MOTOR VEHICLE ACCIDENT REPORT

CODING MANUAL

JANUARY 1995

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INTRODUCTION

This manual illustrates and describes the State of Kansas Motor Vehicle Accident Report (MVAR), the Truck-Bus Supplement, and the Investigative-Fatality Report forms. The manual provides detailed instructions for completing each type motor vehicle traffic accident report form.

Codes used for various data elements on the form are not listed in this manual except as they are illustrated on the forms themselves. Since the coding schemes and the report forms are self-contained, minor revisions to the codes may be made from time to time as needed on the reporting forms without requiring a revision to this manual. Some references to individual codes are made in this manual, but they address problem situations that are not likely to change with revisions to the form.

Classification and related procedures were established in accordance with the Manual on Classification of Motor Vehicle Traffic Accidents, Standard D16.1-1989 (Fifth Edition), of the American National Standards Institute (ANSI), published by the National Safety Council, 444 North Michigan Avenue, Chicago, Illinois 60611.

Data element names and codes have been adopted from the Data Dictionary for the American Motorists Data Base Standard, ANSI D20, to the extent that they were judged to be useful and current. ANSI D20 is published by the American Association of Motor Vehicle Administrators, 1201 Connecticut Avenue, Washington, DC 20036.

All of the contents and the general layout of the forms were determined jointly by a special committee representing agencies interested in and affected by accident reporting. Input on revision of the forms was solicited from agencies interested in and affected by accident reporting.

The following organizations participated in the special committee:

Kansas Department of Revenue
Kansas Department of Transportation
Kansas Highway Patrol
City of Topeka Police Department
City of Wichita Police Department
Kansas Law Enforcement Training Center
Federal Highway Administration
National Highway Traffic Safety Administration
National ConServ, Inc.

The accident report forms meet all of the known and projected needs of State, local and Federal government users. They provide a multi-level reporting capability designed to facilitate the work of enforcement officers while guiding the reporting process to generate reliable accident data.

The Truck-Bus Supplement and the Investigative-Fatality Report form enable the collection of additional information on accidents. The scope of data for the Truck-Bus Supplement incorporates the recommendations of the Technical Advisory Group of the National Governors Association (NGA) on its Motor Carrier Accident Reporting Project. The NGA was requested by the Federal Highway Administration to conduct that effort to establish a formal recommendation for reporting on accidents involving commercial motor vehicles. The fatality portion of the Investigative-Fatality Report form incorporates data elements required for the National Highway Traffic Safety Administration's Fatal Accident Reporting System (FARS) but which are not included on the MVAR. The investigative portion of the Investigative-Fatality Report form provides for the officer's complete description of the accident and any additional notes that might be relevant to the accident. The report also provides a large collision diagram area.

AUTHORITIES AND REQUIREMENTS

Accident reporting requirements are established by Kansas law. The introduction to the law pertaining to accident reporting requirements for enforcement officers is quoted below, and other relevant sections of the law are identified.

Chapter 8, Article 16.— 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. 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.

ACCIDENT REPORTABILITY

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 $500 or more must be reported to the KDOT within ten (10) days of the investigation of the accident. Non-injury accidents, whose total property damage is less than $500, and accidents which occur on private property are not reportable to the KDOT.

WHERE TO SEND COMPLETED FORMS

Send completed accident report forms to:

Accident Data Manager
Bureau of Transportation Planning
Kansas Department of Transportation
Docking State Office Building
Topeka, Kansas 66612-1568

WHERE TO REQUEST BLANK FORMS

Blank forms may be obtained from the above address or by calling one of the following telephone numbers:

(913) 296-0456
(913) 296-5169
(913) 296-7452
(913) 296-3841

WHERE TO OBTAIN ANSWERS TO QUESTIONS

Answers to questions on coding and interpretations of accident classifications or other issues may be obtained by calling one of the above telephone numbers.

INSURANCE REPORTING

By law, the Kansas Department of Revenue requires a Form DC-66 for verification of automobile insurance coverage. That form is mandatory, and it is the only form acceptable for insurance reporting. Entry of insurance information on the accident report form is optional according to each law enforcement department's policies. Forward forms to the Kansas Department of Revenue (address on back of DC-66). See page 29 for a copy of a DC-66 form.

WHERE TO OBTAIN DC-66 FORMS

DC-66 forms may be obtained from the Kansas Department of Revenue at the address shown on the form or by calling (913) 296-3614.

