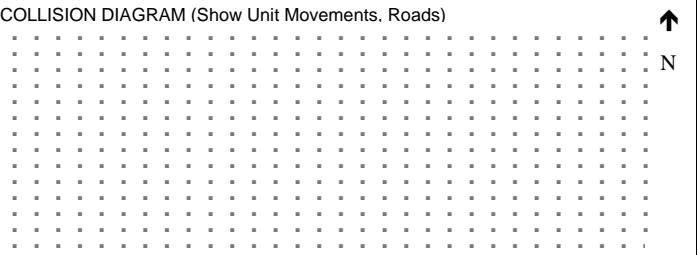


- FATAL
- INJURY
- PDO over \$1000
- PDO under \$1000
- PRIVATE PROPERTY

STATE OF KANSAS MOTOR VEHICLE ACCIDENT REPORT

DOT FORM NO. 850
Rev. 1-2005

- Amended Report
- Hit & Run Accident
- KDOT Property Damage
- KDOT Construction Zone

Milepost		County		On Road		Speed Limit		CITY		Photos By		Local Case Number		Page of /					
Distance		Ft/Mi	Dir.	<input type="checkbox"/> FROM <input type="checkbox"/> AT Road		Speed Limit		Investigating Dept.			Investigating Officer /Badge Number		Reviewed By						
COLLISION DIAGRAM (Show Unit Movements, Roads) 						Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.						Date of Accident							
												TIME Occurred		DAY		TIME Notified		DAY	
												TIME Arrived		DAY					
Object Damaged and nature of damage (Show location in diagram)						Name and Address of object owner													
ON Road		DRTR		RCRP		AT Road		Distance		Unit		Dir.		Latitude		Longitude		STATE USE ONLY	
County	City Code	Agency Code	Distance	Reference Road 1	+	E	M	Distance	Reference Road 2	Coder	Func. Class								
Unit	<input type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)			Phone <input type="checkbox"/> Work <input type="checkbox"/> Home		Color	YEAR	MAKE	MODEL	&	BODY STYLE	MC CCs						
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)						STATE LICENSE PLATE #		Exp. Yr		Removed By:									
DRIVER'S LICENSE STATE and NUMBER			CDL?	DATE OF BIRTH		SEX	VEHICLE IDENTIFICATION NUMBER				Odometer								
St.	No.	Registered OWNER FULL NAME ("Same" if Driver)			Phone <input type="checkbox"/> Work <input type="checkbox"/> Home		TOTAL occupants in this vehicle		Fire?	Insurance Company									
OWNER Address ("Same" if Driver)						Special Data Area		Direction of Travel		Policy Number									
Special Conditions for unit above: <input type="checkbox"/> 1 Hit & Run <input type="checkbox"/> 2 Non-Contact <input type="checkbox"/> 3 Stolen <input type="checkbox"/> 4 Legally parked <input type="checkbox"/> 5 Police pursuit <input type="checkbox"/> 6 Driverless <input type="checkbox"/> 7 Towed away																			
Unit	<input type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)			Phone <input type="checkbox"/> Work <input type="checkbox"/> Home		Color	YEAR	MAKE	MODEL	&	BODY STYLE	MC CCs						
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)						STATE LICENSE PLATE #		Exp. Yr		Removed By:									
DRIVER'S LICENSE STATE and NUMBER			CDL?	DATE OF BIRTH		SEX	VEHICLE IDENTIFICATION NUMBER				Odometer								
St.	No.	Registered OWNER FULL NAME ("Same" if Driver)			Phone <input type="checkbox"/> Work <input type="checkbox"/> Home		TOTAL occupants in this vehicle		Fire?	Insurance Company									
OWNER Address ("Same" if Driver)						Special Data Area		Direction of Travel		Policy Number									
Special Conditions for unit above: <input type="checkbox"/> 1 Hit & Run <input type="checkbox"/> 2 Non-Contact <input type="checkbox"/> 3 Stolen <input checked="" type="checkbox"/> 4 Legally parked <input type="checkbox"/> 5 Police pursuit <input type="checkbox"/> 6 Driverless <input type="checkbox"/> 7 Towed away																			
TRAF UNIT	SEAT TYPE	Last Name	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)						SEX	AGE	S.E. USED	EJECT TRAP	INJ SEV	EMS UNIT			
E Unit	M	S	A	INJURED TAKEN By:			INJURED TAKEN To:			E Unit	M	S	B	INJURED TAKEN By:					
E Unit	M	S	C	INJURED TAKEN By:			INJURED TAKEN To:			E Unit	M	S	C	INJURED TAKEN By:					

