	Investigating Department Reviewed by					Local	Case No.	Page of	Am	nended Report	
Kansas Motor Vehicle											
Accident Report	Investigating Officer Na	me	Ba	idge Numl	oer	County	City Name				& Run
KDOT Form 850A Rev 1-2009											
Milepost Block No Dir Pfx On Ro	ad Name	Road Type	Dir Sfx	SpdLmt	Date of	f Accident	(mm/dd/yyyy	7) Time Occur	r. Day	o Fata	
										o Injui	Y
From Dist Ft/Mi From Dir O FROM Dir Pfx Ref	erence or At Road Name	Road Type	Dir Sfx	SpdLmt	Date	Notified (1	mm/dd/yyyy)	Time Notif	Day	o PDC) >=\$1,000
Narrative: Describe each traffic unit's pre-crash move	ment and direction of travel				Date	Arrived (1	nm/dd/yyyy)	Time Arriv	. Day	o PDC) < \$1,000
										Priv	vate Property
					Latituc	de (AOI)		O/A	WORK	ZONE TY	PE
					Longit	tude (AOI)			0 None A	pply	
								000	1 Constru	ction Zon	ne - KDOT?
					Photos	by			2 Mainten		ne - U
								000	3 Utility Z	one -	
KDOT? Object 1 Damaged & Nature of Damage (shown)	w in diagram) Owner Stree	et Address				Personal F	hone	0 0 9	9 Unknow	'n	
Owner Last Name First Name Mid	dle Name City		Sta	te Zip	••••••	Work Pho	ne	- LO	CATION IN	I WORK 2	ZONE (AOI)
								O 01 Be			
KDOT? Object 2 Damaged & Nature of Damage (shows	v in diagram) Owner Stree	et Address				Personal F	Phone	0 02 Ac			a
	11 - NT	•••••••••	C 4 -		••••••	XX /1- D1		O 03 TrO 04 Ac			
Owner Last Name First Name Mic	dle Name City		Sta	te Zip		Work Pho	ne	0 04 AC			o 99 Unknown
ONLY CHECK ON	E BOX PER CATEGORY UNLE	SS SPECIFIED	OTHERW	ISE					WORK ZC		
LIGHT CONDITIONS	ACC. LOCATIO					NT CLASS			ane closui		
o 01 Daylight O 04 Dark: street lights on	<u>(of 1st Harmful Eve</u> <u>ON ROADWAY:</u> (within t		1 St Ha	rmful Ev		ox per side Most Ha	ermful Event) (
O 02 Dawn O 05 Dark: no street lights				Other r		llision		o 03 W	ork on sh	oulder / n	nedian
o 03 Dusk o 99 Unknown	O 12 Intersection +		0 01	Overtui	ned/R	ollover	0	O 04 In	termittent	or movin	g vehicle
O 03 Dusk O 99 Offkilowii	O 13 Intersection-relate	ed +		COLLISI	ON W	ITH:		0 88 0	ther:		
ADVERSE WEATHER CONDITIONS	O 14 Access to Parking	g lot/Drvwy		Pedest			0	O 99 U	nknown		
O 00 No adverse conditions	O 15 Interchange Area					in-trans d Vehicl		*(COLLISIO	N WITH V	EHICLE
O 01 Rain, mist, drizzle	O 16 On Crossover			Railwa				1 st	ark 1 box p		
o 02 Sleet, hail	O 17 Toll Plaza			Pedal			0		ful Event	Mos	t Harmful Event
o 03 Snow	OFF ROADWAY:		0 07	Animal	Type:		0		Head on		
O 04 Fog	o 20 Shoulder		30 0	Fixed c	bject**	*	0		Rear end	lo import	
O 05 Smoke	O 21 Roadside (not sh	oulder)	0 09	Other c	bject:				Angle - sic	-	e direction O
o 06 Strong wind	O 22 MedianO 23 Parking lot or Res	ot oroo	0 99	Unknov					Sideswipe		
O 07 Blowing dust, sand, etc. O 08 Froozing roin mist drizzle	O 23 Parking for the New York 19 10 10 10 10 10 10 10 10 10 10 10 10 10					BJECT TY			Backed int		
O 08 Freezing rain, mist, drizzleO 14 Rain & fog	o 99 Unknown		11 S t	rmful Eve	_	de if applie Most H	armful Even	<u>t</u> 0 88 (Other:		
o 14 Rain & log o 16 Rain & wind O 88 Other:	+INTERSECTION T	VDI		Bridge		ıre		o 99 L	Jnknown		
O 24 Sleet & fog	o 01 Four-way interse			Bridge		mnaat at	tenuator (TRAFFI	C CONTR	OIS
o 36 Snow & wind 99 Unknown	O 02 Five-way or more					an barrie				Road) O/A	
SURFACE TYPE	O 03 T - intersection					n suppor				T	Type Present OK/NF +
O/A	o 04 Y - intersection		0 06	Utility d	evices	: pole,m	eter,etc C			1	1
o o 01 Concrete	o 05 L - intersection			Other p		pole		01 Office		2	2 2
O O O2 Gravel O O O3 Othor	o 06 Roundabout (Sa	ee Manual		Building Guardra				O2 Traffic	csignal	3	3 3
o o 03 Gravel o o 88 Other:	\	Definitions)		Sign po				03 Stop	sign	4	4
0 0 04 Dirt 0 0 05 Brick 0 0 99 Unknown	O 08 Part of an interch	nange		Culvert				04 Flash	er		
O O 05 Brick O O 99 Unknown	O 99 Unknown		0 12	Curb				o o Sield	sign		
SURFACE CONDITIONS O/A O/A	ROAD SPECIAL FEATUR	EES (up to 3)		Fence/0				JUORRY	ates / sigr	nal	
0 0 01 Dry 0 88 Other:	□ 00 None			Hydran Barrica				07 RR CI	ossing sig	gns	
o o 02 Wet	□ 01 Bridge			Mailbox				08 No pa	assing zor	10	
o o 03 Snow o o 99 Unknown	□ 02 Bridge Overhead			Ditch				o O9 Cente	er/Edge lir	nes	
o o 04 lce	□ 02 Bridge Overricae □ 03 Railroad Bridge		0 18	Emban	cment			10 Warn	ing signs		
o o 05 Mud/dirt/sand	□ 03 Rainoad Bridge		0 19	Wall				11 Scho	ol zone si	gns	
O O 06 Debris (oil, etc.)	□ 04 KKKMO □ 05 Interchange			Tree				12 Parki	ng lines		
O O 07 Standing/ moving water	□ 05 linterchange □ 06 Ramp			RRXIN(ا tixtu	res		88 Othe			
O O 08 Slush	□ 99 Unknown			Other: Unknov	/n) 5 99 Unkn			
				<u> </u>				I			

