T.O.C.

KANSAS MOTOR VEHICLE ACCIDENT REPORT CODING MANUAL

January 1st, 2010

Version 1.0

Click on any entry to jump to that location

TABLE OF CONTENTS

INTRODUCTION 1

Organization of the Accident Forms: 2

AUTHORITIES AND REQUIREMENTS 2

STATE REPORTABLE ACCIDENTS 2

LAW ENFORCEMENT FORMS ORDERING 3

ACCIDENT REPORTING QUALIFICATION, STANDARDS, & SPECIAL NOTES 4

BASIC TERMS AND QUALIFICATIONS 6

GENERAL INFORMATION AND INSTRUCTIONS 8

Special Notes on Traffic Units 9

Special Notes on Working Vehicles 9

Special Notes on Trains 10

Special Notes on Pedestrians (Peds) 10

Accidents Requiring Additional 850B Forms 11

ACCIDENT LEVEL CODING 12

BACK SIDE OF THE 850A 36

TRAFFIC UNIT INFORMATION 38

DRIVER INFORMATION 41

PASSENGER INFORMATION 52

VEHICLE INFORMATION 55

ACCIDENT NARRATIVE FORM 61

COMMERCIAL MOTOR VEHICLES 62

Click on any entry to jump to that location

ADDITIONAL PASSENGERS & PEDESTRIANS 72

UNUSUAL ACCIDENT CODING SITUATIONS 74

DEFINITIONS / CLARIFICATIONS 78

ACCIDENT PHOTOGRAPHS 86

COUNTY ABBREVIATIONS 90

STATE ABBREVIATIONS 91

INTERNATIONAL ABBREVIATIONS 91

NCIC CODES FOR COMMON AUTOMOBILE MAKES 92

KDOT DISTRICT MAP 93

INSURANCE VERIFICATION INFORMATION 94

EXAMPLES OF COMPLETED FORMS 95

INDEX .....

CODING MANUAL CHANGES SINCE VERSION 2009, 2.0 ..... BACK COVER

Mouse over this box to jump to that location

ACCIDENT CODING SHEET

T.O.C.

Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department 12 | Reviewed by 12 | Local Case No. | Page of /

Investigating Officer Name 12 | Badge Number | County | City Name 12

☐ Amended Report
☐ DUI 13
☐ Hit & Run

○ Fatal
○ Injury
○ PDO >=$1,000
○ PDO < $1,000 13

☐ Private Property

Milepost 14	Block No	Dir Pfx 14	On Road Name	Road Type 17	Dir Sfx	SpdLmt 17	Date of Accident (mm/dd/yyyy)	Time Occur.	Day
From Dist 18	Ft/Mi	From Dir	○ FROM ○ AT 18	Dir Sfx	Reference or At Road Name 19	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy) 17	Time Notif. 18	Day

Narrative: Describe each traffic unit's pre-crash movement and direction of travel 19

Date Arrived (mm/dd/yyyy) 17 | Time Arriv. | Day

Latitude (AOI) 19

Longitude (AOI)

Photos by

KDOT? ☐ Object 1 Damaged & Nature of Damage (show in diagram) 19 | Owner Street Address 20 | Personal Phone

Owner Last Name 20 | 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

WORK ZONE TYPE

O / A
○ ○ 00 None Apply
○ ○ 01 Construction Zone -
○ ○ 02 Maintenance Zone -
○ ○ 03 Utility Zone -
○ ○ 99 Unknown

KDOT? ☐ 20

- 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

20

ONLY CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

LIGHT CONDITIONS

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

34

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

34

SURFACE TYPE

O / A | O / A
○ ○ 01 Concrete
○ ○ 02 Blacktop (Asphalt)
○ ○ 03 Gravel ○ ○ 88 Other: _____
○ ○ 04 Dirt
○ ○ 05 Brick ○ ○ 99 Unknown

34

SURFACE CONDITIONS

O / A | O / A
○ ○ 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

34

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

22

+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

22

ROAD SPECIAL FEATURES (up to 3)

☐ 00 None
☐ 01 Bridge _____
☐ 02 Bridge Overhead
☐ 03 Railroad Bridge
☐ 04 RRXING _____
☐ 05 Interchange
☐ 06 Ramp
☐ 99 Unknown

34

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	○

29-33

****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 RRXING fixtures	○
○ 88 Other: _____	○
○ 99 Unknown	○

30

- WORK ZONE CATEGORY

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

20

***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	○

32

TRAFFIC CONTROLS

(On / At Road) O/A

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

Type Present		OK/NF
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5

35

T.O.C.

nt Diagram
continued

SPECIAL EVENT 36

SPECIAL DATA

Local Case No.

Page of /

ROADWAY NUMBER OF LANES

O / A

- O O 01 One
- O O 02 Two
- O O 03 Three
- O O 04 Four to Six
- O O 05 Seven or more
- O O 88 Other: _____
- O O 99 Unknown

37

ROAD CHARACTER

O / A

- O O 01 Straight & Level
- O O 02 Straight on grade/slope
- O O 03 Straight on hillcrest
- O O 04 Curved & level
- O O 05 Curved on grade/slope
- O O 06 Curved on hillcrest
- O O 88 Other: _____
- O O 99 Unknown

37

SPECIAL JURISDICTION

- O 00 Normal Jurisdiction (Not Special)
- O 01 National Park Service
- O 02 Military
- O 03 Indian Reservation
- O 04 College / University Campus
- O 05 Other Federal property
- O 88 Other: _____
- O 99 Unknown

37

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.

36

Indicate North Direction

Draw scene as observed or recreate per statements and evidence available

36

Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C.

nts & Vehicles
m 850B Rev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.

Page of /

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#
	42				

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

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 43		MN 43	New address? ☐ 44	Personal	44	44	45	46 ☐
ST		DOB		Work		45		
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

TRAFFIC UNIT# (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
	47		☐	49 ☐

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

49

RESTRICT COMPLY

Restrictions? Y ○ N ○

Driver's Lic Restrictions	Complied? Y	N
1	○	○
2	○	○
3	○	○
4	○	○

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

50

SUBSTANCE USE (mark all that apply)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	☐
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	☐
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

50

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

51

☐ Drug screen result ○ Pos ○ Neg

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY

Restrictions? Y ○ N ○

Driver's Lic Restrictions	Complied? Y	N
1	○	○
2	○	○
3	○	○
4	○	○

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 (mark all that apply)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	☐
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	☐
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

☐ Drug screen result ○ Pos ○ Neg

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 52		MN	New address? ☐	Personal		52	45	46 ☐
ST		DOB		Work		45		
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

Transport Unit ____	EMS Time Notified	Injured taken by:	Transport Unit ____	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to: 46	EMS Arrived	EMS Time@Hosp	Injured taken to:

Transport Units: A, B, C, ..., N

T.O.C.

nts & Vehicles
530B Continued

VEHICLE# 55 (01, 03, N3, X3, etc) | SPECIAL DATA 55

OWNER Last Name ("Same" if Driver) | OWNER First Name | Middle Name

OWNER ADDRESS (Number, Street) 55 | New address? ☐ | Personal Phone

CITY | ST | ZIP | Work Phone

COLOR 55 | YEAR | MAKE 55 | MODEL | BODY STYLE 55 | ST

LICENSE PLATE # | County | Exp YR | Removed by: | MC CCs 56

VEHICLE IDENTIFICATION NUMBER 56 | Dir of Travel | # Occupants

Insurance Company 56 | Policy Number 56

SPECIAL CONDITIONS FOR TRAFFIC UNITS 56 | Odometer 56 | Fire? ☐

☐ 1 Hit & Run ☐ 2 Non-Contact ☐ 3 Stolen ☐ 7 Towed away due to damage
☐ 4 Legally Parked ☐ 5 Pursued by LE ☐ 6 Driverless

VEHICLE BODY TYPE 57

- ○ 01 Automobile
- ○ 02 Motorcycle
- ○ 03 Motor scooter or Moped
- ○ 04 Van
- ○ 05 Pickup truck <10,001 lbs
- ○ 06 Sport utility veh - SUV
- ○ 07 Camper or RV
- ○ 08 Farm machinery
- ○ 09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs) 58

- ○ 10 Single heavy truck >10,000 lbs
- ○ 11 Truck & trailer(s)
- ○ 12 Tractor-trailer(s)
- ○ 13 Cross country bus
- ○ 14 School bus
- ○ 15 Transit (city) bus
- ○ 16 Other bus
- ○ 25 Train
- ○ 88 Other: _____
- ○ 99 Unknown

Calculated speed at impact 59

Bus Seat Capacity 59

○ Fuel ○ Hybrid ○ Electric 59

VEHICLE USE 59

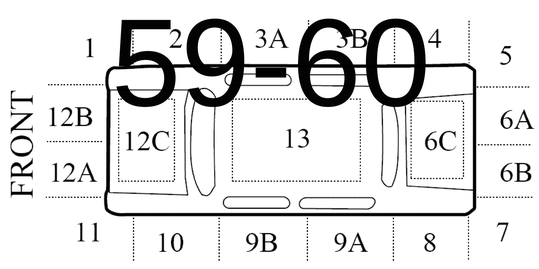
- ○ 01 No special use
- ○ 02 Taxi / Limo
- ○ 03 School bus
- ○ 04 Other bus
- ○ 05 Military
- ○ 06 Police
- ○ 07 Ambulance
- ○ 08 Fire
- ○ 09 Mail/Parcel
- ○ 99 Unknown

VEHICLE DAMAGE 59

- ○ 00 None
- ○ 01 Damage (minor)
- ○ 02 Functional
- ○ 03 Disabling
- ○ 04 Destroyed
- ○ 88 Other: _____
- ○ 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. 60

- ○ 01 Straight/ following road
- ○ 02 Left Turn
- ○ 03 Right Turn
- ○ 04 U Turn
- ○ 05 Passing
- ○ 06 Changing lanes
- ○ 07 Avoidance man.
- ○ 08 Merging
- ○ 09 Parking
- ○ 10 Backing
- ○ 11 Stopped awaiting turn
- ○ 12 Stopped in traf
- ○ 13 Illegally parked
- ○ 14 Disabled in roadway
- ○ 15 Slowing or stopping
- ○ 16 Negotiating a curve
- ○ 88 Other: _____
- ○ 99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence) 60

1 | 2 | 3 | 4 ☐ 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.)
- 10 Downhill runaway
- 11 Trailer swing
- 12 Seperation of units
- 13 Jackknife
- 14 Fire
- 15 Explosion
- 16 Immersion in water
- 88 Other event: _____
- 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

VEHICLE# (02, 04, N2, X4, etc) | SPECIAL DATA | Local Case No. | Page of /

OWNER Last Name ("Same" if Driver) | OWNER First Name | Middle Name

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

CITY | ST | ZIP | Work Phone

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

SPECIAL CONDITIONS FOR TRAFFIC UNITS | 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

VEHICLE BODY TYPE

- ○ 01 Automobile
- ○ 02 Motorcycle
- ○ 03 Motor scooter or Moped
- ○ 04 Van
- ○ 05 Pickup truck <10,001 lbs
- ○ 06 Sport utility veh - SUV
- ○ 07 Camper or RV
- ○ 08 Farm machinery
- ○ 09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

- ○ 10 Single heavy truck >10,000 lbs
- ○ 11 Truck & trailer(s)
- ○ 12 Tractor-trailer(s)
- ○ 13 Cross country bus
- ○ 14 School bus
- ○ 15 Transit (city) bus
- ○ 16 Other bus
- ○ 25 Train
- ○ 88 Other: _____
- ○ 99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

○ Fuel ○ Hybrid ○ Electric

VEHICLE USE

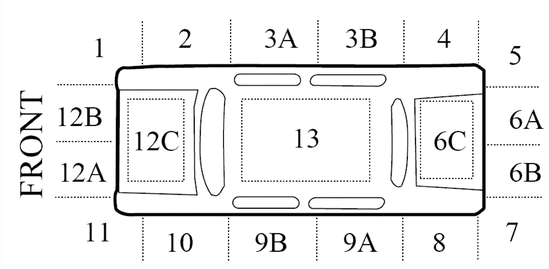
- ○ 01 No special use
- ○ 02 Taxi / Limo
- ○ 03 School bus
- ○ 04 Other bus
- ○ 05 Military
- ○ 06 Police
- ○ 07 Ambulance
- ○ 08 Fire
- ○ 09 Mail/Parcel
- ○ 99 Unknown

VEHICLE DAMAGE

- ○ 00 None
- ○ 01 Damage (minor)
- ○ 02 Functional
- ○ 03 Disabling
- ○ 04 Destroyed
- ○ 88 Other: _____
- ○ 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
- ○ 02 Left Turn
- ○ 03 Right Turn
- ○ 04 U Turn
- ○ 05 Passing
- ○ 06 Changing lanes
- ○ 07 Avoidance man.
- ○ 08 Merging
- ○ 09 Parking
- ○ 10 Backing
- ○ 11 Stopped awaiting turn
- ○ 12 Stopped in traf
- ○ 13 Illegally parked
- ○ 14 Disabled in roadway
- ○ 15 Slowing or stopping
- ○ 16 Negotiating a curve
- ○ 88 Other: _____
- ○ 99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 | 2 | 3 | 4 ☐ 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.)
- 10 Downhill runaway
- 11 Trailer swing
- 12 Seperation of units
- 13 Jackknife
- 14 Fire
- 15 Explosion
- 16 Immersion in water
- 88 Other event: _____
- 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

T.O.C.

t Narrative
351 Rev. 1-2009

Officer Observations
Description of Events

Witness Statements
Additional Information

Investigating Officer / Badge No.

Local Case No.

Page of
/

61

T.O.C.

64 ☐ Completed Post Crash Inspection

HEAVY VEHICLE & HAZMAT Supplement KDOT Form 852 Rev. 1-2009	INFORMATION ON HEAVY VEHICLES / BUSES / HAZARDOUS MATERIALS	Investigating Officer / Badge No.	Local Case No.	Page of /

MOTOR CARRIER INFORMATION

64 TU #

Carrier Name: 64

Carrier Street Address (P.O. Box only if no street address): 67

City: 67

State: 67 Zip: 67

Phone: 67

Carrier Country: 67

CARRIER IDENTIFICATION NUMBER(S)

USDOT#: 64

MC/MX#: 65

☐ NONE

CARRIER TYPE 68

- ○ 0 - Intrastate
- ○ 1 - Interstate
- ○ 2 - Not in Commerce - Other Truck or Bus
- ○ 3 - Not in Commerce - Government Veh
- ○ 4 - Other / Not Specified

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

GVWR/GCWR 68

- ○ 01 10,000 lbs or less
- ○ 02 10,001-26,000 lbs
- ○ 03 More than 26,000 lbs
- ○ 99 Unknown

ACTUAL WEIGHT: 69 lbs

SOURCE OF CARRIER NAME 69

- ○ 01 Side of vehicle
- ○ 02 Shipping papers or manifest
- ○ 03 Driver
- ○ 04 Logbook

PERMITS (Issuer and Permit Number) 69

1. _____ _____
2. _____ _____
3. _____ _____

VEHICLE INFORMATION

TRAILER DIMENSIONS 69

	WIDTH (in)	LENGTH (ft)
Trailer 1		
Trailer 2		
Trailer 3		

TRAILER(s) DAMAGED?

- ☐ None
- ☐ Trailer 1
- ☐ Trailer 2
- ☐ Trailer 3

OVERSIZED LOAD

- ☐ Height
- ☐ Weight
- ☐ Width

TRUCK AND TRAILER TOTALS

Vehicle Length (include trailer(s)) | No. of Trailers | No. of Axles

TRAILER 1 - IDENTIFICATION NUMBER

TRAILER 2 - IDENTIFICATION NUMBER

TRAILER 3 - IDENTIFICATION NUMBER

HAZMAT / ROADWAY INFORMATION

HAZARDOUS MATERIALS INVOLVEMENT 70-71

Did the vehicle have a Hazardous Materials Placard? Yes ○ No ○

If Yes, Include The Following Information From The Placard:

HazMat 4-digit # from the diamond center box:

HazMat Class # from the bottom of diamond:

HazMat Weight (lbs)

Was HazMat released (spilled) from THIS vehicle's cargo? Yes ○ No ○

ON-ROAD LANE TYPE 71

- ○ 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

VEHICLE ACCESS CONTROL TO ROADWAYS 71

- ○ 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

VEHICLE CONFIGURATION 71

- ○ 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

CAB TYPE

- ○ 01 Cab behind engine
- ○ 02 Cab over engine
- 99 Unknown

CARGO BODY TYPE 71

- ○ 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

CARGO TYPE 71

- ○ 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

SPECIAL DATA

T.O.C.

gers & Pedestrians

Form 854 Rev. 1-2009

LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT

Investigating Officer / Badge No.

Local Case No.

Page of /

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 72		MN 72	New address? ☐	Personal	72	72	72	☐
ST		DOB		Work				
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

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:

46

Transport Units: A, B, C, ..., N

T.O.C.

gers & Pedestrians
854 continued

PEDESTRIAN INFORMATION

Investigating Officer / Badge No.

Local Case No.

Page of /

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		MN	New address? ☐	Personal				
PT		DOB		Work				☐
TU		MN	New address? ☐	Personal				
PT		DOB		Work				☐

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	TU#	DirTrvl	DL State	Driver's License Number	Special Data

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

- ○ 00 NOT in roadway (driving lanes)

IN or AT INTERSECTION

- ○ 01 In crosswalk or bikeway
- ○ 02 NOT in crosswalk or bikeway
- ○ 03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION

- ○ 11 In crosswalk or bikeway
- ○ 12 NOT in crosswalk or bikeway
- ○ 13 In area without a crosswalk or bikeway

- ○ 88 Other: _____
- ○ 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

- ○ 01 Within a work zone
- ○ 02 In median (not shoulder)
- ○ 03 On Island
- ○ 04 Road shoulder (not ditch or median)
- ○ 05 Roadside (not on shoulder)
- ○ 06 Sidewalk
- ○ 07 Outside trafficway
- ○ 08 Driveway access crosswalk
- ○ 09 Dedicated bike lane
- ○ 10 Shared-use path or trails
- ○ 11 Inside building
- ○ 12 In legally parked vehicle
- ○ 88 Other: _____
- ○ 99 Unknown

PEDESTRIAN ACTION BEFORE CRASH

- ○ 01 Walking / cycling to or from school
- ○ 02 Approaching or leaving bus
- ○ 03 Approaching or leaving vehicle
- ○ 04 Working (not on vehicle)
- ○ 05 Working on vehicle
- ○ 06 Pushing motor vehicle
- ○ 07 Standing, sitting, or lying
- ○ 08 Playing, running, walking
- ○ 09 Cycling
- ○ 10 Entering or crossing
- ○ 88 Other: _____
- ○ 99 Unknown

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

- ○ 00 No pedestrian signal
- ○ 01 Obeyed pedestrian signal
- ○ 02 Disobeyed pedestrian signal
- ○ 03 Ped signal malfunction
- ○ 04 Not applicable
- ○ 99 Unknown

SUBSTANCE USE
(mark all that apply)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION
(mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	☐
☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL

☐ Evidentiary Breath 0.	☐ Eye Fluid 0.
☐ Blood (BAC) 0.	☐ Other 0.

☐ Drug screen ○ Pos ○ Neg

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

- ○ 00 NOT in roadway (driving lanes)

IN or AT INTERSECTION

- ○ 01 In crosswalk or bikeway
- ○ 02 NOT in crosswalk or bikeway
- ○ 03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION

- ○ 11 In crosswalk or bikeway
- ○ 12 NOT in crosswalk or bikeway
- ○ 13 In area without a crosswalk or bikeway

- ○ 88 Other: _____
- ○ 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

- ○ 01 Within a work zone
- ○ 02 In median (not shoulder)
- ○ 03 On Island
- ○ 04 Road shoulder (not ditch or median)
- ○ 05 Roadside (not on shoulder)
- ○ 06 Sidewalk
- ○ 07 Outside trafficway
- ○ 08 Driveway access crosswalk
- ○ 09 Dedicated bike lane
- ○ 10 Shared-use path or trails
- ○ 11 Inside building
- ○ 12 In legally parked vehicle
- ○ 88 Other: _____
- ○ 99 Unknown

PEDESTRIAN ACTION BEFORE CRASH

- ○ 01 Walking / cycling to or from school
- ○ 02 Approaching or leaving bus
- ○ 03 Approaching or leaving vehicle
- ○ 04 Working (not on vehicle)
- ○ 05 Working on vehicle
- ○ 06 Pushing motor vehicle
- ○ 07 Standing, sitting, or lying
- ○ 08 Playing, running, walking
- ○ 09 Cycling
- ○ 10 Entering or crossing
- ○ 88 Other: _____
- ○ 99 Unknown

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

- ○ 00 No pedestrian signal
- ○ 01 Obeyed pedestrian signal
- ○ 02 Disobeyed pedestrian signal
- ○ 03 Ped signal malfunction
- ○ 04 Not applicable
- ○ 99 Unknown

SUBSTANCE USE
(mark all that apply)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION
(mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	☐
☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL

☐ Evidentiary Breath 0.	☐ Eye Fluid 0.
☐ Blood (BAC) 0.	☐ Other 0.

☐ Drug screen ○ Pos ○ Neg

T.O.C.

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 during 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) is being built to 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 by all involved.

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

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. Certainly, 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/.

T.O.C.

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 larger collision diagram area with the small diagram removed from the front. 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 to the accident. When used, the Narrative report (851) form must be submitted to the State. The scope of data for the Heavy Vehicle & Hazmat Supplement (852) incorporates recommendations of the FMCSA and requirements for the federal Commercial Motor Vehicle (CMV) database called SafetyNet. The 852 is mandatory if the federal reportability requirements included on the back of the form are met.

Notes: The state accident forms are considered "open records" and should not contain information restricted by other laws. **There are two versions of the new forms**: 1) Paper and 2) electronic. You will notice a mixture of both in this manual.

AUTHORITIES AND REQUIREMENTS

Accident reporting requirements are established by Kansas statute and the 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 also has relevance in providing selected definitions.

STATE REPORTABLE ACCIDENTS

By law, any accident which occurs on a public roadway and which results in death or injury to any person or total property damage of $1,000 or more must be reported to KDOT within ten (10) days of the investigation of the accident. Non-injury accidents whose total property damage is less than $1,000 and accidents which occur on private property are not reportable to the KDOT. One exception to this is a fatal accident that takes place 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 day period of the time and date of the accident.

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

T.O.C.

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

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) 296-5169, 0456, 7789, 0345, 3841
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

By law, the Kansas Department of Revenue requires a Form DC-66 for verification of automobile insurance coverage. The form is mandatory, and it is the only form acceptable for insurance reporting. Additional entry of insurance information on the accident report form is helpful and encouraged. Forward all DC-66 forms to the Kansas Department of Revenue (address on front of DC-66 and below). See page 94 for a copy of a DC-66 form.

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 be returned to**:

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

Please do **NOT** mail these to the KDOT along with the Motor Vehicle Accident Reports (850).

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

T.O.C.

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 a 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 (See 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.

— 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.

T.O.C.

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.
- 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** police intended that the lawbreaker crash.
- 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.

T.O.C.

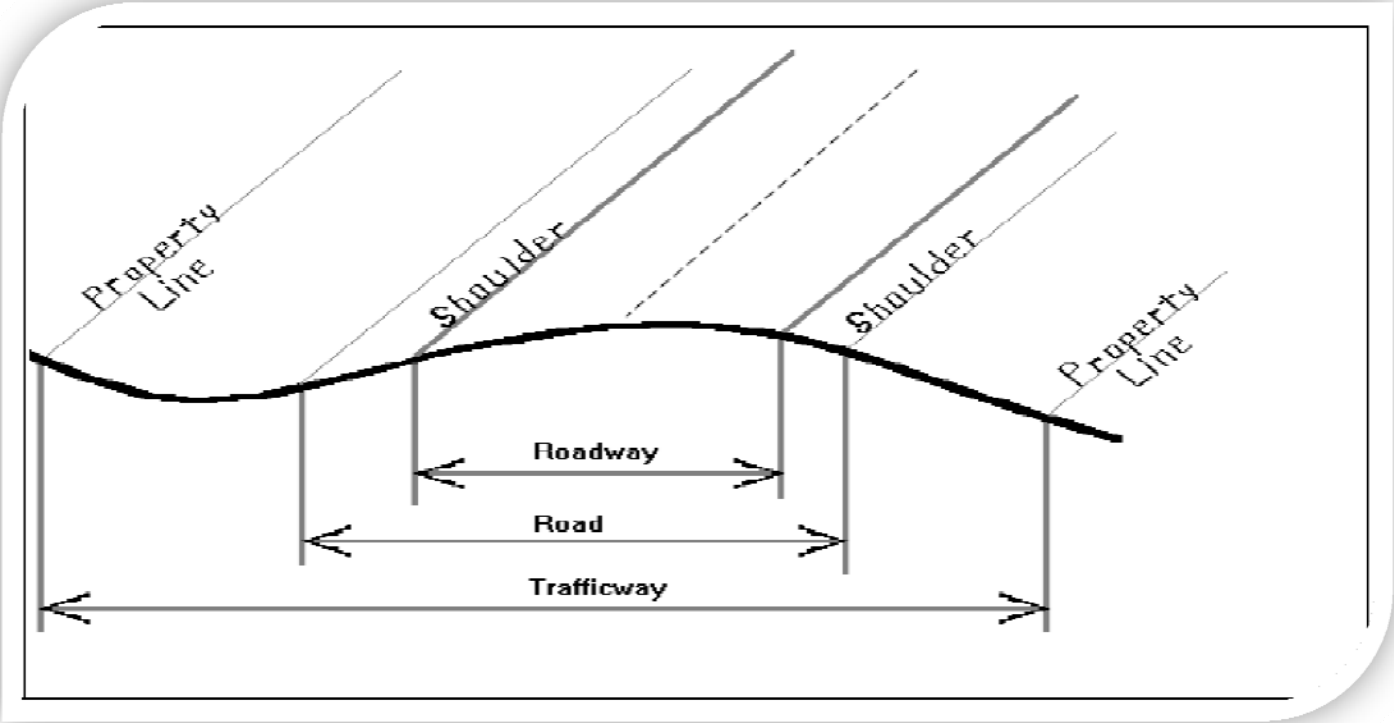
BASIC TERMS AND QUALIFICATIONS

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."

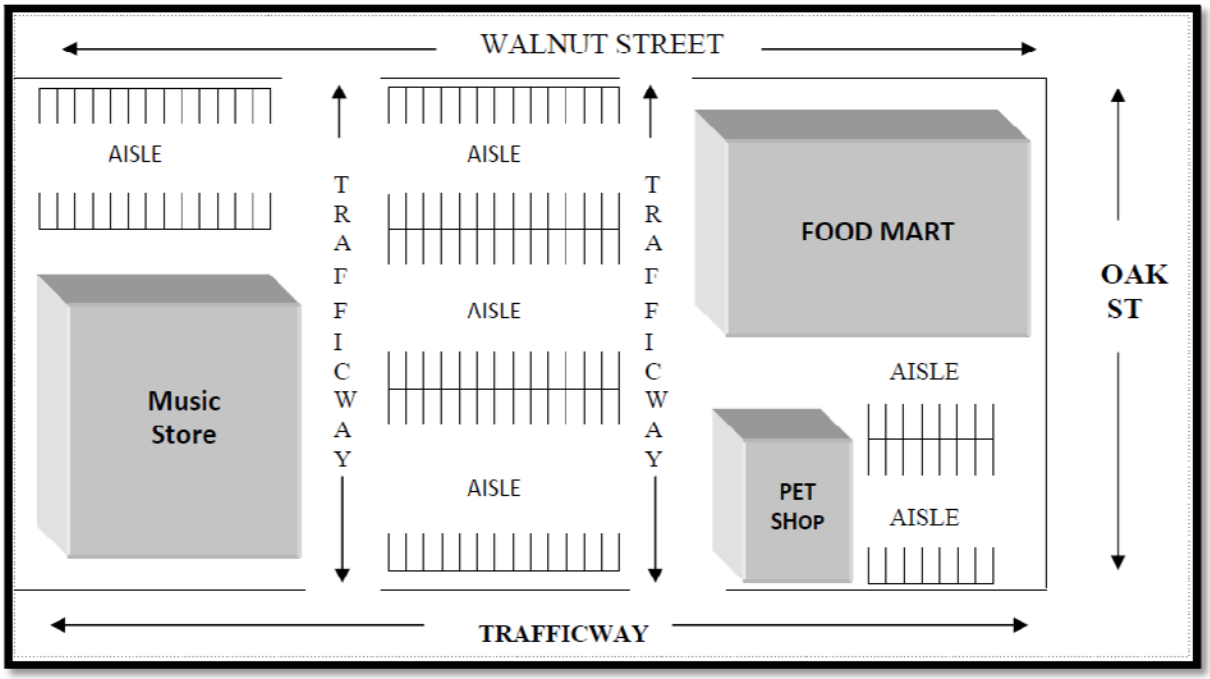
TRAFFIC "Transport" and "traffic" are associated with the road locations where motor vehicles are intended to travel. The unstabilized event must be initiated on, occur on, or involve a public trafficway.

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. 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 that customarily admit public traffic. The diagram below illustrates the difference between public roadways or trafficways and private property portions of a parking lot as defined by the National Safety Council.

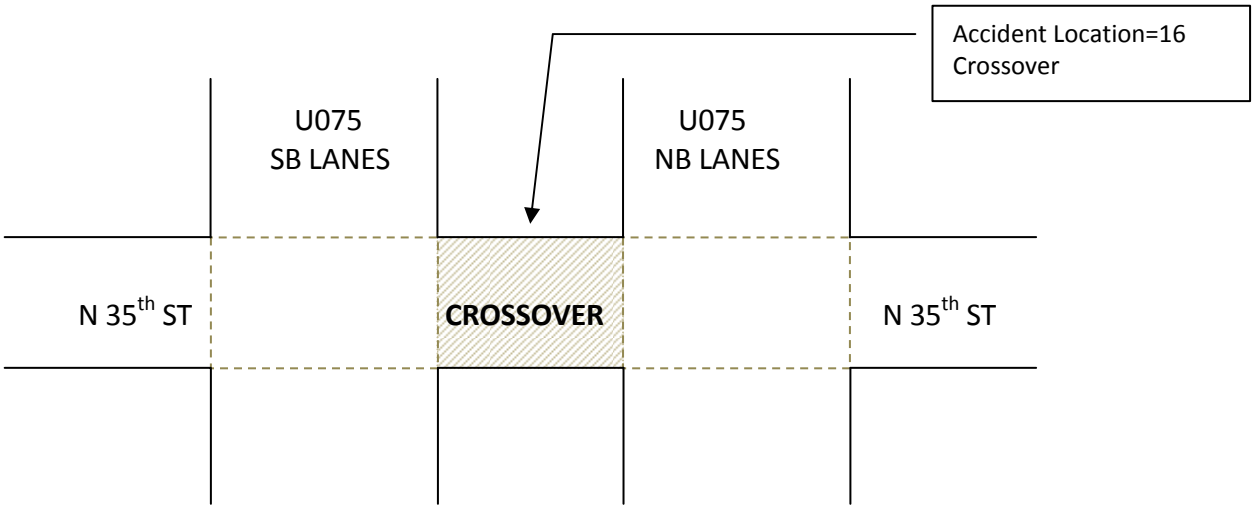
T.O.C.



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 or in 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.

CROSSOVER A designated crossing area between a divided highway. (See Example #7 in back)



T.O.C.

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).

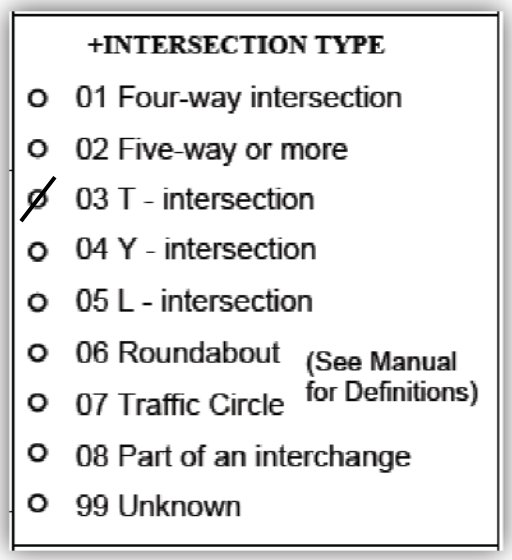
The "extended narrative" report (851) should include witness statements and a description of events. The "Heavy Vehicle & Hazmat" supplement (852) is for reporting large/commercial vehicle data as well as vehicles carrying hazardous materials. The "Passengers & Pedestrian" form (854) allows for additional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

All KDOT forms used are to be submitted as one report within 10 days of the accident investigation.

These forms are considered "Open Records" for the public, and KDOT is the repository for all reportable accident reports. Therefore, KDOT must receive and retain all KDOT forms filled out for each accident. **This includes amended reports**. If the most complete version of the report is not sent to the state, customers of the report, including law enforcement, will not receive the final/complete report.

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 accidently 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.



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

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.

T.O.C.

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. The distinction of motor vehicles in-transport eliminates legally parked vehicles; legally parked vehicles (X##) are not "normal" traffic units. Likewise, a non-contact vehicle (N##) is not considered a "normal" traffic unit because contact is not made with another traffic unit. 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.

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), X0**3** (legally parked unit). Improper coding would be 01, X01, and N01.

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).

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
- 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 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 and must be listed on the 854 form. Their PED action is (04) Working. Kansas is differing from the ANSI D16 standard in two ways: 1. A working vehicle is considered in-transport 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 at an accident scene
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

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.

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. **Inclusions:** persons walking, jogging, playing, or pedal cyclists, riders of animals, occupants of animal-drawn vehicles, injured occupants of a vehicle NOT IN-TRANSPORT (legally parked), and machine operators or passengers of a machine when such machine is being used for its intended purpose. **Example:** While mowing along a road a mowing machine is struck, the driver is considered a Ped (type 26).

Pedestrians struck by motor vehicles in-transport are considered traffic units individually. Occupants of legally parked vehicles are considered Peds (seat type 25) and should be listed as separate traffic units. Most Peds also have maneuvers (Ped Action) and positions in trafficways (Ped Location and Other Location).

T.O.C.

DO NOT count pedal cycles (i.e. a bicycle) as vehicles. The pedal cyclist (operator) is a 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: Universally, throughout the KDOT forms, please use the following:

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 would 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.

Kansas Motor Vehicle Accident Report
KDOT Form 850A Rev. 1-2009

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). For electronic software forms, this field must contain the exact text value as in the state agency listing.

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 us in flagging amended reports to avoid duplication.

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

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.

COUNTY Enter the 2-character county abbreviation. See: County Codes (page 90).

CITY NAME Enter the name of the city or town only if the accident 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

The top right corner of the Kansas Motor Vehicle Accident Report form 850A features checkboxes for classifying reports and separating them for efficient handling.

☐ Amended Report

If reports are revised or amended, please re-submit the **entire accident report** with "AMENDED" indicated at the top of the form (mark the checkbox) and the amended information highlighted or notated. Amended reports cannot be processed correctly unless all pages originally submitted are re-submitted to the State. (All forms: 850s, 851s, 852s, and 854s). Sending the entire report applies to both paper and electronic submissions.

☐ 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 for alcohol and/or drug indicator recorded (P - Positive or N - Negative) and the DUI box marked (or not) as applicable.

☐ 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.

○ Fatal
○ Injury
○ PDO >–$1,000
○ PDO < $1,000
☐ Private Property

The 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**) **P**roperty **D**amage **O**nly 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" code, not the "fatal" code. If the person dies after 30 days of the accident date, it will also be considered an "injury" accident, not a "fatal" accident. 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 whether or not 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). Please check all that apply.

MILEPOST Enter the state milepost of the accident location if a milepost can be determined. If using a milepost as a reference, care should be taken to ensure the accident location is readily identified. Avoid using MP references only, where possible. Use the nearest **At** Road reference even if the referenced road is several miles from the area of impact (AOI). Because of road alignment changes over time, mileposts are sometimes unreliable as some are not updated (moved) with the changes.

Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx

BLOCK NUMBER This is to be used to help identify the accident location (usually within a city) in addition to the proper "On Road" and "At Road" names. If the On Road is an alley, the block number must contain a value along with the At Road reference.

Example: V1 was in the alley between 15th and 16th… Without a block number of say 2200, no one can identify which alley between 15th and 16th. There may be 5 alleys between those streets. The proper description would be: 2200 (block) Alley (On Road), 200 ft N of 15th.

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

Example: **N** 39th St. to distinguish from **S** 39th St. The same applies to Reference Road Name. Leave the Direction Prefix blank if there are not two of the same road names within the county/city.

ON ROAD NAME Identify the road on which the accident occurred. 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 for the **On** Road Name field, not "Kellogg". Since there is also a "Kellogg Drive" that parallels U054, there can be significant confusion if not coded properly. Another example is "Iowa St." in Lawrence. It should be coded U059 not "Iowa" where they share the same road section. As shown above, highways are coded with a Letter and then three numbers including leading zeros.

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, US24, US-24, U-24, US-24 (State St), U-24 (State), U024 (State Ave), etc.)

Include the letter suffix for "Business" or "Alternate" (example: U069**B**) if it applies. If the accident does not occur on a highway, enter the commonly used and most current name of the road or street. If the accident occurred inside an intersection of different road classes, use the **highest** class in identifying the On Road.