Dr/Pd	Violation Charged	Citation No.	Dr/Pd	Violation Charged	Citation No.	Dr/Pd	Violation Charged	Citation No.
Dr/Pd	Violation Charged	Citation No.	Dr/Pd	Violation Charged	Citation No.	Dr/Pd	Violation Charged	Citation No.

OFFICER'S OPINIONS OF APPARENT CONTRIBUTING CIRCUMSTANCES (Factor Type-Unit Number/Specific Factor) Enter in order all codes that apply.

LIGHT 01 Daylight 02 Dawn 03 Dusk 04 Dark: street lights on 05 Dark: no street lights		TRAFFIC CONTROLS O/A (On/At Road) Type Present OK/NF(OK/Non-functional) <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> </table> 00 None 01 Officer, flagger 02 Traffic signal 03 Stop sign 04 Flasher 05 Yield sign 06 RR gates or signal 07 RR crossing signal 08 No passing zone 09 Center/edge lines 88 Other _____		1	1	2	2	3	3	4	4	5	5	ACCIDENT CLASS 00 Other non-collision 01 Overturned COLLISION WITH: 02 Pedestrian 03 Other motor vehicle * 04 Parked motor vehicle 05 Railway train 06 Pedalcycle 07 Animal (specify) 08 Fixed object ** 09 Other object		* COLLISION WITH OTHER MOTOR VEH. 01 Head on 02 Rear end 03 Angle, side impact 04 Sideswipe: opposite direction 05 Sideswipe: same direction 06 Backed into 88 Other _____	
1	1																
2	2																
3	3																
4	4																
5	5																
WEATHER 00 No adverse conditions 01 Rain, mist, or drizzle 02 Sleet 03 Snow 04 Fog 05 Smoke 06 Strong winds 07 Blowing dust, sand, etc. 08 Freezing rain 88 Other _____		ROAD CHARACTER ON <input type="checkbox"/> AT <input type="checkbox"/> 01 Straight and level 02 Straight on grade 03 Straight at hillcrest 04 Curved and level 05 Curved on grade 06 Curved at hillcrest 88 Other _____		ACCIDENT LOCATION ON ROADWAY: 11 Non-intersection 12 Intersection 13 Intersection-related 14 Parking lot or driveway access 15 Interchange area 16 On Crossover OFF ROADWAY: 21 Roadside (Including shoulder) 22 Median 23 Parking lot, rest area trafficway 88 Other _____		** FIXED OBJECT TYPE 01 Bridge structure 02 Bridge rail 03 Crash cushion (barrels) 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 RR crossing fixtures 88 Other _____											
SURFACE TYPE ON <input type="checkbox"/> AT <input type="checkbox"/> 01 Concrete 02 Blacktop 03 Gravel 04 Dirt 05 Brick 88 Other _____		CONST./MAINT. ZONE ON <input type="checkbox"/> AT <input type="checkbox"/> 00 None apply 01 Construction zone 02 Maintenance zone 03 Utility zone		ROAD SPECIAL FEATURES (IDENTIFY UP TO THREE) <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Bridge <input type="checkbox"/> 02 Bldge overhead <input type="checkbox"/> 03 Railroad bridge <input type="checkbox"/> 04 Railroad crossing <input type="checkbox"/> 05 Interchange <input type="checkbox"/> 06 Ramp		ENTER ANY VISIBLE IDENTIFIER: refer by code Code Ident: _____											