	\CC	cident Dia	gra			SPI	ECIAI	EVE	NT						SPEC	CIALI	DATA			LC	cal Ca	ase No		Page	e of
		850A continu																							
		ROADWAY MBER OF LAN	Z,S		ROAD C	HARACTE	R					L JUR				\ \ \ \ \	nacio 1	diaara	am is requi	rad for	all eto	ta ran	ortobla	_	
<u>O</u> / A				<u>O/A</u> O O	01 Straig	ght & Leve									Special)	ac	cident	s sho	wing move	ements	, direct	tion, a	nd pos		3
0	0 0	1 One				ght on grad		ne l				Park	Servi	ice		Ide	entify ((label)	its in relati the street	(s) and	l traffic	unit(s	s) alon		
0	0 0	2 Two				ght on hillc			O 0										of impact (d pedestria	•	-			er	
	0 0	3 Three				ed & level						eserv							is report.						
0	0	4 Four to Six				ed on grad		oe				' Univ	_		npus										
0	0 0	5 Seven or mo	re	0 0	06 Curve	ed on hillcr	rest		0 0	5 Oth	er Fe	deral	prop	erty		<u></u>	<u>ndica</u>	te No	orth Direc	tion_			+		
0	0 8	8 Other:		0 0	88 Othe	^ -			0 8	8 Oth	er: _												•		
0	0 9	9 Unknown		0 0	99 Unkn	own			0 9	9 Unk	(nowr	1													
					Draws	cene as o	bserv	zed oz	rrec	reate	per	state	meni	ts an	d evidenc	e ava	ailabl	e							
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								<u>:</u>		<u>:</u>															
							<u>:</u>	<u>:</u> :		<u>:</u>															
					Note: Th	e above line	scale	is 1"	=20'; :	feet	squar	es. If a	anothe	er scal	e is used, p	lease	specif	y .							

	upants & \			DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)			Investigating Officer / Badge No. Local Case					Case No.	I	Page of					
TU#	Form 850B R VIOLATIONS ((Tec	ora pec		ITATION#	TU#			IONS (CHARGI	ED Mo	re viola	ations in	narrative	CITA	ΓΙΟΝ‡	<i> </i>
	OFFICE	R'S OPIN	ION OF APP	ARENT	CONTRIB	UTING CIRC	SUMSTANCES - ENT	ER AS MA	ANY AS A	PPLY T	TO THIS	SACCIDE	NT (FACT	OR TY	PE, TU#	, CC CODE			
				•										<u> </u>					
Unit #	DRIVER Last Nan	ne	M	iddle Na	me	DRIVER A	DDRESS (Number	Street. S	luffix, etc		Person	nal Phone	e Number	G	Gender S	SE Used	Inj Severity	/ Trai	nspt Unit
	DRIVER First Nar		Da	ate of Bir		City		Stat	e Zip) 	Work	Phone N	• • • • • • • • • • • • • • • • • • • •				Eject Path		rication?
TU			MI						New addr	ess?	Person	nal							
ST			DC								Work			•••••				••••	
			M	NT					Novy odda	2002	Dorgon	a o 1							
1 U									New addr		Person	IIaI							
ST			DC) B							Work								
TDAEE	IC UNIT#		01, 03, N3	X3 A	tc)			TDA	FFICI	INIIT+	4)2, 04, N	2 XA	(Atc)				
	Driver's License N					Class Drivir	ng for CDL?		ate Driv							DL Class	Driving for		CDL?
						Emplo	oyer?										Employer?		
DR LICE	NSE COMPLY	REST	RICT COM	IPLY	COMM	ERCIAL EI	NDORSEMENTS	DRL	ICENSE	COMI	PLY	RESTI	RICT CO	MPLY	Z CC	MMERC	IALENDO	RSEN	AENTS
	t licensed		Y	N	D Z - N				Not lice					<u>Y</u>		Z - None			
0 01 Val	id License	Restric	ctions? o	0	ロ	ouble/Trip	ole Trailer	001	Valid Li	cense		Restric	ctions?)		T - Doub	le/Triple T	railer	
0 02 Sus	spended	Driver's Restrict	Lic Contions	nplied?	D P - F	Passenger	Vehicle	002	Susper	ided		Driver's Restrict	Lic Co	omplie Y N		P - Passe	enger Veh	icle	
0 03 Rev		1	<u> </u>	0	□ N - ⁻	Tank Vehic	le		Revoke			1) 0		N - Tank	Vehicle		
0 04 Exp		2			П Н - Р	Placarded	Haz. Material		Expired			2				H - Placa	rded Haz	. Mat	erial
0 05 Car 0 05 Dis	ncld or Denied aualified				D X - (Combinatio	n Tank/HazMat		Cancld Disqual		riiea					X - Comb	oination Ta	ank/H	lazMat
00 Dis		3		0	S -S	School Bus			Restrict			3				S - Schoo	ol Bus		
0 99 Uni		4		0	U - (Jnknown			Unknov			4)		U - Unkn	own		
		•	UBSTANCI										UBSTAN						
	Alcohol ingesteAlcohol contrib		nark all that	apply)			ugs contributed on ingested		AP - AI AC - AI				nark all tha	at apply			gal drugs dication in		
	- Illegal drugs in						on contributed					ngested					dication co		
	ETHOD OF DETE					MPAIRME	NT TEST					ERMINA				IMPA]	IRMENTT	EST	
ALCOHO	(mark all tha	it apply)	DDII	3C		(mark all tha			OHOL	(mar	k all tha	at apply)				·	all that app	oly)	
	o evidence of im	pairmer	<u>DRUC</u> nt			o Test give	d (Alcohol/Drug)			ridence	e of im	pairme				G - No Test	st given efused (Al	cohol	I/Drua)
□ 01 E\	vidential Test (Br	eath,Bl	ood,etc)				ve Test (PBT)		1 Evide	ntial T	est (B	reath,Bl	lood,etc)				Positive T		
□ 02 Pr	reliminary Breath	Test P	BT				est given		2 Prelin	ninary	Breath	า Test F	PBT				tiary Test	•	•
□ 03 Be	ehavioral					esults pend			3 Behav	vioral							s pending		
Tests:	HGN, walk-and-turn,	one leg s	stand, etc.				th Eye Fluid		ests: HGN	I, walk-a	and-turn	, one leg s	stand, etc.				y Breath		
	assive Alcohol So					illiary Dical			4 Passi				. . .			Lviueriliary N	y Dicalli	\mathbf{L}	'E i iuiu
05 O	etects alcohol from dr	ivei S mou	utii)						(detects) 5 Obse		oi irom a	river's mo	utn)		0				
	dor, staggering, slurre	ed speech	n, etc)		Blood	(BAC)	□ Other ∩				ng, slurr	red speec	h, etc)			Blood (BA	C)	□ Ot	her
D 06 O	ther (e.g. saliva t	test)				roop rocult	O. O.Pos O.Neg		6 Other	(e.g. s	saliva	test)				U.	rooult O	<u>U.</u>	
Unit #	PASSENGER Las	t Name	M	iddle Na			ER ADDRESS (Nu		eet Sfx	etc)	Person	nal Phone	e Number				result O Inj Severity		nspt Unit
	PASSENGER Firs		Da	ate of Bir		City		Stat	Zip)	Work	Phone N	• • • • • • • • • • • • • • • • • • • •				Eject Path		rication?
TU			M						New addr	ess?	Person	nal							
ST			DC)B							Work							•••	
				N T					Novy odda	000		1							
TU									New addr	ess:	Person	llal							
ST			DC)B							Work			• • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •	
T T			M	N					New addr	ess?	Person	าล1							
ST			DC								Work								
TU			M						New addr	ess?	Person	nal							
											•								
ST			DC)B							Work								
Transpor	t EMS Time Not	tified In	jured taken l	Jy:				Trans	port	EMS Ti	ime No	tified In	jured take	n by:					
Unit ENAC Amir		T ~ ~	• 1 1	4.0.5				Unit			7.		• 1 , 1	4					
EIVIS Arriv	ved EMS Time@F	10sp In	jured taken 1	.U:				EIVIS	Arrived	EIVIS 1	Time@F	osp In	jured take	II TO:					