The hierarchy of highway road classes is:

1) **I** (Interstate) I070, I135, I435, etc
2) **U** (US) U050, U081, U073, 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 (junction), 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 unnamed county road"). This description of the location should be reflected in the 850A narrative. When referencing accident locations always identify proper junctions if they apply.

Example: "1 mile north and 1.5 miles east FROM U069/K057 NJCT (North junction) ON a county road".

Roads which were formerly US or Kansas highways, but have been removed from the state road system should be identified as such: **Old** U040, **Old** U056, **Old** K132 for example, or use the newly assigned county road name.

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.
	2815		PARKING LOT	TRFY			01/01/2009	11:00

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.
230	F	W	AT	SW	29TH	ST			01/02/2009	10:30

Parking Lots: (also see Example 15 in the back of the manual)

- **Block Number:** Where appropriate, 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.

- **On Road Type:** Record **TRFY** (trafficway) for the **On Road Type**. 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.

- The **Distance**, **Unit of Measure**, and **Direction** from an At Road are only beneficial for 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 At Road measurement is not needed. Mark the **AT** choice like the example below.

- **Accident Location:** Use code **23** – Parking Lot or Rest Area

Milepost	Block No	Dir Pfx	On Road Name	Road Type
	2815		PARKING LOT	

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type
			AT	SW	29TH	ST

- **Special Data:** 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.

SPECIAL DATA
DILLONS

Service or Rest Areas:

- **Milepost:** Record the general milepost of the rest area (371, 371.7, etc).

- **On Road Name:**
  - Accidents within the rest area boundaries require "Rest area" for the On Road Name with a milepost reference and the Highway as the At Road (like the example below). The Accident Location would be 23 – Parking Lot or Rest Area.

  - 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	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day	Accident Severity
371.7			REST AREA				01/02/2010	07:39	SU	Fatal
From Dist / Ft/Mi / From Dir / FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day	Injury	
325 / F / E / FROM		I070	TPKE			01/02/2010	07:49	SU	PDO >= $1,000	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel						Date Arrived (mm/dd/yyyy)	Time Arriv.	Day	PDO < $1,000	
V1 BEGAN TO PULL OUT OF PARKED POSITION IN OPEN AREA OF REST AREA AND SIDEWIPED V2						01/02/2010	08:00	SU	☒ Private Property	
						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, or TPKE. The Accident Location is 14 – Parking Lot / Driveway Access.

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

- **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**.

- For parking lots or rest areas, the **Distance**, **Unit of Measure**, and **Direction** from an At Road reference are only beneficial for trafficways and entrance or exit ramps. Measure from the entry or exit point (gore area) to or from the adjacent roadway. If the accident occurs in 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 not needed. In these cases, select the **AT** choice.

- **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 Be careful to choose 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), or **TPKE** (Turnpike).

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.

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 both interchanges (grade separation at junctions; ramps & bridges) and "at-grade" intersections.

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

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

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 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.

Date of Accident (mm/dd/yyyy)	Time Occur.	Day
Date Notified (mm/dd/yyyy)	Time Notif.	Day
Date Arrived (mm/dd/yyyy)	Time Arriv.	Day

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 or if submitting electronic accident reports, code '9999'. **Do not use '0000' for midnight; use '1159' or '0001'.**

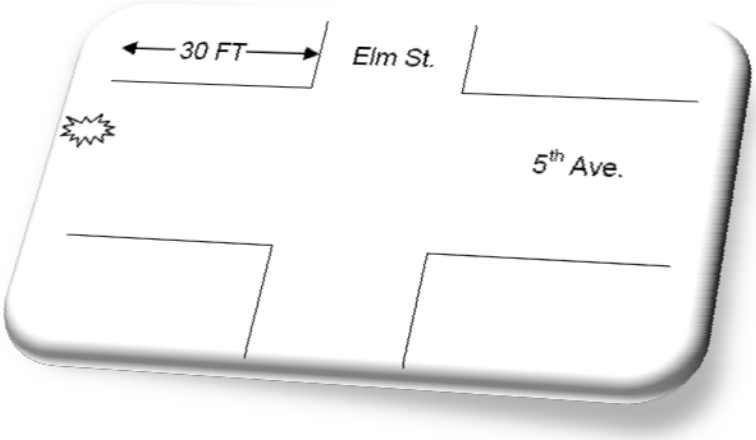
DAY Code the day of week using the first two letters of that day ('SU', 'MO', 'TU', 'WE', 'TH', 'FR', 'SA'). **Note:** The distinction of different days helps eliminate confusion surrounding the timing of events (nighttime accidents before midnight and Notification and/or Arrival are the next day).

From Dist	Ft/Mi	From Dir	○ FROM ○ AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx

FROM DISTANCE If the accident 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** option. If the Accident Location is not a '12', measure and record the distance from the nearest reference road and mark the **FROM** option. Do not measure from private or 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. The measured distance must be associated with the next two fields: the Unit of Measurement (**Ft/Mi**) and **From Direction**. **If the distance is unknown and cannot be assessed, record zero feet.**

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. 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 at an intersection. This requires measurements and a direction from a Reference Road that point to the accident location (Area of impact).

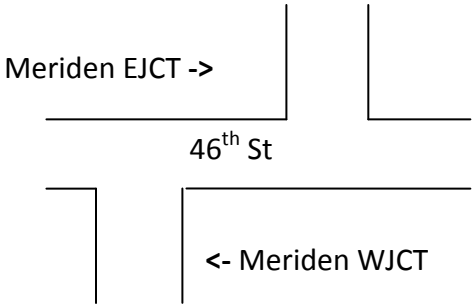
AT Mark the "AT" option only when the accident occurs within intersection boundaries (Accident Location = '12') or in special parking lot/rest area situations (AL=23). 'Distance', 'Ft/Mi', and 'Dir' will be left blank for intersection accidents. (See diagram on page 23)

DIR PFX (Direction Prefix) Use to identify the AT Road Name as distinct: example - **N** 39th St to distinguish from **S** 39th St.

REFERENCE (AT) ROAD NAME The best reference road choice is the nearest cross road/street (one that has a road/street name) or a highway junction. Please record the nearest named roadway.

Important: When referencing a road that has two junctions with the On Road, be sure to indicate which junction using NJCT (North Junction), WJCT, etc.

Example:



Since there are two Meriden Rd junctions with 46th Street, record Meriden WJCT or EJCT in the AT Road Name field.

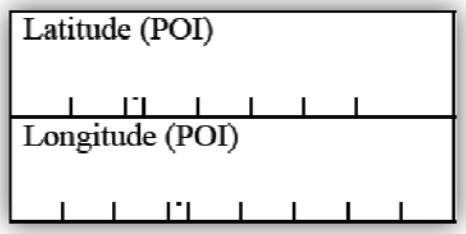
ROAD TYPE This applies to both On Road and Reference Road. (See page 17 for codes)

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.

NARRATIVE (Action & Direction of Units) 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.



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 Also specify the type of damage: e.g., broken, bent, crushed, burned.

Examples (inclusions):

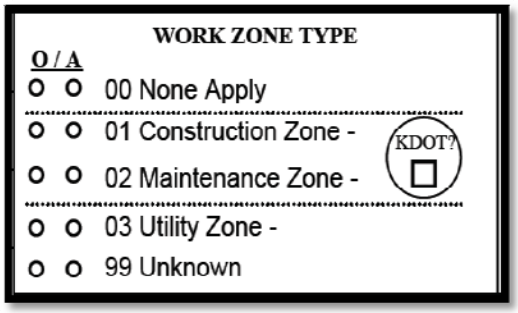
- Pedal cycles (device not person)
- Buildings
- Vegetation
- Domestic animals
- Bridge rail, pier, etc
- Guardrail
- Fence
- Road sign, post
- Utility fixtures

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.

WORK ZONE TYPE Mark the appropriate option for both the ON (**O**) Road option for each accident. Only mark the and 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.



WORK ZONE CATEGORY 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.

WORK ZONE LOCATION (AOI) If the accident occurred as a result of a Work Zone, mark the option that applies. If the work zone location is unknown, select '99'.

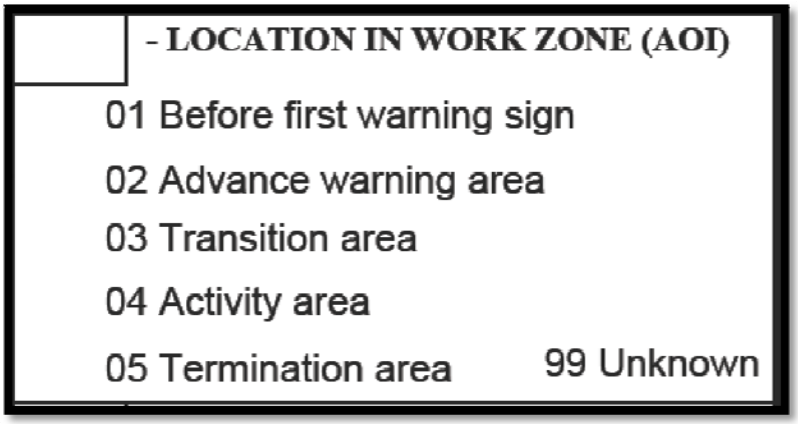
Before 1st Warning Sign (01) …if the accident occurs prior to the warning area and the Work Zone is deemed a factor in the accident, use '01'.

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

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

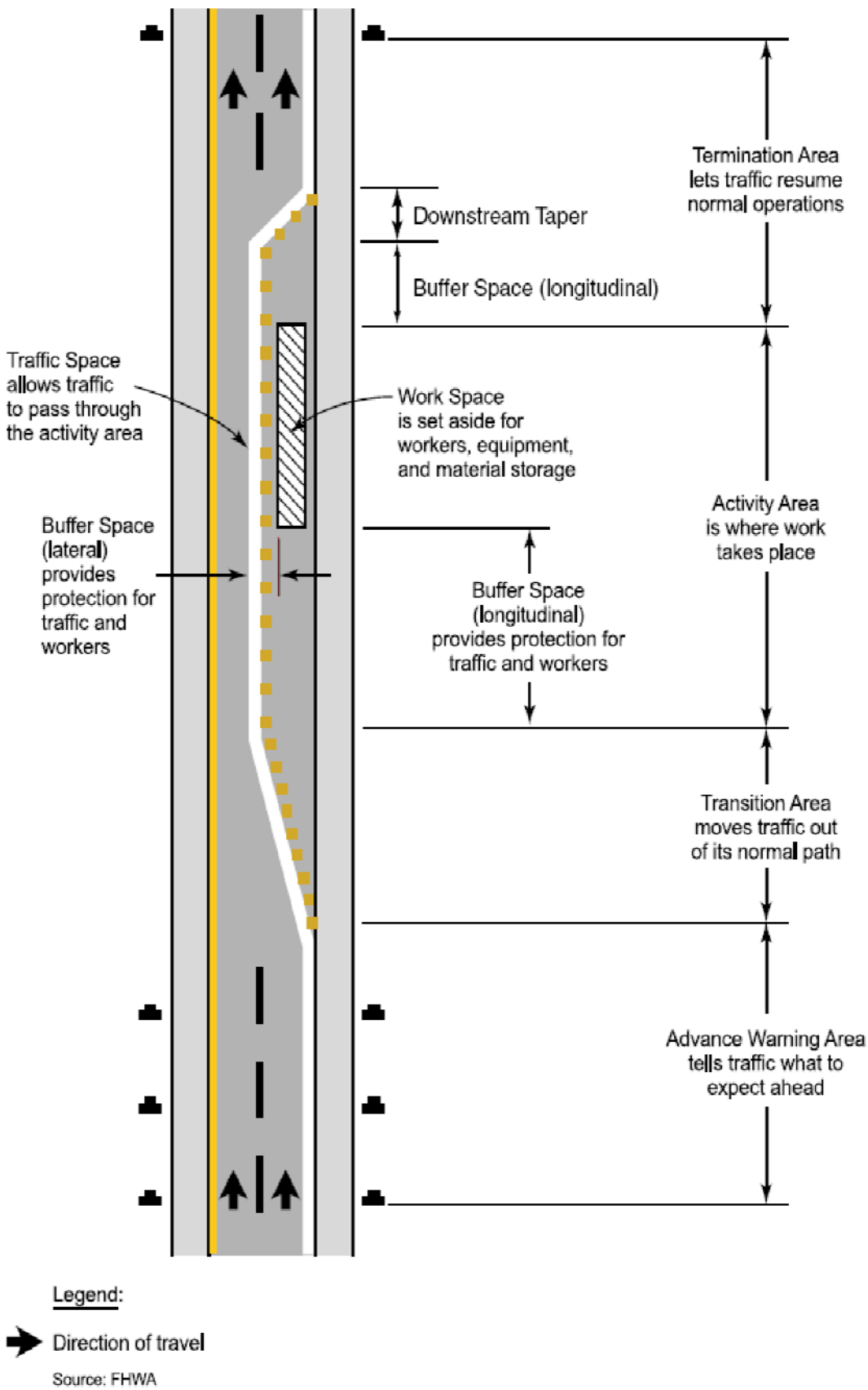
Activity Area (04)
…is where the roadway work is taking place.

Termination Area (05)
…lets traffic resume normal operations.



See Diagram on the next page…

Diagram of a Work Zone Area[5]



[5] Source: FHWA

ACCIDENT LOCATION The Accident Location identifies where the "First Harmful Event" occurred with respect to the roadway. 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 the understanding of all. 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 accident occurs with at least a portion of a vehicle in 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)

- 11 Non-intersection
- 12 Intersection +
- 13 Intersection-related +
- 14 Access to Parking lot/Drvwy
- 15 Interchange Area +
- 16 On Crossover
- 17 Toll Plaza

Code '11'

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 **alleys** or at railroad crossings. If at or near an alley, do not record the alley as the reference (AT) road, but rather the nearest named roadway.

Code '12'

Intersection accidents happen **inside** the intersection of two NAMED roadways. We refer to it as "inside the box" or boundaries of the intersection. It does not apply to accidents at parking lot or driveway accesses such as mall or shopping center entrances and 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. **Be sure to code the corresponding "Intersection Type"**.

Code '13'

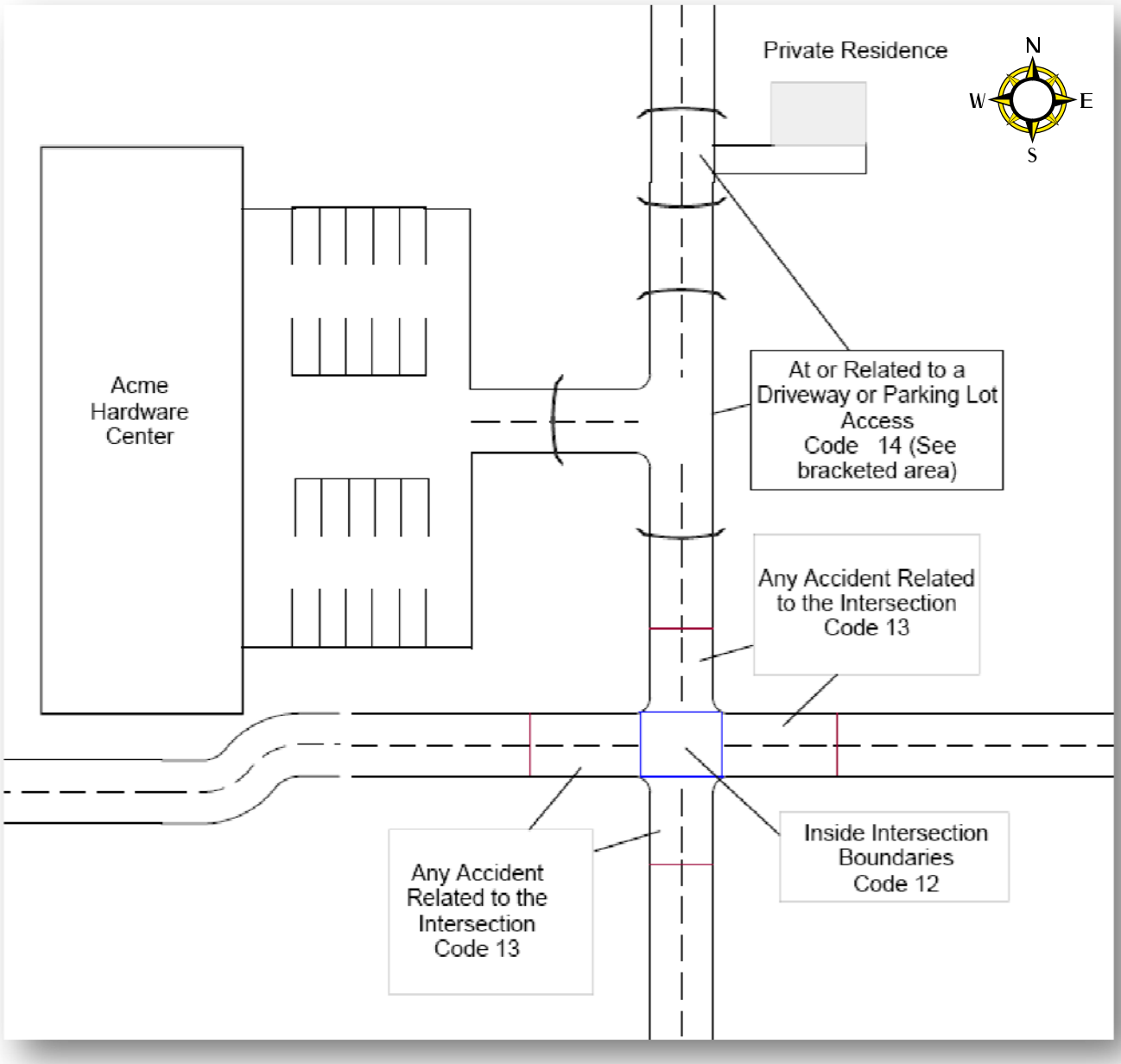
Intersection-Related requires a judgment call about the effects of intersections and their traffic controls upon traffic and accident causation. If the accident is deemed to have occurred as a result of traffic slowing or backed up from an intersection (any distance), code the location as '13' (Intersection-Related). Be sure to code the corresponding "Intersection Type".

Code '14'

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 code '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 there is a driveway/parking lot entrance intersecting with a named street and opposite the driveway/parking lot entrance there is a named street, the location is to be coded a '12' (intersection).

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



Code '15'

Interchange Area is for accidents that happen in the immediate area of an interchange of two highways or a highway and a local street/road. This would NOT include "Same Grade" intersections/junctions where two road surfaces meet each other without ramps. An "interchange" will have grade separation where one road goes over or under another and have exit and entrance ramps.

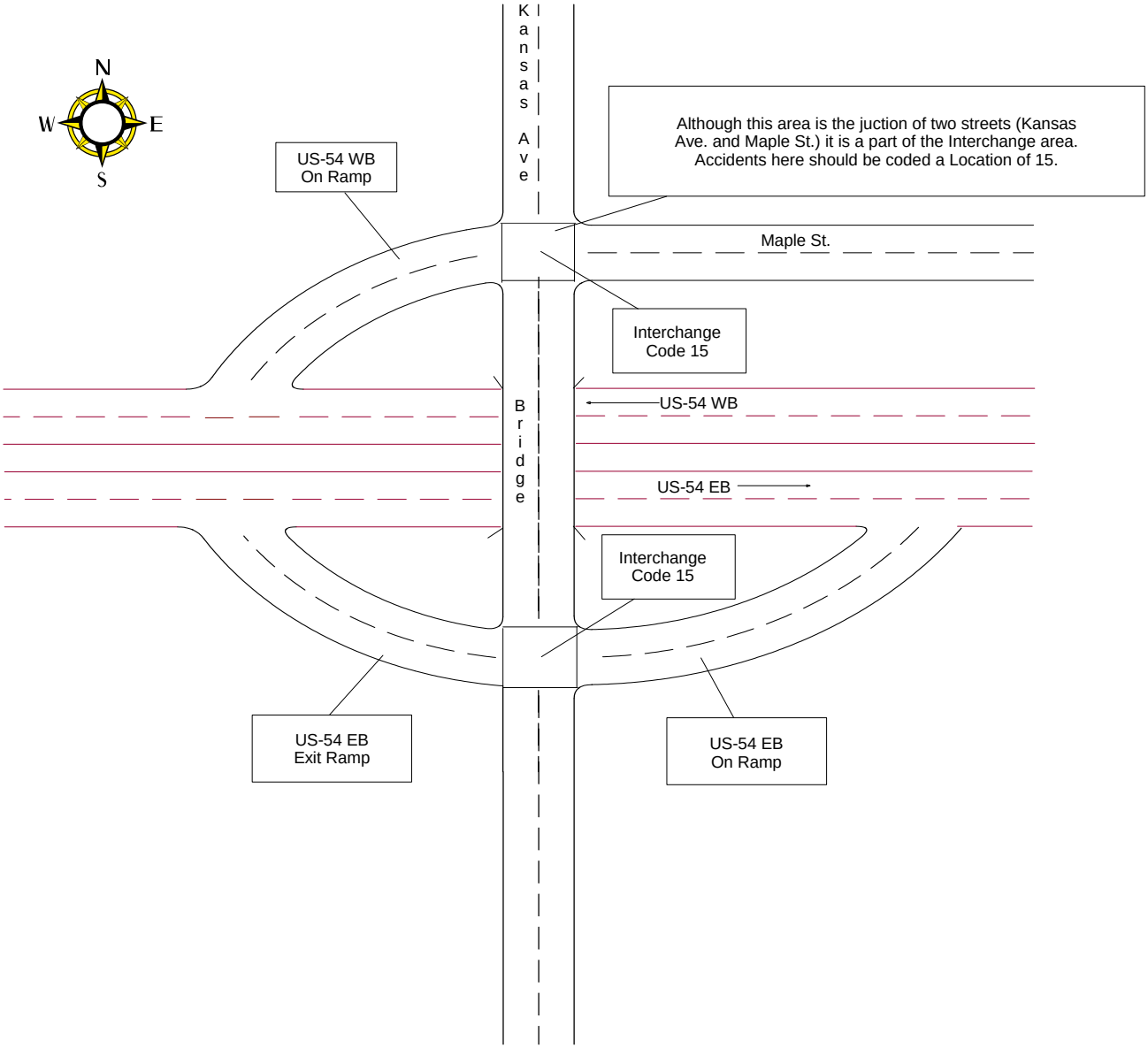
Code '15' for any accident where the "First Harmful Event" occurs…

1) On a roadway 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
5) Any land within the interchange boundaries

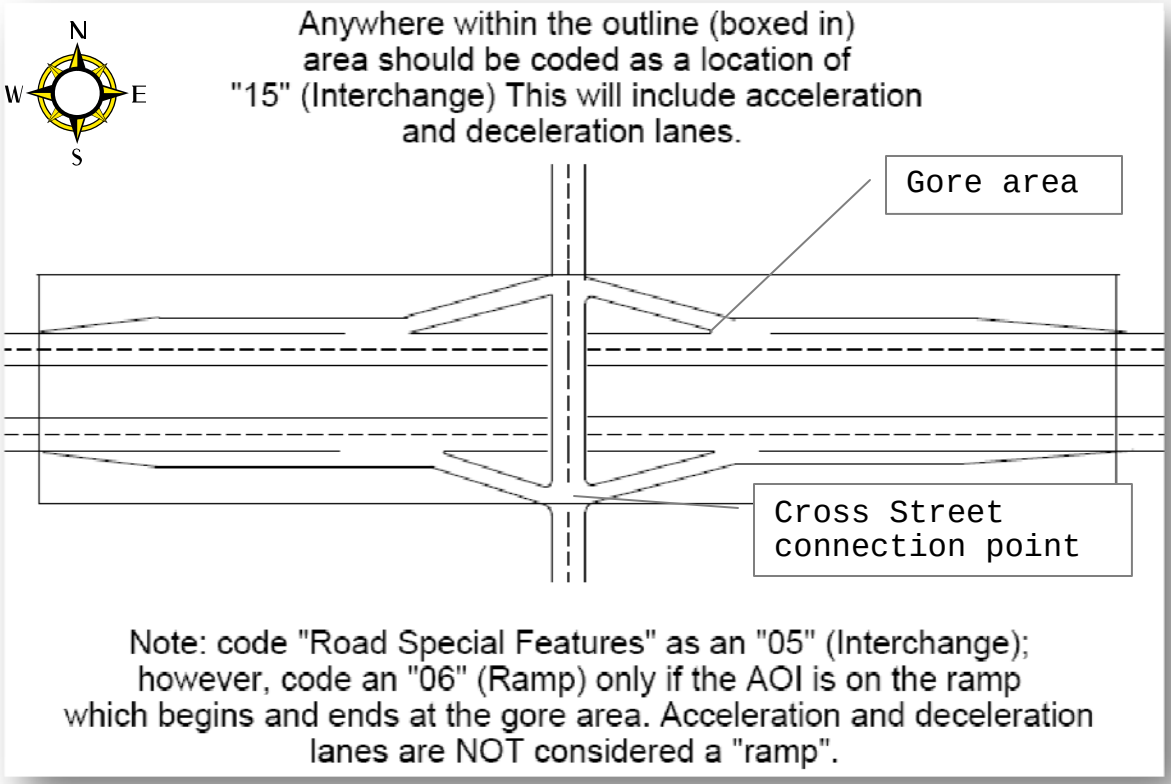
The Interchange diagram below indicates that accidents occurring at the junction of a ramp and a city street should be coded as Accident Location '15' (interchange) not '12' (for example, AOI on Kansas Ave. at the U054 EB Exit Ramp). Please notice the text box concerning "Maple St." and it's junction 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).

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).

All interchange location codes should have a "Road Special Feature" of '05' (interchange) 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 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 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).

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx
1.3			I135	RAMP	

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx
120	F	NE	(●) FROM ( ) AT		I135	FWY	

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

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx
8.5			I135	RAMP	

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx
45	F	S	(●) FROM ( ) AT	E	13TH	ST	N

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

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx
8.5			I135	FWY	

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx
200	F	S	(●) FROM ( ) AT	E	13TH	ST	N

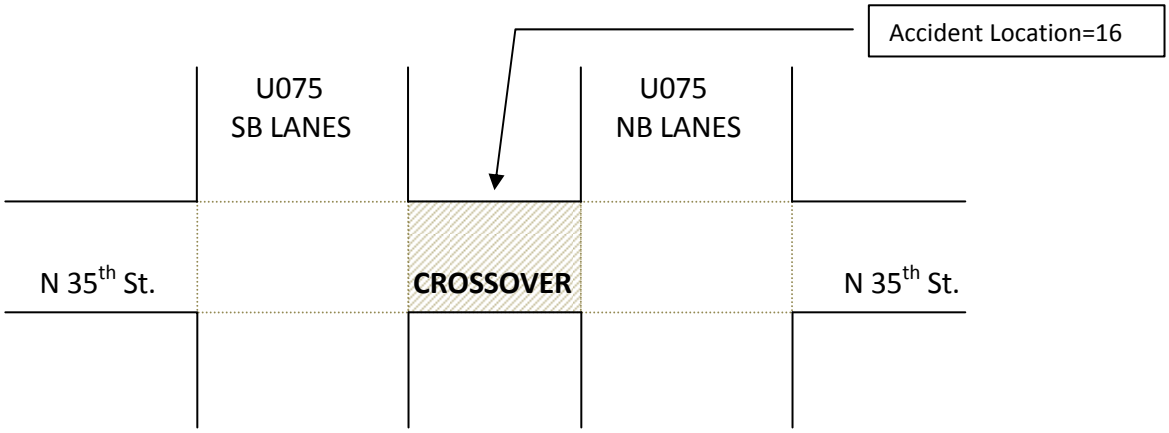
OR

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx
		E	13TH	ST	N

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx
60	F	E	(●) FROM ( ) AT		I135	FWY	

Code '16'

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 examples, see 7A and 7B in the back of this manual.



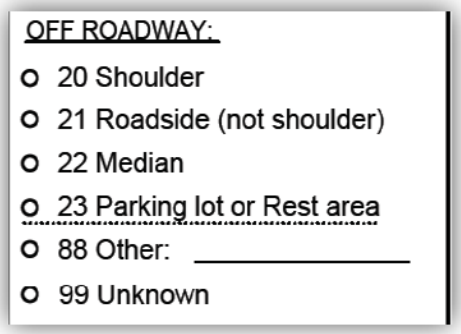
Code '17'

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.

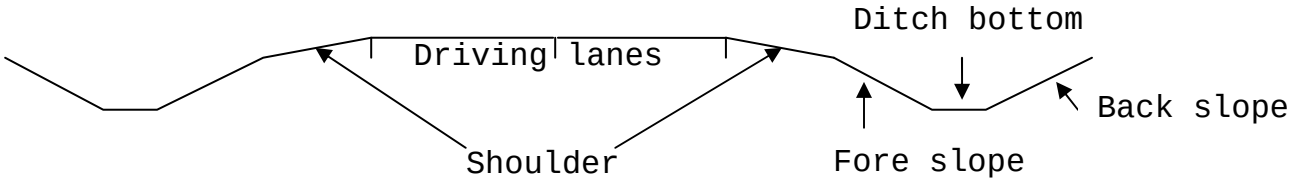
OFF ROADWAY CODES (AOI outside the driving lanes)

Code '20'

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'.



Code '21'
Use code '21' (Roadside) where the First Harmful Event occurs off the road (outside driving lanes and shoulder). This would include ditches, embankments, pastures, yards or fields.

Code '22'
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' .
Use code '23' for accidents occurring in a parking lot, rest area, or service area. Accidents occurring in the driveway entrance within the right-of-way are coded as a '14'.

Code '88'
"Other" should be used sparingly. Keep in mind that this code is an "Off Roadway" code. It should not be used for accidents occurring at a Turnpike Toll Booth since this is an "On Roadway" accident. There is a specific On Road code for Toll Plaza accidents ('17').

INTERSECTION TYPES If the location is a '12' (Intersection), '13' (Intersection Related), or '15' (Interchange) mark the option that applies. For location code '15' (Interchange) choice '08' would be appropriate if the "Area of impact" is at a ramp terminal (end of ramp on the intersecting roadway). If the accident Intersection Type is both Part of an interchange (08) and a Roundabout (06), record Roundabout.

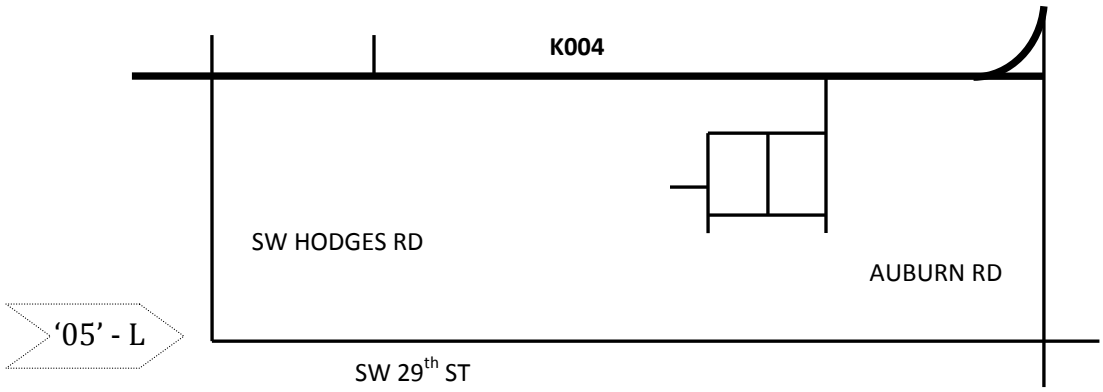
FOUR OR FIVE-WAY These intersections have four or five "legs" that connect to them.

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

+INTERSECTION TYPE
- 01 Four-way intersection
- 02 Five-way or more
- 03 T - intersection
- 04 Y - intersection
- 05 L - intersection
- 06 Roundabout
- 07 Traffic Circle
- 08 Part of an interchange
- 99 Unknown

(See Manual for Definitions)

'L' 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.



ROUNDABOUTS If the First Harmful Event occurs within the boundaries of the roundabout (circle), the Accident Location equals '12'–Intersection. If the accident is related to the roundabout (e.g. traffic congestion, etc), code '13'–Intersection-related. If the Accident Location equals Interchange (15) and the accident occurs at or near the intersection of a ramp and a Roundabout (06), record Roundabout for Intersection Type.

Typical elements that constitute a roundabout are:

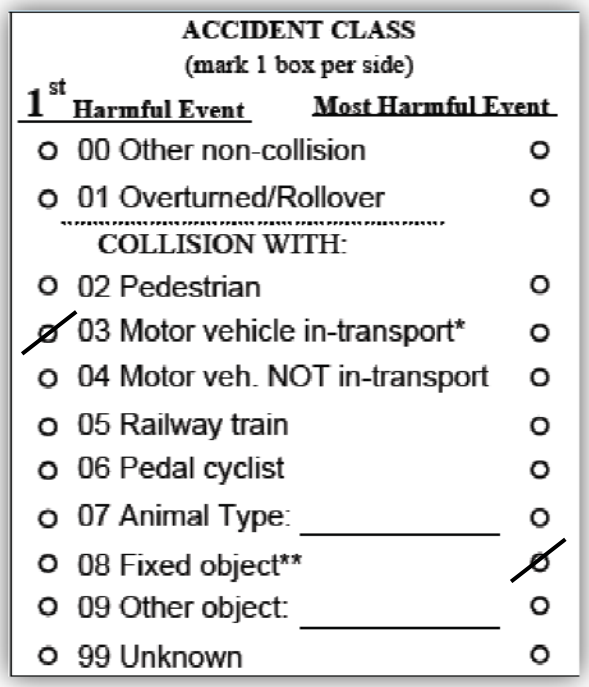
- Yielded entry – cars entering must wait for a gap in the circulating traffic before entering
- Roundabout Islands separate the entry from the circular roadway and direct traffic to the right.
- Designated crossing area for pedestrians
- Designed to be driven at speeds of 15 – 20 miles per hour
- Single or multiple lanes

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

PART OF INTERCHANGE 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 HARMFUL EVENT- FHE)

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**) 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.



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 Motor veh. NOT in-transport	○
○	05 Railway train	○
○	06 Pedal cyclist	○
○	07 Animal Type: _____	○
○	08 Fixed object**	☒
○	09 Other object: _____	○
○	99 Unknown	○

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

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 Harmful Event (FHE) occurring on a trafficway or as a result of events beginning on a trafficway.

ACCIDENT CLASSES (FIRST HARMFUL EVENT) 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.

ACCIDENT CLASS
(mark 1 box per side)

1st Harmful Event	Most Harmful Event
O 00 Other non-collision	O
O 01 Overturned/Rollover	O
COLLISION WITH:	
O 02 Pedestrian	O
✓ 03 Motor vehicle in-transport*	O
O 04 Motor veh. NOT in-transport	O
O 05 Railway train	O
O 06 Pedal cyclist	O
O 07 Animal Type: _____	O
O 08 Fixed object**	✓
O 09 Other object: _____	O
O 99 Unknown	O

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

1st Harmful Event	Most Harmful Event
O 01 Bridge structure	O
O 02 Bridge rail	✓
O 03 Crash cush./Impact attenuator	O
O 04 Divider, median barrier	O
O 05 Overhead sign support	O
O 06 Utility devices: pole,meter,etc	O
O 07 Other post or pole	O
O 08 Building	O
O 09 Guardrail	O
O 10 Sign post	O
O 11 Culvert	O
O 12 Curb	O
O 13 Fence/Gate	O
O 14 Hydrant	O
O 15 Barricade	O
O 16 Mailbox	O
O 17 Ditch	O
O 18 Embankment	O
O 19 Wall	O
O 20 Tree	O
O 21 RRXING fixtures	O
O 88 Other: _____	O
O 99 Unknown	O

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

1st Harmful Event	Most Harmful Event
O 01 Head on	O
✓ 02 Rear end	O
O 03 Angle - side impact	O
O 04 Sideswipe: opposite direction	O
O 05 Sideswipe: Same direction	O
O 06 Backed into	O
O 88 Other: _____	O
O 99 Unknown	O

The following are brief explanations of Accident Classes for First Harmful Event and Most Harmful Event.

NON-COLLISION

00 Other Non-collision

- All other non-collision First Harmful 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**
  - The FHE is a motor vehicle overturning. This would include motorcycles.

COLLISION WITH…

Pedestrian ('02') An accident in which the First Harmful Event is the collision of a pedestrian and a 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 vehciles are in-transport. This does NOT include collisions with legally parked vehicles or "person conveyance."

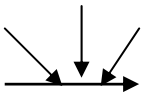
Inclusions:	**Exclusions:**
• Car, Pickup, SUV	• Electric wheelchairs
• Truck	• Motorized skateboards or sidewalk scooters (not registered or tagged)
• Bus	• Animal conveyance
• Working vehicles	• Etc
• Etc	

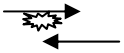
Note: It is common to have an '03' Accident Class and Collision with Other Motor Vehicle (CWOV) ='88' where an object in motion originating from one vehicle hits another vehicle (renegade tire, gravel or rock from a dump truck, etc.).