SURFACE CONDITION ON <input type="checkbox"/> AT <input type="checkbox"/> 01 Dry 02 Wet 03 Snow or slush 04 Ice or snowpacked 05 Mud, dirt or sand 06 Debris (Oil, etc.) 88 Other _____		DAMAGE LOCATION AREA - Vehicle 		VEHICLE BODY TYPE <input type="checkbox"/> 01 Automobile <input type="checkbox"/> 02 Motorcycle <input type="checkbox"/> 03 Motorscooter or Moped <input type="checkbox"/> 04 Van <input type="checkbox"/> 05 Pickup truck <input type="checkbox"/> 06 Sport Utility Veh. <input type="checkbox"/> 07 Camper or RV <input type="checkbox"/> 08 Farm equipment <input type="checkbox"/> 09 All terrain vehicle (ATV)		Heavy / Large Vehicles <input type="checkbox"/> 10 Single Large Truck <input type="checkbox"/> 11 Truck and trailer(s) <input type="checkbox"/> 12 Tractor-trailer(s) <input type="checkbox"/> 13 Cross country bus <input type="checkbox"/> 14 School bus <input type="checkbox"/> 15 Transit bus <input type="checkbox"/> 25 Train <input type="checkbox"/> 77 Emergency Vehicles <input type="checkbox"/> 88 Other _____											
VEHICLE MANEUVER BEFORE CRASH 01 Straight/following road 02 Left turn 03 Right turn 04 U-turn 05 Overtaking (passing) 06 Changing lanes 07 Avoiding maneuver 08 Merging 09 Parking 10 Backing 11 Stopped awaiting turn 12 Stopped in traffic 13 Illegally parked 14 Disabled in roadway 15 Slowing or stopping 88 Other _____		DAMAGE LOCATION AREA - Vehicle 		PEDESTRIAN LOCATION BEFORE IMPACT-IN INTERSECTION: <input type="checkbox"/> 01 In crosswalk or bikeway <input type="checkbox"/> 02 Not in crosswalk or bikeway <input type="checkbox"/> 03 In intersection without crosswalk or bikeway NOT IN INTERSECTION <input type="checkbox"/> 11 In available crosswalk or bikeway <input type="checkbox"/> 12 Not in available crosswalk or bikeway <input type="checkbox"/> 13 In area without crosswalk or bikeway <input type="checkbox"/> 25 NOT IN ROADWAY		PEDESTRIAN ACTION <input type="checkbox"/> 01 Entering or crossing road <input type="checkbox"/> 02 Walking or riding on road <input type="checkbox"/> 03 Approaching, leaving, or working on vehicle <input type="checkbox"/> 04 Working (not on vehicle) <input type="checkbox"/> 05 Playing or standing <input type="checkbox"/> 06 Approaching or leaving bus <input type="checkbox"/> 07 In parked vehicle <input type="checkbox"/> 88 Other _____											
VEHICLE DAMAGE <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Damage (minor) <input type="checkbox"/> 02 Functional <input type="checkbox"/> 03 Disabling <input type="checkbox"/> 04 Destroyed 88 Other _____		DR. LIC. COMPLY (Code each driver) <input type="checkbox"/> 00 Not licensed <input type="checkbox"/> 01 Valid license <input type="checkbox"/> 02 Invalid license		RESTRICT. COMPLY (Code each driver) <input type="checkbox"/> 00 No restrictions <input type="checkbox"/> 01 Complied with <input type="checkbox"/> 02 Do not comply		SUBSTANCE USE AP - Alcohol Present AC - Alcohol Contributed DP - Illegal Drug Present DC - Illegal Drug Contributed MP - Medication Present MC - Medication Contributed		DRIVER/PED IMPAIRMENT TEST TR - Alcohol or drug Test Refused PT - Positive preliminary Test RP - Test given, Results Pending									