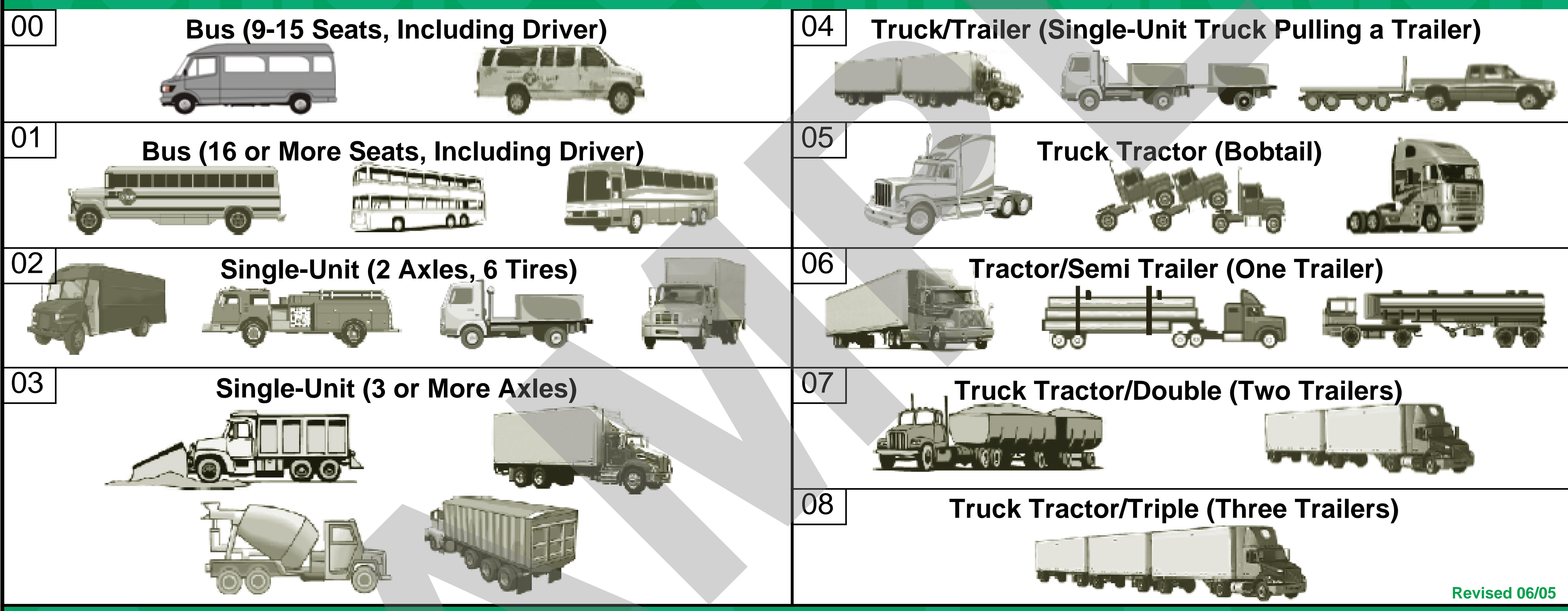
Occupants		cles	VEHICLE#	S	SPECIAL D	DATA VEHICLE# SPECIAL DATA Local			Local Case No. Page				
	Continued C'Some'' if Drive		(01, 03, N3, X3, 6) ED First Name		iddla Nama		(02, 04, N2,				JED First Nome	Middle Nome	
OWNER Last Name	(Same 11 Drive	er) Own	ER FITST Name		iddle Name		OWNER Las	st iname (Same 11 Driv	er) Owr	NER First Name	Middle Name	
OWNER ADDRESS	(Number, Street)		New address?	Personal	Phone		OWNER AL	DRESS (Number, Street		New address?	Dersonal Phone	
CITY		ST	ZIP	Work Pho	one		CITY			ST	ZIP	Work Phone	
COLOR YEAR	MAKE	MODEL		BODY STY	YLE	ST	COLOR	YEAR	MAKE	MODEL		BODY STYLE	ST
LICENSE PLATE #	County	Exp YR R	Removed by:			MC CCs	LICENSE PI	LATE#	County	Exp YR	Removed by:		MC CCs
VEHICLE IDENTIFI	CATION NUMI	BER		Dir of T	Fravel #O	Occupants	VEHICLE II	DENTIFIC	CATION NUM	BER		Dir of Travel #	Occupants
Insurance Company			Policy Number				Insurance Co	ompany			Policy Number	er	
SPECIAL CONDITION TRAFFIC UNIT				Odometer	£T	Fire?	SPECIAL CONTRACTOR	ONDITION FFIC UNITS				Odometer	Fire?
□ 1 Hit & Run	□ 2 Non-				7 Towed	•	□ 1 Hit &		□2Non				daway
4 Legally Park WEHICLER	ed D5 Purs BODY TYPE				Avp. extent 10				DDY TYPE		E 6 Drive		damage
O 01 Automobile		• • • • • • • • • • • •	E / HEAVY VEHIC Single heavy tru	••••••	• • • • • • • • • • • • • • • • • • •	,UUUIDS)		omobile		• • • • • • • • • •	••••••	ICLE (GCVWR over 1 truck >10,000 lbs	U,UUIDS)
O 02 Motorcycle			Truck & trailer(s				O 02 Mo				Truck & traile		
O 03 Motor scoc	oter or Moped		Tractor-trailer(s)		Calculated sat impact				ter or Mopec		Tractor-trailer	Calculate	
o 04 Van		o 13	Cross country by				o 04 Var				Cross country		
O 05 Pickup truc	ck <10,001 lbs	s o 14	School bus	B	Sus Seat		O 05 Pic	kup truck	k <10,001 lb	s o 14	School bus	Bus Seat	
o 06 Sport utility	veh - SUV	o 15	Transit (city) bus		Capacity		o 06 Spo	ort utility	veh - SUV	0 15	Transit (city) k		
o 07 Camper or	RV	0 16	Other bus				o 07 Car	mper or l	RV	0 16	Other bus		
o 08 Farm mach	ninery	0 25	Train (C	Fuel O F	Hybrid O E	lectric	o 08 Far	m mach	inery	0 25	Train	O Fuel O Hybrid O	Electric
o 09 All-terrain v	vehicle - ATV	0 88	Other:		0 99 Unk	known	o 09 All-	terrain v	ehicle - ATV	0 88	Other:	O 99 U	nknown
VEHI(CLE USE		VEHI	CLE DAN	IAGE			VEHIC	LE USE		VE	HICLE DAMAGE	
O 01 No special u	ise o 06 Polic	ce	o 00 None		o 04 Des	stroyed	0 01 No sp	pecial us	e o 06 Poli	ce	o 00 None	o 04 De	stroyed
	o 07 Amb	oulance	001 Damage (m	ninor)	O 88 Othe	er.	O 02 Taxi /				001 Damage	(minor) O 88 Otl	ner:
O 03 School bus	O 08 Fire		O 02 Functional				O 03 School O 04 Other		0 08 Fire		O 02 Functiona	3	
O 04 Other busO 05 Military	O 09 Mail		O 03 Disabling		0 99 Unk		04 Other 0 05 Milita		O 09 MailO 99 Unk		O 03 Disabling	O 99 Un	known
	O 99 Unk CATION AREA		VEH. MANU. 1						CATION ARE		VEH. MANI	J. BEFORE UNSTAB	SIT.
First Impact	Major Impa		0 01 Straight/		1 Stopped		First Impa		Major Impa		O 01 Straight/		
1 2 3	- Wajor Impaga 3A 3B 4		following room of the contraction of the contractio	ad	awaiting 2 Stopped	gturn	riist iiipac	2 3			following O 1 Graiging following O 2 Left Turr	road awaitir	ng turn
			02 Lott I utilion of 03 Right Turn	0 13	3 Illegally	parked					O 02 Lent num O 03 Right Tu	0 13 IIIaaall	y parked
2 12B 2 12A	13 6C	6A 6B	0 04 U Turn		4 Disable	d in	2 12B 2 12A 12A		13		O 03 Kigiit i u O 04 U Turn	o 14 Disable	ed in
# 12A			0 05 Passing		roadway		H 12A				O 05 Passing	roadwa	
11 10 9	B 9A 8		O 06 Changing		5 Slowing stopping		11	10 9B			O 06 Changin		
☐ 14 Undercarriag		ndshield	O 07 Avoidance	0 16	6 Negotia	ting a	14 Unde16 Othe			ndshield	o 07 Avoidan	O 16 Negoti	ating a
16 Other window17 Entire vehicle			o 08 Merging	0 88	curve 8 Other:		□ 17 Entire			KIIOVVII	O 08 Merging	curve	
□ 88 Other:			o 09 Parking				□ 88 Othe				o 09 Parking		
Trailer? O Pre	esent o Dam	naged	O 10 Backing	09	9 Unknow	۷n	Trailer	? O Pre	esent O Dai	maged	O 10 Backing	o 99 Unkno	wn
VEHICLE SEQUE	ENCE OF EVE	NTS (L	ist up to 4 per unit	in the ord	er of occure	ence)	VEHICLI	E SEQUE	NCE OF EVE	NTS (I	ist up to 4 per ui	nit in the order of occu	rence)
1	2	4	☐ The exac	ct sequen	ice is unkn	nown	1	2	3	4	□ The ex	cact sequence is unl	(nown
	NON-COLLISIO	ON		COLL	ISION WIT	Γ H		N	ON-COLLISI	ON		COLLISION W	ITH
01 Ran off road r	ight 10	Downhill	runaway 2	1 Pedest	rian		01 Ran of	f road rig	ght 10	Downhil	Irunaway	21 Pedestrian	
02 Ran off road le	eft 11	Trailer sv	wing 22	2 Motor v	veh in-tran	nsport	02 Ran of	f road le	ft 11	Trailer s	wing	22 Motor veh in-tra	ansport
03 Crossed cente	erline 12	Separation	on of units 23	3 Legally	'Parked V	/ehicle	03 Crosse	ed cente	rline 12	Separat	ion of units	23 Legally Parked	Vehicle
04 Overturn/Rollo	over 13	Jackknife	<u> </u>	4 Train			04 Overtu	ırn/Rollo	ver 13	Jackknif	e	24 Train	
05 Crossed medi	an 14	Fire	2	5 Pedal c	cycle (bike	e, etc)	05 Crosse	ed media	an 14	Fire		25 Pedal cycle (bil	(e, etc)
06 Fell/Jumped fr	rom veh 15	Explosio		6 Animal					om veh 15	Explosio)n	26 Animal	
07 Thrown or falli				7 Fixed C	Object				ng object 16			27 Fixed Object	
08 Cargo loss or		Other ev		8 Other n	noveable		08 Cargo			Other ev		28 Other moveable	e object
09 Equipment fail							09 Equipr						
(tire, brakes, e		Unknowr	non-coll. 9	9 Unknov	wn object		_ •	rakes, et		Unknow	n non-coll.	99 Unknown object	t