ACCIDENT REPORTING CRITERIA AND CLASSIFICATION

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 which must be answered "YES" for an incident to be classified as a motor vehicle traffic accident. They are:

1. Did the incident include loss in the form of damage or at least one injury?
2. Was the injury or damage unintentional?
3. Was there injury or damage not resulting from a cataclysm?
4. Did the incident involve at least one motor vehicle in transport?
5. Was the incident an unstabilized situation?
6. Did the unstabilized situation originate on a trafficway or did injury or damage occur on a trafficway?
7. If the incident involved a railroad train in transport, did a motor vehicle in transport become involved prior to any injury or damage involving the train?
8. Did the incident exclude aircraft or watercraft in transport?

Certain types of events do not qualify as a motor vehicle accident, such as:

1) any injury or damage involving a motor vehicle in transport on a trafficway if the event was deliberately intended, such as suicide, homicide, assault, or legal intervention;

2) a motor vehicle in transport running off the road and returning (or coming to a stop off of the road) without injury or damage to the vehicle or real property in its path;

3) injury from live electrical wires after an accident ends when a vehicle occupant would have been safe otherwise;

4) events initiated by and/or loss resulting from a cataclysm, such as motor vehicle damage resulting from excessive wind, landslide, or earthquake.

Official guidance for classification of accidents is provided in the Manual on Classification of Motor Vehicle Traffic Accidents referenced above. That document is recommended for authoritative reference and resolution of questioned situations.

ACCIDENT (FIRST HARMFUL EVENT) CLASSES

Accidents are classified according to ten categories of "First Harmful Events." The first known harmful event is unambiguous and clearly discernible whereas the first significant event or the most harmful event can be open to debate. Therefore the official classification procedure uses the first harmful event, and it is the consistency of states following the data coding standard that enables national statistics to be developed and used for meaningful analysis.

All accident classes are based upon the first harmful event (FHE) occurring on a trafficway or as a result of events (e.g., losing control) beginning on a trafficway.

The following are brief explanations of accident classes, based on first harmful events.

NONCOLLISION:

00 Other Noncollision	All other noncollision FHEs including: Fire starting in motor vehicle in transport Explosion Gas Inhalation (e.g., carbon monoxide) Jackknife Injury from: . fall or jump from vehicle except from being pushed . object in or thrown against vehicle except deliberate intent Injury or damage from: . breakage of any vehicle part . moving part of vehicle . object falling on vehicle except from a cataclysm . object falling from or in vehicle . toxic or corrosive chemicals leaking out of vehicle . debris thrown by another vehicle such as gravel, ice & snow . striking holes or bumps . driving into water, without overturning
01 Overturn	The FHE is a motor vehicle overturn.

ACCIDENT (FIRST HARMFUL EVENT) CLASSES (CONTINUED)

COLLISION WITH:

02 Pedestrian	Person afoot or on a non-motorized conveyance (such as skateboard, skates, or sled) that is not a pedalcycle (see "06-pedalcycle"). Includes a person attempting to jump into a motor vehicle.
03 Other Motor Vehicle	Another motor vehicle in transport.
04 Parked Motor Vehicle	Another motor vehicle not in transport which is legally parked.
05 Railway Train	Another motorized vehicle designed to ride on fixed rails.
06 Pedalcycle	Although bicycles are the most common pedalcycles, the category includes tricycles, unicycles and pedalcars. The category does not include sidewalk scooters or non-motorized wheel chairs.
07 Animal	Domestic or wild animal which is not powering another road vehicle.
08 Fixed Object	"Fixed" is the key word. Examples are listed in the code area FIXED OBJECT TYPE on the reverse side of the basic form.
09 Other Object	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. Also includes collisions with police cars used as barricades.