USE CODE "99" FOR UNKNOWN

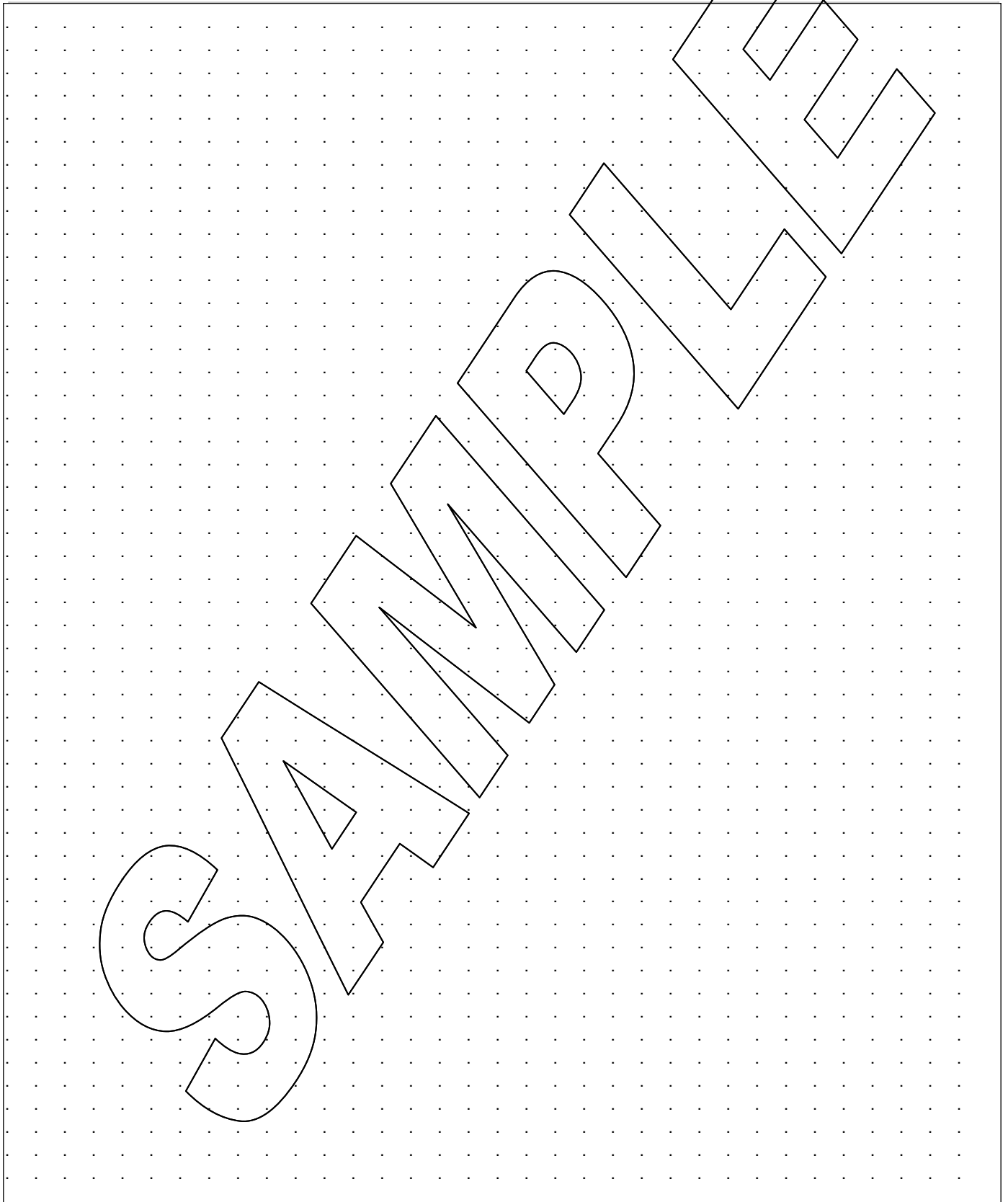
0. | | | ← B.A.C. → 0. | | |

COLLISION DIAGRAM

Draw scene as observed. Refer to vehicles, drivers, and pedestrians by numbers assigned in this report.