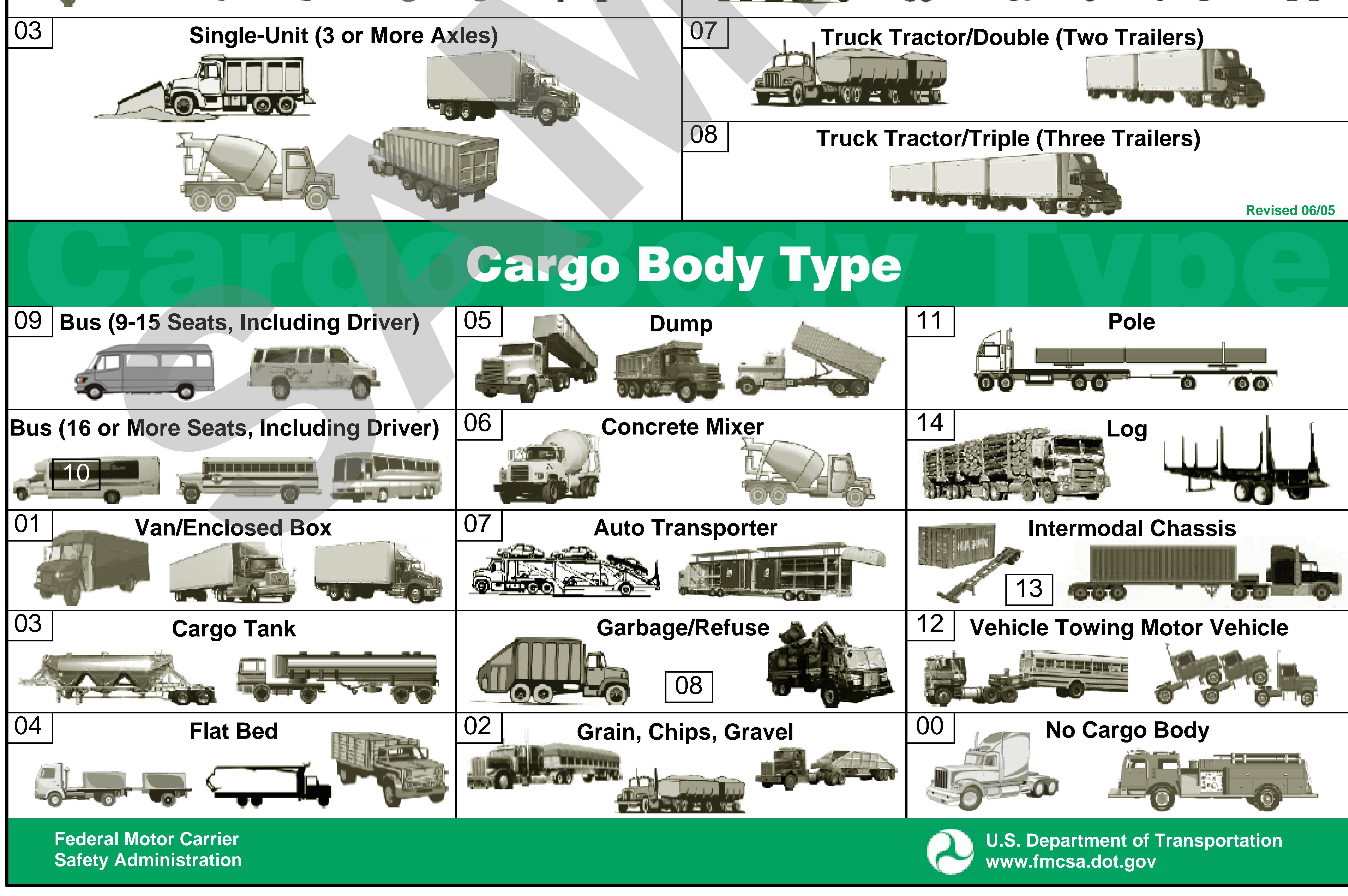
Accident Narrative KDOT Form 851 Rev. 1-2009	Officer Observations Description of Events	Witness Statements Additional Information	Investigating Officer / Badge No.	Local Case No.	Page of