Basic Sample Diagrams for CWOV:

01 Head on

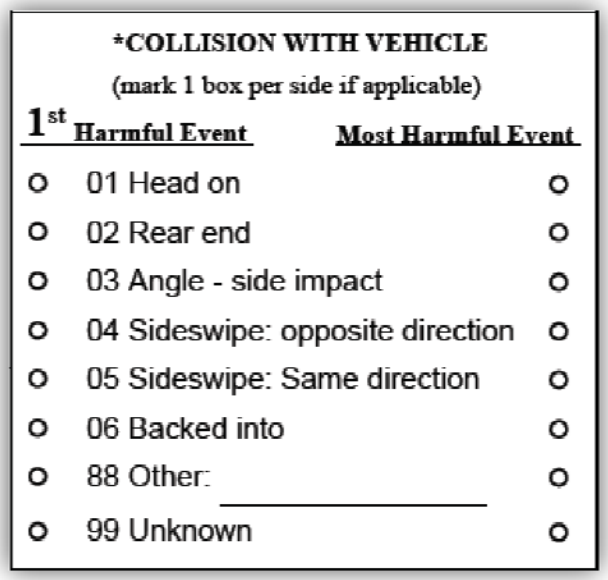
02 Rear end

03 Angle 

04 Sideswipe-opp. direction 

05 Sideswipe-same direction

06 Backed into



*COLLISION WITH VEHICLE

(mark 1 box per side if applicable)

1st Harmful Event		Most Harmful Event
o	01 Head on	o
o	02 Rear end	o
o	03 Angle - side impact	o
o	04 Sideswipe: opposite direction	o
o	05 Sideswipe: Same direction	o
o	06 Backed into	o
o	88 Other: _____	o
o	99 Unknown	o

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 of a wild or domestic animal (other than an animal powering another road vehicle) and a vehicle in-transport. 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'): All collisions that qualify as accidents and are not included in any other category of collision types…includes collisions with parts of a motor vehicle or its cargo which have come loose and are motionless in the roadway..

Examples :

1) Engine block in roadway
2) Furniture in the roadway

ACCIDENT CLASS MOST HARMFUL EVENT (MHE)

Accidents also must be classified according to the **M**ost **H**armful **E**vent (**MHE**). Though the **M**ost **H**armful **E**vent (**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

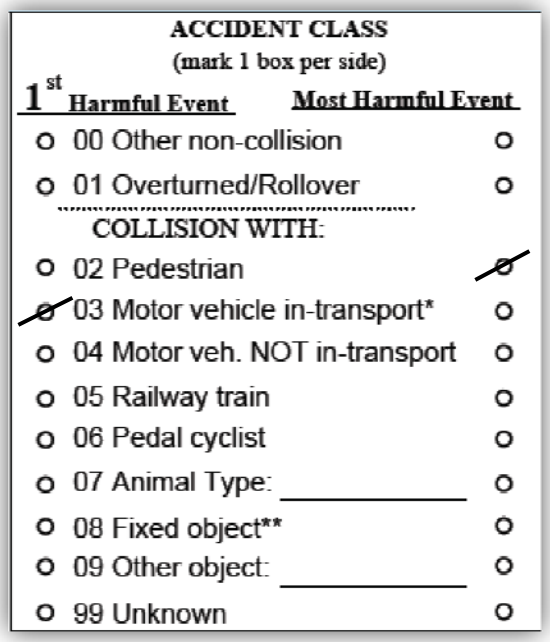
Sample coding: AC-FHE = 03, AC-MHE = 02

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)

1st Harmful Event	Most Harmful Event
00 Other non-collision	
01 Overturned/Rollover	
COLLISION WITH:	
02 Pedestrian	
03 Motor vehicle in-transport*	
04 Motor veh. NOT in-transport	
05 Railway train	
06 Pedal cyclist	
07 Animal Type: _____	
08 Fixed object**	
09 Other object: _____	
99 Unknown	

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).

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'.

ADVERSE WEATHER CONDITIONS

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

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 one code for Surface Type in the **ON** Road box. Mark the **AT** Road option only if the accident location is a '12', '13', or '15'.

SURFACE CONDITION Record one code for Surface Condition in the **ON** Road box. 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)

- ☐ 00 None
- ☐ 01 Bridge _____
- ☐ 02 Bridge Overhead
- ☐ 03 Railroad Bridge
- ☐ 04 RRXING _____
- ☐ 05 Interchange
- ☐ 06 Ramp
- ☐ 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.'

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 (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 in an interchange area. (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 devise 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	1
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			

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 show 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:

- Course 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 this box is for recording accidents that happen at some type of unusual or unique event at a given location, if an agency wishes to record it (this is not mandatory).

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 use by law enforcement agencies for anything additional coding they feel could be useful for 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.

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.

ROADWAY NUMBER OF LANES

O	A	
O	O	01 One
O	O	02 Two
O	O	03 Three
O	O	04 Four to Six
O	O	05 Seven or more
O	O	88 Other: _____
O	O	99 Unknown

ROAD CHARACTER

O	A	
O	O	01 Straight & Level
O	O	02 Straight on grade/slope
O	O	03 Straight on hillcrest
O	O	04 Curved & level
O	O	05 Curved on grade/slope
O	O	06 Curved on hillcrest
O	O	88 Other: _____
O	O	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.

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

SPECIAL JURISDICTION

- O 00 Normal Jurisdiction (Not Special)
- O 01 National Park Service
- O 02 Military
- O 03 Indian Reservation
- O 04 College / University Campus
- O 05 Other Federal property
- O 88 Other: _____
- O 99 Unknown

TRAFFIC UNIT INFORMATION

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
- Specified “working vehicles” operating for their intended purpose: Paving machines, Snow Plows, etc.
- 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

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.
- Taxies, 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.

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 statute

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.

Occupants & Vehicles

KDOT Form 850B Rev. 1-2009

DRIVER INFORMATION

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.

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.

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 statute code or description), and the citation document number. 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. 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.

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? ☐	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 section. 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 by others. 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? ☐	Personal				
	Work				☐

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.

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

SAFETY EQUIPMENT USE

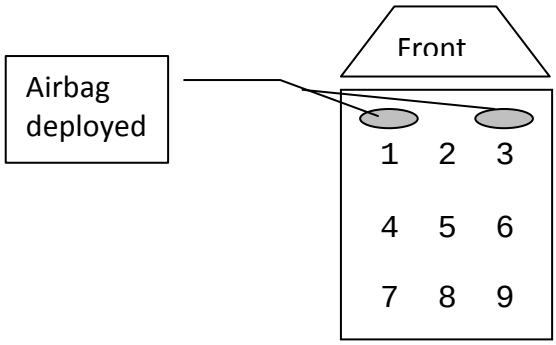
S Shoulder & Lap belt
X Shoulder belt only
L Lap belt only
I Infant seat/restraint system (rear facing)
C Child seat/restraint system (front facing)
T "Booster" seat/restraint system (see manual)

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



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: Record ejected/trapped codes for occupants as well as 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 the vehicle.

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 pain 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 in a vehicle and had to be extricated from it. To be "extricated" is to be freed or disentangled from a motor vehicle.

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

Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?
M	N	D	A
25	T		X
			☐

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. 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? ☐	CDL? ☐

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.

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 26,0001 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

- o 00 Not licensed
- o 01 Valid License
- o 02 Suspended
- o 03 Revoked
- o 04 Expired
- o 05 Cancld or Denied
- o 06 Disqualified
- o 07 Restricted
- o 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.

Another situation would be were a driver is driving a motorcycle or a commercial motor vehicle but is not licensed to do so. In these cases, their license may be valid but not for the vehicle they are driving. Use '00' Not Licensed in this case.

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 compiled 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).

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.

RESTRICT COMPLY

		Y	N
Restrictions?		o	o
Driver's Lic Restrictions		Complied? Y	N
1		o	o
2		o	o
3		o	o
4		o	o

COMMERCIAL ENDORSEMENTS Enter all endorsements listed on the driver's license (up to 4). Endorsements apply to CDL licenses only. 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).

SUBSTANCE USE (mark all that apply)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

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.

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

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL		DRUGS
☒	00 No evidence of impairment	☒
☐	01 Evidential Test (Breath,Blood,etc)	☐
☒	02 Preliminary Breath Test PBT	☐
☒	03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	☒
☐	04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	☐
☐	05 Observed (Odor, staggering, slurred speech, etc)	☐
☐	06 Other (e.g. saliva test)	☐

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 test results. BAC reporting is very important for all levels of government (including law enforcement).

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

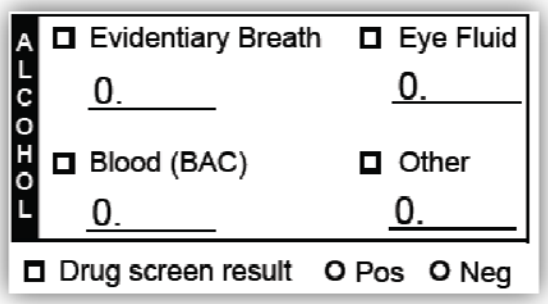
For illegal drugs, record whether a drug screen was given and whether it was positive ('P') or negative ('N'). DO NOT record illegal drug result values and the type of drugs used on the KDOT forms, as this is criminal information. The KDOT forms are considered "open records." Record this on other documentation. 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 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:



- If the accident involves a fatality and alcohol is involved, the BAC is required by Federal Law.
- State law does not require the BAC to be recorded. <u>However</u>, it is vital that it <u>is</u> 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 alcohol test results are available, record those results to the 3rd decimal place (0.081).
- When submitting the test kits to the KBI, be sure to submit the KBI form as complete as possible including driver designation. Recording the BAC on <u>all</u> 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.

Unit #	PASSENGER First Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SF 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		MN		Personal				
ST		DOB		Work				☐

To find codes like 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.

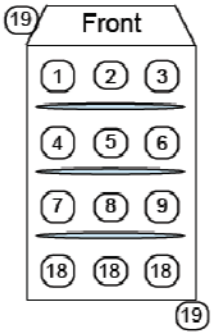
SAFETY EQUIPMENT USE: This is a mandatory field for all drivers, passengers, and pedestrians. **Do NOT use 'Y' meaning Yes**. If the Safety Equipment is not known,

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)

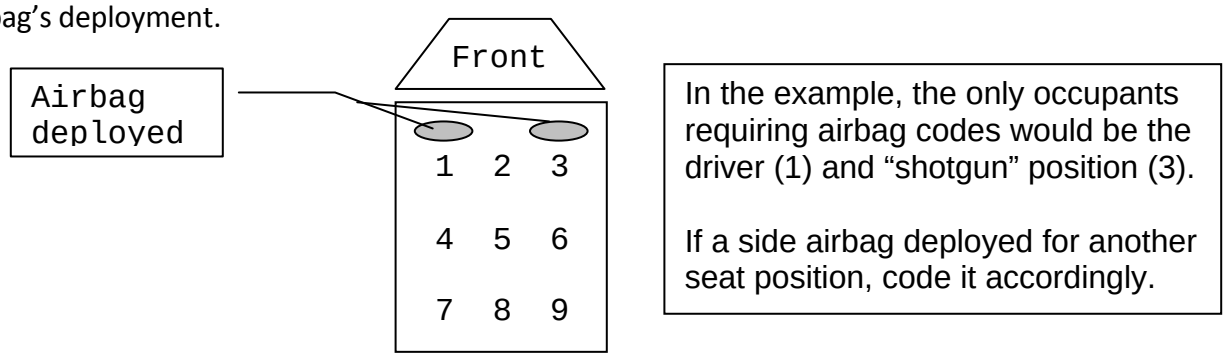
1) Requires all children under age 4 to be in a federally approved child safety seat.
2) Children ages 4 to 8 years must be in a federally approved child safety seat/booster seat UNLESS the child weighs more than 80 pounds OR is taller than 4' 9".
3) Children 8 years of age but under the age of 14 must 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 in $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
- Violations / Citations
- All Location information
- Special Jurisdiction
- Age / DOB
- Safety Equipment / Airbags
- Eject/Trapped
- Ejection Path (based on ejection coding)
- First and Major Impact points
- Method of Determination
- Evidentiary test results for alcohol
- EMS information
- Drug Screen Results: Positive or Negative

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 or drivers table on the Occupants page (form 850B).

Occupants & Vehicles

KDOT Form 850B Rev. 1-2009

VEHICLE INFORMATION

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 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	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		

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.

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) Record the state abbreviation code for which the vehicle is registered (shown on the registration document or as shown on the license plate). Record

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 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. Do NOT list Occupants of legally parked vehicles in the passenger table. If they are injured, list them as pedestrians (seat type 25) in the pedestrian table (854). 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 insurance form (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".

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? ☐
☐ 1 Hit & Run	☐ 2 Non-Contact	☐ 3 Stolen	☐ 7 Towed away due to damage	
☐ 4 Legally Parked	☐ 5 Pursued by LE	☐ 6 Driverless		

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

Calculated speed at impact

Bus Seat Capacity _____

o Fuel o Hybrid o Electric

o 99 Unknown

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 Includes full size passenger vans and 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 pounds or greater. No truck supplement report is required for an '05' code. A single truck over 10,000 pounds with a minimum of two axles and 6 tires is a code '10' and a Truck-Bus Supplement (852) is required.

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).

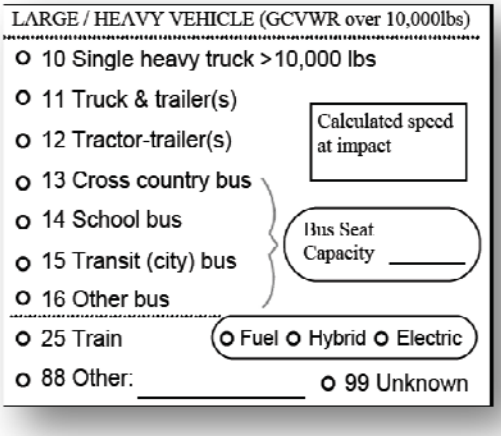
Recreational Vehicles Vehicle body type '07' includes **personal use** motorized campers, recreational vehicles, and buses or truck-trailer combinations converted into an RV; it does not include camping trailers that are towed or any RV configuration used commercial business (like a band).

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 – having no trailer attached; could 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).



Truck and Trailer 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).

Tractor-Trailer(s) or Tractor/Semi Trailer consists of a truck tractor (bobtail; see Vehicle Configuration Code 05) and 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 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 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 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 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 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 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.

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 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).

VEHICLE USE

- 01 No special use
- 02 Taxi / Limo
- 03 School bus
- 04 Other bus
- 05 Military
- 06 Police
- 07 Ambulance
- 08 Fire
- 09 Mail/Parcel
- 99 Unknown

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 being driven to the shop for repairs (not carrying passengers), record '01' (No Special Use).

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**

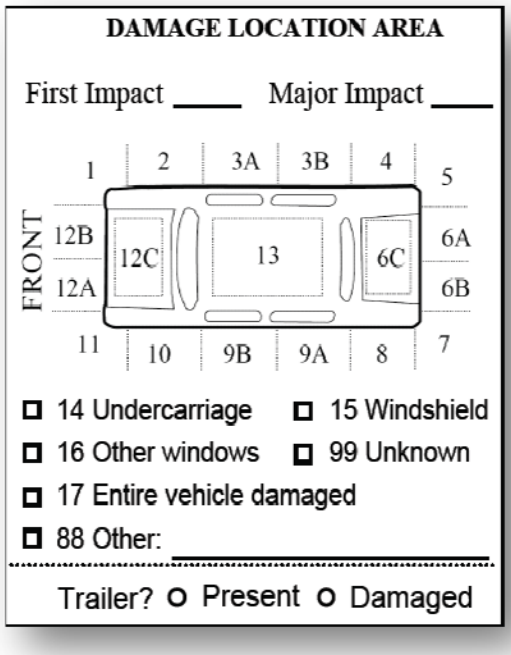
DAMAGE LOCATION AREA

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 signifies the location of the vehicle where the first harm 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).

Major (principal) Impact signifies the location of the vehicle where the most harm 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).

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.



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

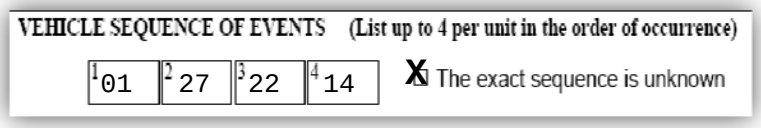
VEHICLE MANEUVER BEFORE UNSTABILIZED SITUATION Record one code for the vehicle's maneuver just prior to the unstabilized situation (loss of control, etc) in the associated traffic unit box. Example: On an icy roadway, the driver is "straight and following the road," then goes out of control (swerving, 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.



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.

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.

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

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

Truck and Bus Crashes Reportable to FMCSA

REPORT A TRAFFIC CRASH IF IT INVOLVES...

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

OR

Any motor vehicle with seating to transport nine (9) or more people, including the driver's seat

OR

Any motor vehicle displaying a hazardous materials placard (regardless of weight)

...AND RESULTS IN

A fatality: any person(s) killed in or outside of any 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

OR

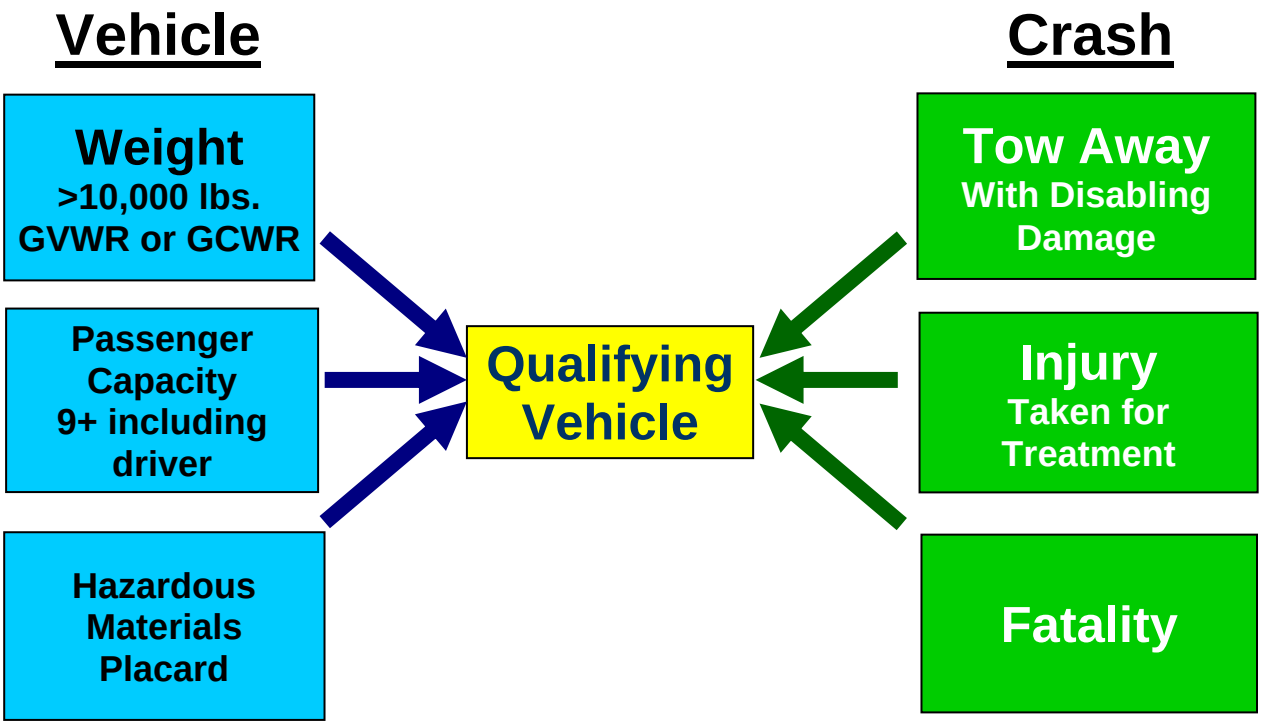
An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene

OR

A tow-away: any 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

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

Calculated speed at impact

Bus Seat Capacity _____

O Fuel O Hybrid O Electric

☐ 99 Unknown

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 in 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 <u>responsible</u> 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:

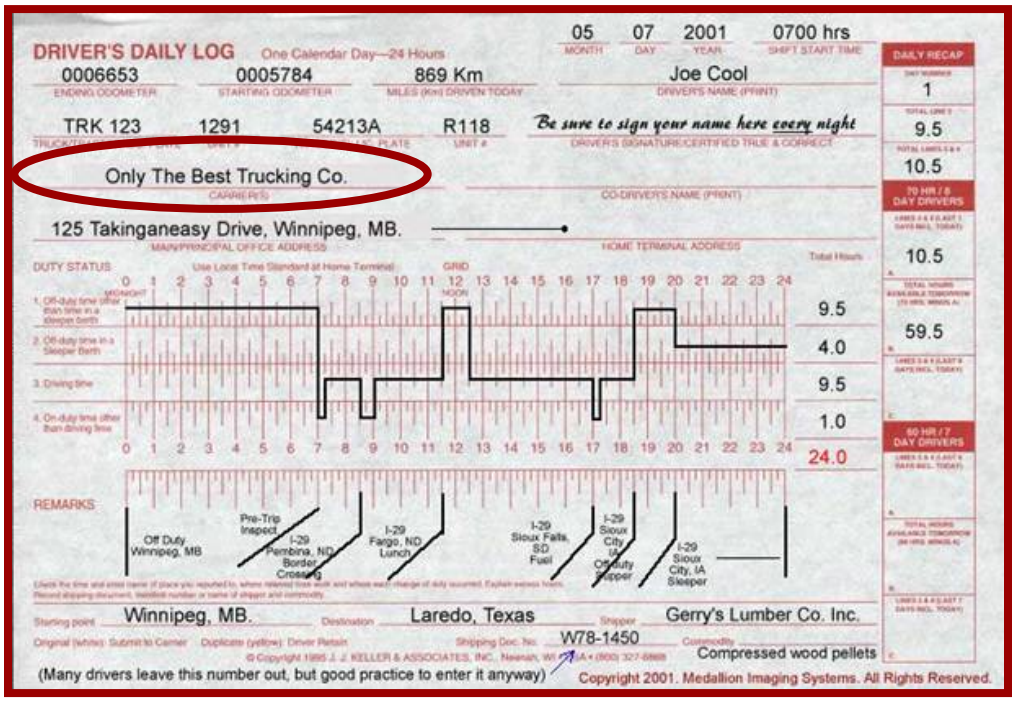
* Legal or single trade name of the CMV
* Motor carrier DOT number, preceded by "USDOT" for a federal DOT number. (if this is a Kansas Carrier with a KS issued DOT number, then it will have a DOT number followed by the suffix "KS")
* If the name of any person other than the operating carrier appears...the 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?



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.

EXAMPLES #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				
o 0 - Intrastate	o 1 - Interstate	o 2 - Not in Commerce - Other Truck or Bus	o 3 - Not in Commerce - Government Veh	o 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	
o 01 10,000 lbs or less	
o 02 10,001-26,000 lbs	
o 03 More than 26,000 lbs	
o 99 Unknown	
ACTUAL WEIGHT	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.

The **Actual Weight** box is for the weight of the vehicle and the load it is carrying ONLY. This is determined based on information from a scale (KHP or otherwise) or is determined post collision by weighing the vehicles. Where the Actual Weight is not known for both the vehicle and load BUT the GVWR of the "power unit" is known and the weight of the load is known, add them together for the Actual Weight…this is closer than no weight at all. If the actual Weight cannot be determined, leave blank.

SOURCE OF CARRIER NAME Indicate where the carrier information was obtained from.

PERMITS (Issuer and Permit) Record any applicable permit numbers found on the left line and type of permit and state in the right line. These may include oversize or overweight permits issued by KS or another jurisdiction, MC numbers, and temporary registration permits.

SOURCE OF CARRIER NAME

- 01 Side of vehicle
- 02 Shipping papers or manifest
- 03 Driver
- 04 Logbook

VEHICLE INFORMATION

Trailer Dimensions Record the width in inches. Record the length of the units in combination (Truck-Trailer(s) Length when coupled together) in feet.

Oversized Load Check any applicable oversize indicator for Height, Weight or Width.

Trailer Identification Numbers (TIN) Record the trailer identification number(s).

TRAILER DAMAGE Check the trailer damage box(s) for each trailer that was damaged.

VEHICLE INFORMATION

TRAILER DIMENSIONS	WIDTH (in)	LENGTH (ft)	TRAILER(s) DAMAGED?	OVERSIZED LOAD
Trailer 1			☐ None ☐ Trailer 1 ☐ Trailer 2 ☐ Trailer 3	☐ Height ☐ Weight ☐ Width
Trailer 2				
Trailer 3				

TRUCK AND TRAILER TOTALS

Vehicle Length (include trailer(s)) ____ ft No. of Trailers ____ No. of Axles ____

TRAILER 1 - IDENTIFICATION NUMBER

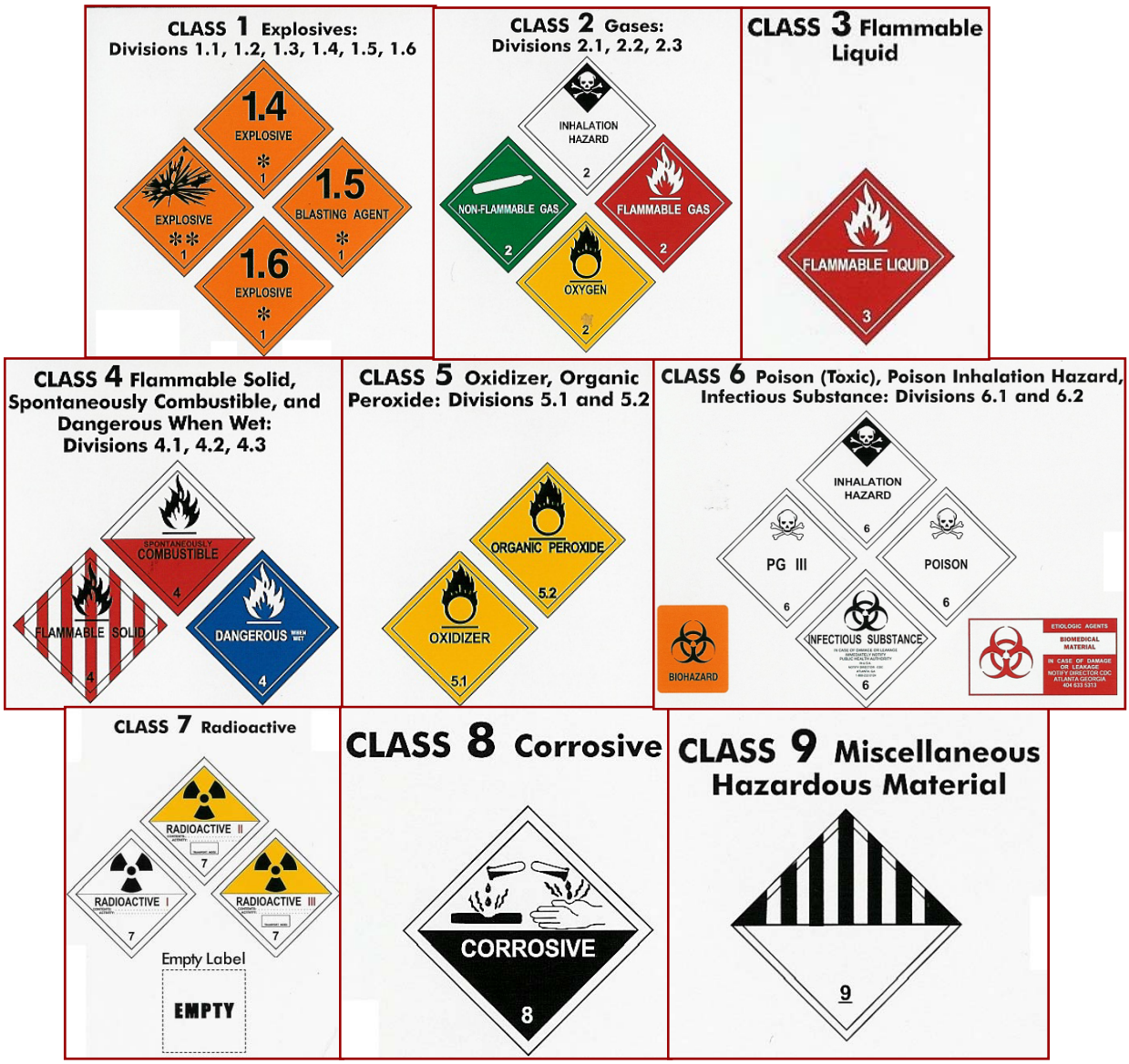
TRAILER 2 - IDENTIFICATION NUMBER

TRAILER 3 - IDENTIFICATION NUMBER

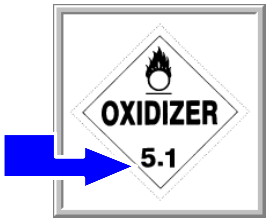
HAZMAT/ROADWAY INFORMATION Indicate whether or not the vehicle had a placard. A placard is the diamond shaped point on point fixture, comprised of various colors, which should be located on all four sides of a vehicle which is carrying placarded hazardous materials. There are nine classes of Hazardous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

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.

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

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.

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'.

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

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

- 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

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)

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

PEDESTRIAN ACTION BEFORE CRASH Choose the ped action that is most appropriate. Mark only one choice.

PEDESTRIAN ACTION BEFORE CRASH

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

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

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

T.O.C.

UNUSUAL ACCIDENT CODING SITUATIONS

CATEGORY	SITUATION	CODING
Cargo, debris, a part of a vehicle hits another vehicle, water, etc.	• Vehicle hits motionless cargo or debris in roadway	• 1 TU, AC=09
	• Motionless cargo / debris, but set in motion by V1 hitting V2	• AC=00, 1 TU
	• Motionless and damages **more than one vehicle**	• 2 TUs, AC=09
	• Vehicle hits cargo or debris that is **In motion**	• 2 TUs, AC=03 and CWOV=88
	• **Ice** comes off V1 and hits V2	• 2 TUs, AC=03 and CWOV=88
	• Cargo or debris in motion and hits a vehicle on **another roadway**	• 1 TU, AC=00, use On Road of hit vehicle
	• If cargo only is damaged inside / on a vehicle over $1,000, it is an accident	• AC=00, 1 TU
	• **Mower** throws debris and strikes a vehicle	• AC=00, 1 TU
	• **Power line** falls on vehicle (Not an accident if an act of God)	• AC=00, 1 TU
	• **Golf ball** hits a vehicle	• AC=00, 1 TU
	• **Jackknife**	• AC=00, 1 TU
	• **Immersion in standing water** without overturning or collision (It is not a reportable accident if the water is running over a roadway due to flooding)	• AC=00, 1 TU
Fatalities	• A pregnant mother is injured or dies, and her fetus/baby dies (ANSI D16-2.1.1 pg. 4)	• 1 fatality or injury (fetus/baby ignored)
	• If a person dies of medical condition or after 30 days…	• Injury accident, Injury Severity = P
Fire	• Vehicle catches fire while parked, not while traveling on roadway	• Not an accident
	• **Fire** or accidental **Explosion** in vehicle in-transport	• AC=00, 1 TU
Illegally parked vehicles	• 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	• 2 TUs or more, AC=03
	• Giving assistance and in the roadway (illegally parked)	• 2 TUs or more, AC=03

AC= Accident Class, TU= Traffic Unit, PT= Ped Type, ST= Seat Type, CWOV= Collision with other

Illegally parked vehicles Cont'd	• Driver leaves car and re-enters from Passenger's Side and is hit **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	• person is the driver
Legally parked vehicles Defined: 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)	• 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.	• 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)	• Private roads • Road closed • Drive through 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	• All are NR
Persons falls or jumps out of vehicle (for reasons other than the intent to harm oneself…like suicide)	• 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	• ST=01, not a driverless veh. or ped. • ST= before they fell, not a ped. AC=00 (most of the time)
Railroad crossing	• 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	• 1 TU, AC=00 • 1 TU, AC=08 • Not an Accident

Towing Vehicles	• Vehicle is hit while towing another vehicle (considered a trailer) • Trailer comes unhooked, hits another vehicle • Vehicle hits trailer attached to another vehicle	• 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)	• 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	• 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	• Vehicle hits **Horse–n-buggy (not a TU)-** …..	• 1 TU, AC=09, occup. are peds (24).
	• **Horse w/ a rider** kicks, backs into, etc. a vehicle	• 1 TU, AC=02, Ped=23
	• **School buses** used <u>other than for school</u>	• Body Type=88
	• Vehicle traveled off roadway then struck by another vehicle	• 1 TU, AC=09
	• Vehicle comes out of gear (or parking brake fails) which is on or crosses a public roadway causing damage or injury	• Is a TU & a reportable accident
	• Vehicle traveled off roadway then struck building injuring residents inside	• AC=08, 2 or more TUs, PT=88
	• Vehicle hits an overhead bridge	• Fixed object=88, Road Special Features =02
	• Electric wheelchairs, motorized skateboards, etc.	• PED ST=21
	• Driver of a tractor on a public roadway	• ST 01 (driver)

T.O.C.

DEFINITIONS / CLARIFICATIONS

Accident: An unstabilized situation which includes 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.

Exclusions:
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.

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.

Examples:
1. A trucking company hauling a company's goods for a fee. (UPS, DHL or FedEx for example)

DEFINITIONS / CLARIFICATIONS

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 of a single motor vehicle. 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.

Harmful Event: A harmful event is an occurrence of injury or damage.

Heavy Truck: A heavy truck is a truck which has a gross vehicle weight rating of more than 26,000 lbs.

T.O.C.

DEFINITIONS / CLARIFICATIONS

Intersection: An area which contains a crossing or connection of two or more roadways not classified as driveway access. 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.

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"

T.O.C.

DEFINITIONS / CLARIFICATIONS

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.

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).

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 incline 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

T.O.C.

DEFINITIONS / CLARIFICATIONS

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.

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.

DEFINITIONS / CLARIFICATIONS

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.

Truck Classification by 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

Gross Vehicle Weight Rating (GVWR). A gross vehicle weight rating 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.

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 (unless at fault). They are a PED type 26 and must be listed 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 Example 19 in the back of this manual); PED Obedience equals NA ('04'). 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 performing work activities such as traffic stops, accident response activities, 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

T.O.C.

DEFINITIONS / CLARIFICATIONS

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.

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.

T.O.C.

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:

1) As a permanent, accurate unbiased record of something specifically observed by an investigator.
2) 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 then 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.

T.O.C.

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

T.O.C.

STATE ABBREVIATIONS

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

INTERNATIONAL ABBREVIATIONS

Canada (CD)
AB – Alberta
BC – British Columbia
MB – Manitoba
NB – New Brunswick
NF – Newfoundland
NT – Northwest Territory
NS – Nova Scotia
ON – Ontario
PE – Prince Edward Is.
QC – Quebec
SK – Saskatchewan
YT – Yukon Territory

Mexico (MM)
AG – Aguascalientes
BA – Baja California Norte
BJ – Baja California Sur
CE – Campeche
CI – Chiapas
CH – Chihuahua
CU – Coahuila de Zaragoza
CL – Colima
DF – Distrito Federal
DO – Durango
GU – Guanajuato
GR – Guerrero
HL - Hidalgo
JL – Jalisco
MX – Mexico
MC – Michoacán de Ocampo
MR – Morelos
NA – Nayarit
NL – Nuevo Leon
OA – Oaxaca
PB – Puebla
QU – Queretaro de Arteaga
QR – Quintana Roo
SL – San Luis Potosi
SI – Sinaloa
SO – Sonora
TB – Tabasco
TA – Tamaulipas
TL – Tlaxcala
VC – Veracruz
YU – Yucatan
ZA - Zacatecas

MISCELLANEOUS OTHER CODES

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

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

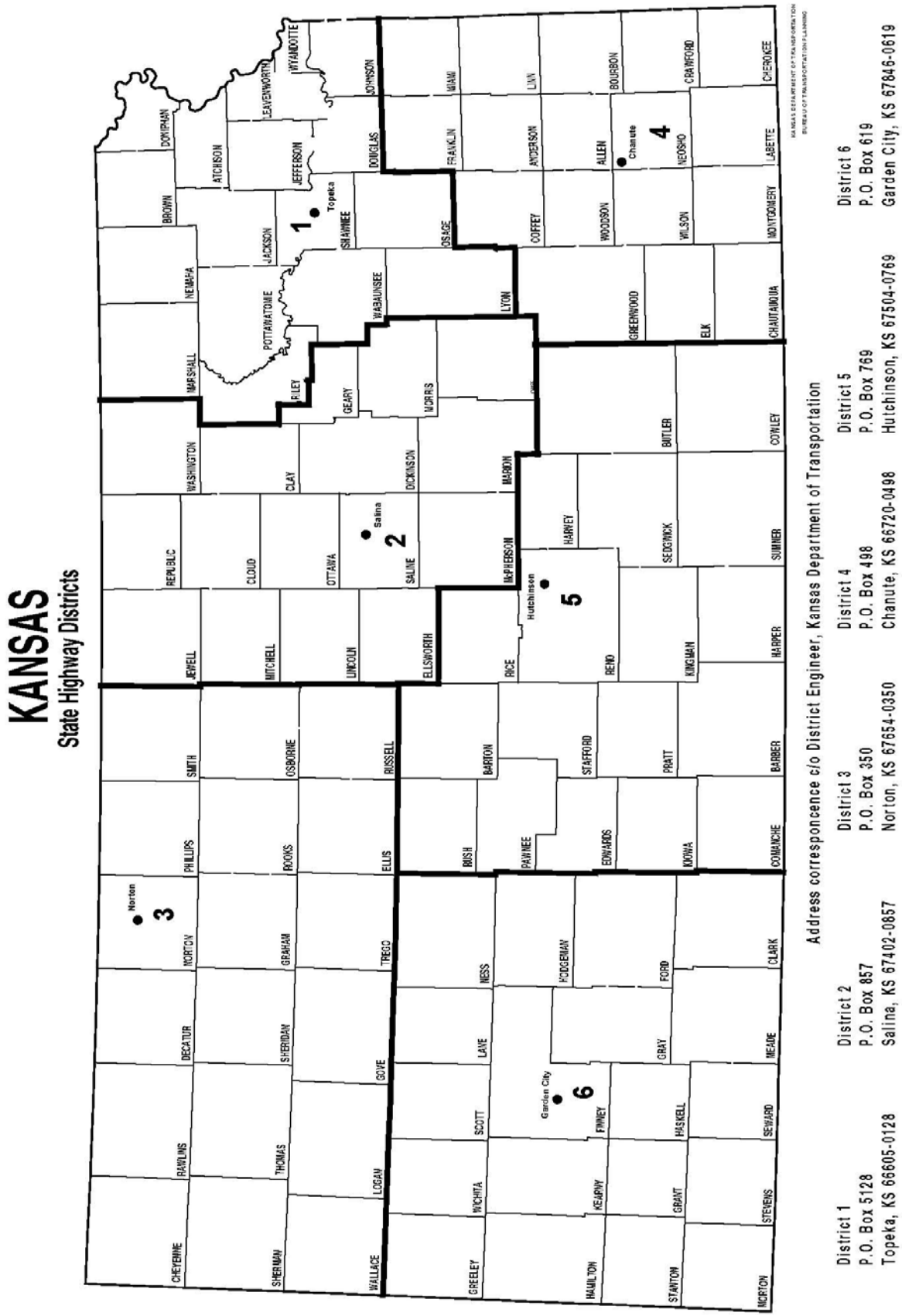
T.O.C.