SHOW

- (1) Outline of street and access points and identify specifically by number.
- (2) Paths of units prior to and after impact, skidmarks, and point of impact (POI).
- (3) Location of signs, traffic controls, and reference points.
- (4) Location of other property hit or damaged (trees, signs, etc.).
- (5) Specific features at location (bridge, overpass, culvert, railroad crossing, etc.).
- (6) Location of temporary highway conditions.
- (7) All measurements to locate the accident relative to specific, fixed, and identifiable points.



TRUCK - BUS SUPPLEMENT

Completed post-crash inspection

Supplement required for accidents involving trucks with at least 2 axles and 6 tires, OR buses with a seat capacity of 15 or more, OR any vehicle transporting hazardous material.

COUNTY	ON Road	CITY	DATE of Accident	TIME Occurred	Day	Traffic Unit No.	Page of		
STATE USE ONLY		Investigating Dept.		Investigating Officer		Badge No.	Local Case Number		
CARRIER NAME (CORPORATE BUSINESS NAME)						KANSAS PERMITS (Issuer and Permit Number)			
CARRIER ADDRESS			CITY	STATE		ZIP CODE			
U.S. GOVERNMENT PERMITS (Issuer and Number)			SOURCE OF NAME (enter one only)			1. _____			
USDOT _____ ICC MC _____			01 Side of vehicle 02 Shipping papers or manifest			03 Driver 04 Logbook			
2. _____			3. _____			3. _____			
VEHICLE CONFIGURATION		ON ROAD LANE TYPE			ACCESS CONTROL				
01 Bus _____ (capacity) 02 Single-unit truck (2-axle, 6-tires) 03 Single-unit truck (3 or more axles) 04 Truck and trailer 05 Truck tractor (bobtail) 06 Truck tractor and semi-trailer 07 Truck tractor and double trailer 08 Truck tractor and triple trailer 09 Heavy truck, cannot classify		00 Undivided 01 One-way roadway 02 Divided roadway, medianstrip without barrier 03 Divided roadway, medianstrip with barrier			00 No control (unlimited access) 01 Full control (entry/exit only by ramp) 88 Other _____				
CAB TYPE (for single truck or tractor)		CARGO TYPE			SEQUENCE OF EVENTS (list up to 4)				
01 Cab behind engine 02 Cab over engine		00 Empty 01 Driveaway or towaway 02 Explosives 03 Farm and other animals 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 Food products 18 Plastic products 88 Other _____			1 _____ 2 _____ 3 _____ 4 _____ 00 Ran off road 11 Jackknife 12 Overturn 13 Downhill runaway 14 Cargo loss or shift 15 Explosion 16 Fire 17 Separation of units 18 Trailer swing				
CARGO BODY TYPE		COLLISION WITH:			88 Other event _____				
01 Van or enclosed box 02 Hopper 03 Tank 04 Flatbed 05 Dump 06 Concrete mixer 07 Auto transporter 08 Garbage or refuse 88 Other _____		21 Pedestrian 22 Motor vehicle in transport 23 Parked motor vehicle 24 Train 25 Pedalcycle 26 Animal 27 Fixed object 28 Other object							
TRAILERS			TOTALS			HAZARDOUS MATERIALS DATA			
	WIDTH (inches)	LENGTH (feet)	Total Length (feet)	No. of Axles	No. of Trailers	Gross Vehicle Weight	Material ID No.	Weight (pounds)	Spill or Release?
Trailer 1									
Trailer 2									
Trailer 3									
USE CODE "99" FOR UNKNOWN							Placard?	Class:	

ACCIDENT CODING LIST

Contributing Circumstances -- List in order of significance

(Example: Officer's Opinion... |D1|07|OR|02| interpretation: driver 1 - made improper turn; On Road - icy or slushy)