Accident Narrative 851 Continued	Officer Observations Description of Events	Witness Statements Additional Information	Local Case No. Page 1	Page of

				Completed	Post Crash Insp	ection
HEAVY VEHICLE & HAZMAT Supplement		HEAVY VEHICLES / DOUS MATERIALS	Investigating Officer	/ Badge No.	Local Case No.	Page of
KDOT Form 852 Rev. 1-2009	MO	TOR CARRIER INFORMA	ATION			
TU# Carrier Name		Carrier Street Address (P.C	D. Box only if no street	et address)	City	
			CARRIER IDEN	TIFICATION NUM	IBER(S)	
State Zip Phone	Carrier Coun		1	λ/Λ/λ/1		
		USD	OT#	MC/MX#		ONE
CARRIER TYPE						
O 0 - Intrastate O 1 - Interstate	O 2 - Not in Commerce -	Other Truck or Bus 0 3 -	Not in Commerce -	Government Veh	O 4 - Other / Not Sp	ecified
AT THE TIME OF CRASH, THIS VEHICLE WAS:	GVWR/GCWR	SOURCE OF CARRI NAME	ER	PERMITS (Issuer and	nd Permit Number)	
O 01 Operating on a trafficway open	O 01 10,000 lbs or less O 02 10,001-26,000 lbs	O 01 Side of vehicle				
to the public (In-Transport)	o 02 10,001-20,000 lbs o 03 More than 26,000 ll	bs 02 Shipping papers	3 or			
O 02 Parked on or off the trafficwayO 88 Other:	o 99 Unknown	manifest	2.			
o 99 Unknown	ACTUAL WEIGHT	O 03 Driver Ibs O 04 Logbook	3.			
VEHICLE INFORM			HAZMAT/ROAI	DWAY INFORMA	ATION	
	LER(s) OVERSIZED			RIALS INVOLVEMEN		
WIDTH (in) LENGTH (ft) DAMA	AGED? LOAD	Did the vehicle have a Haz	ardous Materials Pla	acard? Yes O	No O	
Trailer	ne - Height	If Yes, Include The Followin	ng Information From	The Placard:	109	
Trailer		HazMat 4-digit # from the c	diamond center box:			
2	niler 2	HazMat Class # from the b	ottom of diamond:		HazMat Wei	ight (lbs)
Trailer	iler 3	Was HazMat released (spi	lled) from THIS vehi	cle's cargo? Yes	O No O	
TRUCK AND TRAILE	RTOTALS	ON-ROAD LANE	TYPE		E ACCESS CONTROL	
Vehicle Length (include trailer(s)) ft Trailers		O 00 Two-way traffic - Undiv	vided roadway		'O ROADWAYS	
TRAILER 1 - IDENTIFICATION NUMBER		o 01 One-way traffic - Undiv	vided roadway		control (Unlimited acce no interchanges)	ess -
		o 02 Two-way traffic - Media	an strip w/o barrier	o 01 Partial acces	ss control (mix of	
TRAILER 2 - IDENTIFICATION NUMBER		O 03 Two-way traffic - Media	an strip w/ barrier	interchanges	s and "at-grade" inters	sections)
		O 04 Two-way traffic - Undiv			control (entry/exit only	/ by
TRAILER 3 - IDENTIFICATION NUMBER		continuous left turn lan o 99 Unknown		interchange o 99 Unknown	Ιαπρδή	
SEE	RACKOFTHIS FORM FOR F	EXAMPLES OF VEHICLE CONFI	CIRATIONS AND C			
VEHICLE CONFIGURATION		ARGO BODY TYPE		CARGO 1	TYPE	
o 00 Bus 9-15 passengers, including of		plicable/No cargo body				
O 00 Bus more than 15 passengers		Enclosed box	O 00 None		O 12 Mobile / Modul	ar nome
O 02 Single-unit truck (2-axles)		er (e.g. Grain, Chips, Gravel)	o 01 Drive av	vay or Tow away	o 13 Motor vehicles	
O 03 Single-unit truck (3 or more axles	o 03 Cargo	tank (liquid, powder, etc)	O 02 Explosiv	/es	O 14 Refrigerated fo	ods
O 04 Single-unit truck with trailer(s)	O 04 Flatbe	d	o 03 Animals	: farm or other	o 15 Solids (bulk)	
O 05 Truck Tractor only (bobtail)	O 05 Dump		o 04 Farm pr	oducts	o 16 Rock, sand, gra	avel, salt
O 06 Truck Tractor and semi-trailer	o 06 Concre	ete mixer	O 05 Gases		O 17 Other food pro	
O 07 Truck Tractor and two trailers	O 07 Vehicle	e transporter		f., _ ! _ _ _ _		
O 08 Truck Tractor and three trailers	o 08 Garba	ge or refuse	Ub General	rreignt (packages)	O 18 Plastic product	is a second of the second of t
O 09 Heavy truck > 10,000 lbs cannot	classify	15 people, including driver	o 07 Heavy n	nachinery, objects	o 19 People	
O 10 Vehicles less than 10,000 lbs car	rry in a	ore than 15 people	O 08 Househ	old goods	O 20 Garbage / refus	se
hazardous materials			o 09 Liquids	(bulk)	o 21 Pavement mixt	
o 88 Other:		e towing another motor vehicle	o 10 Logs, po	oles, lumber	concrete, asph o 88 Other:	iait, etc.
o 99 Unknown		odal chassis		coils, sheets, etc)	JUJUIT.	
	O 14 Loggin O 88 Other:		i i ivicial (C	J.1.0, 0110010, 010)	O 99 Unknown	
CAB TYPE o 01 Cab behind engine 99 (SPECIAL		
O 01 Cab bernilla eligille 99 0 O 02 Cab over engine	Jnknown O 99 Unkno	wn				