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		

T.O.C.

KDOT District Map



Address correspondence c/o District Engineer, Kansas Department of Transportation

District 1
P.O. Box 5128
Topeka, KS 66605-0128

District 2
P.O. Box 857
Salina, KS 67402-0857

District 3
P.O. Box 350
Norton, KS 67654-0350

District 4
P.O. Box 498
Chanute, KS 66720-0498

District 5
P.O. Box 769
Hutchinson, KS 67504-0769

District 6
P.O. Box 619
Garden City, KS 67846-0619

T.O.C.

INSURANCE VERIFICATION INFORMATION

Kansas Division of Vehicles

(Please print)

A. DRIVER INFORMATION:

_____
Last Name | First Name | Middle Initial

_____ _____ _____
Driver License Number | State Licensed | Date of Birth

B. VEHICLE INFORMATION:

_____
Owner's Last Name | First Name | Middle Initial

_____/_____/_____
Model Year | Vehicle Make | License Plate Number

_____/_____/_____
State | Year | VIN

C. INSURANCE INFORMATION OBTAINED:

_____/_____
Insurance Company Name | Policy Number

D. RESULT OF AN ACCIDENT? YES _____ NO_____

DATE/TIME INSURANCE IS TO BE VERIFIED AS IN EFFECT (time of traffic stop or accident):

_____ _____ _____ _____ _____
Time | a.m./p.m. | Month | Day | Year

E. LAW ENFORCEMENT COMPLETING THIS FORM: _____
Agency Name

_____
Address | City | State | Zip

F. COURT COMPLETING THIS FORM: _____
Court Name

_____
Address | City | State | Zip

Citation number (if issued for no insurance): _____

COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer; the vehicle owner or driver is required to present to the court designated on the citation within ten (10) days either (1) a policy of motor vehicle liability insurance, (2) a policy identification card or certificate of insurance, or (3) a certificate of self-insurance signed by the Commissioner of Insurance which shows the (a) name of the insurance company, (b) policy number covering the vehicle at the time the citation was issued, and (c) the effective and expiration dates of the policy. Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within ten (10) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form completed by the court where evidence of insurance was presented and mailed to: Driver Control Bureau, P. O. Box 12021, Topeka, Kansas 66612-2021.

LAW ENFORCEMENT INSTRUCTIONS

Upon requesting evidence of insurance as required by K.S.A. 8-1604 or K.S.A. 40-3104 and such evidence is not furnished, a traffic citation is to be issued and the information in Sections A, B and D completed and attached to the citation being forwarded to the court.

FOR INSURANCE COMPANY USE ONLY

If a policy was NOT in effect on the date cited in Section D, please return this form within thirty (30) days to: Driver Control Bureau, P.O. Box 12021, Topeka, Kansas 66612-2021.

☐ **This policy was not in effect by the company cited in Section C on the date cited in Section D.**

Comments: _____

_____ _____
Signature of Authorized Insurance Representative | Date

DC-66 (Rev. 5/03)

T.O.C.

Click on any entry to jump to that location

EXAMPLES OF COMPLETED FORMS

Example No.	Scenario

Note: On the following forms, the Example number is located in the Local Case Number field.

1. Two vehicle accident; intersection of two highways
2. Three vehicle accident; 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. Single vehicle injury accident (overturn)
7. Examples of 'Crossover' accidents (Acc. Location 16)
8. Single vehicle accident (Acc. Location 22)
9. 'Other Non-Collision' (Fire)
10. Hit & Run using 2 coordinates (no road names)
11. Animal accident on a named county road
12. Non-contact accident
13. 'Other Object' accident class
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

T.O.C. R.I.

Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Pawnee County Sheriff	Officer Aldridge	EXAMPLE 1	1 / 4

Investigating Officer Name	Badge Number	County	City Name
R. Conklin	46	PN	

☐ Amended Report
☐ DUI
☐ Hit & Run

I 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
106			U183	HWY		65	05/02/2009	10:12	SU

From Dist	Ft/Mi	From Dir	○ FROM ◉ AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
					K156	HWY		55	05/02/2009	10:20	SU

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
05/02/2009	10:40	SU

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

V-1 was eastbound on K-156;
V-2 was southbound on U-183;
V-1 failed to stop at stop sign and collided with V-2

Latitude (AOI) 38111687
Longitude (AOI) -99153089
Photos by

00 ON **WORK ZONE TYPE** AT 00

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE ON / AT 02

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

01 SURFACE CONDITIONS ON / AT 01

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

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/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

01 +INTERSECTION TYPE

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

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
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 RRXING 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

1 O	1 09	1 OK
2 A	2 03	2 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

T.O.C. R.I. am

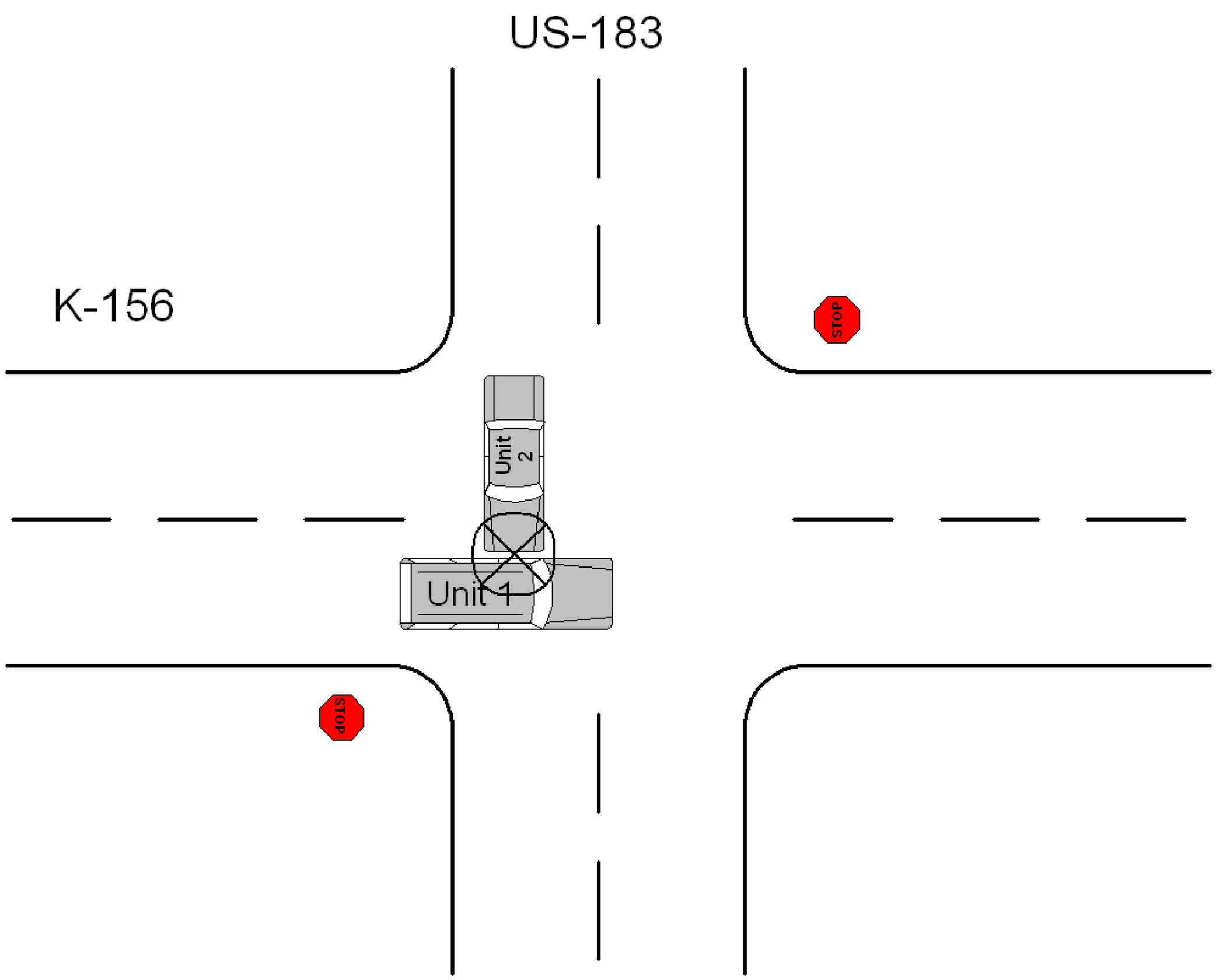
SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 1	2 / 4

ROADWAY NUMBER OF LANES (ON 02, AT 02)	ROAD CHARACTER (ON 01, AT 01)	SPECIAL JURISDICTION (00)
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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 1

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

D1	30	D1	31	D1	20										

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	Wayne	MN Byron	3636 S Joker Ave. (New address? ☐)			Personal (913) 555-1542	M	R	D	A
ST 01	Bruce	DOB 08/02/1975	Gotham	KS	67411	Work (913) 555-1789	33	T		☒
TU 02	Kent	MN Sammuel	7126 Lex Luther Plaza (New address? ☐)			Personal (785) 555-4456	M	R	D	B
ST 01	Clark	DOB 02/09/1971	Smallville	KS	62113	Work (785) 555-3210	38	N		☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	511487546	C	☐	☐

DR LICENSE COMPLY (01)
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions		Complied? Y N
1	B	Y
2	G	Y
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☒ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	508446712	C	☐	☐

DR LICENSE COMPLY (01)
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions		Complied? Y N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	Butler	MN Quinn	3636 S Joker Ave (New address? ☐)			Personal (913) 456-7890	M	R	D	A
ST 03	Alfred	DOB 12/07/1941	Gotham	KS	67411	Work	67	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

Transport Unit	EMS Time Notified	Injured taken by:
A	10:25	Pawnee Co. EMS
EMS Arrived	EMS Time@Hosp	Injured taken to:
10:55	11:25	Pawnee Co. General

Transport Unit	EMS Time Notified	Injured taken by:
B	10:27	Larned EMS
EMS Arrived	EMS Time@Hosp	Injured taken to:
10:52	11:35	Larned Clinic

Transport Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

Local Case No.: EXAMPLE 1

VEHICLE# 1 (01, 03, N3, X3, etc)

SPECIAL DATA

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLK	2006	JEEP	WRG	LL	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
DRKNIGT	JO	2010	Larned Towing	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1J4FA69533P230106	E	2

Insurance Company	Policy Number
All County Ins	5248619

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 7 | 2 | 3 | 4 | 5

Odometer: 29418 Fire? ☐

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
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact: 55

Bus Seat Capacity _____

Power Source: F

01 VEHICLE USE

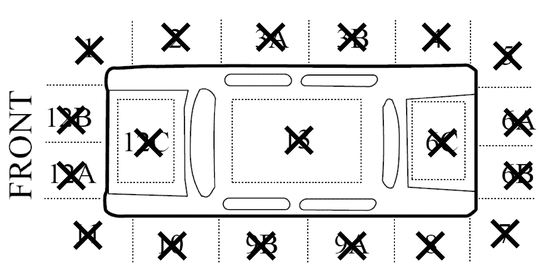
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

04 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact: 9 Major Impact: 9



☐ 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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 | 2 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE# 2 (02, 04, N2, X4, etc)

SPECIAL DATA

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

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

CITY	ST	ZIP	Work Phone

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

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
MNOFSTL	RS	2010	Larned Towing	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
2G1WZ56K069225671	S	1

Insurance Company	Policy Number
Farmhand Ins	6548429

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

01 VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact: 45

Bus Seat Capacity _____

Power Source: F

01 VEHICLE USE

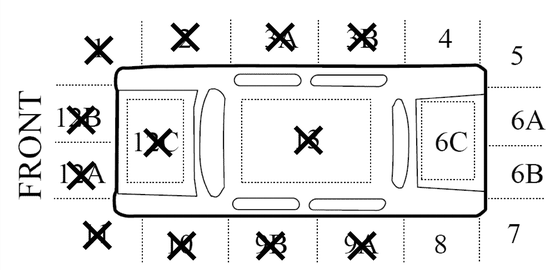
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

04 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 | 2 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Russell County Sheriff	Officer Wake	EXAMPLE 2	1 / 7

Investigating Officer Name	Badge Number	County	City Name
Dave Johnson	120	RS	

☐ Amended Report
☐ DUI
☐ Hit & Run

I 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
176.1			I070	FWY		70	03/17/2009	11:20	WE

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
0.100	M	E	◉ FROM ○ AT						03/17/2009	11:22	WE

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

V-1 (EB) clipped the back end of V-2 (EB) causing V-2 to lose control, cross the median and collide with V-3 which was WB.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
03/17/2009	11:37	WE

Latitude (AOI): 38.64649
Longitude (AOI): -100.2653
Photos by

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

WORK ZONE TYPE

00 ON | AT

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
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

ONLY CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

01 SURFACE TYPE ON | AT

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

02 SURFACE CONDITIONS ON | AT

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
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 RRXING fixtures
88 Other: _____
99 Unknown

02 *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

	1	2	3	4	5
	O	09	OK		

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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 2	2 / 7

04 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

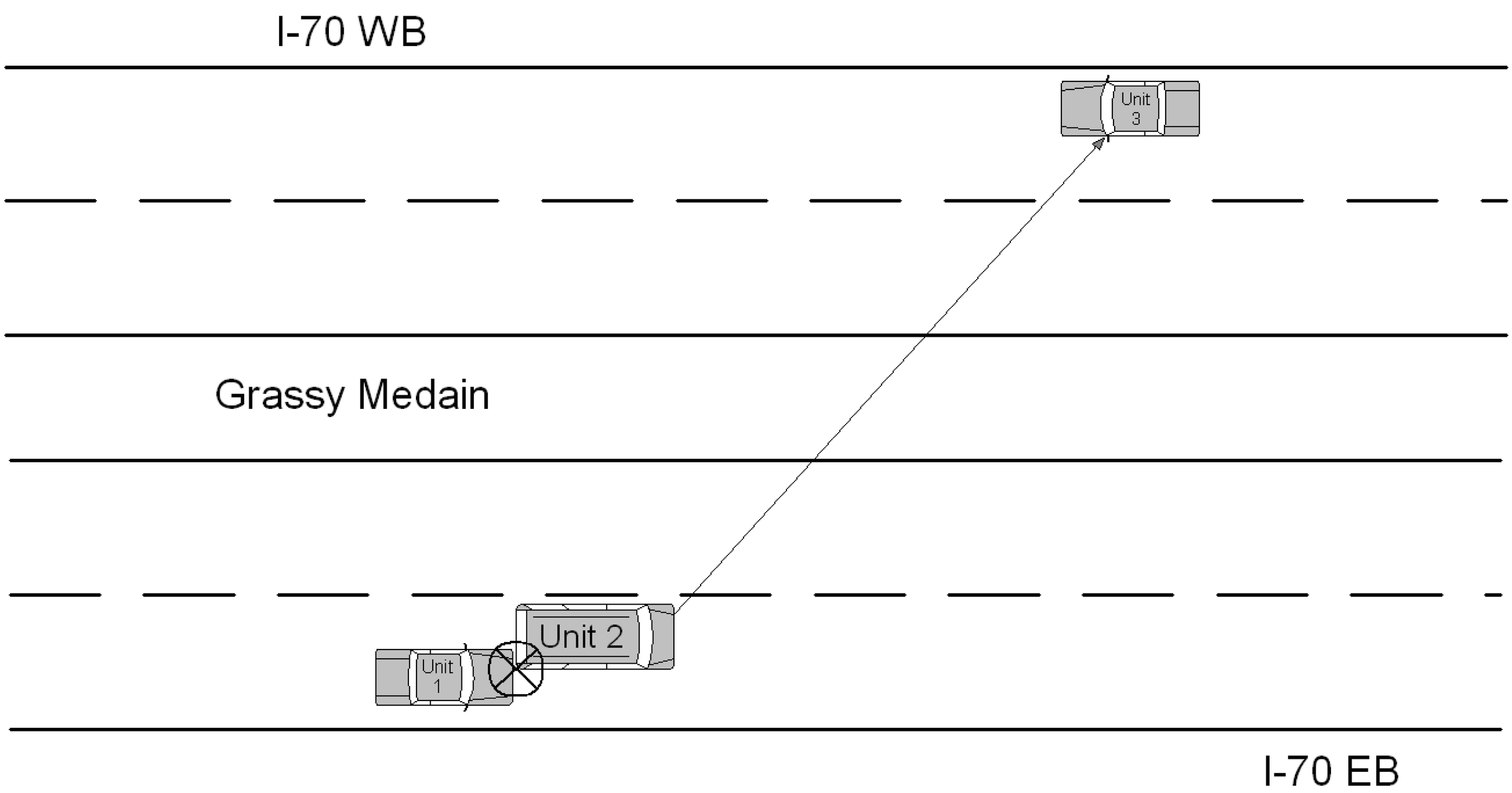
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.: Ben Johnson 121

Local Case No.: EXAMPLE 2

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

D1	33	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	Window	MN Beatrice	12123 sw 56th St. (New address? ☐)			Personal (785) 555-6317	F	J	N	
ST 01	Susan	DOB 01/20/1973	Topeka	KS	66651	Work (785) 555-0456	36	N		☐
TU 02	Fender	MN Willy	1240 Elm St. (New address? ☐)			Personal (785) 555-1227	M	R	I	
ST 01	Jacob	DOB 11/13/1959	Topeka	KS	66607	Work (785) 555-6666	49	N		☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	511478210	C	☐	☐

DR LICENSE COMPLY (01)
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions	Complied? Y	N
1 B	Y	
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00712886	A	☐	☒

DR LICENSE COMPLY (01)
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 Z 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	Window	MN Laura	456 W. 5th St. (New address? ☐)			Personal (785) 555-9510	F	R	N	
ST 03	Shaundra	DOB 09/15/1980	Topeka	KS	66610	Work (785) 555-6363	28	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

Local Case No.: EXAMPLE 2

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

SPECIAL DATA

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
WHI	2000	MERC	COU	2D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
DAV 712	SN	2010	Owner	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1ZWFT61L6X5617953	E	2

Insurance Company	Policy Number
Alstate	89719

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 2 3 4 5

Odometer: 100,899 Fire? ☐

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

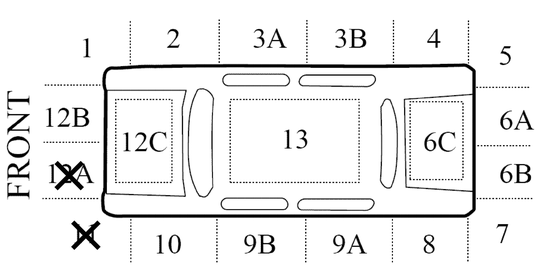
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

02 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 2 3 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE# 02 (02, 04, N2, X4, etc)

SPECIAL DATA

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
RED	2001	CHEV	AST	VN	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
HPL 743	SN	2010	Tucker Tow	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1GNDM16Z7RB105978	E	1

Insurance Company	Policy Number
State Farm	716863

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 7 2 3 4 5

Odometer: 75,020 Fire? ☐

1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless 7 Towed away due to damage

04 VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

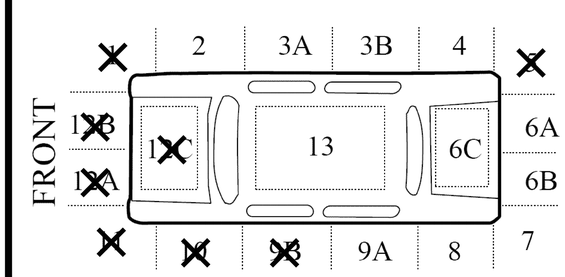
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

04 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 5 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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 2 05 3 22 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.: Ben Johnson 121

Local Case No.: EXAMPLE 2

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

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 03	Davis	MN Quinn	2165 NE Corn Ave. (New address? ☐)			Personal (585) 555-4821	M	S	D	A
ST 01	Allen	DOB 09/21/1938	Baxter	OK	73115	Work (585) 555-9317	70	E	03	☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

TRAFFIC UNIT# 03 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
OK	435517116	C	☐	☐

DR LICENSE COMPLY (01)
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions? ☐

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

Transport Unit	EMS Time Notified	Injured taken by:
A	11:24	Russell Co. EMS
EMS Arrived: 11:45	EMS Time@Hosp: 12:03	Injured taken to: St. Francis

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

Transport Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

VEHICLE# 03 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. EXAMPLE 2	Page 6 / 7

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

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	YEAR	MAKE	MODEL	BODY STYLE	ST	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
GRY	2001	PONT	SNF	2D	OK						

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs	LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
LOR 321		2010	Tucker Tow						

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants	VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1G2JB1237X7557054	W	1			

Insurance Company	Policy Number	Insurance Company	Policy Number
City Insurance	1413187		

SPECIAL CONDITIONS FOR TRAFFIC UNITS

1	2	3	4	5	Odometer	Fire?
7					110,000	☐

1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless 7 Towed away due to damage

SPECIAL CONDITIONS FOR TRAFFIC UNITS

1	2	3	4	5	Odometer	Fire?
						☐

1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless 7 Towed away due to damage

VEHICLE BODY TYPE 01

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE 01

01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE 04

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

VEHICLE USE

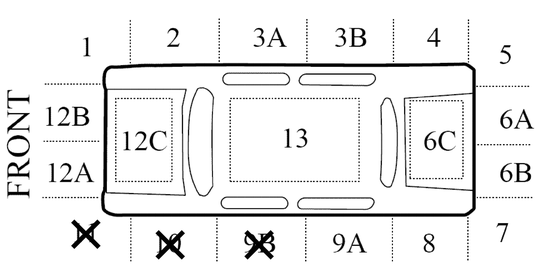
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 10 Major Impact 10



☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

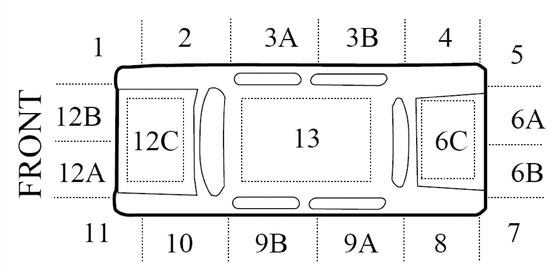
Trailer: Present / Damaged

VEH. MANU. BEFORE UNSTAB. SIT. 01

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4
22			

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

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 and collided with V3.

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Wichita Police Dept.	Officer Bale	EXAMPLE 3	1 / 6

Investigating Officer Name	Badge Number	County	City Name
Jack Davis	610	SG	Wichita

☐ Amended Report
☐ DUI
☐ Hit & Run

I 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
			Oliver	ST		30	06/10/2009	16:16	TH

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
40.000	F	N	FROM		Harry	ST			06/10/2009	16:18	TH

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

V-1 (NB) was yielding to traffic (SB) to make a left turn; V-2 (NB) unable to stop in time, rear ending V-1.

Date Arrived (mm/dd/yyyy): 06/10/2009
Time Arriv.: 16:25
Day: TH

Latitude (AOI): 37.21542
Longitude (AOI): -99.58520
Photos by

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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE ON / AT

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

02 SURFACE CONDITIONS ON / AT

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

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/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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
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 RRXING fixtures
88 Other: _____
99 Unknown

WORK ZONE TYPE 00 ON / AT

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
03 Utility Zone -
99 Unknown
KDOT? ☐

- 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) 02

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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 3	2 / 6

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

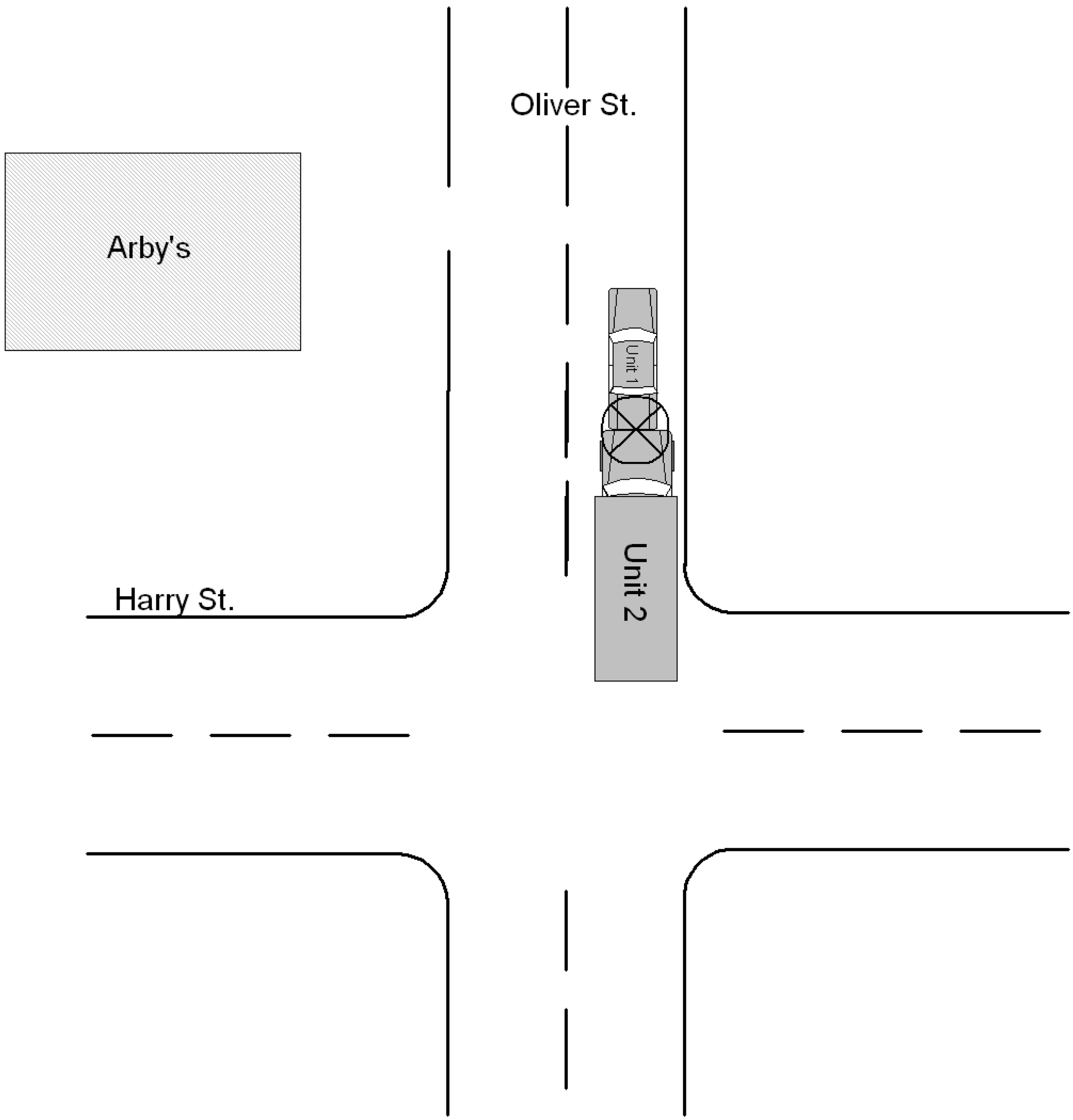
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 3

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

D2	33	OR	01	E	02	D2	24								

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? ☐)			Personal (316) 555-8696	M	S	I	
ST 01	Jonathan	DOB 08/02/1980	Wichita	KS	67890	Work (316) 555-2256	28	N		☐
TU 02	Casa	MN Steven	12123 SW 86th St. (New address? ☐)			Personal (785) 555-6563	M	S	N	
ST 01	Roberto	DOB 09/02/1947	Topeka	KS	66617	Work (785) 555-0456	61	N		☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	511235766	C	☐	☐

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

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions	Complied? Y N
1 B	Y
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result

TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	510488219	A	☒	☒

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

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y N
1	
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 T 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result

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 (New address? ☐)			Personal (316) 555-8290	M	S	P	
ST 03	Mike	DOB 01/08/1979	Derby	KS	66891	Work (316) 555-4910	30	N		☐
TU 02	Mannebach	MN Andrew	5310 SE Pauley Dr. (New address? ☐)			Personal (785) 555-0861	M	S	N	
ST 03	Glenn	DOB 08/09/1955	Topeka	KS	66605	Work (785) 555-4879	53	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# 02 (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No.	Page of
				EXAMPLE 3	4 / 6

Vehicle 01

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLK	1966	PONT	GTO	2D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
BIGJON	SN	2010	Happy Hooker	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
242076K200001	N	2

Insurance Company	Policy Number
Classic Auto Ins.	66555

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 7 | 2 | 3 | 4 | 5

Odometer 50,890 | Fire? ☐

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

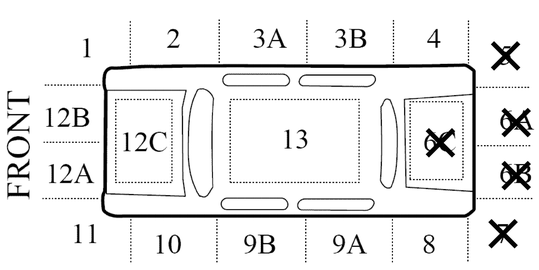
01 No special use, 02 Taxi / Limo, 03 School bus, 04 Other bus, 05 Military, 06 Police, 07 Ambulance, 08 Fire, 09 Mail/Parcel, 99 Unknown

03 VEHICLE DAMAGE

00 None, 01 Damage (minor), 02 Functional, 03 Disabling, 04 Destroyed, 88 Other: _____, 99 Unknown

DAMAGE LOCATION AREA

First Impact 6 Major Impact 6



☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

Trailer: Present / Damaged

11 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road, 02 Left Turn, 03 Right Turn, 04 U Turn, 05 Passing, 06 Changing lanes, 07 Avoidance man., 08 Merging, 09 Parking, 10 Backing, 11 Stopped awaiting turn, 12 Stopped in traf, 13 Illegally parked, 14 Disabled in roadway, 15 Slowing or stopping, 16 Negotiating a curve, 88 Other: _____, 99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 | 2 | 3 | 4 ☐ 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.), 10 Downhill runaway, 11 Trailer swing, 12 Seperation of units, 13 Jackknife, 14 Fire, 15 Explosion, 16 Immersion in water, 88 Other event: _____, 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

Vehicle 02

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
Angel	Aubrie	Samantha

OWNER ADDRESS (Number, Street)	New address? ☐	Personal Phone
4560 SW 19th Ter.		(785) 555-6520

CITY	ST	ZIP	Work Phone
Topeka	KS	66604	(785) 555-1341

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
GRN	2001	MACK	TK	DS	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
QRS 117	SN	2010	Driver	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1M1AA1ZY6WW7086763	N	2

Insurance Company	Policy Number
Farm State Ins.	0-4443176

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5

Odometer 126,678 | Fire? ☐

1 Hit & Run, 2 Non-Contact, 3 Stolen, 4 Legally Parked, 5 Pursued by LE, 6 Driverless, 7 Towed away due to damage

10 VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

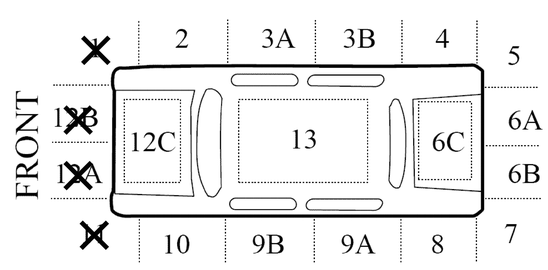
01 No special use, 02 Taxi / Limo, 03 School bus, 04 Other bus, 05 Military, 06 Police, 07 Ambulance, 08 Fire, 09 Mail/Parcel, 99 Unknown

01 VEHICLE DAMAGE

00 None, 01 Damage (minor), 02 Functional, 03 Disabling, 04 Destroyed, 88 Other: _____, 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: _____

P Trailer: Present / Damaged

01 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road, 02 Left Turn, 03 Right Turn, 04 U Turn, 05 Passing, 06 Changing lanes, 07 Avoidance man., 08 Merging, 09 Parking, 10 Backing, 11 Stopped awaiting turn, 12 Stopped in traf, 13 Illegally parked, 14 Disabled in roadway, 15 Slowing or stopping, 16 Negotiating a curve, 88 Other: _____, 99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 | 2 | 3 | 4 ☐ 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.), 10 Downhill runaway, 11 Trailer swing, 12 Seperation of units, 13 Jackknife, 14 Fire, 15 Explosion, 16 Immersion in water, 88 Other event: _____, 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

V-1 was yielding to SB traffic so he could turn into Arby's, V-2 because of the wet pavement and not paying attention rear ended V-1.

T.O.C. R.I.

☒ Completed Post Crash Inspection

HEAVY VEHICLE & HAZMAT Supplement

KDOT Form 852 Rev. 1-2009

INFORMATION ON HEAVY VEHICLES / BUSES / HAZARDOUS MATERIALS

Investigating Officer / Badge No.: Jack Davis 610

Local Case No.: EXAMPLE 3

Page 6 / 6

MOTOR CARRIER INFORMATION

TU #	Carrier Name	Carrier Street Address (P.O. Box only if no street address)	City
02	Heaven's Furniture	1515 SW Wanamaker	Topeka

State	Zip	Phone	Carrier Country
KS	66604	(785) 555-1897	USA

CARRIER IDENTIFICATION NUMBER(S)

USDOT#	MC/MX#	NONE
0327574	644735	☐

CARRIER TYPE 0

0 - Intrastate 1 - Interstate 2 - Not in Commerce - Other Truck or Bus 3 - Not in Commerce - Government Veh 4 - Other / Not Specified

AT THE TIME OF CRASH, THIS VEHICLE WAS: 01

01 Operating on a trafficway open to the public (In-Transport)
02 Parked on or off the trafficway
88 Other: _____
99 Unknown

GVWR/GCWR 03

01 10,000 lbs or less
02 10,001-26,000 lbs
03 More than 26,000 lbs
99 Unknown

ACTUAL WEIGHT: 73,800 lbs

SOURCE OF CARRIER NAME 01

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

TRAILER DIMENSIONS

	WIDTH (in)	LENGTH (ft)
Trailer 1	102	36
Trailer 2		
Trailer 3		

TRAILER(s) DAMAGED?