D (n) Driver (1, 2, etc.)	P (n) Pedestrian/Cyclist (1, 2, etc.)	V (n) Vehicle (1, 2, etc.)
01 Under the influence of illegal drugs	01 Under the influence of illegal drugs	01 Brakes
02 Under the influence of alcohol	02 Under the influence of alcohol	02 Tires
03 Failed to yield right of way	03 Failed to yield right of way	03 Exhaust
04 Disregarded traffic signs, signals, markings	04 Disregarded traffic control	04 Headlights
05 Exceeded posted speed limit	05 Illegally in roadway	05 Window or windshield: includes ice on windshield & designer window tinting, etc.)
06 Too fast for conditions	06 Pedalcycle violation	06 Wheel(s)
07 Made improper turn	07 Clothing not able to be seen	07 Trailer coupling
08 Wrong side or wrong way	08 Inattention	08 Cargo
09 Followed too closely	09 Distraction - mobile (cell) phone	09 Unattended or Driverless (in motion)
10 Improper lane change		10 Unattended or Driverless (not in motion)
11 Improper backing		11 Other lights
12 Improper passing		
13 Improper or no signal		
14 Improper parking		
15 Fell asleep		
16 Inattention		
17 Did not comply - license restrictions		
18 Other Distraction in or on vehicle		
19 Avoidance or evasive action		
20 Impeding or too slow for traffic		
21 Ill or medical condition		
22 Distraction - mobile (cell) phone		
23 Distraction - other electronic devices		
24 Aggressive / Antagonistic driving		
25 Reckless / Careless driving		
	E- Environment	
	01 Fog, smoke, or smog	
	02 Sleet, hail, or freezing rain	
	03 Blowing sand, soil, or dirt	
	04 Strong winds	
	05 Rain, mist, or drizzle	
	06 Animal	
	07 Vision Obstruction: building, vehicle, objects made by humans	
	08 Vision Obstruction: vegetation	
	09 Vision Obstruction: glare from sun or headlights	
	10 Reduced visibility due to cloudy skies	
	11 Falling Snow	
		O/A (On/At) R (Road)
		01 Wet
		02 Icy or slushy
		03 Debris or obstruction
		04 Ruts, holes, bumps
		05 Road construction or maintenance
		06 Traffic control device inoperative
		07 Shoulders: low, soft, or high
		08 Snowpacked

Miscellaneous Codes:

Occupant Seat Position Codes	Train Occupant Seat Codes	Safety Equipment Use
01 Driver (<u>any</u> vehicle type)	31 Train crew (List all <u>in control</u> whether injured or not)	S Shoulder & Lap belt
02 Center front	32 Train passenger (List only if injured)	X Shoulder belt only
03 Right front		L Lap belt only
04 Left rear		I Infant seat / restraint system (see manual)
05 Center rear		C Child seat / restraint system (see manual)
06 Right rear		T "Booster" seat / restraint system (see manual)
07 Other seat position IN vehicle		P Airbag deployed only (Passive System)
08 Any position ON or Outside Veh.		R Airbag deployed - Shoulder & Lap belt
09 Unknown location IN or ON Veh.		J Airbag deployed - Shoulder belt only
10 Motorcycle passengers		W Airbag deployed - Lap belt only
11 Extra person on driver's seat or lap		F Airbag deployed - Infant seat
12-17 Extra person on passenger's lap		D Airbag deployed - Child seat
		K Airbag deployed - "Booster" seat
		B Both MC Helmet & Eye protection
		E Motorcyclist Eye protection
		H Motorcyclist or Pedalcyclist Helmet
		N None Used
		U Unknown
	Injury Severity	
	N Not injured	
	P Possible injury	
	I Injury - not incapacitating	
	D Disabled - incapacitating	
	F Fatal injury	
	U Unknown	
	Hazardous Material Classes	
	1 Explosives	M Male
	2 Gases	F Female
	3 Flammable/Combustible Liquid	U Unknown
	4 Flammable/Combustible Solid	
	5 Oxidizers & organic peroxides	
	6 Poisonous/Infectious substance	
	7 Radioactive material	
	8 Corrosive material	
	9 Miscellaneous hazardous material	
		Gender
		Animal Type Codes
		01 Deer
		02 Other wild animal: bobcat, coyote, etc.
		03 Cow
		04 Other domestic animal: cat, dog, etc.
		05 Horse

Ejected / Trapped

- N No
- E Ejected
- P Partially Ejected
- T Trapped
- U Unknown