REPORTING CRITERIA FOR HEAVY VEHICLES AND/OR HAZARDOUS MATERIALS 852 cont'd COMPLETE THIS SUPPLEMENT FOR EACH OF THE FOLLOWING VEHICLES INVOLVED WHERE AT LEAST ONE MOTOR VEHICLE IN-TRANSPORT WAS ON A TRAFFICWAY OPEN TO THE PUBLIC: Any truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination >10,000 lbs weight rating (GCWR) over 10,000 pounds used on public trafficways, OR... Any motor vehicle with seats to transport nine (9) or more people, including the driver OR... BUS Any vehicle, regardless of weight, carrying placardable hazardous materials or displaying a hazardous HAZMAT materials placard. AND IF THIS ACCIDENT INCLUDES: 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... Any person(s) injured as a result of the crash who immediately receives medical treatment away from the AN INJURY: crash scene, OR... Any motor vehicle (truck combination, bus, car, etc.) disabled as a result of the crash and transported away TOW-AWAY: from the scene by a tow truck or other vehicle. Vehicle Configuration 00 Truck/Trailer (Single-Unit Truck Pulling a Trailer) Bus (9-15 Seats, Including Driver) 05 01 Bus (16 or More Seats, Including Driver) Truck Tractor (Bobtail) 02 06 Tractor/Semi Trailer (One Trailer) Single-Unit (2 Axles, 6 Tires) 03 Single-Unit (3 or More Axles) Truck Tractor/Double (Two Trailers)





Passengers & Pedestrians KDOT Form 854 Rev. 1-2009		LIS	IST ADDITIONAL PASSENGERS BY TRAFFIC UNIT					Investigating Officer / Badge No.			Local Case No.			
	ASSENGER Last Nan			PASSENGER ADDRESS (Nun							,	Inj Severity		
Seat Type PA	ASSENGER First Nan	ne Date of Bi MN	run	City	State Nev	Zip w address?		Work Phone Personal		Age	Eject/Trap	Eject Path	Extrication?	
ST		DOB						Work						
TU		MN			Nev	v address?		Personal						
ST		DOB						Work						
TU		MN			Nev	v address?		Personal						
ST		DOB						Work			••••••••			
TU		MN			Nev	w address?		Personal						
ST		DOB						Work						
TU		MN			Ne	w address?		Personal						
ST		DOB						Work			•••••••			
TU		MN			Ne	w address?		Personal						
ST		DOB						Work						
TU		MN			Ne	v address?		Personal						
ST		DOB						Work						
TU		MN			Nev	w address?		Personal						
ST		DOB						Work						
TU		MN			Ne	v address?		Personal						
ST		DOB						Work						
TU		MN			Nev	v address?		Personal						
ST		DOB						Work						
TU		MN			Nev	w address?		Personal						
ST		DOB						Work						
TU		MN			Nev	w address?		Personal						
ST		DOB						Work						
TU		MN			Ne	v address?		Personal						
ST		DOB						Work						
TU		MN			Nev	w address?		Personal						
ST		DOB						Work						
TU		MN			Nev	v address?		Personal						
ST		DOB						Work						
TU		MN			Nev	v address?		Personal						
ST		DOB						Work						
Transport	EMS Time Notified	Injured taken by:			Transpor	t EMS	S Ti	me Notified	Injured taken by	•				
Unit EMS Arrived	EMS Time@Hosp	Injured taken to:			Unit EMS Arri	ved EM	ST	ime@Hosp	Injured taken to:					
Transport Unit	EMS Time Notified	Injured taken by:			Transpor Unit	t EMS	S Ti	me Notified	Injured taken by	•				
	EMS Time@Hosp	Injured taken to:				ved EM	ST	ime@Hosp	Injured taken to:					