☒ None
☐ Trailer 1
☐ Trailer 2
☐ Trailer 3

OVERSIZED LOAD

☐ Height
☐ Weight
☐ Width

TRUCK AND TRAILER TOTALS

Vehicle Length (include trailer(s)): 48 ft | No. of Trailers: 1 | No. of Axles: 5

TRAILER 1 - IDENTIFICATION NUMBER
61GL534WX01756473

TRAILER 2 - IDENTIFICATION NUMBER

TRAILER 3 - IDENTIFICATION NUMBER

HAZMAT / ROADWAY INFORMATION

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)

ON-ROAD LANE TYPE 00

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

VEHICLE ACCESS CONTROL TO ROADWAYS 00

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

VEHICLE CONFIGURATION 02

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

CAB TYPE 01

01 Cab behind engine
02 Cab over engine
99 Unknown

CARGO BODY TYPE 01

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

CARGO TYPE 08

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

SPECIAL DATA

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Topeka Police Dept.	Officer House	EXAMPLE 4	1 / 5

Investigating Officer Name	Badge Number	County	City Name
S. Martin	312	SN	Topeka

☐ Amended Report
☐ DUI
☐ Hit & Run

I 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
			Gage	BLVD			03/04/2009	21:05	TH

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
100	F	S	FROM		I470	FWY			03/04/2009	21:06	TH

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

V-1 was making a left turn onto the NB lanes of gage, V-2 failed to stop at the red light and collided with V-1 in a KDOT construction zone.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
03/04/2009	21:11	TH

Latitude (AOI): 38.95000
Longitude (AOI): -95.57500
Photos by

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

01 ON / AT **WORK ZONE TYPE**
00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☒
03 Utility Zone -
99 Unknown

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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

04 **LIGHT CONDITIONS**
01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

01 ON / AT **SURFACE TYPE**
01 Concrete
02 Blacktop (Asphalt)
03 Gravel
04 Dirt
05 Brick
88 Other: _____
99 Unknown

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
00 None
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRXING
05 Interchange
06 Ramp
99 Unknown

1	2	3
05		

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 RRXING 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** (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
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	02	OK
2	2	2
3	3	3
4	4	4
5	5	5

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 4	2 / 5

04 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

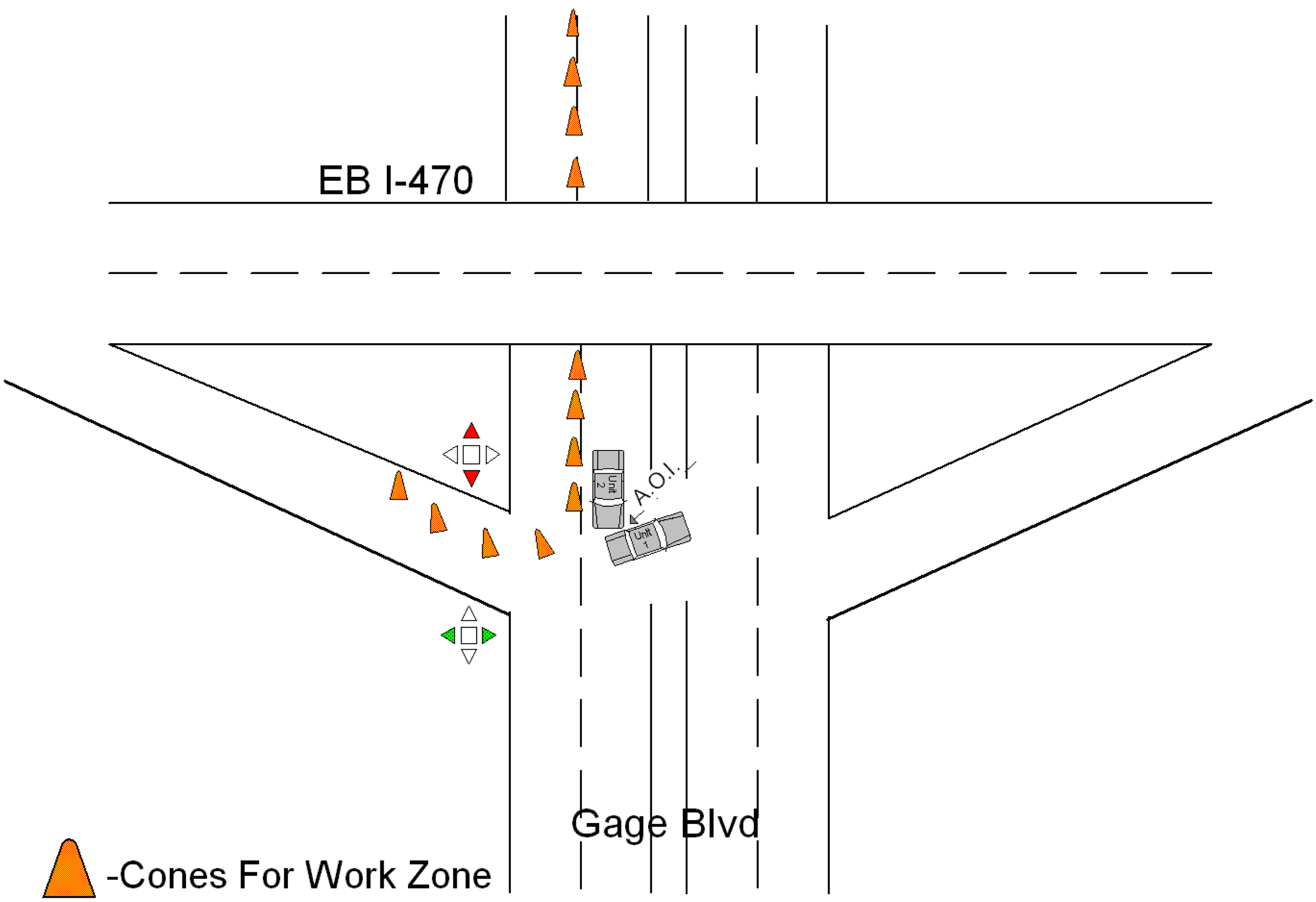
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 4

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	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 # / 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	Driver	MN Good	815 S. Quincy St. (New address? ☐)			Personal (785) 555-6363	F	S	N	
ST 01	Ima	DOB 08/12/1944	Topeka	KS	66600	Work (785) 555-4602	64	N		☐
TU 02	Pain	MN Meet	2355 Gage Blvd. (New address? ☐)			Personal (785) 555-0393	F	R	I	
ST 01	Betty	DOB 05/15/1989	Topeka	KS	66614	Work (785) 555-2604	19	N		☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00037787	C	☐	☐

DR LICENSE COMPLY (00)

- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY

Restrictions? Y

Driver's Lic Restrictions		Complied? Y	N
1	B	Y	
2			
3			
4			

COMMERCIAL ENDORSEMENTS

1 2 3 4

- 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)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K02894327	C	☐	☐

DR LICENSE COMPLY (07)

- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY

Restrictions? Y

Driver's Lic Restrictions		Complied? Y	N
1	H	Y	
2			
3			
4			

COMMERCIAL ENDORSEMENTS

1 2 3 4

- 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)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☒ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☒
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# 02 (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No.	Page of
				EXAMPLE 4	4 / 5

Vehicle 01

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLU	2001	CHEV	CAM	2D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
SRB 410	SN	2010	Rex's Tow	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
2G1FPZ2K612008889	NE	1

Insurance Company	Policy Number
Country Farm Ins.	78-AS6

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 7 | 2 | 3 | 4 | 5

Odometer: 124,706 — Fire? ☐

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

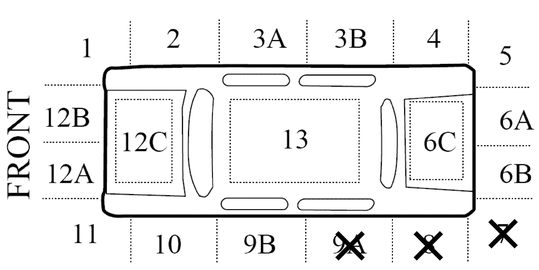
01 No special use, 02 Taxi / Limo, 03 School bus, 04 Other bus, 05 Military, 06 Police, 07 Ambulance, 08 Fire, 09 Mail/Parcel, 99 Unknown

03 VEHICLE DAMAGE

00 None, 01 Damage (minor), 02 Functional, 03 Disabling, 04 Destroyed, 88 Other: _____, 99 Unknown

DAMAGE LOCATION AREA

First Impact 8 Major Impact 8



☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

Trailer: Present / Damaged

02 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road, 02 Left Turn, 03 Right Turn, 04 U Turn, 05 Passing, 06 Changing lanes, 07 Avoidance man., 08 Merging, 09 Parking, 10 Backing, 11 Stopped awaiting turn, 12 Stopped in traf, 13 Illegally parked, 14 Disabled in roadway, 15 Slowing or stopping, 16 Negotiating a curve, 88 Other: _____, 99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 | 2 | 3 | 4 — ☐ 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.), 10 Downhill runaway, 11 Trailer swing, 12 Seperation of units, 13 Jackknife, 14 Fire, 15 Explosion, 16 Immersion in water, 88 Other event: _____, 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

Vehicle 02

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
YEL	1998	FORD	MUS	2D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
RDCLTHS	SN	2010	Ecstatic Tower	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
3FAKP1138WRO7432	S	1

Insurance Company	Policy Number
Onestate Ins	AG-45646

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 7 | 2 | 3 | 4 | 5

Odometer: 40,000 — Fire? ☐

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

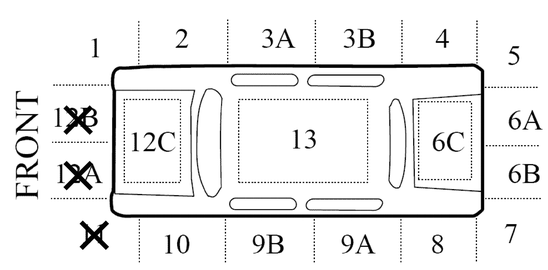
01 No special use, 02 Taxi / Limo, 03 School bus, 04 Other bus, 05 Military, 06 Police, 07 Ambulance, 08 Fire, 09 Mail/Parcel, 99 Unknown

03 VEHICLE DAMAGE

00 None, 01 Damage (minor), 02 Functional, 03 Disabling, 04 Destroyed, 88 Other: _____, 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, 02 Left Turn, 03 Right Turn, 04 U Turn, 05 Passing, 06 Changing lanes, 07 Avoidance man., 08 Merging, 09 Parking, 10 Backing, 11 Stopped awaiting turn, 12 Stopped in traf, 13 Illegally parked, 14 Disabled in roadway, 15 Slowing or stopping, 16 Negotiating a curve, 88 Other: _____, 99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 | 2 | 3 | 4 — ☐ 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.), 10 Downhill runaway, 11 Trailer swing, 12 Seperation of units, 13 Jackknife, 14 Fire, 15 Explosion, 16 Immersion in water, 88 Other event: _____, 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

V-1 had just exited EB I-470 and began to make 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. V-2 failed to stop at the red light and collided V-1. D2 sustained some minor injuries.

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Cloud County Sheriff	J. Hancock	EXAMPLE 5	1 / 5

Investigating Officer Name	Badge Number	County	City Name
Susan Stewart	245	CD	

☐ 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	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day
			Jade	RD		55	04/23/2009	15:05	FR

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
0.200	M	E	FROM		170th	ST			04/23/2009	15:09	FR

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

V-1 (EB) on Jade, lost control, hit an embankment and overturned.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
04/23/2009	15:30	FR

Latitude (AOI): 38.25000

Longitude (AOI): -101.2000

Photos by

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

WORK ZONE TYPE — 00 ON / AT

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
03 Utility Zone -
99 Unknown

KDOT? ☐

- 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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE — ON / AT

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

01 SURFACE CONDITIONS — ON / AT

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown

(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
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

18 **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 RRXING 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	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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 5	2 / 5

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

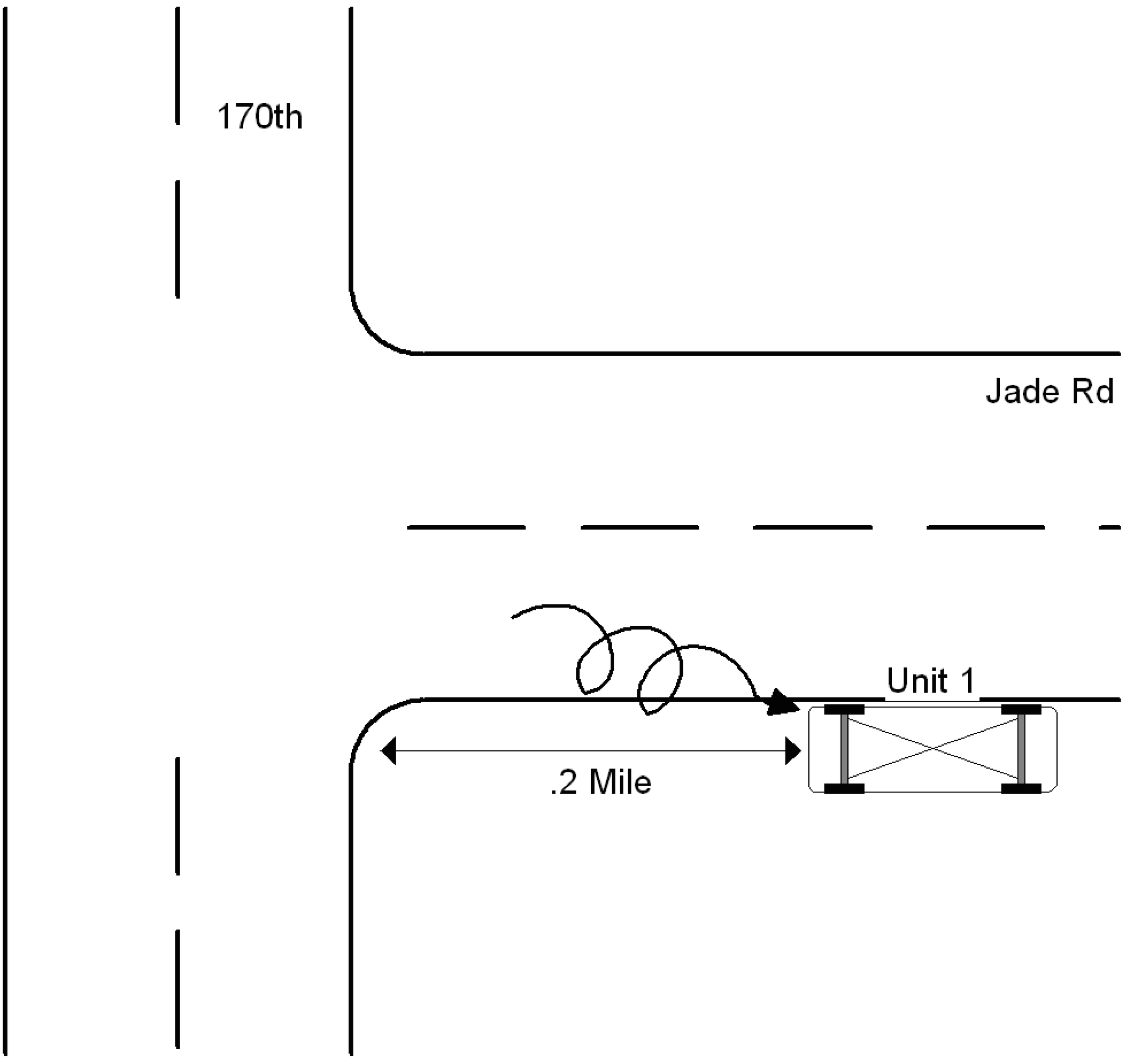
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 5

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#
01	8-1567	4566869			
01	8-1566	4987760			

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 # / 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	Foster	MN Willis	520 12th Ave. (New address? ☐)			Personal (984) 555-6469	M	P	F	A
ST 01	Keith	DOB 05/22/1949	Any Town	KS	67311	Work (984) 555-5466	59	T		☒
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	485538711	C	☐	☐

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

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☒ AP - Alcohol ingested
- ☒ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☒ 01 Evidential Test (Breath,Blood,etc)	☒
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☒ Eye Fluid 0.120
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result: N

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions?

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result:

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	Foster	MN Doe	520 12th Ave (New address? ☐)			Personal (984) 555-6469	F	N	F	A
ST 03	Jane	DOB 11/18/1949	Any town	KS	67311	Work (984) 555-4953	59	E	02	☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

Transport Unit	EMS Time Notified	Injured taken by:
A	15:35	Carter EMS
EMS Arrived: 15:50	EMS Time@Hosp: 16:10	Injured taken to: Memorial Hospital

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

Transport Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. EXAMPLE 5	Page 4 / 5

Vehicle 01

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
DGR	1980	CHEV	CAP	4D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
SST 508	CD	2010	Rural Tow	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1N69HAJ184952	E	2

Insurance Company	Policy Number
HP Insurance	846-6B

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 7 | 2 | 3 | 4 | 5

Odometer 126,412 | Fire? ☐

1 Hit & Run | 2 Non-Contact | 3 Stolen | 4 Legally Parked | 5 Pursued by LE | 6 Driverless | 7 Towed away due to damage

VEHICLE BODY TYPE 01

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact 90

Bus Seat Capacity _____

Power Source F

VEHICLE USE 01

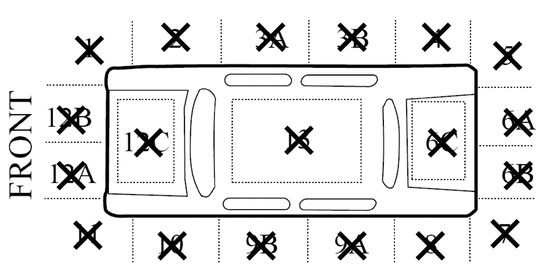
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE 04

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 1 Major Impact 13



☒ 14 Undercarriage ☒ 15 Windshield
☒ 16 Other windows ☐ 99 Unknown
☒ 17 Entire vehicle damaged
☐ 88 Other: _____

Trailer: Present / Damaged

VEH. MANU. BEFORE UNSTAB. SIT. 01

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 01 | 2 04 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

Vehicle

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

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

CITY	ST	ZIP	Work Phone

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

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5

Odometer | Fire? ☐

1 Hit & Run | 2 Non-Contact | 3 Stolen | 4 Legally Parked | 5 Pursued by LE | 6 Driverless | 7 Towed away due to damage

VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE

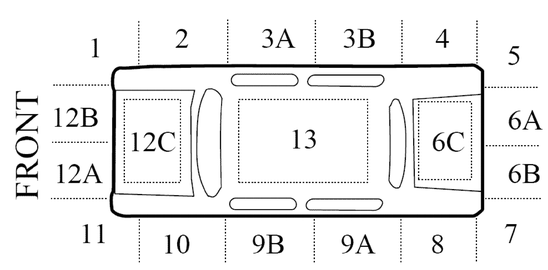
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 | 2 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

V-1 was traveling at a high rate of speed; for an unknown reason, V-1 left the roadway hitting an embankment and overturning on the south side of Jade Rd.

Opened Beer cans and other alcohol substances were found both inside and outside the vehicle.

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Kansas Highway Patrol	Brent Aldridge	EXAMPLE 6	1 / 5

Investigating Officer Name	Badge Number	County	City Name
Fred Burns	771	LE	

☐ Amended Report
☐ DUI
☐ Hit & Run

I 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
			Road 90	RD		50	09/12/2009	15:02	SU

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
2.500	M	W	FROM		K023	HWY			09/12/2009	15:12	SU

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

V-1 (WB) on County Road 90, aparently fell asleep, drove off the road, and overturned in a ditch

Date Arrived (mm/dd/yyyy): 09/12/2009
Time Arriv.: 15:32
Day: SU

Latitude (AOI): 40.02666
Longitude (AOI): -100.2580
Photos by

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

WORK ZONE TYPE — 00 ON / AT
00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS
01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE — ON / AT
01 Concrete
02 Blacktop (Asphalt)
03 Gravel
04 Dirt
05 Brick
88 Other: _____
99 Unknown

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
1 00 | 2 | 3
00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
05 Interchange
06 Ramp
99 Unknown

01 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

****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 RRXING 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	1 O	1 00	1
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

T.O.C.	R.I.	am	SPECIAL EVENT	SPECIAL DATA	Local Case No. EXAMPLE 6	Page of 2 / 5

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

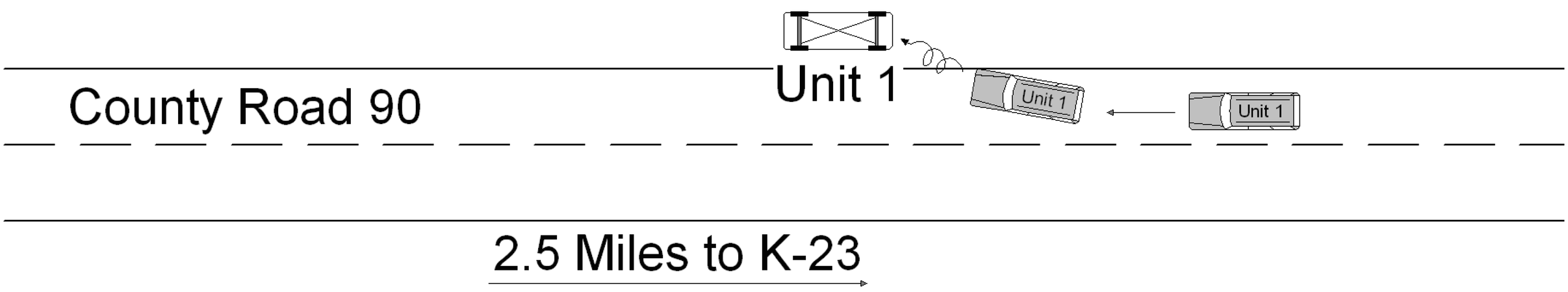
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 6

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#
01	8-1566	89-245			

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

D1	05										

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	Hingle	MN Hubert	815 S. Maple (New address? ☐)			Personal (876) 555-9530	M	R	I	
ST 01	Pat	DOB 06/19/1953	Any Town	KS	68115	Work (876) 555-7512	56	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	811548327	C	☐	☐

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

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions	Complied? Y N
1 E	Y
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions?

Driver's Lic Restrictions	Complied? Y N
1	
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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

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

Transport Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA Two-tone paint	Local Case No. EXAMPLE 6	Page 4 / 5

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLK	2004	CHEV	SUB	LL	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
KLP 116	CQ	2010	Big Jon's Towing	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
2CNBE13C931931388	W	1

Insurance Company	Policy Number
4X4 Insurance	375A-Q3

SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer	Fire?
	7					32,082	☐

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**

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 **VEHICLE USE**

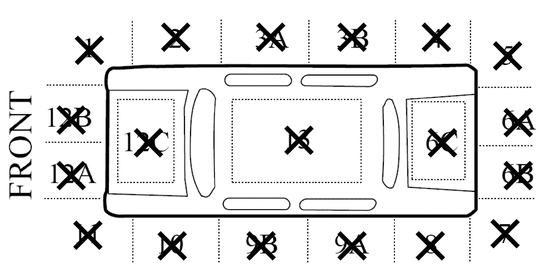
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

03 **VEHICLE DAMAGE**

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 1 Major Impact 13



☐ 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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4
01	04		

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE#	SPECIAL DATA	Local Case No.	Page of
(02, 04, N2, X4, etc)			

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

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

CITY	ST	ZIP	Work Phone

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

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

VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE

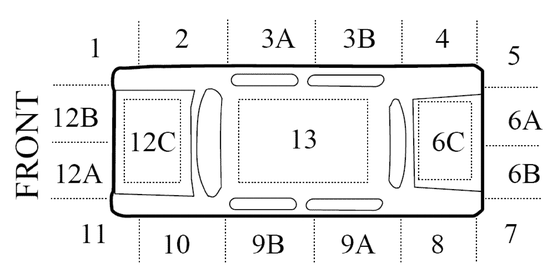
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4

☐ The exact sequence is unknown

NON-COLLISION

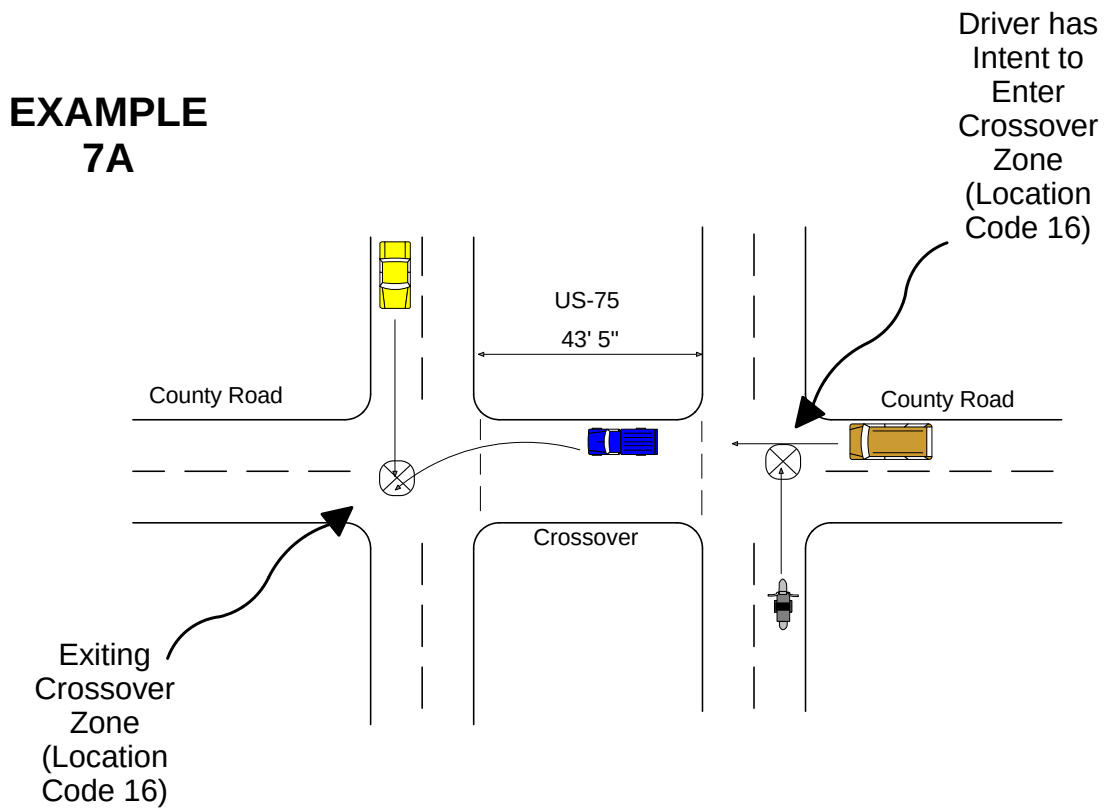
01 Ran off road right
02 Ran off road left
03 Crossed centerline
04 Overturn/Rollover
05 Crossed median
06 Fell/Jumped from veh
07 Thrown or falling object
08 Cargo loss or shift
09 Equipment failure (tire, brakes, etc.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
98 Unknown non-coll.

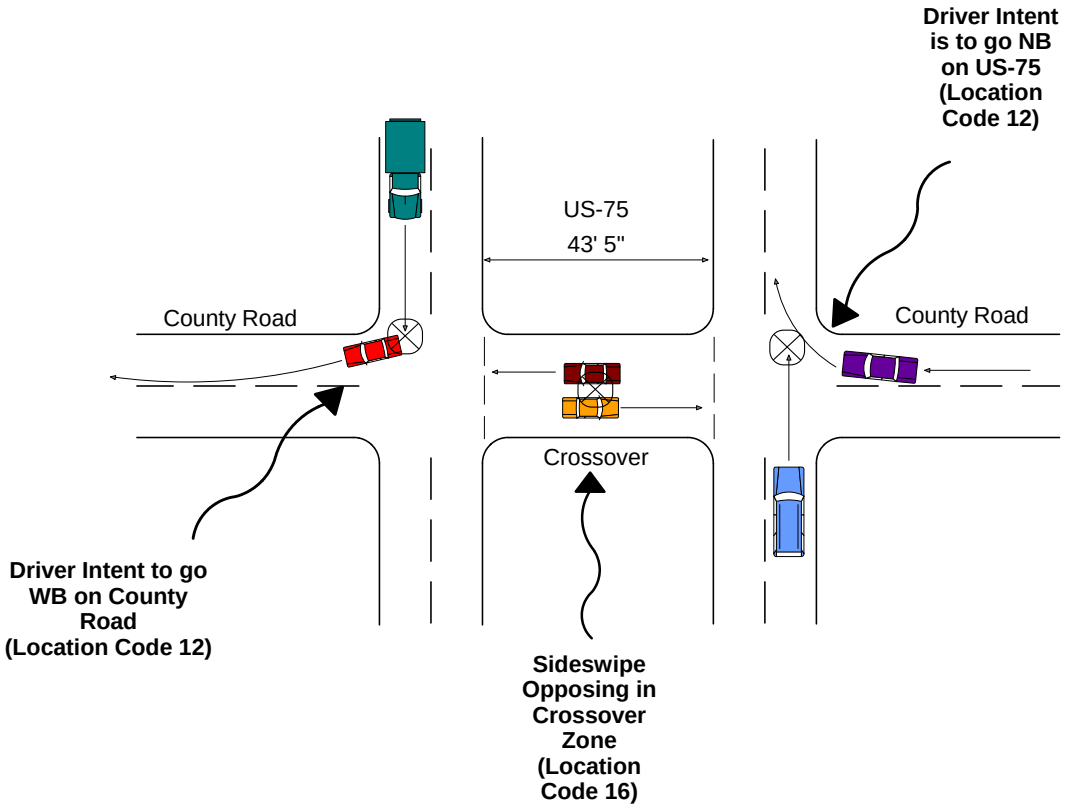
COLLISION WITH

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

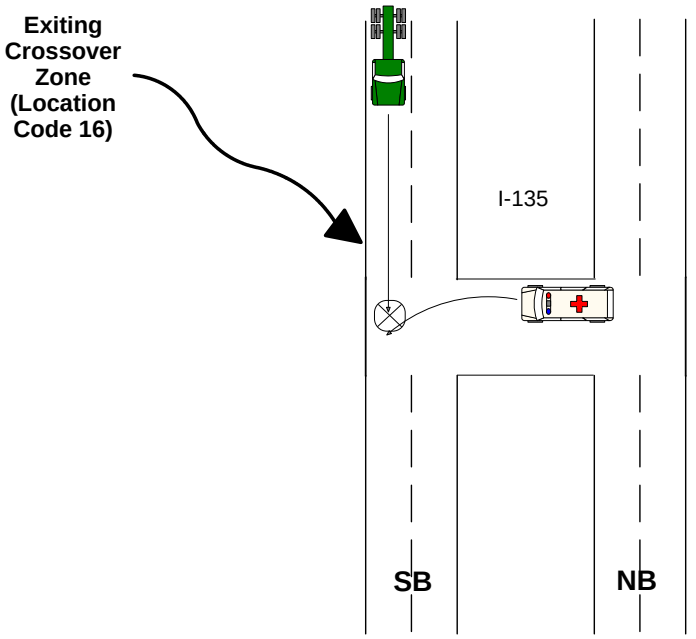
It appears that V-1 was traveling (WB) on County Road 90 when he fell asleep. As a result of his being asleep he ran off the road which caused him to overturn. V-1 was towed away by Big Jon's Towing. The driver sustained some injuries but they appeared not to be serious.

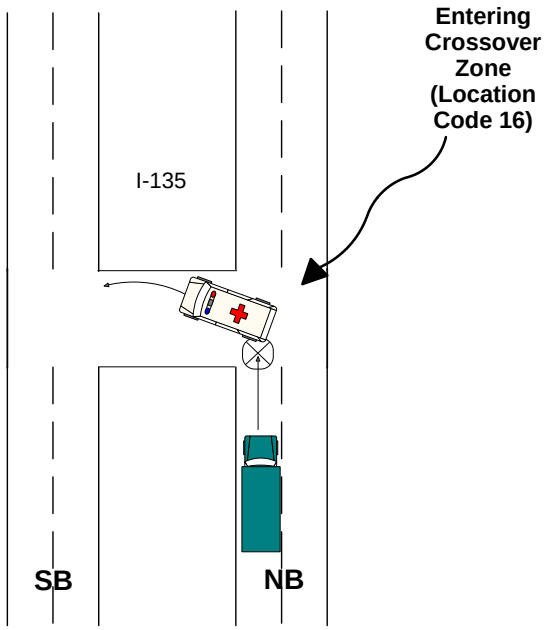
EXAMPLE 7A


Driver has Intent to Enter Crossover Zone (Location Code 16)
US-75
43' 5"
County Road
County Road
Crossover
Exiting Crossover Zone (Location Code 16)


Driver Intent is to go NB on US-75 (Location Code 12)
US-75
43' 5"
County Road
County Road
Crossover
Driver Intent to go WB on County Road (Location Code 12)
Sideswipe Opposing in Crossover Zone (Location Code 16)

EXAMPLE 7B


Exiting Crossover Zone (Location Code 16)
I-135
SB
NB


Entering Crossover Zone (Location Code 16)
I-135
SB
NB

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Trego County Sheriff	G. Allen	EXAMPLE 8	1 / 5

Investigating Officer Name	Badge Number	County	City Name
Frank Smith	144	TR	

☐ 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
120.6			I070	FWY		70	11/09/2009	13:20	TU

From Dist	Ft/Mi	From Dir	◉ FROM ○ AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
0.500	M	E			C685	RD			11/09/2009	13:25	TU

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

V-1 was EB and lost control because of icy road conditions. V-1 began to skid off the roadway into the median.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
11/09/2009	13:35	TU

Latitude (AOI): 38.15000
Longitude (AOI): -98.75000
Photos by

KDOT? ☒ Object 1 Damaged & Nature of Damage (show in diagram): Median Turf (gauged/torn) — Owner Street Address: KDOT — 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

WORK ZONE TYPE — 00 ON — AT
00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
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

ONLY CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS
01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE — ON — AT
01 Concrete
02 Blacktop (Asphalt)
03 Gravel
04 Dirt
05 Brick
88 Other: _____
99 Unknown

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

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/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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
05 Interchange
06 Ramp
99 Unknown

1	2	3
00		

08 ACCIDENT CLASS (mark 1 box per side) **08**
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) **17**
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 RRXING fixtures
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	2	3
	O	09	OK

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

T.O.C.	R.I.	am	SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
				Blizzard conditions	EXAMPLE 8	2 / 5

04 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

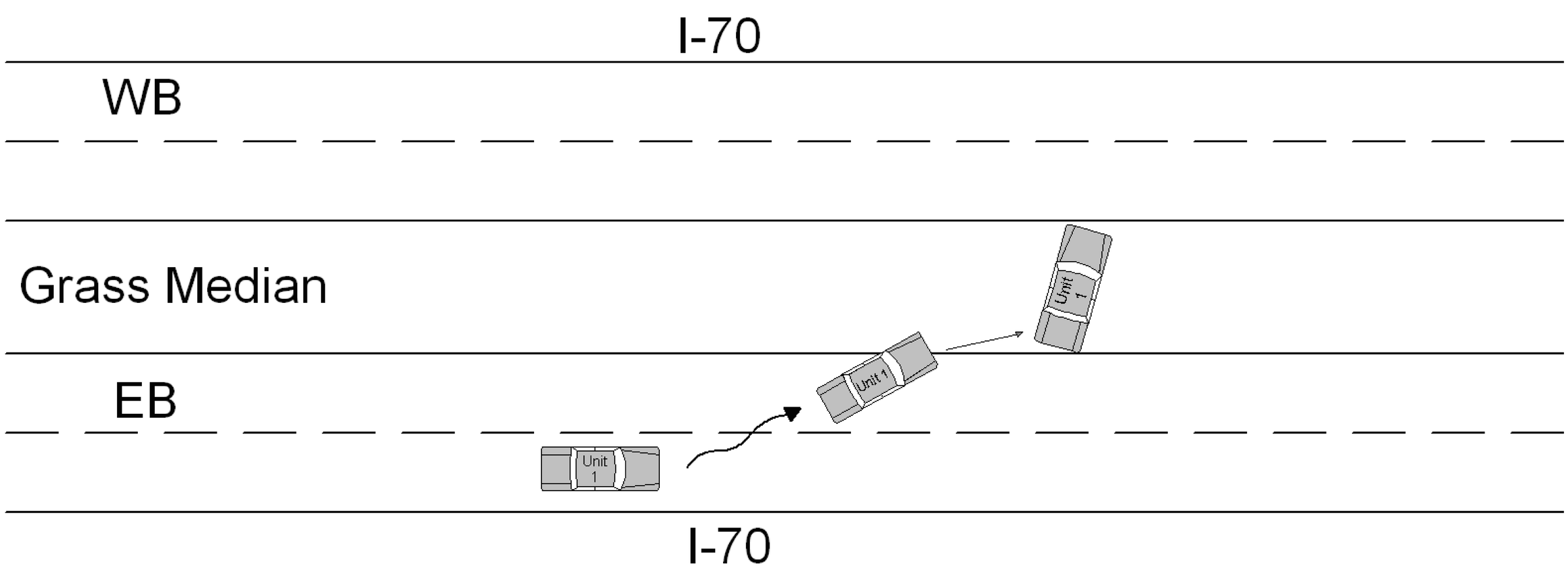
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 8

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	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 # / 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	Cleaver	MN Meat	1275 Sunset Ave (New address? ☐)			Personal (321) 555-3315	M	S	N	
ST 01	Ward	DOB 06/17/1927	Palo Alto	CA	93811	Work	82	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
CA	1778326517	C	☐	☐

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

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions		Complied? Y N
1	B	Y
2	G	Y
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions?

Driver's Lic Restrictions		Complied? Y N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	Cleaver	MN Patsy	1275 Sunset Ave (New address? ☐)			Personal (321) 555-3315	F	S	N	
ST 03	June	DOB 05/24/1929	Palo Alto	CA	93811	Work	80	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No.	Page of
				EXAMPLE 8	4 / 5

Vehicle 01

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
PLE	1998	CHEV	LUM	4D	CA

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
THEBEAV		2010	Owner	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
2G1WL52M0W9317346	E	2

Insurance Company	Policy Number
California Mutal	CA-73-10766

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 2 3 4 5

Odometer: 105,985 Fire? ☐

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

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

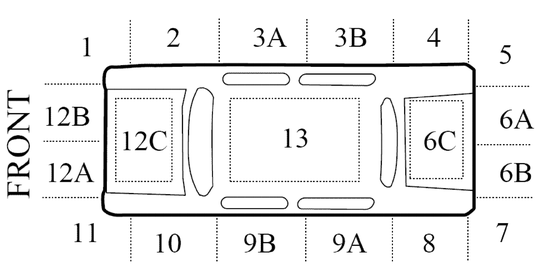
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

02 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 14 Major Impact 14



☒ 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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4
02	27		

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

Vehicle

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

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

CITY	ST	ZIP	Work Phone

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

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

VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE

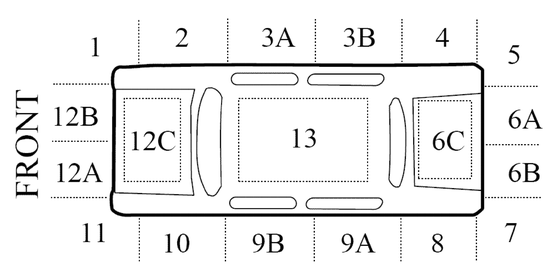
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

V-1 was headed east on I-70 when it spun out and ran off the road and into the median. The driver admitted that he was going too fast for the snow and ice conditions. There was some damage to the undercariage of the car but the owner was able to drive it home okay.