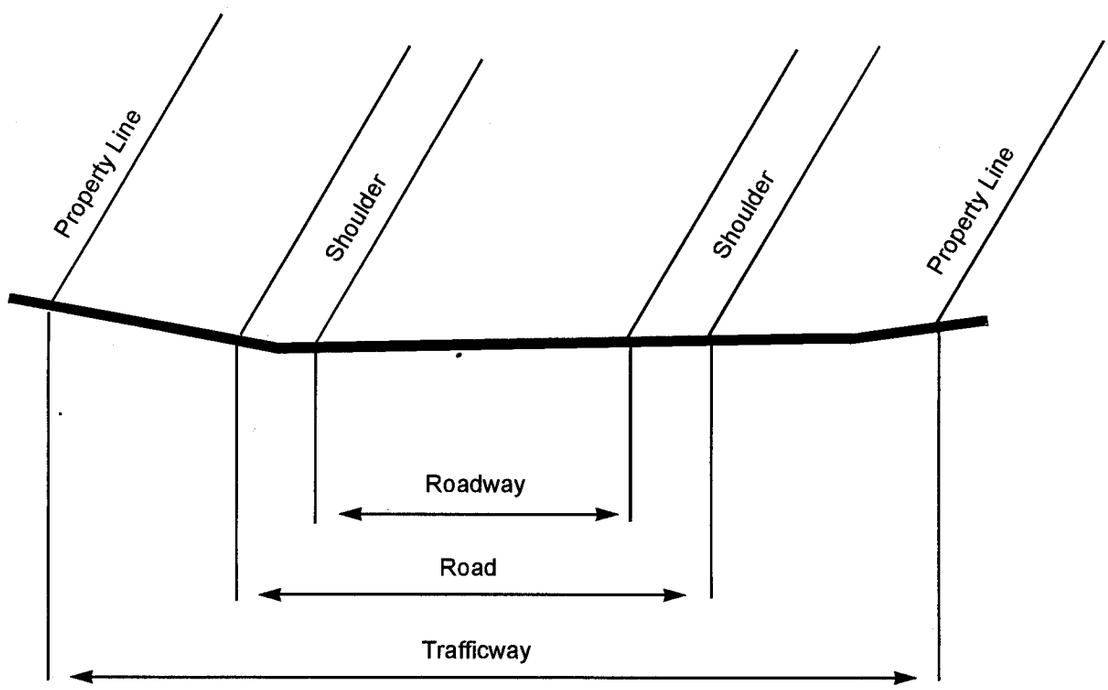
Basic Terms and Qualifications

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

1. **MOTOR VEHICLE** 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 or abandoned in the road). "IN TRANSPORT" does **not** include legally parked vehicles or those parked off the roadway. In this manual, "motor vehicle" means "motor vehicle in transport."

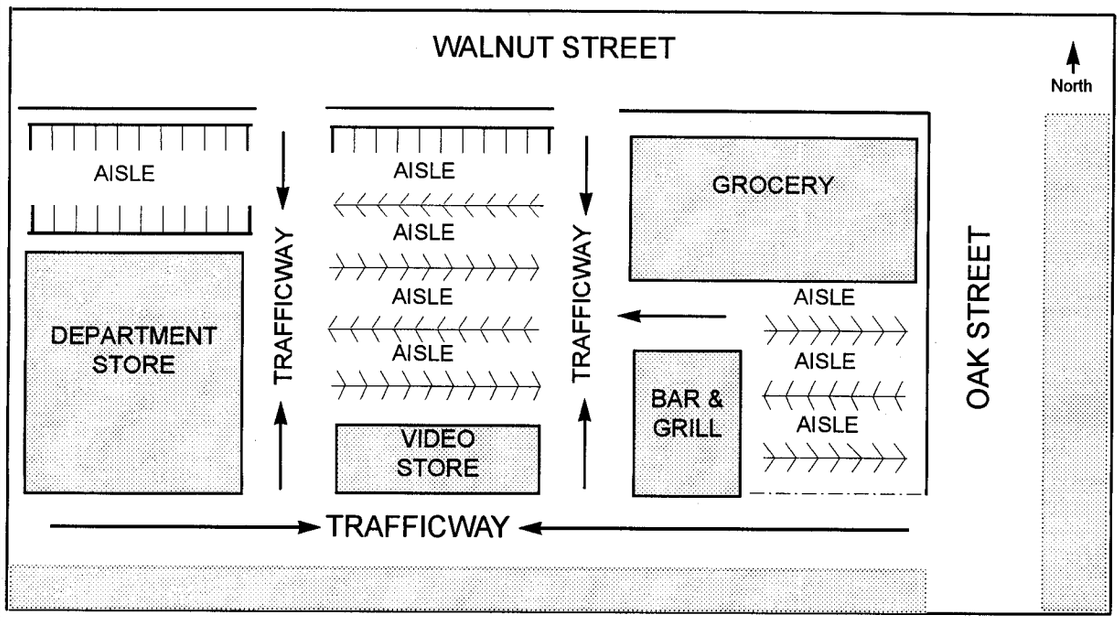
2. **TRAFFIC** "Transport" and "traffic" are associated with the road locations where motor vehicles are intended to travel. The event must 1) occur or 2) be initiated on a trafficway.

A roadway is that part of a road which is intended for travel. The road is the part of a trafficway that includes roadway and any adjacent shoulder(s).



3. **TRAFFICWAY** A trafficway is any land way (a space within property lines or other boundary lines of any transport way, any way or place reserved or commonly used for the operation of transport vehicles) open to the public as a matter of right or custom for moving persons or property from one place to another.