Passengers & Pedestrians 854 continued	PEDESTRIAN INFORM	JATION	Investigating Officer / Badge N	e No. Local Case No.			Page of
Unit # PEDESTRIAN Last Name Middle Na	ame PEDESTRIAN ADDRESS (Nu	mber, Street, Sfx, etc.)	Personal Phone Number	Gender S	SE Used	Inj Severity	Transpt Uni
Ped TypePEDESTRIAN First NameDate of BareTUMN	irth City	State Zip New address?	Work Phone Number Personal	Age E	Eject/Trap	Eject Path	Extrication
PT			Work				
		New address?	Derconal				
		New address?					
PT			Work				
Transport EMS Time Notified Injured taken by:		Transport FMS	Time Notified Injured taken by	•			
Unit		Transport EMS Unit	Tillio I totilloa Tiljaroa talkoli o y				
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 Numbe	er		Special Data	
PEDESTRIAN ROADWAY LOCATIO	N BEFORE IMPACT	PED	ESTRIAN ROADWAY LOCA	ATION BE	EFORE IN	IPACT	
O 00 NOT in roadway (driving lanes)		o 00 NOT in r	roadway (driving lanes)				
IN or AT INTERSECTION	NOT IN or AT INTERSECTION	IN or AT	INTERSECTION	NO ⁻	T IN or AT I	NTERSECTIO	N
O 01 In crosswalk or bikeway O 1	1 In crosswalk or bikeway	O 01 In crossv	walk or bikeway	O 11 In	crosswa	lk or bikew	ay
o 02 NOT in crosswalk or bikeway 0 1	2 NOT in crosswalk or bikeway	o 02 NOT in a	crosswalk or bikeway	O 12 N	OT in cro	sswalk or b	oikeway
	3 In area without a crosswalk or		ection without a			nout a cros	
crosswalk or bikeway	bikeway	crosswa	Ik or bikeway	bil	keway		
O 88 Other:	99 Unknown	o 88 Other:		0 99 Ur	nknown		
OTHER PEDESTRIAN LOCATION (N	ot in Driving Lanes)	OTH	ER PEDESTRIAN LOCATIO	N (Not in	Driving L	anes)	
o 01 Within a work zone	O 08 Driveway access crosswalk	o 01 Within a w	vork zone	0.08	Driveway	y access ci	rosswalk
	O 09 Dedicated bike lane	o 02 In median				ed bike lane	
	o 10 Shared-use path or trails	o 03 On Island				use path or	
	o 11 Inside building		ulder (not ditch or median)		Inside bu	•	
	o 12 In legally parked vehicle		(not on shoulder)			y parked ve	hicle
	O 88 Other:	o 06 Notation of Contraction of Cont			Other:		
	o 99 Unknown	0 00 Sidewaik 0 07 Outside tr			Unknow	n	
PEDESTRIAN ACTION BEI			PEDESTRIAN ACTION				
	O 07 Standing, sitting, or lying	01 Walking /	cycling to or from school			o cittina c	r Lvina
						ng, sitting, c	
O 02 Approaching or leaving bus	O 08 Playing, running, walking	O 02 Approach	ing or leaving bus	0 08	8 Playing	, running, v	valking
O 03 Approaching or leaving vehicle	O 09 Cycling	o 03 Approach	ing or leaving vehicle	0 0	9 Cycling		
O 04 Working (not on vehicle)	O 10 Entering or crossing	o 04 Working (not on vehicle)	0 1	0 Entering	g or crossir	ng
O 05 Working on vehicle	O 88 Other:	o 05 Working o	on vehicle	0 88	8 Other:		
O 06 Pushing motor vehicle	o 99 Unknown	O 06 Pushing r	notor vehicle	0 99	- 9 Unknov	vn	
PEDESTRIAN OBEDIENCE TO			PEDESTRIAN OBEDIENCE				
	03 Ped signal malfunction		destrian signal			al malfunct	-ion
O 01 Obeyed pedestrian signal	04 Not applicable		ed pedestrian signal		Not appli		
O 02 Disobeyed pedestrian signal	99 Unknown		eyed pedestrian signal		Unknowr		
SUBSTANCE USE			SUBSTANCE			—	
□ AP - Alcohol ingested (mark all that apply) □ AC Alcohol contributed	DC - Illegal drugs contributed	AP - Alcoho		1 3 /		gal drugs co	
AC - Alcohol contributedDP - Illegal drugs ingested	MP - Medication ingestedMC - Medication contributed		ol contributed drugs ingested			dication ing	
METHOD OF DETERMINATION	IMPAIRMENT TEST		F DETERMINATION			RMENT TE	
(mark all that apply)	(mark all that apply)	(ma	ark all that apply)		(mark	all that apply	
D OO No avidanaa af immaaikmaa	I NG - No Test given	ALCOHOL 00 No evidence	$\frac{\mathrm{DRUGS}}{\mathrm{DROSirment}}$		3 - No Tes		
	I TR - Test Refused (Alcohol/Drug)		Test (Breath,Blood,etc)			efused (Alco	
	PT - Prelim Positive Test (PBT)					Positive Te	
	TG - Evidentiary Test given		Breath Test PBT			tiary Test g	iven
 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. 	RP - Results pending	O3 Behavioral Tests: HGN, walk-	-and-turn, one leg stand, etc.	□ RP	- Results	s pending	
	☐ Evidentiary Breath ☐ Eye Fluid				Evidentiary	Breath	I Eye Fluid
(detects alcohol from driver's mouth)	<u>O.</u>	(detects alcoh	nol from driver's mouth)		0.		0.
□ 05 Observed (Odor, staggering, slurred speech, etc) □ H	□ Blood (BAC) □ Other	O5 Observed(Odor, stagge)	ring, slurred speech, etc)		Blood (BAC	C)	I Other
□ 06 Other (e.g. saliva test) □	Drug screen O Pos O Neg	□ 06 Other (e.g.	saliva test)		rua screer	n O Pos) Naa
	L DING SCIEGII O POS O NEG				i ug soldtl	· • FUS	<u> </u>

Accident Code Sheet

KDOT Form 855 Rev. 9-2011

CONTRIBUTING CIRCUMSTANCES (LIST IN ORDER OF SIGNIFICANCE)

Example: |D1|42|OR|02 Interpretation: Driver 1 made an improper turn on icy or slushy roadway

DRIVER CCs

(D + TU# = D1)

00 No driver contributing circumstance evident

DRIVER CONDITION AT THE TIME OF CRASH

- 01 Under the influence of illegal Drugs
- 02 Under the influence of Alcohol
- 03 Under the influence of medication
- 04 Ill or Medical condition
- 05 Fell asleep or fatigued
- 06 Emotional: Angry, depressed, upset, impatient, etc.