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Cherokee County Sheriff	J. Wake	EXAMPLE 9	1 / 5

Investigating Officer Name	Badge Number	County	City Name
Donna Carter	300	CK	

☐ 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
			Scammon	RD		55	04/05/2009	21:04	MO

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
2.500	M	E	FROM		K007	HWY			04/05/2009	21:15	MO

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
04/05/2009	21:31	MO

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

V-1 (EB) began to give off smoke. Driver pulled over to the right shoulder and began to burst into flame.

Latitude (AOI) 36.49000

Longitude (AOI) -94.87500

Photos by

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

WORK ZONE TYPE — 00 ON / AT

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
03 Utility Zone -
99 Unknown

KDOT? ☐

- 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

ONLY CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

05 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE — ON / AT

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

01 SURFACE CONDITIONS — ON / AT

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown

(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
05 Interchange
06 Ramp
99 Unknown

00 ACCIDENT CLASS (mark 1 box per side) — 00

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 RRXING fixtures
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 O	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			

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 9	2 / 5

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

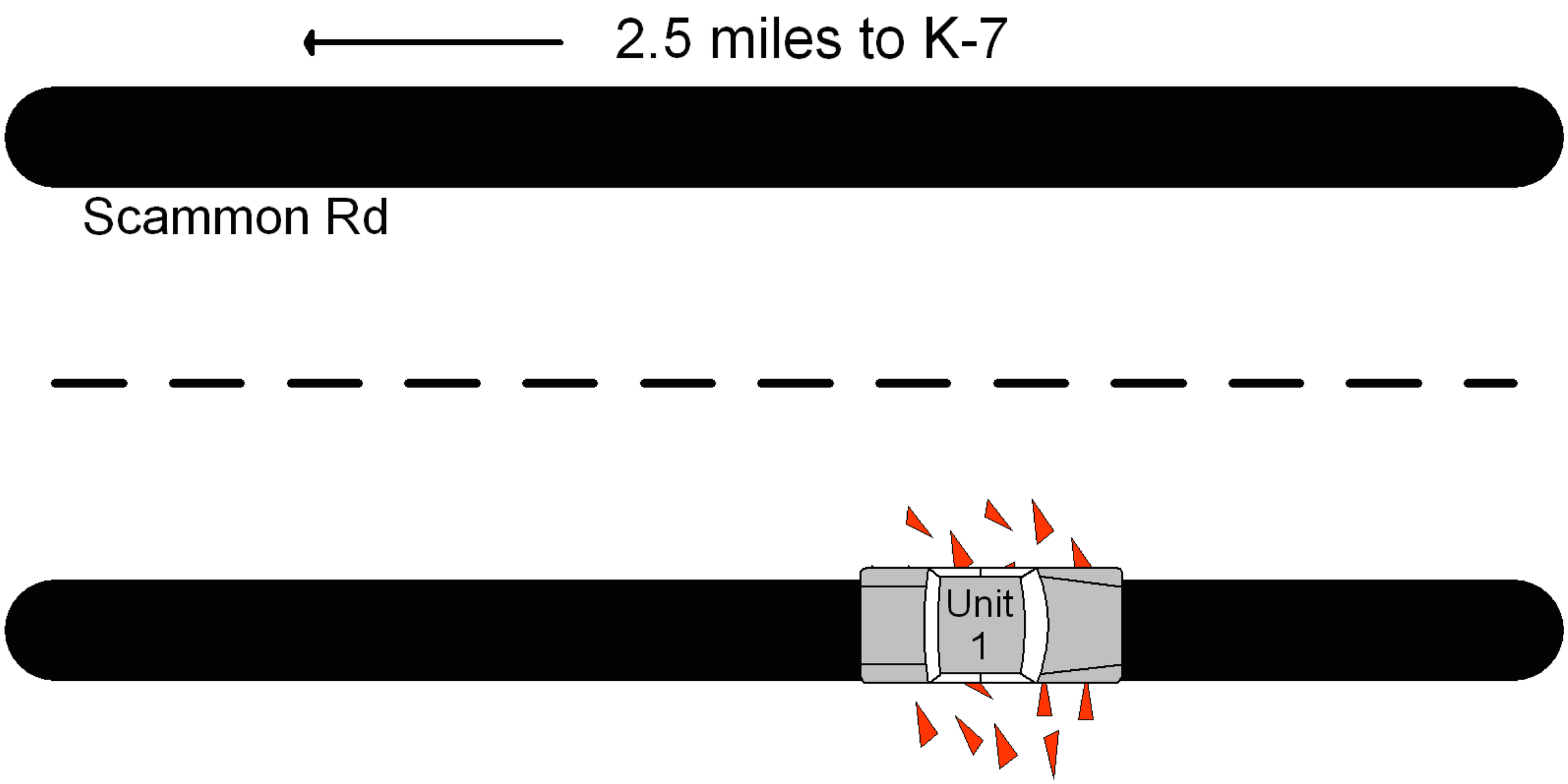
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 9

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

V 88

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	Durante	MN Shawn	2525 SW Grand Ave (New address? ☒)	Personal (669) 555-1423	M	N	N	
ST 01	James	DOB 05/05/1955	Any Place KS 61145	Work (669) 555-4456	53	N		☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00548211	C	☐	☐

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

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions? ☐

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No.	Page of
				EXAMPLE 9	4 / 5

Vehicle 01

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLU	2001	PONT	GRA	4D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
QRS 134	CM	2010	Mike's Towing	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1G2WP52KX1F186195	E	1

Insurance Company	Policy Number
Inferno Ins.	586-6A

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 7 | 2 | 3 | 4 | 5

Odometer: 182,961 | Fire? ☒

1 Hit & Run | 2 Non-Contact | 3 Stolen | 4 Legally Parked | 5 Pursued by LE | 6 Driverless | 7 Towed away due to damage

VEHICLE BODY TYPE 01

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

VEHICLE USE 00

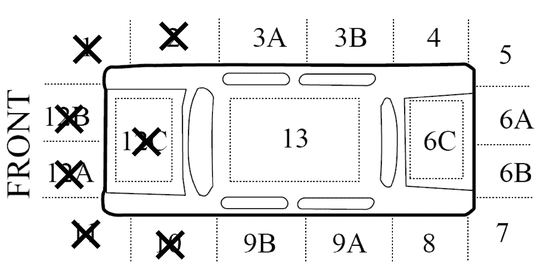
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE 04

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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

VEH. MANU. BEFORE UNSTAB. SIT. 01

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 14 | 2 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

Vehicle

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

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

CITY	ST	ZIP	Work Phone

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

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5

Odometer: | Fire? ☐

1 Hit & Run | 2 Non-Contact | 3 Stolen | 4 Legally Parked | 5 Pursued by LE | 6 Driverless | 7 Towed away due to damage

VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE

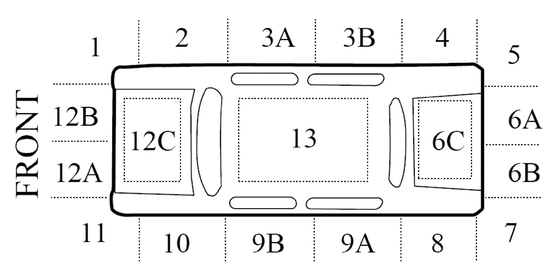
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 | 2 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

When I arrived at the scene I observed that V-1 had caught on fire. D-1 said that he was going east on Scammon when he noticed smoke coming from his engine compartment, he pulled into the shoulder when later his car caught fire. Further investigation discovered that he had a leak in a hose and the liquid that dispensed out ignited.

T.O.C. R.I.

Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Jewell County Sheriff	J. Davis	EXAMPLE 10	1 / 5

Investigating Officer Name	Badge Number	County	City Name
Thomas Blair	14	JW	

☐ 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
			NONAME	RD		50	08/14/2009	99:99	SA

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
1.300	M	E	FROM		K014	HWY			08/14/2009	08:18	SA

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

Evidence indicates unknown V-1 was WB on a county road (no name) 4 miles S of U036, lost control, went off the roadway, and struck a utility pole.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
08/14/2009	08:41	SA

Latitude (AOI): 40.46500
Longitude (AOI): -98.75000
Photos by

KDOT? ☐ Object 1 Damaged & Nature of Damage (show in diagram): Utility Pole Destroyed
Owner Street Address: 700 S Lightbulb LN
Personal Phone:
Owner Last Name: Eaststar Energy
First Name:
Middle Name:
City: Mankato
State: KS
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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

99 LIGHT CONDITIONS

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

99 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
- 24 Sleet & fog
- 36 Snow & wind
- 88 Other: _____
- 99 Unknown

02 SURFACE TYPE ON / AT

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

99 SURFACE CONDITIONS ON / AT

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

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
- 07 Traffic Circle
- 08 Part of an interchange
- 99 Unknown

(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

- 00 None
- 01 Bridge _____
- 02 Bridge Overhead
- 03 Railroad Bridge
- 04 RRXING _____
- 05 Interchange
- 06 Ramp
- 99 Unknown

08 ACCIDENT CLASS (mark 1 box per side) **08**

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

06 **FIXED OBJECT TYPE (mark 1 box per side if applicable) **06**

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 RRXING fixtures
- 88 Other: _____
- 99 Unknown

WORK ZONE TYPE ON / AT

- 00 None Apply
- 01 Construction Zone -
- 02 Maintenance Zone -
- 03 Utility Zone -
- 99 Unknown

KDOT? ☐

- 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

T.O.C.	R.I.	am	SPECIAL EVENT	SPECIAL DATA	Local Case No. EXAMPLE 10	Page of 2 / 5

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (ON / AT)

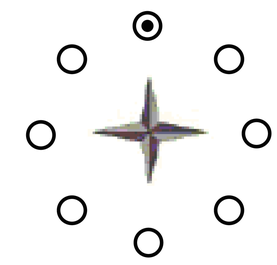
01 Straight & Level
02 Straight on grade/slope
03 Straight on hillcrest
04 Curved & level
05 Curved on grade/slope
06 Curved on hillcrest
88 Other: _____
99 Unknown

00 SPECIAL JURISDICTION

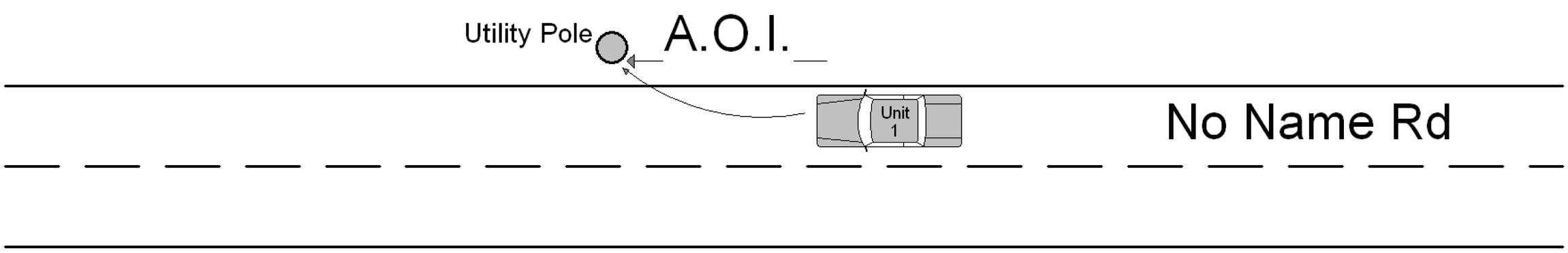
00 Normal Jurisdiction (Not Special)
01 National Park Service
02 Military
03 Indian Reservation
04 College / University Campus
05 Other Federal property
88 Other: _____
99 Unknown

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 10

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

D1 | 99

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		MN	New address? ☐	Personal	U	U	U	
ST 01	Unknown	DOB		Work	00	U		☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

DR LICENSE COMPLY (99)

- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY

Restrictions? ☐

Driver's Lic Restrictions	Complied? Y	N
1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐

COMMERCIAL ENDORSEMENTS

1 U | 2 | 3 | 4

- 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)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

DR LICENSE COMPLY

- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY

Restrictions? ☐

Driver's Lic Restrictions	Complied? Y	N
1	☐	☐
2	☐	☐
3	☐	☐
4	☐	☐

COMMERCIAL ENDORSEMENTS

1 | 2 | 3 | 4

- 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)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. EXAMPLE 10	Page 4 / 5

Vehicle 01

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
Unknown		

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
	W	

Insurance Company	Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 [1] 2 3 4 5

Odometer: ____ Fire? ☐

1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless 7 Towed away due to damage

VEHICLE BODY TYPE: 99

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE: 99

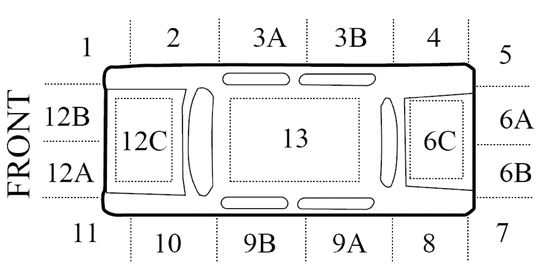
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE: 99

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 99 Major Impact 99



☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☒ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

Trailer: Present / Damaged

VEH. MANU. BEFORE UNSTAB. SIT.: 99

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 01 | 2 27 | 3 | 4

☒ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

Vehicle

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

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

CITY	ST	ZIP	Work Phone

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

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 2 3 4 5

Odometer: ____ Fire? ☐

1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless 7 Towed away due to damage

VEHICLE BODY TYPE:

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE:

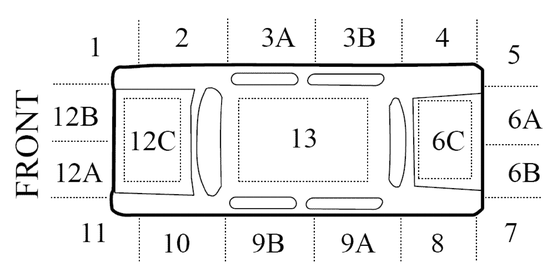
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE:

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 | 2 | 3 | 4

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

From my investigation it appears that an unknown vehicle traveling WB ran off an unnamed county road and struck an utility pole.

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Marion Co. Sheriff	H. Snow	EXAMPLE 11	1 / 3

Investigating Officer Name	Badge Number	County	City Name
James Briggs	23	MN	

☐ 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
			Alamo	RD		40	11/28/2009	19:15	SA

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
1.8	M	S	◉ FROM ○ AT		120th	AVE			11/28/2009	19:18	SA

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
11/28/2009	19:41	SA

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

V1 was southbound on Alamo Road when a alligator (crawling in a WB direction) entered the roadway. D1 was unable to avoid hitting the alligator. The alligator was killed.

Latitude (AOI) 37.57500
Longitude (AOI) -97.00500
Photos by

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

WORK ZONE TYPE — 00 ON / AT
00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
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

ONLY CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

05 LIGHT CONDITIONS
01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE — ON / AT
01 Concrete
02 Blacktop (Asphalt)
03 Gravel
04 Dirt
05 Brick
88 Other: _____
99 Unknown

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
00 None
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRXING
05 Interchange
06 Ramp
99 Unknown

1	2	3
00		

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 RRXING fixtures
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	2	3
	O	09	OK

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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 11	1 / 3

ROADWAY NUMBER OF LANES — 02 ON — AT

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

ROAD CHARACTER — 02 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

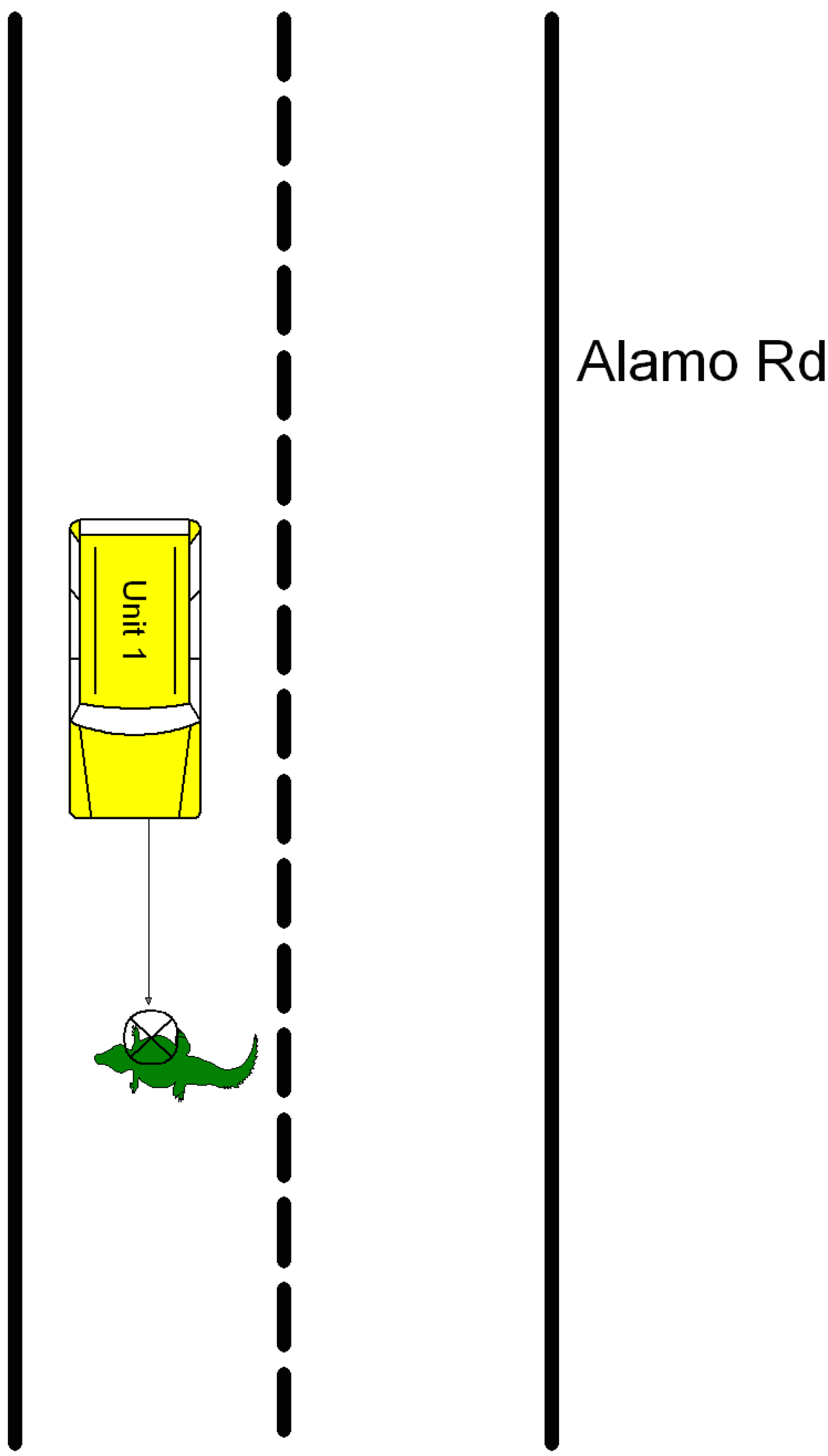
SPECIAL JURISDICTION — 00

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 11

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

E 01

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	McCoy	MN Real	763 State Street (New address? ☐)	Personal (203) 555-9554	M	S	N	
ST 01	Luke	DOB 10/11/1947	Charleston WV 02764	Work	62	N		☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
WV	9649-532	C	☐	☐

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

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions	Complied? Y N
1 B	Y
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions?

Driver's Lic Restrictions	Complied? Y N
1	
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	McCoy	MN Loida	763 State Street (New address? ☐)	Personal (203) 555-9554	F	S	P	
ST 03	Kate	DOB 03/14/1948	Charleston WV 02764	Work	61	N		☐
TU 01	McCoy	MN Rufus	763 State Street (New address? ☐)	Personal (203) 555-9554	M	S	N	
ST 04	Little Luke	DOB 06/13/1970	Charleston WV 02764	Work	39	N		☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. EXAMPLE 11	Page 2 / 3

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

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	YEAR	MAKE	MODEL	BODY STYLE	ST	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
YEL	2009	FORD	ECP	LL	KS						

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs	LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
IH8HFLD		2010	Owner						

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants	VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1FALP13P0VW238335	S	3			

Insurance Company	Policy Number	Insurance Company	Policy Number
West Virginia Auto	58-G58		

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 2 3 4 5 — Odometer 6,108 — Fire? ☐

1 Hit & Run 2 Non-Contact 3 Stolen 7 Towed away due to damage
4 Legally Parked 5 Pursued by LE 6 Driverless

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

06 VEHICLE BODY TYPE

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source H

VEHICLE BODY TYPE

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

01 VEHICLE USE

01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

02 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

VEHICLE USE

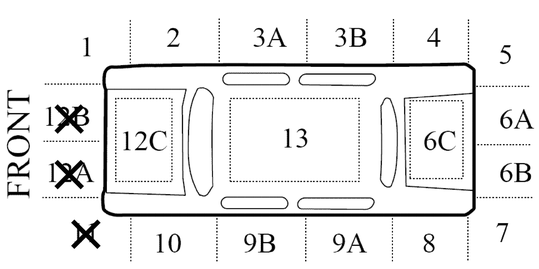
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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: _____

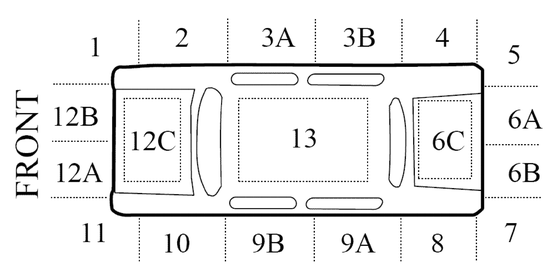
Trailer: Present / Damaged

01 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 26 | 2 | 3 | 4 — ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 | 2 | 3 | 4 — ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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 southbound on Alamo Road when a alligator (crawling in a WB direction) entered the roadway. D1 was unable to avoid hitting the alligator. The alligator was killed.

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Hays Police Dept	Molly Dridgeall	EXAMPLE 12	1 / 3

Investigating Officer Name	Badge Number	County	City Name
B. Truman	24	EL	Hays

☐ Amended Report
☐ DUI
☐ Hit & Run

I 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
	100	W	27th	ST		30	05/18/2009	14:15	MO

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
175	F	W	◉ FROM ○ AT		U183	HWY		35	05/18/2009	14:18	MO

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

Driver 1 left the roadway while traveling WB on 27th street, a second EB vehicle drifted across the center line causing D1 to take evasive action. V1 then collided with a mailbox, and proceeded into a private yard before stopping.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
05/18/2009	14:22	MO

Latitude (AOI): 38.65000
Longitude (AOI): -99.45750
Photos by: Hays PD

WORK ZONE TYPE — 00 ON / AT
00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
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
☐	Mailbox	125 W 27th St.	(785) 555-9812

Owner Last Name	First Name	Middle Name	City	State	Zip	Work Phone
Miller	Oscar	Ralph	Hays	KS	67601	

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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS
01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE — ON / AT
01 Concrete
02 Blacktop (Asphalt)
03 Gravel
04 Dirt
05 Brick
88 Other: _____
99 Unknown

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
05 Interchange
06 Ramp
99 Unknown

1	2	3
00		

08 ACCIDENT CLASS (mark 1 box per side) — 08
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

16 **FIXED OBJECT TYPE (mark 1 box per side if applicable) — 16
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 RRXING 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	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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 12	1 / 3

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

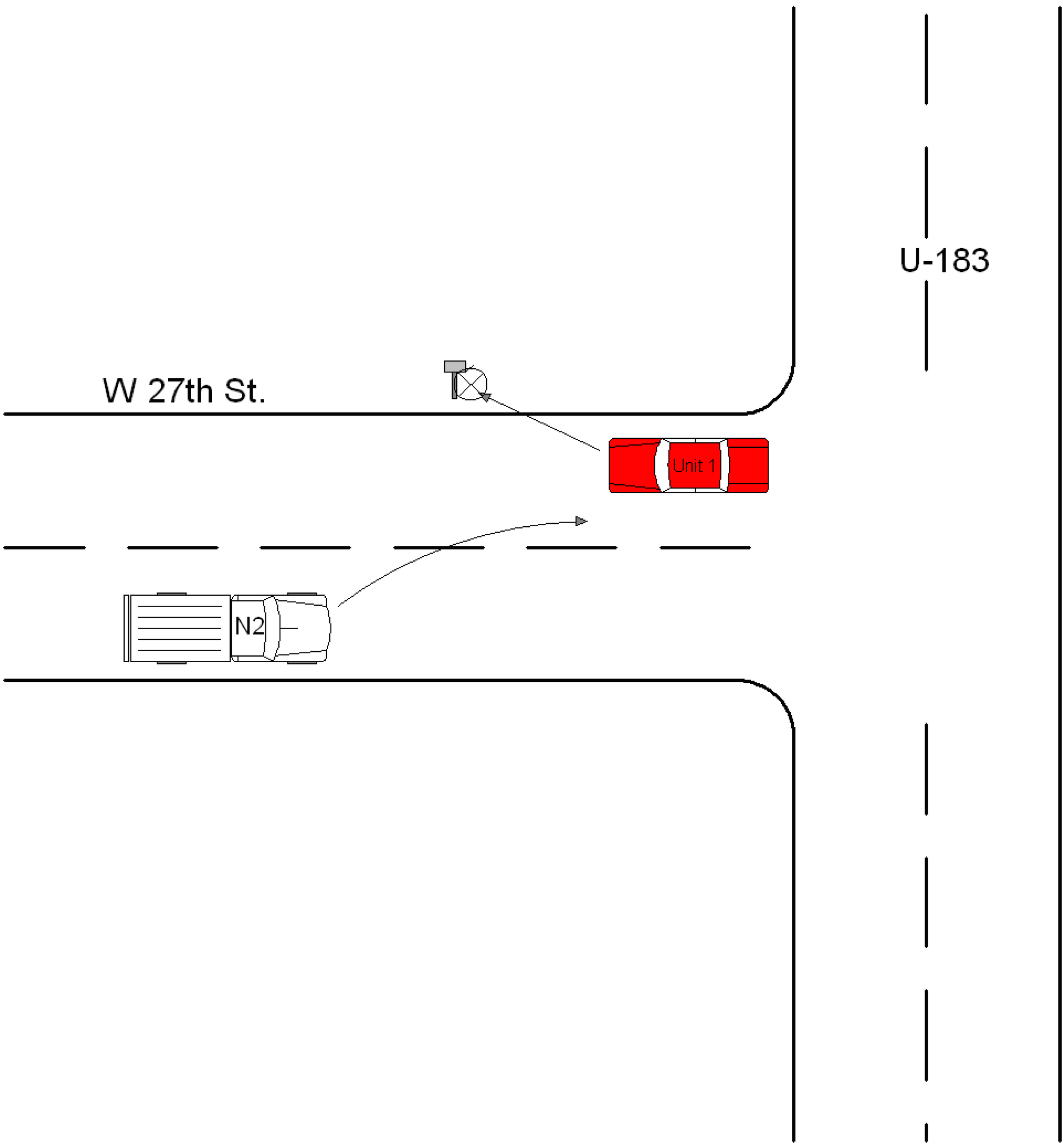
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 12

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

D1	37	N2	05										

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	Carter	MN Joseph	1820 Buffalo Jump Dr (New address? ☐)			Personal (785) 555-0018	M	S	P	
ST 01	James	DOB 03/03/1933	Hays	KS	65337	Work	76	N		☐
TU N2	Unknown	MN	(New address? ☐)			Personal	U	U	N	
ST 01		DOB				Work	0	N		☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00487721	C	☐	☐

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

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions	Complied? Y	N
1 B	Y	
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# N2 (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions? ☐

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 U 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# N2 (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. EXAMPLE 12	Page 2 / 3

	01	N2
OWNER Last Name ("Same" if Driver)	Same	Unknown
OWNER First Name		
Middle Name		
OWNER ADDRESS (Number, Street)		
New address?	☐	☐
Personal Phone		
CITY		
ST		
ZIP		
Work Phone		
COLOR	BLU	RED
YEAR	2007	
MAKE	MERC	
MODEL	GMQ	
BODY STYLE	4D	PK
ST	KS	
LICENSE PLATE #	AEO 775	
County	EL	
Exp YR	2010	
Removed by:	Owner	
MC CCs		
VEHICLE IDENTIFICATION NUMBER	3MELM74W05X681059	
Dir of Travel	W	E
# Occupants	1	
Insurance Company	Every State Ins Co.	
Policy Number	JJ8688T23	
SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	1 2
Odometer	17866	
Fire?	☐	☐

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

05 VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

01 VEHICLE USE

01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

02 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

99 VEHICLE USE

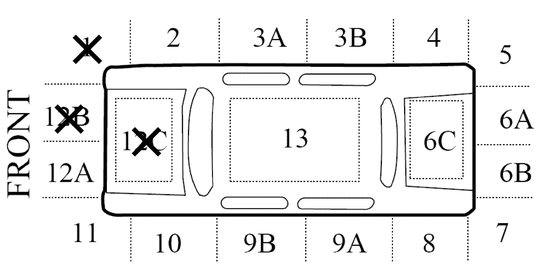
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

00 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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: _____

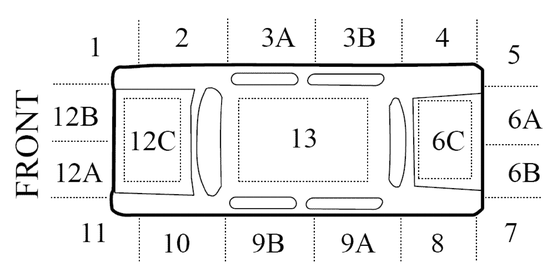
Trailer: Present / Damaged

07 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
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

88 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: Drifting left
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 01 | 2 27 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 03 | 2 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

While traveling west on 27th St. driver 1 went off the N. side of the road because of a pickup that drifted across the center line (Unit N2). V1 then collided with a mailbox, and proceeded into a private yard before stopping. The identiy 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.

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Cheyenne Co. Sheriff	G. Barner	EXAMPLE 13	1 / 3

Investigating Officer Name	Badge Number	County	City Name
Clayton McMurray	117	CN	

☐ 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
16.6			U036	HWY		65	06/23/2009	21:45	TU

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
2	M	W	◉ FROM ○ AT		K027 EJCT	HWY			06/23/2009	21:57	TU

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

V1 was EB on US-36 and came upon an engine block in the middle of the EB driving lane. Could not avoid hitting the engine block.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
06/23/2009	22:17	TU

Latitude (AOI): 40.37854
Longitude (AOI): -102.3558
Photos by

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

WORK ZONE TYPE — 00 ON / AT
00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

05 LIGHT CONDITIONS
01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE — ON / AT
01 Concrete
02 Blacktop (Asphalt)
03 Gravel
04 Dirt
05 Brick
88 Other: _____
99 Unknown

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
00 None
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRXING
05 Interchange
06 Ramp
99 Unknown

1	2	3
00		

09 ACCIDENT CLASS (mark 1 box per side) — 09
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 RRXING 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
00 None	O	09	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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 13	1 / 3

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (ON / AT)

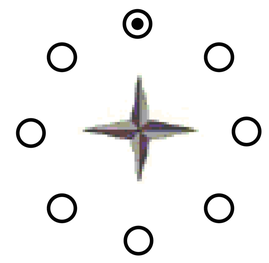
01 Straight & Level
02 Straight on grade/slope
03 Straight on hillcrest
04 Curved & level
05 Curved on grade/slope
06 Curved on hillcrest
88 Other: _____
99 Unknown

00 SPECIAL JURISDICTION

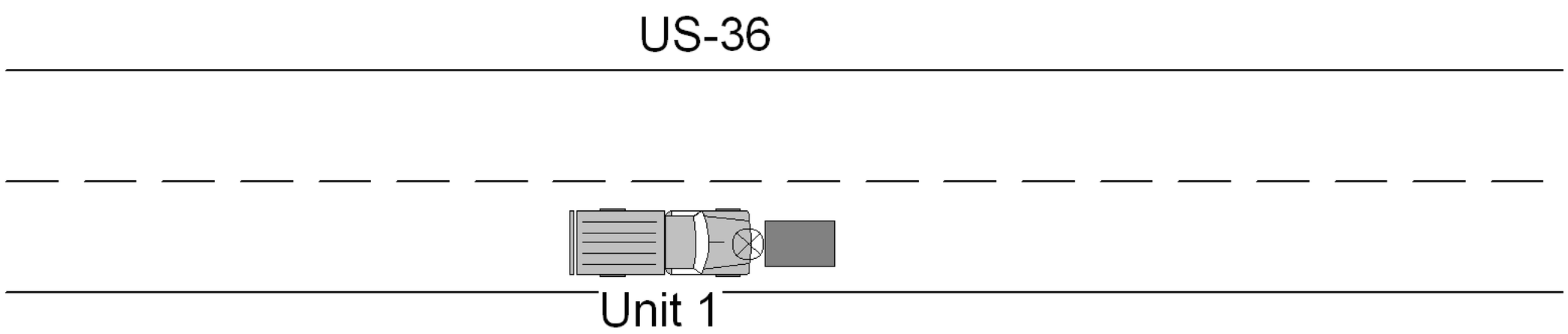
00 Normal Jurisdiction (Not Special)
01 National Park Service
02 Military
03 Indian Reservation
04 College / University Campus
05 Other Federal property
88 Other: _____
99 Unknown

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 13

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	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 Lane (New address? ☐)	Personal	M	S	N	
ST 01	Lamont	DOB 11/20/1954	Dalhart TX 14928	Work	54	N		☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
TX	8739284G	C	☐	☐

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

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions?

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. EXAMPLE 13	Page 2 / 3

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

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	YEAR	MAKE	MODEL	BODY STYLE	ST	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLU	1989	CHEV	S10	PK	TX						

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs	LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
YHB 1376		2010	St. Francis Tow Co.						

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants	VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1GCBS14E3K2206421	E	1			

Insurance Company	Policy Number	Insurance Company	Policy Number
Lone Star Auto Ins.	A-7873874		

SPECIAL CONDITIONS FOR TRAFFIC UNITS

1	2	3	4	5	Odometer	Fire?
7					112743	☐

1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless 7 Towed away due to damage

SPECIAL CONDITIONS FOR TRAFFIC UNITS

1	2	3	4	5	Odometer	Fire?
						☐

1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless 7 Towed away due to damage

VEHICLE BODY TYPE — 05

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE — 01

01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE — 03

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

VEHICLE USE

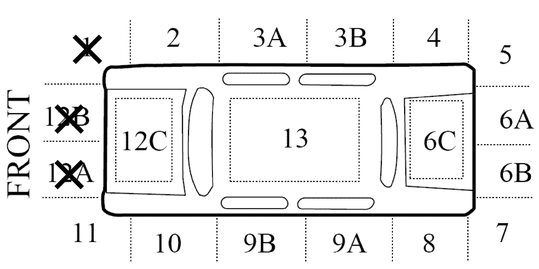
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 12 Major Impact 14



☒ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

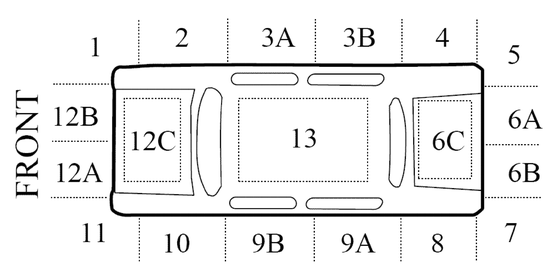
Trailer: Present / Damaged

VEH. MANU. BEFORE UNSTAB. SIT. — 01

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4
28			

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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 EB on US-36 and came upon an engine block in the middle of the EB driving lane. Could not avoid hitting the engine block, doing severe damage to V1. Upon arrival at the accident location, V1 was disabled on the south side of US-36 on the shoulder.

T.O.C. R.I.

Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Kansas Highway Patrol	Vincent Edsall	EXAMPLE 14	1 / 3

Investigating Officer Name	Badge Number	County	City Name
Michael Kadous	16	BT	

☐ Amended Report
☐ DUI
☐ Hit & Run

I 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
		SE	140	AVE		50	03/03/2009	14:25	TU

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
1.2	M	S	FROM		U056	HWY			03/03/2009	14:30	TU

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 signal which was acitvated. V1 proceeded onto the tracks and was hit by V2 (SE bound) a slow moving train.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
03/03/2009	14:55	TU

Latitude (AOI): 38.75850
Longitude (AOI): -98.67443
Photos by

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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE ON / AT

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

03 SURFACE CONDITIONS ON / AT

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

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
07 Traffic Circle
08 Part of an interchange
(See Manual for Definitions)
99 Unknown

ROAD SPECIAL FEATURES (up to 3)

1	2	3
04		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
05 Interchange
06 Ramp
99 Unknown

05 ACCIDENT CLASS (mark 1 box per side) **05**

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 RRXING fixtures
88 Other: _____
99 Unknown

WORK ZONE TYPE 00 ON / AT

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
03 Utility Zone -
99 Unknown
KDOT? ☐

- 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 O	1 06	1 OK
01 Officer, flagger	2 O	2 07	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			

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 14	1 / 3

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

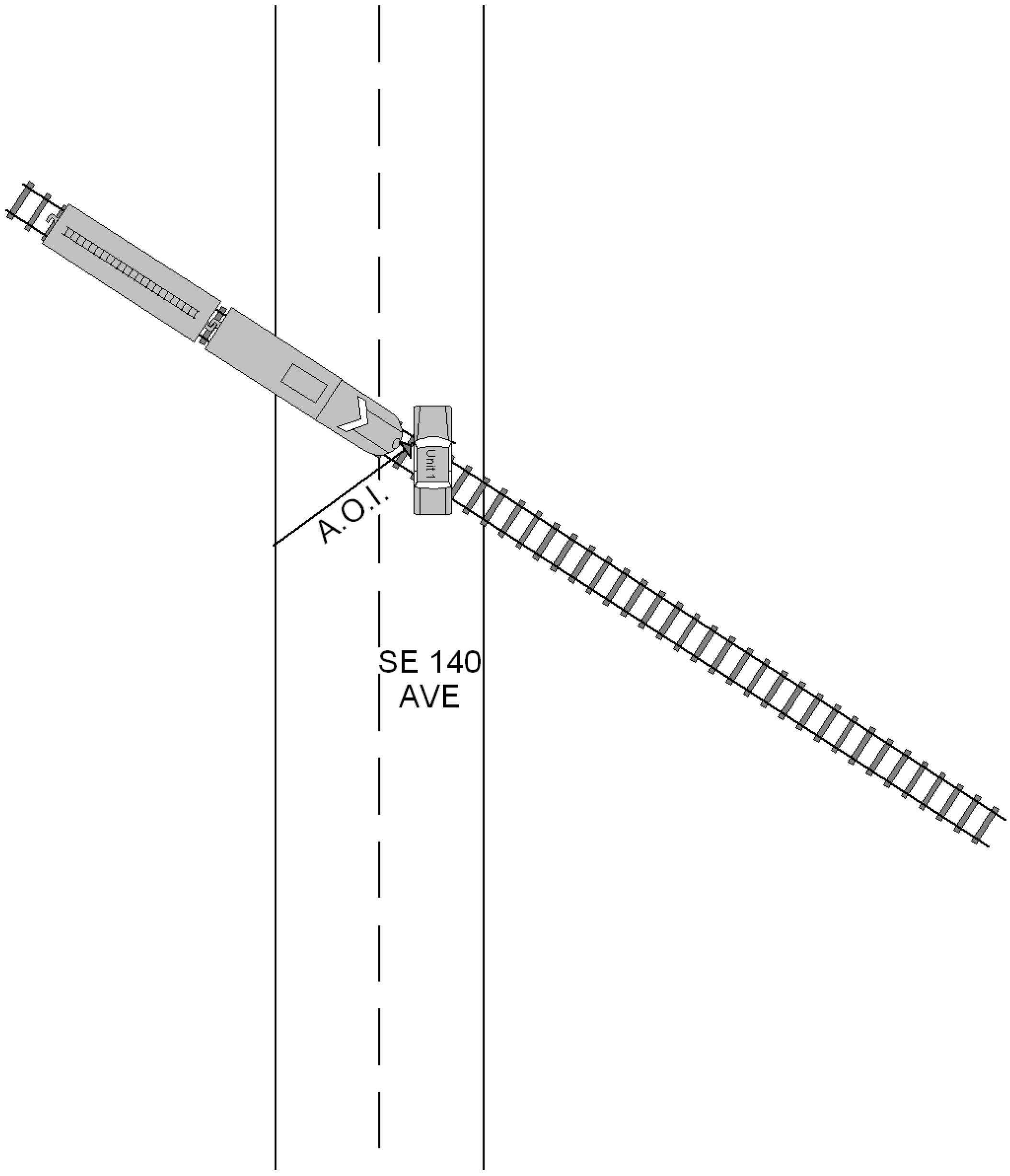
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 14

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	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 # / 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	Sawyer	MN Thomas	1215 King Street (New address? ☐)			Personal (620) 555-0146	M	R	I	
ST 01	Jeffery	DOB 01/16/1981	Pratt	KS	63866	Work	28	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00956180	C	☐	☒

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

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1: Z; 2: ; 3: ; 4:
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result

TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions?

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1: ; 2: ; 3: ; 4:
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result

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	Robinson	MN Richard	155 State Street (New address? ☐)			Personal (620) 555-8664	M	S	I	
ST 03	Jason	DOB 04/04/1980	Pratt	KS	63866	Work	29	N		☐
TU 02	Hudson	MN Theodor	8312 W 12th (New address? ☐)			Personal	M	U	N	
ST 31	John	DOB 07/16/1957	Grand Island	NE	51668	Work	51	N		☐
TU 02	Backler	MN Graham	916 Walnut (New address? ☐)			Personal	M	U	N	
ST 31	Jackson	DOB 09/21/1963	Concordia	KS	67118	Work	45	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

Local Case No.: EXAMPLE 14

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

SPECIAL DATA

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
RED	2004	VOLK	JET	4D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
JETRED	PR	2009	Major Tom Towing	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
3VW5K69M51M185149	N	2

Insurance Company	Policy Number
Alliance of Kansas Ins Co	UV856283

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 7 | 2 | 3 | 4 | 5

Odometer: 53186 | Fire? ☐

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

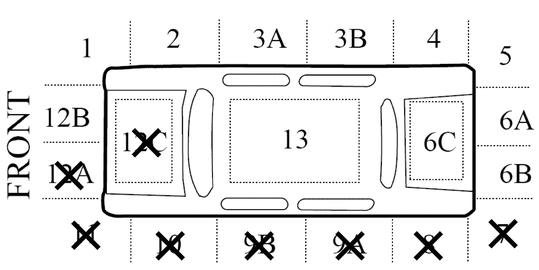
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

04 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 9 Major Impact 9



☐ 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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 24 | 2 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE# 02 (02, 04, N2, X4, etc)

SPECIAL DATA

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
BNSF Railroad		

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
167338		

Insurance Company	Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5

Odometer: | Fire? ☐

1 Hit & Run | 2 Non-Contact | 3 Stolen | 4 Legally Parked | 5 Pursued by LE | 6 Driverless | 7 Towed away due to damage

25 VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

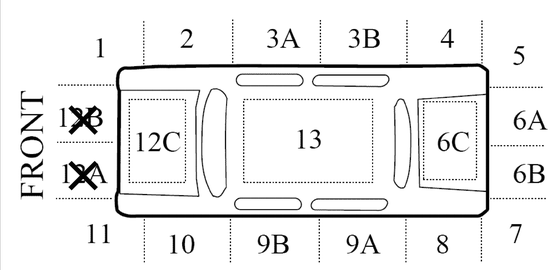
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

01 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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

88 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: Riding rails
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 | 2 | 3 | 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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 NB on County Road 140. Because of heavy snowfall and slick roads, driver 1 was unable to stop for railroad crossing signal which was acitvated. The visibility was very low as a result of heavy blowing snow, and V1 proceeded onto the tracks and was hit by V2 (SE bound) a BNSF train. The train was composed of 4 engines and 33 fully loaded coal cars. Emergency stopping proceedures were started about 100 feet from the track crossing with County Road 140. Again, visibility was only aproximately 100-150 feet.

T.O.C. R.I.

Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Wallace Co. Sheriff	Rufus Burton	EXAMPLE 15	1 / 3

Investigating Officer Name	Badge Number	County	City Name
Jay Sumner	7	WA	Sharon Springs

☐ 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
	2110		Parking Lot	TRFY		15	05/15/2009	09:32	FR

From Dist	Ft/Mi	From Dir	◉ FROM ○ AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
100	F	W			Carrie	AVE			05/15/2009	09:35	FR

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

After entering 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)	Time Arriv.	Day
05/15/2009	09:40	FR

Latitude (AOI): 38.95000
Longitude (AOI): -102.4500
Photos by: Robert Black

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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE ON / AT

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

01 SURFACE CONDITIONS ON / AT

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
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 RRXING fixtures
88 Other: _____
99 Unknown

WORK ZONE TYPE ON / AT

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
03 Utility Zone -
99 Unknown
KDOT? ☐

- 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

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

	1	2	3
1	O	00	
2			
3			
4			
5			

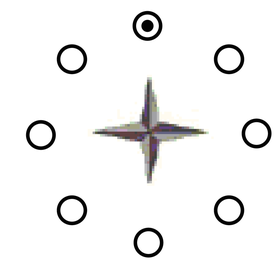
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other: _____
99 Unknown

T.O.C.	R.I.	am	SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
				Wal-Mart	EXAMPLE 15	1 / 3

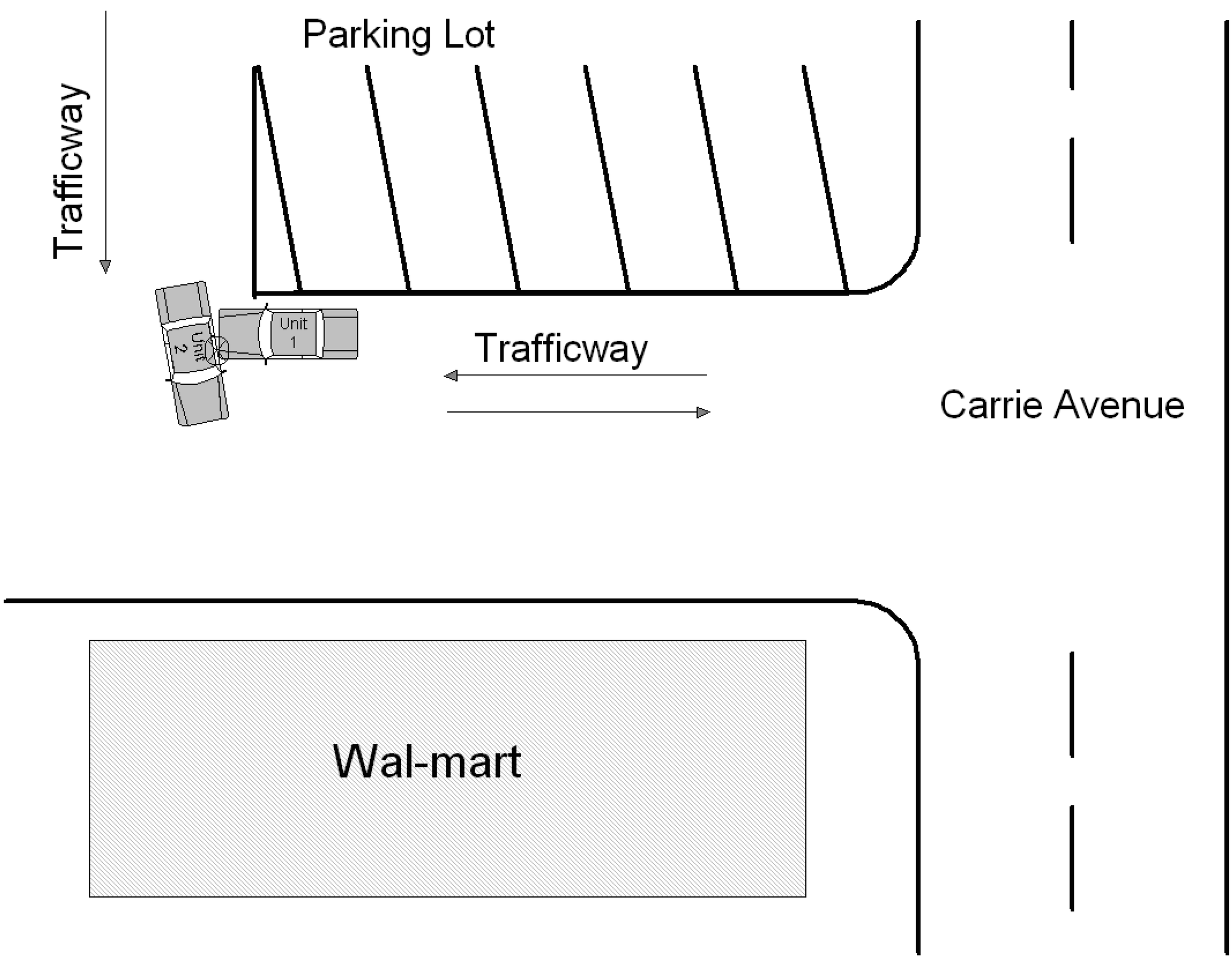
02 ROADWAY NUMBER OF LANES	01 ROAD CHARACTER	00 SPECIAL JURISDICTION
ON / AT	ON / AT	
01 One	01 Straight & Level	00 Normal Jurisdiction (Not Special)
02 Two	02 Straight on grade/slope	01 National Park Service
03 Three	03 Straight on hillcrest	02 Military
04 Four to Six	04 Curved & level	03 Indian Reservation
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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 15

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

D1	31	D1	24										

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	Stoddard	MN Louise	1212 NW Cottonwood (New address? ☐)			Personal (813) 555-1847	F	S	N	
ST 01	Rebecca	DOB 02/09/1994	Sharon Springs	KS	68334	Work	15	N		☐
TU 02	Pierce	MN Hosea	285 S Taylor Ave (New address? ☐)			Personal (785) 555-0374	M	S	N	
ST 01	Obadiah	DOB 11/21/1939	Sharon Springs	KS	68334	Work	70	N		☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K01748738	CP	☐	☐

DR LICENSE COMPLY 07

00 Not licensed
01 Valid License
02 Suspended
03 Revoked
04 Expired
05 Cancld or Denied
06 Disqualified
07 Restricted
99 Unknown

RESTRICT COMPLY

Restrictions? Y

Driver's Lic Restrictions		Complied? Y	N
1	B	Y	
2	H	Y	
3	J02	Y	
4			

COMMERCIAL ENDORSEMENTS

1 2 3 4

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)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00579932	C	☐	☐

DR LICENSE COMPLY 01

00 Not licensed
01 Valid License
02 Suspended
03 Revoked
04 Expired
05 Cancld or Denied
06 Disqualified
07 Restricted
99 Unknown

RESTRICT COMPLY

Restrictions? Y

Driver's Lic Restrictions		Complied? Y	N
1	B	Y	
2			
3			
4			

COMMERCIAL ENDORSEMENTS

1 2 3 4

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)

- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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 02	Pierce	MN Montgomery	285 S Taylor Ave (New address? ☐)			Personal (785) 555-0374	M	S	N	
ST 03	Jeremiah	DOB 04/28/1957	Sharon Springs	KS	68334	Work	52	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

Local Case No.: EXAMPLE 15

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

SPECIAL DATA

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
GRN	2008	TOYT	PRI	4D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
485 KRY	WA	2010		

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
JTDKB20U487708613	W	1

Insurance Company	Policy Number
No-State Ins Co.	61083-783

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 2 3 4 5

Odometer: 38088 Fire? ☐

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source H

01 VEHICLE USE

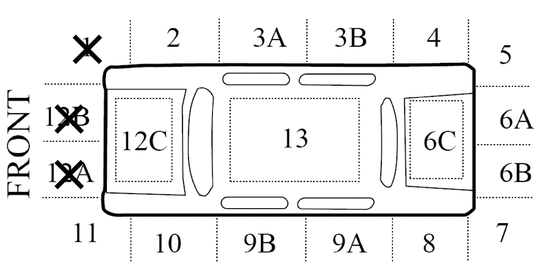
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

02 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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

02 VEH. MANU. BEFORE UNSTAB. SIT.

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 2 3 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE# 02 (02, 04, N2, X4, etc)

SPECIAL DATA

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

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
WHI	2003	HOND	ACC	4D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
AHF 287	WA	2010		

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
1HGHM66523A086905	SW	2

Insurance Company	Policy Number
Ho-Hum Insurance	38163-B

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 2 3 4 5

Odometer: 87192 Fire? ☐

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

01 VEHICLE USE

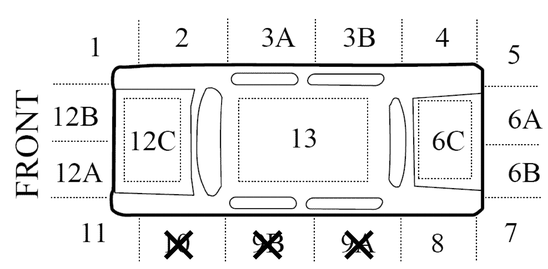
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

02 VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 9 Major Impact 9



☐ 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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1 22 2 3 4 ☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

Driver 1 (Pierce) was headed into the Wal-Mart parking area on the trafficway in front of the store. Dirver 2 (Stoddard) was exiting a parking area trafficway turning left to exit via Carrie Avenue. Driver 2 did not yield to driver 1 and the two collided in the trafficway.

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Liberal Police Department	J. Bateman	EXAMPLE 16	1 / 4

Investigating Officer Name	Badge Number	County	City Name
F. Pierce	14	SW	Liberal

☐ 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
			Pershing	AVE		30	06/12/2009	23:30	FR

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
175	F	N	◉ FROM ○ AT		8th	ST			06/12/2009	23:32	FR

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
06/12/2009	23:47	FR

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 shoulder. There was a passenger inside X3 (Pedestrian 2) who was injured.

Latitude (AOI) 39.8858

Longitude (AOI) -101.9955

Photos by

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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

05 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other: _____
99 Unknown

02 SURFACE TYPE ON / AT

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

01 SURFACE CONDITIONS ON / AT

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

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
07 Traffic Circle
08 Part of an interchange
99 Unknown
(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

00 None
01 Bridge _____
02 Bridge Overhead
03 Railroad Bridge
04 RRXING _____
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 RRXING fixtures
88 Other: _____
99 Unknown

WORK ZONE TYPE ON / AT 00

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
03 Utility Zone -
99 Unknown
KDOT? ☐

- 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	2	3
1	O	00	
2			
3			
4			
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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 16	1 / 4

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

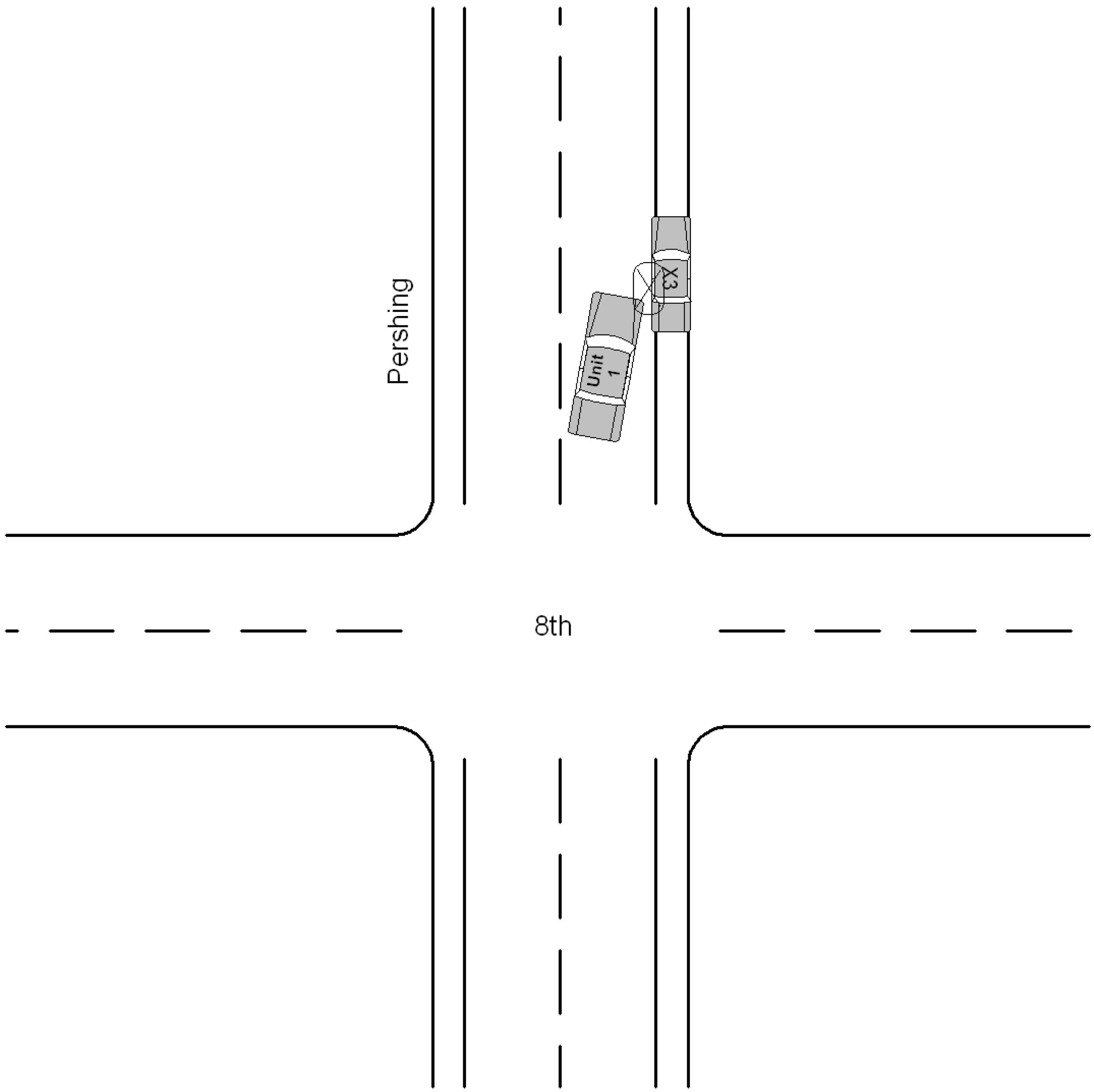
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 16

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#
01	8-1567	76-09			

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 # / 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	Stuart	MN Cheyenne	1432 Franklin Park Circle (New address? ☐)			Personal (620) 555-6411	F	N	P	
ST 01	Libby	DOB 01/12/1989	Liberal	KS	62985	Work	20	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00577132	A	☐	☒

DR LICENSE COMPLY (01)
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1: S; 2: ; 3: ; 4:
- 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)
- ☒ AP - Alcohol ingested
- ☒ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☒ 01 Evidential Test (Breath,Blood,etc)	☐
☒ 02 Preliminary Breath Test PBT	
☒ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☒ Evidentiary Breath 0.12
- ☐ Eye Fluid 0.
- ☒ Blood (BAC) 0.18
- ☐ Other 0.

Drug screen result

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions?

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1: ; 2: ; 3: ; 4:
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result

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	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# X3 (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No.	Page of
				EXAMPLE 16	2 / 4

	VEHICLE 01	VEHICLE X3
OWNER Last Name ("Same" if Driver)	SAME	Carpenter
OWNER First Name		Alice
Middle Name		Juniper
OWNER ADDRESS (Number, Street)		850 Pershing Ave
New address?	☐	☐
Personal Phone		(620) 555-5648
CITY		Liberal
ST		KS
ZIP		62980
Work Phone		
COLOR	WHI	GRY
YEAR	2002	2008
MAKE	FORD	CHRY
MODEL	TAU	300
BODY STYLE	4D	4D
ST	KS	KS
LICENSE PLATE #	HGB 865	FNCYCAR
County	SW	SW
Exp YR	2010	2010
Removed by:		
MC CCs		
VEHICLE IDENTIFICATION NUMBER	1FACP6253LG240392	2C3LA63H18H133733
Dir of Travel	N	
# Occupants	1	0
Insurance Company	Tattle-Tale Insurance Co.	Kansas Farm Ins Inc.
Policy Number	A87522	886473-G
SPECIAL CONDITIONS FOR TRAFFIC UNITS	1 1	1 4
Odometer	69544	56078
Fire?	☐	☐

1 Hit & Run · 2 Non-Contact · 3 Stolen · 4 Legally Parked · 5 Pursued by LE · 6 Driverless · 7 Towed away due to damage

VEHICLE BODY TYPE

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

VEHICLE USE

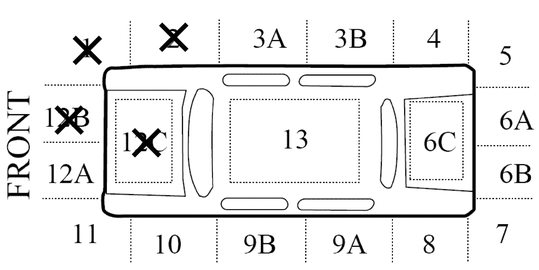
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 1 Major Impact 2



☐ 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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

	1	2	3	4
VEHICLE 01	23			
VEHICLE X3	22			

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

While traveling north on Pershing, V1 lost control and veered to the right side of the road, striking a legally parked vehicle (X3). This parked vehicle was occupied by a 16 year old male who was subsequently injured by the impact. An open container was found in V1 and there was a distinct odor of alcohol about the person of driver 1. D1 received a possible injury and the 16 year old occupant (P2) although injured, was not transported for medical attention (he refused treatment for a couple of minor cuts).

T.O.C. R.I. **Pedestrians** nued

PEDESTRIAN INFORMATION

Investigating Officer / Badge No.: F. Pierce 14

Local Case No.: EXAMPLE 16

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 P2	Freeloader	MN Timothy	1845 Trail Ridge Rd (New address? ☐)	Personal (620) 555-6115	M	U	I	
PT 25	Freddie	DOB 06/10/1993	Liberal KS 62985	Work	16	N		☐
TU		MN	(New address? ☐)	Personal				
PT		DOB		Work				☐

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
P2				

TU#	DirTrvl	DL State	Driver's License Number	Special Data

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

00

00 NOT in roadway (driving lanes)

IN or AT INTERSECTION

01 In crosswalk or bikeway
02 NOT in crosswalk or bikeway
03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION

11 In crosswalk or bikeway
12 NOT in crosswalk or bikeway
13 In area without a crosswalk or bikeway

88 Other: _____ 99 Unknown

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

00 NOT in roadway (driving lanes)

IN or AT INTERSECTION

01 In crosswalk or bikeway
02 NOT in crosswalk or bikeway
03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION

11 In crosswalk or bikeway
12 NOT in crosswalk or bikeway
13 In area without a crosswalk or bikeway

88 Other: _____ 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

12

01 Within a work zone
02 In median (not shoulder)
03 On Island
04 Road shoulder (not ditch or median)
05 Roadside (not on shoulder)
06 Sidewalk
07 Outside trafficway
08 Driveway access crosswalk
09 Dedicated bike lane
10 Shared-use path or trails
11 Inside building
12 In legally parked vehicle
88 Other: _____
99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

01 Within a work zone
02 In median (not shoulder)
03 On Island
04 Road shoulder (not ditch or median)
05 Roadside (not on shoulder)
06 Sidewalk
07 Outside trafficway
08 Driveway access crosswalk
09 Dedicated bike lane
10 Shared-use path or trails
11 Inside building
12 In legally parked vehicle
88 Other: _____
99 Unknown

PEDESTRIAN ACTION BEFORE CRASH

07

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

PEDESTRIAN ACTION BEFORE CRASH

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

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

04

00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed pedestrian signal
03 Ped signal malfunction
04 Not applicable
99 Unknown

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed pedestrian signal
03 Ped signal malfunction
04 Not applicable
99 Unknown

SUBSTANCE USE
(mark all that apply)

☐ AP - Alcohol ingested
☐ AC - Alcohol contributed
☐ DP - Illegal drugs ingested
☐ DC - Illegal drugs contributed
☐ MP - Medication ingested
☐ MC - Medication contributed

SUBSTANCE USE
(mark all that apply)

☐ AP - Alcohol ingested
☐ AC - Alcohol contributed
☐ DP - Illegal drugs ingested
☐ DC - Illegal drugs contributed
☐ MP - Medication ingested
☐ MC - Medication contributed

METHOD OF DETERMINATION
(mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
☐ Evidentiary Breath 0.____ ☐ Eye Fluid 0.____
☐ Blood (BAC) 0.____ ☐ Other 0.____

Drug screen result ☐

METHOD OF DETERMINATION
(mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
☐ Evidentiary Breath 0.____ ☐ Eye Fluid 0.____
☐ Blood (BAC) 0.____ ☐ Other 0.____

Drug screen result ☐

T.O.C. R.I.

Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Bird City PD	J. Jones	EXAMPLE 17	1 / 4

Investigating Officer Name	Badge Number	County	City Name
Hayder Dunlap	14	CN	Bird City

☐ Amended Report
☐ DUI
☐ Hit & Run

I 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
	252		Bird	AVE		25	07/04/2009	11:25	SA

From Dist	Ft/Mi	From Dir	FROM / AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
190	F	S	FROM		2nd	ST		25	07/04/2009	11:30	SA

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

Vehicle 1 SB on Bird Ave, Ped 2 ran into the road chasing after a soccerball. Veh 1 struck Ped 2.

Date Arrived (mm/dd/yyyy): 07/04/2009
Time Arriv.: 11:35
Day: SA

Latitude (AOI): 40.43353
Longitude (AOI): -102.4558
Photos by

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

WORK ZONE TYPE — 00 ON / AT
- 00 None Apply
- 01 Construction Zone -
- 02 Maintenance Zone -
- 03 Utility Zone -
- 99 Unknown

KDOT? ☐

- 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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS
- 01 Daylight
- 02 Dawn
- 03 Dusk
- 04 Dark: street lights on
- 05 Dark: no street lights
- 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
- 24 Sleet & fog
- 36 Snow & wind
- 88 Other: _____
- 99 Unknown

02 SURFACE TYPE — ON / AT
- 01 Concrete
- 02 Blacktop (Asphalt)
- 03 Gravel
- 04 Dirt
- 05 Brick
- 88 Other: _____
- 99 Unknown

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

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
- 07 Traffic Circle
- 08 Part of an interchange
- 99 Unknown

(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
- 00 None
- 01 Bridge
- 02 Bridge Overhead
- 03 Railroad Bridge
- 04 RRXING
- 05 Interchange
- 06 Ramp
- 99 Unknown

1	2	3
00		

02 ACCIDENT CLASS (mark 1 box per side) — 02

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 RRXING 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
00 None	O	00	
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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 17	1 / 4

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

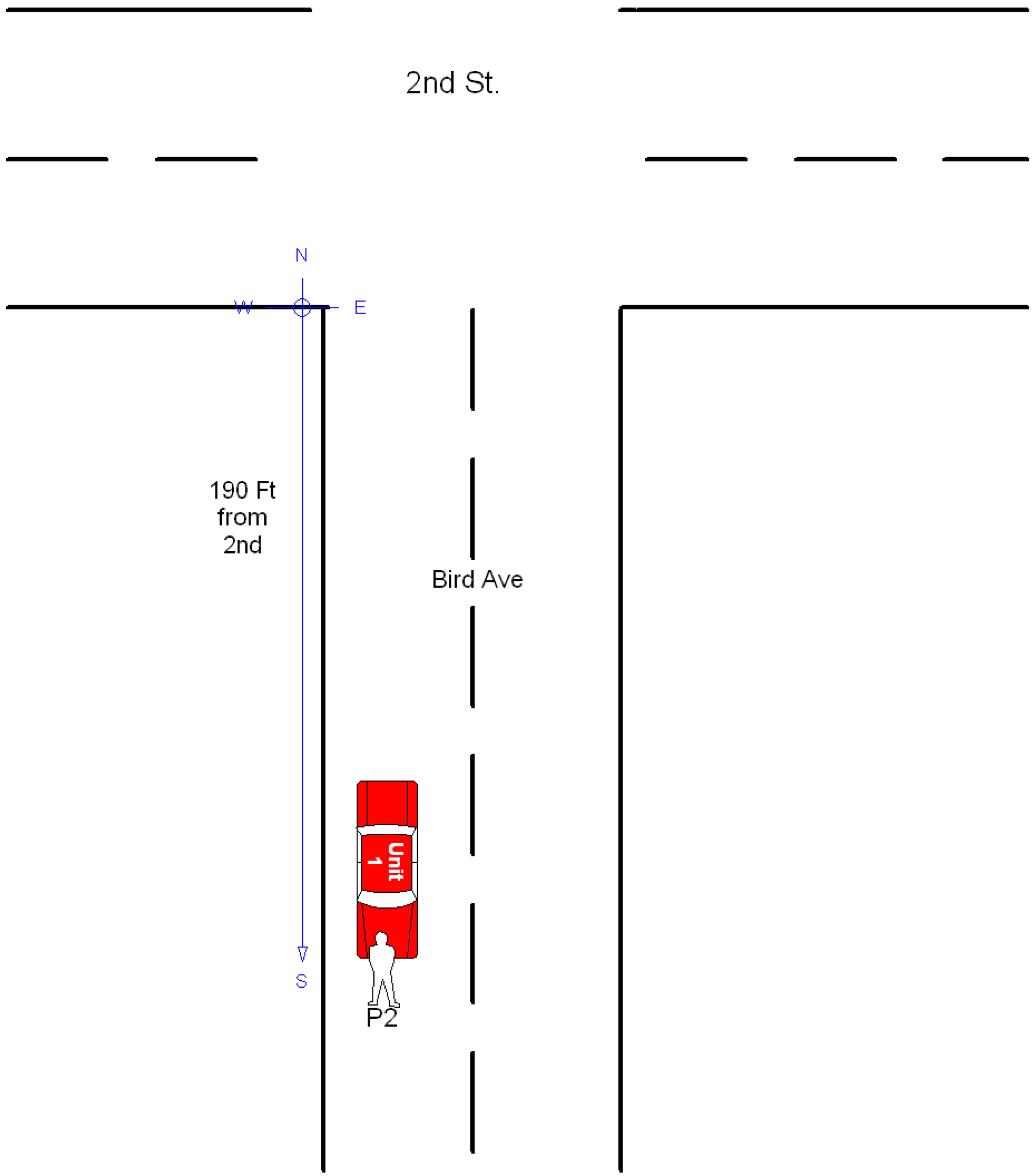
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 17

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#
02	8-174	1864			

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 # / 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	Finch	MN Russell	6235 SW Moi Rue (New address? ☐)			Personal (785) 555-9766	M	S	N	
ST 01	Atticus	DOB 03/21/1961	Atwood	KS	66549	Work	48	N		☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
KS	K00398275	C	☐	☐

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

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions	Complied? Y N
1 B	Y
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions? ☐

Driver's Lic Restrictions	Complied? Y N
1	
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐
TU		MN	(New address? ☐)			Personal				
ST		DOB				Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No.	Page of
				EXAMPLE 17	2 / 4

Vehicle 01

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
SAME		

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

CITY	ST	ZIP	Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
RED	2005	BMW	M6	2D	KS

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
JED 681	GH	2009		

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
WBABJ6320SJD41370	S	01

Insurance Company	Policy Number
Belles on Your Toes Ins	5673Q73

SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 2 3 4 5 — Odometer 121983 — Fire? ☐

1 Hit & Run · 2 Non-Contact · 3 Stolen · 7 Towed away due to damage
4 Legally Parked · 5 Pursued by LE · 6 Driverless

VEHICLE BODY TYPE 01

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

VEHICLE USE 01

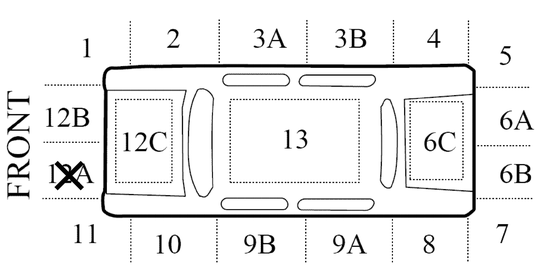
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE 01

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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

VEH. MANU. BEFORE UNSTAB. SIT. 07

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4
21			

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

Vehicle

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

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

CITY	ST	ZIP	Work Phone

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

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

VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE

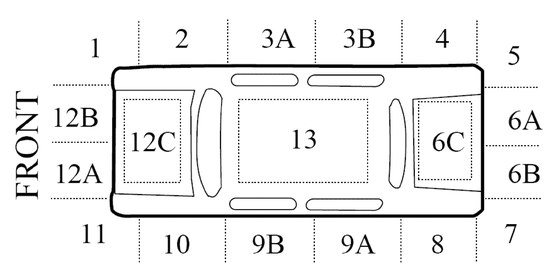
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

Mr. Finch (driver of vehicle 1) was southbound on Bird Avenue in about the 200 Block, when a young boy ran out directly in front of his vehicle from west to east. He was unable to avoid colliding with the child who was chasing after a scoccerball.

D1 stopped immediately, and called for help via a cell phone. An ambulance was also called to the scene and transported the boy to St. Francis, KS 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.

