill or Medical condition
- 05 Fell asleep or fatigued
- 06 Emotional: Angry, depressed, upset, impatient, etc.

DRIVER DISTRACTED BY

- 20 Mobile (cell) phone (calling, texting, other use)
- 21 Other electronic devices (audio, video, GPS, computer,...)
- 22 Other distraction in or on vehicle
- 23 An item or action NOT in or on vehicle
- 24 Inattention (general sense)

DRIVER ACTIONS AT THE TIME OF CRASH

- 30 Failed to yield the right of way
- 31 Disregarded traffic signs, signals, or markings
- 32 Red light running (disregarded traffic signal)
- 33 Followed too closely
- 34 Exceeded posted speed limit
- 35 Too fast for conditions
- 36 Impeding or Too slow for traffic
- 37 Avoidance or Evasive action
- 38 Over correction / Over steering
- 39 Reckless / Careless driving
- 40 Aggressive / Antagonistic driving
- 41 Improper lane change
- 42 Made improper turn
- 43 Improper backing
- 44 Improper passing
- 45 Improper or No turn signal
- 46 Improper parking
- 47 Wrong side or wrong way
- 48 Did not comply with license restrictions

ENVIRONMENT**(code E, no TU#)**

01 Animal: domestic or wild

WEATHER RELATED

- 02 Rain, mist, or drizzle
- 03 Sleet, hail, or freezing rain
- 04 Falling or Blowing snow
- 05 Strong winds
- 06 Fog, smoke, or smog
- 07 Blowing sand, soil, or dirt
- 08 Reduced visibility due to cloudy skies

VISION OBSTRUCTIONS

- 15 Building, vehicles, object made by humans
- 16 Vegetation: trees, shrubs, etc.
- 17 Glare from sun, headlights, or other lights

PEDESTRIAN CCs**(P + TU# = P1)**

00 No pedestrian contributing circumstance evident

NON-MOTORIST CONDITION AT THE TIME OF CRASH

- 01 Under the influence of illegal drugs
- 02 Under the influence of Alcohol
- 03 Under the influence of medication
- 04 Ill or Medical condition
- 05 Fell asleep or fatigued
- 06 Emotional: Angry, depressed, upset, impatient, etc.

NON-MOTORIST DISTRACTED BY

- 15 Mobile (cell) phone (calling, texting, other use)
- 16 Other electronic devices (audio, video, GPS, computer,...)
- 17 Inattention (general sense)

NON-MOTORIST ACTIONS AT THE TIME OF CRASH

- 25 Failed to yield the right of way
- 26 Disregarded traffic control signs, signals, officer, etc.
- 27 Improper crossing
- 28 In Roadway (standing, lying, etc)
- 29 Darting
- 30 Wrong side of roadway
- 31 Not visible (dark clothing)
- 32 Pedal cycle violation(s)

VEHICLE CCs**(V + TU# = V1)**PROBLEMS WITH OR LOSS OF...

- 01 Brakes
- 02 Tires
- 03 Wheel(s)
- 04 Trailer coupling, hitch, or safety chains
- 05 Cargo
- 06 Window or windshield; ice on windshield, tinting, etc
- 07 Wipers
- 08 Lights: Front (head), tail, signals, etc
- 09 Steering
- 10 Power Train: engine, driveshaft, transmission, differential
- 11 Exhaust
- 12 Suspension
- 13 Mirrors
- 14 Unattended or driverless in motion
- 15 Unattended or driverless not in motion

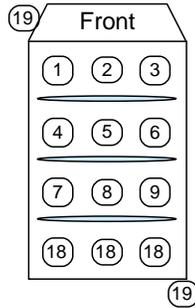
ROAD CCs (On/At)**(code OR or AR, no TU#)**

- 01 Wet surface, standing or moving water
- 02 Icy or slushy
- 03 Snow accumulation or snow packed
- 04 Debris or obstruction
- 05 Road construction or maintenance
- 06 Ruts, holes, bumps
- 07 Traffic control device inoperative or missing
- 08 Shoulders: none, low, soft, or high
- 09 Worn, travel-polished surface