DRIVER DISTRACTED BY

- 20 Mobile (cell) phone (calling, texting, other use)
- 21 Other electronic devices (audio, video, GPS, computer,...)
- 22 Other distraction in or on vehicle
- 23 An item or action NOT in or on vehicle
- 24 Inattention (general sense)

DRIVER ACTIONS AT THE TIME OF CRASH

- 30 Failed to yield the right of way
- 31 Disregarded traffic signs, signals, or markings
- 32 Red light running (disregarded traffic signal)
- 33 Followed too closely
- 34 Exceeded posted speed limit
- 35 Too fast for conditions
- 36 Impeding or Too slow for traffic
- 37 Avoidance or Evasive action
- 38 Over correction / Over steering
- 39 Reckless / Careless driving
- 40 Aggressive / Antagonistic driving
- 41 Improper lane change
- 42 Made improper turn
- 43 Improper backing
- 44 Improper passing
- 45 Improper or No turn signal
- 46 Improper parking
- 47 Wrong side or wrong way
- 48 Did not comply with license restrictions

ENVIRONMENT (code E, no TU#)

01 Animal: domestic or wild

WEATHER RELATED

- 02 Rain, mist, or drizzle
- 03 Sleet, hail, or freezing rain
- 04 Falling or Blowing snow
- 05 Strong winds
- 06 Fog, smoke, or smog
- 07 Blowing sand, soil, or dirt
- 08 Reduced visibility due to cloudy skies

VISION OBSTRUCTIONS

- 15 Building, vehicles, object made by humans
- 16 Vegetation: trees, shrubs, etc.
- 17 Glare from sun, headlights, or other lights

PEDESTRIAN CCs $(P + TU# = \underline{P1})$

00 No pedestrian contributing circumstance evident

oo no peacethan continuating encumeration evident

NON-MOTORIST CONDITION AT THE TIME OF CRASH

- 01 Under the influence of illegal drugs
- 02 Under the influence of Alcohol
- 03 Under the influence of medication
- 04 Ill or Medical condition
- 05 Fell asleep or fatigued
- 06 Emotional: Angry, depressed, upset, impatient, etc.

NON-MOTORIST DISTRACTED BY

- 15 Mobile (cell) phone (calling, texting, other use)
- 16 Other electronic devices (audio, video, GPS, computer,...)
- 17 Inattention (general sense)

NON-MOTORIST ACTIONS AT THE TIME OF CRASH

- 25 Failed to yield the right of way
- 26 Disregarded traffic control signs, signals, officer, etc.
- 27 Improper crossing
- 28 In Roadway (standing, lying, etc)
- 29 Darting
- 30 Wrong side of roadway
- 31 Not visible (dark clothing)
- 32 Pedal cycle violation(s)

VEHICLE CCs (V + TU# = V1)

PROBLEMS WITH OR LOSS OF...

01 Brakes 13 Mirrors

02 Tires 14 Unattended or driverless in motion

03 Wheel(s) 15 Unattended or driverless not in motion

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

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

	Accident Code Sheet KDOT Form 855 Rev. 9-2011 SEAT TYPES, SAFETY EQUIPMENT, INJURY SEVERITY, DRIVER'S LICENSE CODES, ETC.									
			CODE LISTS							
OC	CUPANT SEAT PC	SITION	SAFETY E	QUIPMENT USE						
FRONT ROV	V 01 Driver		S Shoulder & Lap belt							
	02 Center		X Shoulder belt only							
	03 Right		L Lap belt only							
SECOND RC	ow 04 Left	(19) Front	I Infant seat/restraint system (rear facing)						
	05 Center		C Child seat/restraint system (fr	ont facing)						
	06 Right	4 5 6	T "Booster" seat/restraint syste	m (see manual)						
THIRD ROW	07 Left	7 8 9	P Airbag deployed only (Passive							
	08 Center	(7) (8) (9)	R Airbag deployed - Shoulder &							
	09 Right	18 (18)	J Airbag deployed - Shoulder be							
10 Motorcy	cle passenger	19	W Airbag deployed - Lap belt on							
	rson on driver's seat	or lan	F Airbag deployed - Infant seat							
	person on passenge		D Airbag deployed - Illiant Seat							
			K Airbag deployed - "Booster" s							
	eat position IN vehicle sition ON or Outside		B Both Motorcyclist helmet & ey							
		VEHICIE	E Motorcyclist eye protection							
27 Enclosed	d cargo area		H Motorcyclist helmet							
28 Unenclos	sed cargo area (pickı	up bed, etc)	Q Pedestrian helmet or protective	ve pads V Reflective clothing						
29 Sleeper	section of truck cab		N None used U Unknown							
30 Trailing u	unit (auto, boat, camp	per)	EJECTED / TRAPPED	INJURY SEVERITY						
99 Unknowi	n position IN or On ve	ehicle		N Not injured						
PEDE	STRIAN TYPES (n	on-motorist)	E Ejected (totally)	P Possible injury (complaint of pain)						
21 Walking,	standing, running, et	C	P Partially ejected	I Injury - not incapacitating						
22 Pedal cyc	clist		T Trapped in vehicle	D Injury - incapacitating (disabling)						
23 Rider of a	animal		U Unknown	F Fatal injury U Unknown						
24 Occupan	t of animal-drawn vel	nicle	EJEC	TION PATH						
25 In vehicle	NOT IN TRANSPOR	RT (legally parked veh)	01 Side door 06	Roof - sunroof/convertible top down						
26 Machine		Vehicles: tow trucks, fire,	02 Side window 07	Roof - convertible top up						
		now plows, const. eq, etc)	03 Windshield 08	Other path (pickup bed)						
88 Other	99 Unkno	wn — — — — — — — — — — — — — — — — — — —	04 Back window 99	Unknown						
TRAIN OCC	UPANT SEAT TYP	ES GENDER	05 Back door/Tailgate							
31 Train crew		M Male	ANIN	IAL TYPES						
(list all in control	whether injured or no	ot) F Female	01 Deer 03 Cov	v or Bull 05 Horse						
32 Train passengers	s (list if injured)	U Unknown		er domestic nal: cat, dog, etc						
KS LIC CLASS		KANSAS LICENSE REST		HAZARDOUS MATERIAL						
(see manual)	B Corrective lenses	M No CDL - A Bu	us J08 Seasonal CDL	CLASS CODES						
A - GCWR>26,000	C Mechanical aid (devices) N No CDL - A/B		1 Explosives						
B - GVVK>26,000	D Prosthetic aid (de									
$C = C \times V \times V = C \times C$		mission J01 Outside busine		3 Flammable/combustible liquid						
	F Outside mirror C Daylight only	J02 Under Age Six		4 Flammable/combustible solid 5 Ovidizers & organic perovides						
	G Daylight only H Employment only	J03 No Freeway dr J04 25 Mi. from Ho		5 Oxidizers & organic peroxides6 Poisonous/infectious substance						
	I Limited - Other	J05 Within City Lim								
ID - Identification #	K Intrastate only	J06 Lic Driver Fron		nt 8 Corrosive material						
U - Unknown	L Without Air-brake	s J07 Moped	U Unknown	9 Misc. HazMat						