T.O.C. R.I. **Pedestrians** nued

PEDESTRIAN INFORMATION

Investigating Officer / Badge No.: Hayder Dunlap 14

Local Case No.: EXAMPLE 17

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? ☐)			Personal (785) 555-8922	M	N	D	A
PT 21	Walter	DOB 04/25/1997	Bird City	KS	63982	Work	12	N		☐
TU		MN	(New address? ☐)			Personal				
PT		DOB				Work				☐

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:
A	11:28	Cheyenne Co. EMS			
EMS Arrived	**EMS Time@Hosp**	**Injured taken to:**	**EMS Arrived**	**EMS Time@Hosp**	**Injured taken to:**
11:41	12:13	St. Francis Med Center			

TU#	DirTrvl	DL State	Driver's License Number	Special Data	TU#	DirTrvl	DL State	Driver's License Number	Special Data
P2	E								

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

13

00 NOT in roadway (driving lanes)

IN or AT INTERSECTION

01 In crosswalk or bikeway
02 NOT in crosswalk or bikeway
03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION

11 In crosswalk or bikeway
12 NOT in crosswalk or bikeway
13 In area without a crosswalk or bikeway

88 Other: _____ 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

01 Within a work zone
02 In median (not shoulder)
03 On Island
04 Road shoulder (not ditch or median)
05 Roadside (not on shoulder)
06 Sidewalk
07 Outside trafficway
08 Driveway access crosswalk
09 Dedicated bike lane
10 Shared-use path or trails
11 Inside building
12 In legally parked vehicle
88 Other: _____
99 Unknown

PEDESTRIAN ACTION BEFORE CRASH

08

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

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

00

00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed pedestrian signal
03 Ped signal malfunction
04 Not applicable
99 Unknown

SUBSTANCE USE (mark all that apply)

☐ AP - Alcohol ingested
☐ AC - Alcohol contributed
☐ DP - Illegal drugs ingested
☐ DC - Illegal drugs contributed
☐ MP - Medication ingested
☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
☐ Evidentiary Breath 0.
☐ Eye Fluid 0.
☐ Blood (BAC) 0.
☐ Other 0.

Drug screen result ☐

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

00 NOT in roadway (driving lanes)

IN or AT INTERSECTION

01 In crosswalk or bikeway
02 NOT in crosswalk or bikeway
03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION

11 In crosswalk or bikeway
12 NOT in crosswalk or bikeway
13 In area without a crosswalk or bikeway

88 Other: _____ 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

01 Within a work zone
02 In median (not shoulder)
03 On Island
04 Road shoulder (not ditch or median)
05 Roadside (not on shoulder)
06 Sidewalk
07 Outside trafficway
08 Driveway access crosswalk
09 Dedicated bike lane
10 Shared-use path or trails
11 Inside building
12 In legally parked vehicle
88 Other: _____
99 Unknown

PEDESTRIAN ACTION BEFORE CRASH

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

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed pedestrian signal
03 Ped signal malfunction
04 Not applicable
99 Unknown

SUBSTANCE USE (mark all that apply)

☐ AP - Alcohol ingested
☐ AC - Alcohol contributed
☐ DP - Illegal drugs ingested
☐ DC - Illegal drugs contributed
☐ MP - Medication ingested
☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
☐ Evidentiary Breath 0.
☐ Eye Fluid 0.
☐ Blood (BAC) 0.
☐ Other 0.

Drug screen result ☐

T.O.C. R.I.

r Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
KHP	D. Borcherding	EXAMPLE 18	1 / 3

Investigating Officer Name	Badge Number	County	City Name
Calvin Hoovigan	555	SN	

☐ 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
159.4			U075	FWY		55	08/02/2009	23:55	SU

From Dist	Ft/Mi	From Dir	◉ FROM ○ AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
100	F	N			I070	FWY		65	08/02/2009	23:58	SU

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

TU-1 while exiting I-70 collided with the bridge rail.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
08/03/2009	00:15	MO

Latitude (AOI): 36.56713
Longitude (AOI): -96.77463
Photos by: KHP

KDOT? ☒ Object 1 Damaged & Nature of Damage (show in diagram): Bridge rail broken
Owner Street Address | Personal Phone
Owner Last Name: KDOT | 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

WORK ZONE TYPE — 00 ON / AT
- 00 None Apply
- 01 Construction Zone -
- 02 Maintenance Zone -
- 03 Utility Zone -
- 99 Unknown

KDOT? ☐

- 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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

04 LIGHT CONDITIONS
- 01 Daylight
- 02 Dawn
- 03 Dusk
- 04 Dark: street lights on
- 05 Dark: no street lights
- 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
- 24 Sleet & fog
- 36 Snow & wind
- 88 Other: _____
- 99 Unknown

01 SURFACE TYPE — ON / AT
- 01 Concrete
- 02 Blacktop (Asphalt)
- 03 Gravel
- 04 Dirt
- 05 Brick
- 88 Other: _____
- 99 Unknown

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

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
- 07 Traffic Circle
- 08 Part of an interchange
- 99 Unknown

(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
01	05	06

- 00 None
- 01 Bridge _____
- 02 Bridge Overhead
- 03 Railroad Bridge
- 04 RRXING _____
- 05 Interchange
- 06 Ramp
- 99 Unknown

08 ACCIDENT CLASS (mark 1 box per side) **08**

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) **02**

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 RRXING 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	2	3
00 None	1 O	1 00	1
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			

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 18	1 / 3

01 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

05 ROAD CHARACTER (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

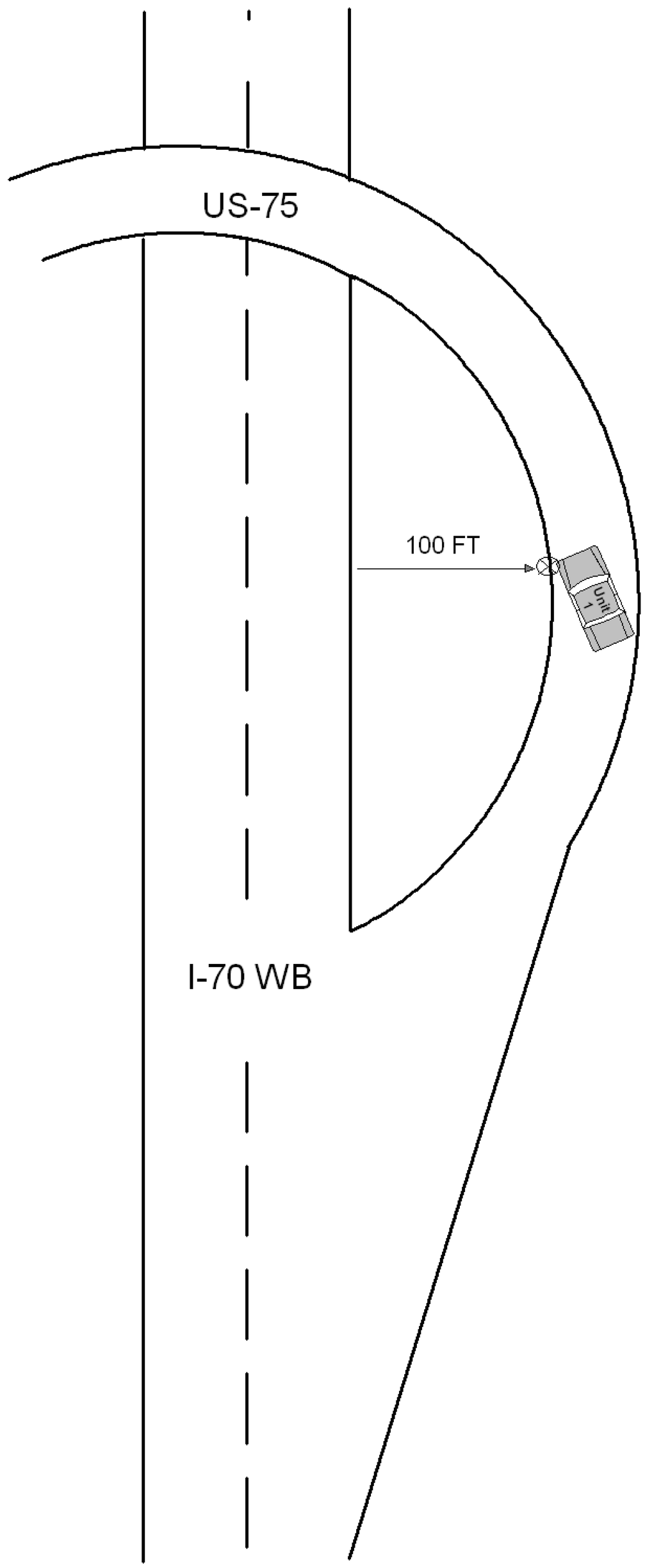
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 18

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#
01	8-1566	83849823			

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

D1	39	D1	35								

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	Keaton	MN Patrick	6642 SE Gastronomical Drive (New address? ☐)	Personal (412) 336-9611	M	R	N	
ST 01	Alex	DOB 09/22/1971	Furnace Creek CA 02665	Work	37	N		☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
CA	98739849023	C	☐	☐

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

RESTRICT COMPLY
Restrictions? Y

Driver's Lic Restrictions	Complied? Y N
1 B	Y
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions? ☐

Driver's Lic Restrictions	Complied? Y N
1	
2	
3	
4	

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I. ehicles ed

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No. EXAMPLE 18	Page 2 / 3

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					

OWNER ADDRESS (Number, Street)	New address?	Personal Phone	OWNER ADDRESS (Number, Street)	New address?	Personal Phone
8900 E. 45th St.					

CITY	ST	ZIP	Work Phone	CITY	ST	ZIP	Work Phone
Topeka	KS	666614	(785) 555-9643				

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLU	2006	CHEV	IMP	4D	KS						

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs	LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
RNN 312	SN	2009	AAA						

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants	VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
2G1WF55K850354102	SW	1			

Insurance Company	Policy Number	Insurance Company	Policy Number
Delta Ins. Of America	79834898128A		

SPECIAL CONDITIONS FOR TRAFFIC UNITS

1	2	3	4	5	Odometer	Fire?
7					28088	☐

1 Hit & Run · 2 Non-Contact · 3 Stolen · 4 Legally Parked · 5 Pursued by LE · 6 Driverless · 7 Towed away due to damage

SPECIAL CONDITIONS FOR TRAFFIC UNITS

1	2	3	4	5	Odometer	Fire?
						☐

1 Hit & Run · 2 Non-Contact · 3 Stolen · 4 Legally Parked · 5 Pursued by LE · 6 Driverless · 7 Towed away due to damage

VEHICLE BODY TYPE 01

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

VEHICLE BODY TYPE

01 Automobile
02 Motorcycle
03 Motor scooter or Moped
04 Van
05 Pickup truck <10,001 lbs
06 Sport utility veh - SUV
07 Camper or RV
08 Farm machinery
09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs
11 Truck & trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit (city) bus
16 Other bus
25 Train
88 Other: _____
99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

VEHICLE USE 01

01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE 03

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

VEHICLE USE

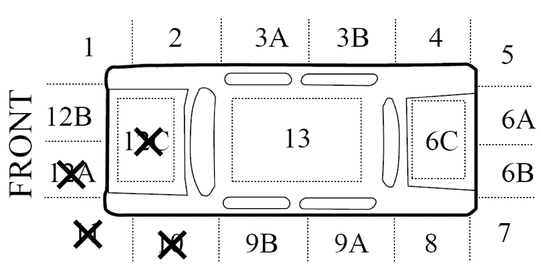
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

First Impact 11 Major Impact 11



☐ 14 Undercarriage ☒ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

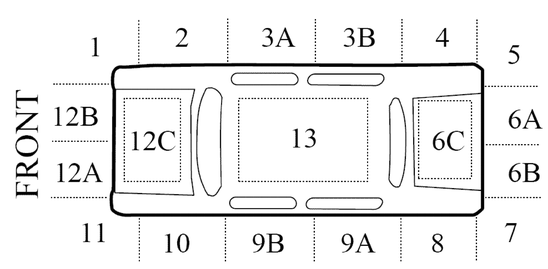
Trailer: Present / Damaged

VEH. MANU. BEFORE UNSTAB. SIT. 01

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
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
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4
02	27		

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

1	2	3	4

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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

Traffic unit 1 was exiting in a westerly direction, to go southbound on US-75 from westbound I-70. Driver lost control for an unknown reason and struck the bridge structure. I believe speed and carelessness were a factor in this accident.

T.O.C. R.I.

Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Kansas City Police Dept.	P. Collins	EXAMPLE 19	1 / 5

Investigating Officer Name	Badge Number	County	City Name
G. Burns	443	WY	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
		N	18th	ST		35	11/21/2009	06:15	SA

From Dist	Ft/Mi	From Dir	FROM / AT	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	E	Wood	AVE		30	11/21/2009	06:19	SA

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 Street. V2 was NB plowing a wet heavy snow on 18th St. 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 (V1) was broken by the force and weight of the slushy snow.

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
11/21/2009	06:33	SA

Latitude (AOI): 39.75000
Longitude (AOI): -94.10000
Photos by

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

WORK ZONE TYPE — 00 ON / AT
- 00 None Apply
- 01 Construction Zone -
- 02 Maintenance Zone -
- 03 Utility Zone -
- 99 Unknown

KDOT? ☐

- 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 CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

04 LIGHT CONDITIONS
- 01 Daylight
- 02 Dawn
- 03 Dusk
- 04 Dark: street lights on
- 05 Dark: no street lights
- 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
- 24 Sleet & fog
- 36 Snow & wind
- 88 Other: _____
- 99 Unknown

02 SURFACE TYPE — ON / AT
- 01 Concrete
- 02 Blacktop (Asphalt)
- 03 Gravel
- 04 Dirt
- 05 Brick
- 88 Other: _____
- 99 Unknown

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

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/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
- 07 Traffic Circle
- 08 Part of an interchange
- 99 Unknown

(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)
- 00 None
- 01 Bridge
- 02 Bridge Overhead
- 03 Railroad Bridge
- 04 RRXING
- 05 Interchange
- 06 Ramp
- 99 Unknown

1	2	3
00		

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 RRXING 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

88 *COLLISION WITH VEHICLE (mark 1 box per side if applicable) — 88

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: Thrown snow
- 99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A — Type Present — OK/NF

	1	1	1
00 None	O	09	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

T.O.C. R.I. am

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		EXAMPLE 19	1 / 5

02 ROADWAY NUMBER OF LANES (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

01 ROAD CHARACTER (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

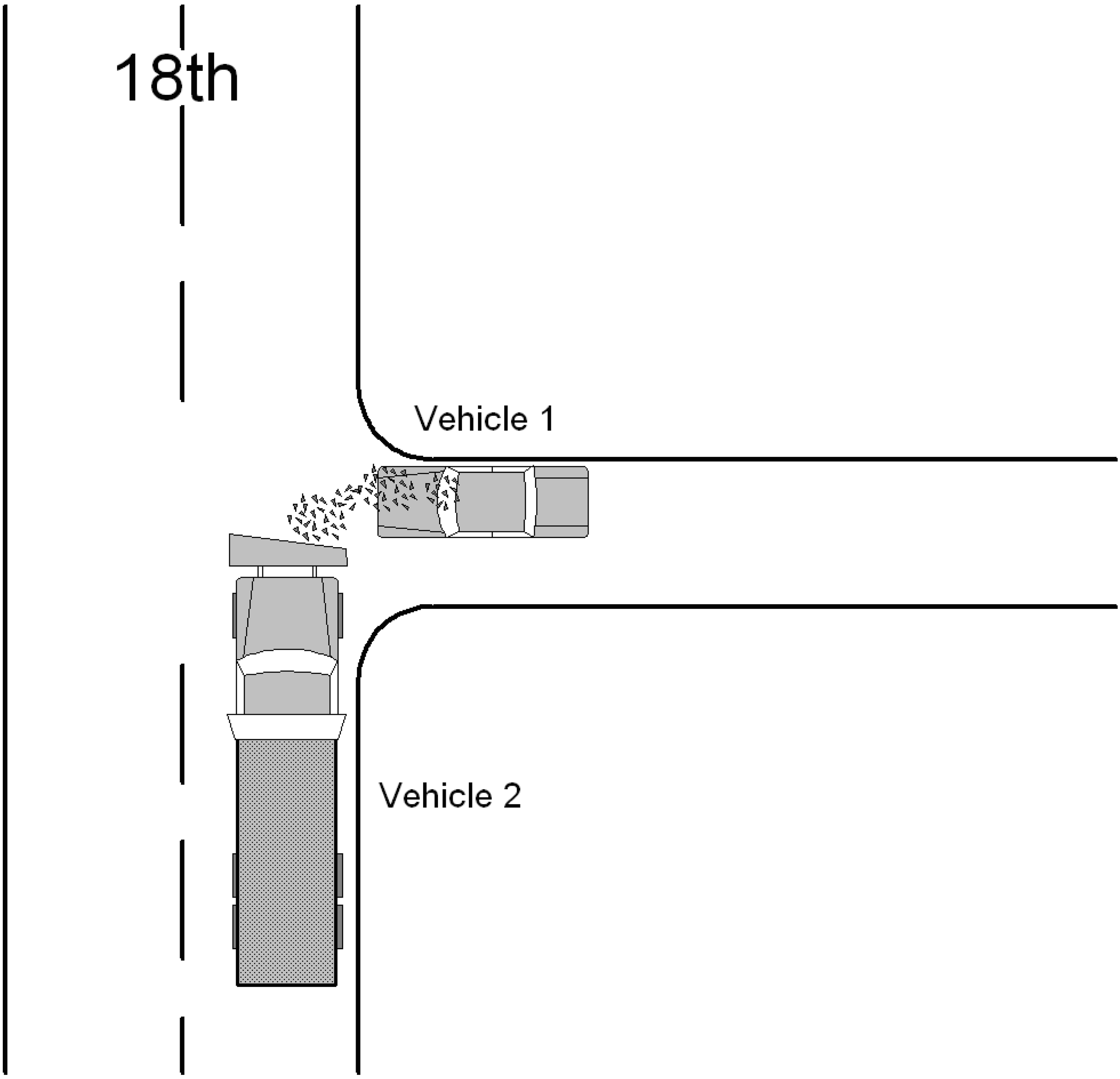
00 SPECIAL JURISDICTION

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



Note: The above line scale is 1"=20'; 5 feet squares. If another scale is used, please specify.

T.O.C. R.I.

ehicles
ev. 1-2009

DRIVER & PASSENGER INFORMATION
(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

Local Case No.: EXAMPLE 19

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED (More violations in narrative ☐)	CITATION#

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

OR	03	P3	88								

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	Barry	MN Hamilton	1561 Dunkie Court (New address? ☐)	Personal (744) 555-6920	M	S	N	
ST 01	Gibb	DOB 06/03/1945	Santa Rosa CA 02477	Work	64	N		☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
CA	72098833	C	☐	☐

DR LICENSE COMPLY (01)
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

RESTRICT COMPLY
Restrictions? N

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

TRAFFIC UNIT# (02, 04, N2, X4, etc)

DL State	Driver's License Number	DL Class	Driving for Employer?	CDL?
			☐	☐

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

RESTRICT COMPLY
Restrictions? ☐

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
- 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)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
- ☐ Evidentiary Breath 0.
- ☐ Eye Fluid 0.
- ☐ Blood (BAC) 0.
- ☐ Other 0.

Drug screen result ☐

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	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐
TU		MN	(New address? ☐)	Personal				
ST		DOB		Work				☐

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 Units: A, B, C, ..., N

T.O.C. R.I.

Vehicles Involved

VEHICLE# 01 (01, 03, N3, X3, etc)	SPECIAL DATA	VEHICLE# 02 (02, 04, N2, X4, etc)	SPECIAL DATA	Local Case No.	Page of
				EXAMPLE 19	2 / 5

	01	02
OWNER Last Name ("Same" if Driver)	Same	K C Pub Works
OWNER First Name		
Middle Name		
OWNER ADDRESS (Number, Street)		1220 Minnesota Ave
New address?	☐	☐
Personal Phone		
CITY		Kansas City
ST		KS
ZIP		66106
Work Phone		
COLOR	BLU	YEL
YEAR	2004	2007
MAKE	CHEV	INTL
MODEL	CAP	TK
BODY STYLE	4D	TR
ST	CA	KS
LICENSE PLATE #	RFG 1986	EEK 446
County	WY	WY
Exp YR	2010	2010
Removed by:	Texaco Super Service	
MC CCs		
VEHICLE IDENTIFICATION NUMBER	1G1BU54E9LA103537	2IH35JU855KL72113
Dir of Travel	W	N
# Occupants	1	1
Insurance Company	Clients of West	Self Insured City of KC
Policy Number	TJ-3874	888734
SPECIAL CONDITIONS FOR TRAFFIC UNITS	1: 7	
Odometer	63983	21369
Fire?	☐	☐

1 Hit & Run · 2 Non-Contact · 3 Stolen · 4 Legally Parked · 5 Pursued by LE · 6 Driverless · 7 Towed away due to damage

VEHICLE BODY TYPE

01

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

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

10

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

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

Calculated speed at impact

Bus Seat Capacity _____

Power Source F

VEHICLE USE

01

01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

88

01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

VEHICLE DAMAGE

03

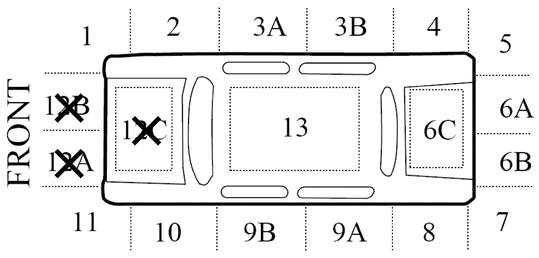
00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

00

00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other: _____
99 Unknown

DAMAGE LOCATION AREA

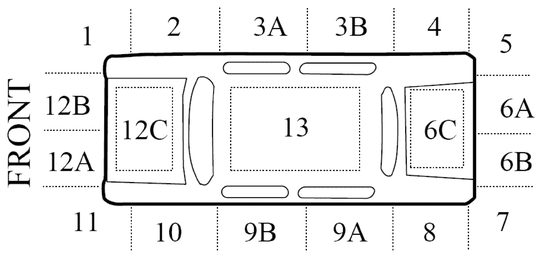
First Impact 12 Major Impact 15



☐ 14 Undercarriage ☒ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____

☐ Trailer: Present / Damaged

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.

11

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

01

01 Straight/ following road
02 Left Turn
03 Right Turn
04 U Turn
05 Passing
06 Changing lanes
07 Avoidance man.
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traf
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
16 Negotiating a curve
88 Other: _____
99 Unknown

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)

	01	02
1	22	07
2		22
3		
4		

☐ 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.)
10 Downhill runaway
11 Trailer swing
12 Seperation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event: _____
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 waiting at a driveway entrance/exit (facing WB) to pull SB onto 18th Street. V2 was NB plowing a wet heavy snow on 18th St. 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 (V1) was broken by the force and weight of the slushy snow.

T.O.C. R.I.

☐ Completed Post Crash Inspection

HEAVY VEHICLE & HAZMAT Supplement

KDOT Form 852 Rev. 1-2009

INFORMATION ON HEAVY VEHICLES / BUSES / HAZARDOUS MATERIALS

Investigating Officer / Badge No.: G. Burns 443

Local Case No.: EXAMPLE 19

MOTOR CARRIER INFORMATION

02 TU #

Carrier Name: Kansas City Public Works

Carrier Street Address (P.O. Box only if no street address): 1220 Minnesota Ave

City: Kansas City

State: KS

Zip: 66106

Phone:

Carrier Country: USA

CARRIER IDENTIFICATION NUMBER(S)

USDOT#: 31655

MC/MX#:

☐ NONE

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

TRAILER DIMENSIONS

	WIDTH (in)	LENGTH (ft)
Trailer 1		
Trailer 2		
Trailer 3		

TRAILER(s) DAMAGED?

☒ None
☐ Trailer 1
☐ Trailer 2
☐ Trailer 3

OVERSIZED LOAD

☐ Height
☐ Weight
☐ Width

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

HAZMAT / ROADWAY INFORMATION

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)

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 **CAB TYPE**

01 Cab behind engine
02 Cab over engine
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

SPECIAL DATA

T.O.C. R.I. Pedestrians nued

PEDESTRIAN INFORMATION

Investigating Officer / Badge No.: G. Burns 443

Local Case No.: EXAMPLE 19

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? ☐)	Personal (913) 555-4966	M	S	N	
PT 26	Robert	DOB 02/09/1947	Kansas City KS 66103	Work (913) 555-0087	62	N		☐
TU		MN	(New address? ☐)	Personal				
PT		DOB		Work				☐

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#	DirTrvl	DL State	Driver's License Number	Special Data

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

13

00 NOT in roadway (driving lanes)

IN or AT INTERSECTION

01 In crosswalk or bikeway
02 NOT in crosswalk or bikeway
03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION

11 In crosswalk or bikeway
12 NOT in crosswalk or bikeway
13 In area without a crosswalk or bikeway

88 Other: _____ 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

01 Within a work zone
02 In median (not shoulder)
03 On Island
04 Road shoulder (not ditch or median)
05 Roadside (not on shoulder)
06 Sidewalk
07 Outside trafficway
08 Driveway access crosswalk
09 Dedicated bike lane
10 Shared-use path or trails
11 Inside building
12 In legally parked vehicle
88 Other: _____
99 Unknown

PEDESTRIAN ACTION BEFORE CRASH

04

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

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

04

00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed pedestrian signal
03 Ped signal malfunction
04 Not applicable
99 Unknown

SUBSTANCE USE (mark all that apply)

☐ AP - Alcohol ingested
☐ AC - Alcohol contributed
☐ DP - Illegal drugs ingested
☐ DC - Illegal drugs contributed
☐ MP - Medication ingested
☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☒ 00 No evidence of impairment	☒
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
☐ Evidentiary Breath 0.____ ☐ Eye Fluid 0.____
☐ Blood (BAC) 0.____ ☐ Other 0.____

Drug screen result ☐

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

00 NOT in roadway (driving lanes)

IN or AT INTERSECTION

01 In crosswalk or bikeway
02 NOT in crosswalk or bikeway
03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION

11 In crosswalk or bikeway
12 NOT in crosswalk or bikeway
13 In area without a crosswalk or bikeway

88 Other: _____ 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

01 Within a work zone
02 In median (not shoulder)
03 On Island
04 Road shoulder (not ditch or median)
05 Roadside (not on shoulder)
06 Sidewalk
07 Outside trafficway
08 Driveway access crosswalk
09 Dedicated bike lane
10 Shared-use path or trails
11 Inside building
12 In legally parked vehicle
88 Other: _____
99 Unknown

PEDESTRIAN ACTION BEFORE CRASH

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

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed pedestrian signal
03 Ped signal malfunction
04 Not applicable
99 Unknown

SUBSTANCE USE (mark all that apply)

☐ AP - Alcohol ingested
☐ AC - Alcohol contributed
☐ DP - Illegal drugs ingested
☐ DC - Illegal drugs contributed
☐ MP - Medication ingested
☐ MC - Medication contributed

METHOD OF DETERMINATION (mark all that apply)

ALCOHOL	DRUGS
☐ 00 No evidence of impairment	☐
☐ 01 Evidential Test (Breath,Blood,etc)	☐
☐ 02 Preliminary Breath Test PBT	
☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.)	☐
☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	
☐ 05 Observed (Odor, staggering, slurred speech, etc)	☐
☐ 06 Other (e.g. saliva test)	☐

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

ALCOHOL
☐ Evidentiary Breath 0.____ ☐ Eye Fluid 0.____
☐ Blood (BAC) 0.____ ☐ Other 0.____

Drug screen result ☐

T.O.C.

INDEX

Access Control 17, 71
Accident Class First Harmful Event.....29-33
Accident Class Most Harmful Event.....29-33
Accident Classification.....29
Accident (Definition).....4
Accident Location....12, 14-16, 18-20, 22, 24, 29, 34, 35, 37
Actual Weight (852)..... 69, 79
Age.....44, 53, 54, 72
Aggressive / Antagonistic Driving.....78, 84
Airbag Reporting.....44, 45, 53
All Terrain Vehicles (ATV).....58, 38, 39, 45, ...53, 80
Amended Reports.....8, 12, 13
At Road.....14-20, 26, 34, 35, 37
At Road Direction.....14, 15, 18, 19
At Road Distance..... 14, 18, 26
At Road Units of Measurement (Ft/Mi).....18
Axles (Number of).....57, 58
Block Number.....14, 15
Blood Alcohol Content (BAC).....50, 51
Vehicle Body Type.....45, 53, 57-59, 64
Badge Number.....12, 61
Body Style (Vehicle).....55
Body Type (Vehicle)...45, 53, 57-59, 64, 71, 77
Bus.....58, 59, 77, 78, 82
Bus Capacity.....59
Calculated Speed.....59
Cargo Body Type.....71
Cargo Type.....71
Carrier Address.....67
Carrier Identification Numbers.....69, 84
Carrier Name.....64, 69
Carrier Type.....68
Commercial Driver's License (CDL... 47, 49, 50
Citations Issued.....10, 42, 54, 85
Citation Number.....42, 94
Collision Diagram.....2, 36
Collision with Other Motor Vehicle (CWOV) 31-33
Contributing Circumstances.....42
County.....12, 29, 55
County Codes (Alpha Abbreviations).....99
Crossover.....7, 27, 28, 95
Damage Location Area.....59
Date of Accident.....17
Date of Birth.....43
Day of Week.....18
DC-66 Forms.....3
Diagram.....36
Direction Prefix.....14, 18
Direction of Travel.....56, 73
Direction Suffix.....17, 19
Districts Addresses and Maps.....93
Driverless (Special Condition).....38, 43, 54, 75
Driver's License Class.....47
Driver's License Compliance.....49
Driver's License Number.....47, 73
Driver's License Restrictions Compliance.....49
Driver's License Restrictions..... 49
Driver's License State.....47, 73
Driver Table.....10, 40
Driving Under the Influence (DUI).....13
Driving for Employer.....49
Ejected.....9, 45, 52, 72
Eject Path.....45
Emergency Medical Services.....46, 68, 73
Emergency Vehicles.....9, 84
Extrication.....46, 72
Fatality.....61, 63, 74
Fire.....56, 59, 68, 74
First Harmful Event.....29-31, 60
First Impact (Initial).....59, 60
Fixed Object Type.....30
Gender.....44, 72
Government Permits.....47, 69
Gross Combined Vehicle Weight Rating (GCWR).....68, 47
Gross Vehicle Weight Rating (GVWR) 47,48 .....68 79, 84
Hazardous Materials.....41, 70, 71
Hazardous Material ID.....70
Heavy Vehicle & Hazmat Supplement (852) 62-71
Hit & Run (Special Condition).....13
Identification of Persons.....43
Impairment Test.....50
Injured Taken By.....46
Injured Taken To.....46
Injury Severity.....45
Insurance Company.....56
Insurance Policy Number.....56
Insurance Reporting Requirement.....3, 94
Interchange.....23-26, 29, 35

T.O.C.

Intersection Type.....28
Investigating Department (Agency).....12
Investigating Officer.....12, 61
KDOT Construction Zone.....20
KDOT District Map and Addresses.....93
KDOT Property Damage.....2, 13
Latitude / Longitude.....19
Legal Intervention.....5
Legally Parked Vehicles.....9, 10, 40, 41, 57, 75
License Plate Number.....55
Light Conditions.....34
Local Case Number.....12
Major Impact (Principal).....60
Median.....81
Method of Determination.....50
Milepost.....14, 16
Make (Vehicle).....55
Model (Vehicle).....55
Most Harmful Event.....29-33
Motorcycle CCs.....56
Motor Vehicle – Definition.....6
Narrative (850A).....12-37
Narrative (851).....61
NCIC Codes.....92
Non-Contact (Special Condition).....39, 57, 82
Non-Collision Accidents.....31
Non-Reportable Accidents.....13, 75
Number of Axles.....57, 58
Number of Trailers.....58
Object Damaged.....19
Object Owner.....20
Odometer Reading.....56
On Road.....14-17
On Road Lane Type.....71
Ordering Blank Forms.....3
Oversized Load.....69
Parked Vehicle.....40, 57, 75
Parking Lots.....15
Passenger Table.....52, 54
Pedal Cycle.....32
Pedestrian (PED – Definition).....10
Pedestrian Action.....73
Pedestrian Location.....73
Pedestrian Other Location.....73
Pedestrian Obedience to Traffic Signal.....73
Pedestrian Table.....72, 73
Photography Instructions.....86-89
Photos By.....19
Pursued By Law Enforcement (LE).....57
Policy Number.....56
Power Source.....59
Preliminary Breath Test.....50
Private Property.....2, 7, 10, 13, 15, 16
Railroad Crossing.....75
Reckless / Careless Driving.....83
Registration County.....55
Registration Year.....55
Removed By.....56
Reportable Accidents.....2
Restriction Compliance.....49
Reviewed By.....12
Roadway Character.....37
Roadway Number of Lanes.....37
Road Rage.....84
Road Special Features.....34
Road Type.....17, 19
Roundabout.....29
Safety Equipment Used.....44, 52, 53, 72
Seat Capacity (see bus capacity).....59
Seat Type.....43, 52
Sequence of Events.....60
Sex (Gender).....44, 72
Source of Name.....69
Special Conditions Check Boxes for Vehicle Data.....56
Special Data.....15, 16, 36, 55, 73
Special Event.....36
Special Jurisdiction.....37
Special Notes on Pedestrians.....10
Special Notes on Traffic Units.....9, 10, 38
Speed Limit.....17, 19
State Abbreviations.....91
Surface Condition.....34
Surface Type.....34
Telephone (Work/Home).....72
Time Arrived and Day.....18
Time EMS Arrived.....46
Time EMS Arrived at Hospital.....46
Time EMS Notified.....46
Time Notified and Day.....18
Time Occurred and Day.....18
Toll Plaza.....27, 28
Total Number of Occupants in Vehicle.....56
Towed Away (Special Condition).....56, 57
Traffic Controls.....35
Traffic Unit.....9, 10, 38-40, 52
Trafficway.....4, 6
Trailer Damaged.....69

T.O.C.

Trailer Identification Number……69
Trailer Length……...69
Trailer Width……69
Train……...10, 40, 59
Transport Unit……46
Trapped……45, 72
U.S. Government Permits……..47
Unit Number……43, 55, 64
Units of Measurement……18
Unusual Accident Coding Situations……...74-77
Vehicle Body Type……57, 58
Vehicle Color……55
Vehicle Configuration……..71
Vehicle Damage……...59
Vehicle Identification Number (VIN)……56
Vehicle Maneuver……..60
Vehicle Owner……..55
Vehicle Sequence of Events……60
Vehicle Use……59
Violations……42
Weather Conditions……....34
Work Zone Location……20
Work Zone Type……20
Work Zone Type – KDOT……..……...20

T.O.C.

NOTES

T.O.C.

dent Code Sheet

Form 855 Rev. 1-2009

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
21 Other electronic devices
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
16 Other electronic devices
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

Codes 88 and 99 apply to Other and Unknown

T.O.C.

ent Code Sheet

Form 855 Rev. 1-2009

SEAT TYPES, SAFETY EQUIPMENT, INJURY SEVERITY, DRIVER'S LICENSE CODES, ETC.

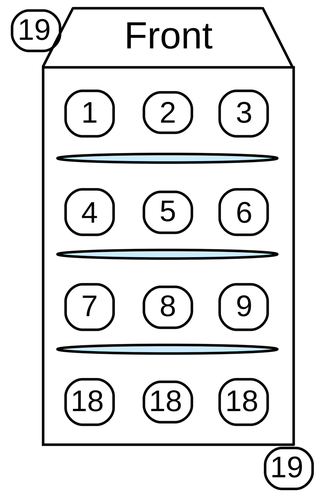
VARIOUS CODE LISTS

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

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 or passenger (Working Vehicles... ...snow plows, emergency veh, paving machines, etc)

88 Other

99 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

EJECTION PATH

01 Side door

02 Side window

03 Windshield

04 Back window

05 Back door/Tailgate

06 Roof - sunroof/convertible top down)

07 Roof - convertible top up

08 Other path (pickup bed)

99 Unknown

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

02 Other wild animal: bobcat, coyote, etc

03 Cow

04 Other domestic animal: cat, dog, etc

05 Horse

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

C Mechanical aid (devices)

D Prosthetic aid (devices)

E Automatic Transmission

F Outside mirror

G Daylight only

H Employment only

I Limited - Other

K Intrastate only

L Without Air-brakes

M No CDL - A Bus

N No CDL - A/B Bus

O No Tractor-Trailer

J01 Outside business area

J02 Under Age Sixteen

J03 No Freeway driving

J04 25 Mi. from Home

J05 Within City Limits

J06 Licensed Driver Front Seat

J07 Moped

J08 Seasonal CDL

J09 Farm Permit

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

T.O.C.

Coding Manual Changes Since Version 2009, 2.0

Adjustments

- Page 4 – Added clarification to number 5. Unstabilized Situation
- Page 5 – Added lightning and downburst to Number 4. Cataclysm
- Page 13 – DUI Checkbox criteria added
- Page 19 – At Road: Emphasis for recording the nearest reference road
- Page 22 – Alley clarification under Code 11
- Page 28 – Intersection Type: clarification for roundabouts at interchanges
- Page 29 – Roundabouts/Interchanges: clarification for roundabouts at interchanges
- Page 37 – Road # of Lanes: added clarification for divided roadways and ramps
- Page 44 – Safety Eq: Added note about Booster Seats
- Page 46 – Transport Unit: Added clarification for fatal victims and patients
- Page 55 – County (registration): Clarification for Native American Nation tags
- Page 56 – VIN: Added wording for train identification numbers
- Page 71 – Cab Type: Added simple entry…previously missing
- Page 78 – Added Booster Seat definition
- Page 79 – Changed CMV Exclusion Examples
- Page 80 – In-transport: Working vehicle correction
- Page 81 – In-transport Exclusion Examples: removed 5, 8, and 9 (working vehicles)
- Page 84 – Enhancement to Working vehicle wording
- Page 85 – Modified Important Note
- Page 91 – State/Country Code list changes (CD,CE,NU,GU,MR,NO,NR,DS,IT,YY)
- Added an Index

Note: There are a few other minor wording adjustments not listed above