VARIOUS CODE LISTS

OCCUPANT SEAT POSITION

- FRONT ROW** 01 Driver
02 Center
03 Right
- SECOND ROW** 04 Left
05 Center
06 Right
- THIRD ROW** 07 Left
08 Center
09 Right
- 10 Motorcycle passenger
- 11 Extra person on driver's seat or lap
- 12-17 Extra person on passenger lap
- 18 Other seat position IN vehicle
- 19 Other position ON or Outside vehicle
- 27 Enclosed cargo area
- 28 Unenclosed cargo area (pickup bed, etc)
- 29 Sleeper section of truck cab
- 30 Trailing unit (auto, boat, camper)
- 99 Unknown position IN or On vehicle



SAFETY EQUIPMENT USE

- S Shoulder & Lap belt
- X Shoulder belt only
- L Lap belt only
- I Infant seat/restraint system (rear facing)
- C Child seat/restraint system (front facing)
- T "Booster" seat/restraint system (see manual)
- P Airbag deployed only (Passive system)
- R Airbag deployed - Shoulder & Lap belt
- J Airbag deployed - Shoulder belt only
- W Airbag deployed - Lap belt only
- F Airbag deployed - Infant seat (rear facing)
- D Airbag deployed - Child seat (front facing)
- K Airbag deployed - "Booster" seat
- B Both Motorcyclist helmet & eye protection
- E Motorcyclist eye protection
- H Motorcyclist helmet
- Q Pedestrian helmet or protective pads V Reflective clothing
- N None used U Unknown

EJECTED / TRAPPED

- N Not ejected or trapped
- E Ejected (totally)
- P Partially ejected
- T Trapped in vehicle
- U Unknown

INJURY SEVERITY

- N Not injured
- P Possible injury (complaint of pain)
- I Injury - not incapacitating
- D Injury - incapacitating (disabling)
- F Fatal injury U Unknown

PEDESTRIAN TYPES (non-motorist)

- 21 Walking, standing, running, etc
- 22 Pedal cyclist
- 23 Rider of animal
- 24 Occupant of animal-drawn vehicle
- 25 In vehicle NOT IN TRANSPORT (legally parked veh)
- 26 Machine operator (Working Vehicles: tow trucks, fire,...
...police, snow plows, const. eq, etc)
- 88 Other 99 Unknown

EJECTION PATH

- 01 Side door 06 Roof - sunroof/convertible top down
- 02 Side window 07 Roof - convertible top up
- 03 Windshield 08 Other path (pickup bed)
- 04 Back window 99 Unknown
- 05 Back door/Tailgate

TRAIN OCCUPANT SEAT TYPES

- 31 Train crew
(list all in control whether injured or not)
- 32 Train passengers (list if injured)

GENDER

- M Male
- F Female
- U Unknown

ANIMAL TYPES

- 01 Deer 03 Cow or Bull 05 Horse
- 02 Other wild animal:
bobcat, coyote, etc 04 Other domestic
animal: cat, dog, etc

KS LIC CLASS

- (see manual)
- A - GCWR>26,000
- B - GVWR>26,000
- C - GVWR<26,001
- M - Motorcycle
- (Class+) P - Permit
- ID - Identification #
- U - Unknown

KANSAS LICENSE RESTRICTIONS

- B Corrective lenses M No CDL - A Bus J08 Seasonal CDL
- C Mechanical aid (devices) N No CDL - A/B Bus J09 Farm Permit
- D Prosthetic aid (devices) O No Tractor-Trailer J10 Non-residential CDL
- E Automatic Transmission J01 Outside business area J11 5 Miles of Home
- F Outside mirror J02 Under Age Sixteen J12 10 Miles of Home
- G Daylight only J03 No Freeway driving J13 15 Miles of Home
- H Employment only J04 25 Mi. from Home J14 20 Miles of Home
- I Limited - Other J05 Within City Limits J15 30 Miles of Home
- K Intrastate only J06 Lic Driver Front Seat J20 Temporary Resident
- L Without Air-brakes J07 Moped U Unknown

HAZARDOUS MATERIAL CLASS CODES

- 1 Explosives
- 2 Gases
- 3 Flammable/combustible liquid
- 4 Flammable/combustible solid
- 5 Oxidizers & organic peroxides
- 6 Poisonous/infectious substance
- 7 Radioactive material
- 8 Corrosive material
- 9 Misc. HazMat