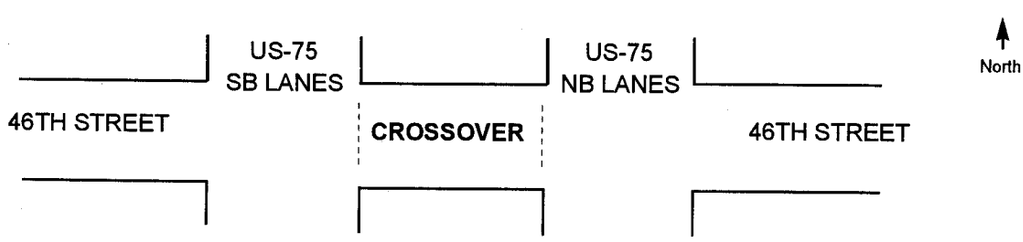
The diagram below illustrates the difference between public roadways or trafficways and private property portions of a parking lot as defined by the National Safety Council.



Trafficways in the parking lot provide public access to and circulation within the lot. TRAFFICWAYS are PUBLIC ROADWAYS. Parking lot AISLES provide access to the parking stalls and are PRIVATE PROPERTY. If the roadway provides no access to legal, non-emergency parking, the roadway is a TRAFFICWAY and a PUBLIC ROADWAY; likewise, if the roadway provides access to a parking stall, the roadway is an AISLE and is PRIVATE PROPERTY.

Motor vehicle accidents occurring on parking lot TRAFFICWAYS are reportable if any of the criteria for reportability is met. Motor vehicle accidents occurring in parking lot AISLES are PRIVATE PROPERTY accidents and are NOT REPORTABLE IN ANY SITUATION.

4. **CROSSOVER** A crossover is the area between a divided highway.

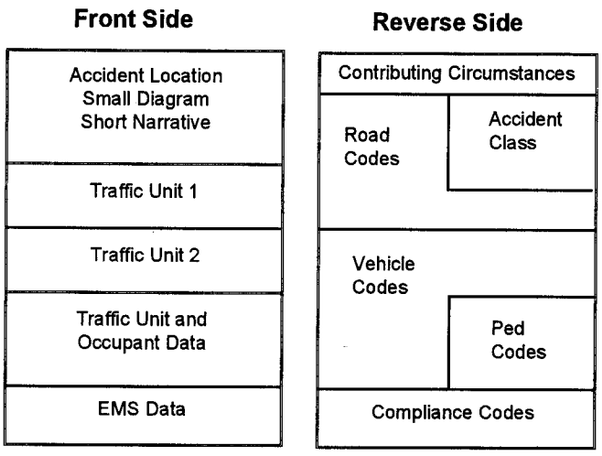


GENERAL INFORMATION AND INSTRUCTIONS

Basic Reporting

The basic accident report consists of a single page with information on both sides. The reporting requirements of the State can be met, in most cases, using only this single page.

Form Layout



Sequence for Recording

The form was designed for the maximum convenience of officers, and there is no set procedure for recording information on the form. Accuracy and completeness are more important than any other considerations for completed reports.

It is recommended that where little or no descriptive information is available about Hit and Run vehicles, such unit would be recorded last and that non-contact vehicles vehicles be recorded last. Non-contact vehicles are not considered traffic units by the State.

When circumstances do not dictate otherwise, use the following sequence for recording data:

Record the road name(s), measurements, description of the accident, etc., on the upper part of the form front, and then record the road and accident class codes on the reverse.

Record the driver/ped and vehicle descriptions and related occupant and ped data on the front and then record vehicle and driver/ped codes on the reverse.

Special Notes on Traffic Units

Traffic units are motor vehicles in transport, all pedestrian types (see Special Notes on Pedestrians below), and trains involved with motor vehicles in transport. The distinction of motor vehicles in transport eliminates legally parked vehicles; i.e., legally parked vehicles are not traffic units. 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 and, again, are not traffic units. Also, a non-contact or phantom vehicle is not a traffic unit because no contact was made with another traffic unit.

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).

Pedestrians (PEDs) struck by motor vehicles in transport are traffic units. Injured occupants of legally parked vehicles are considered PEDs (seat type 25) even though they have no other characteristics of traffic units. Most PEDs also have maneuvers (some of which are not in motion) and positions in trafficways.

DO NOT count pedalcycles as vehicles. The pedalcyclist is a traffic unit. (Remember, a pedalcyclist is a type of PED.) Also, do not record identification or description of pedalcycles in the vehicle area because "VEHICLE" on the form means "motor vehicle." Record information of damaged pedalcycles, when needed, in the 'Object damaged and nature of damage' block or in the narrative. Do not record undamaged pedalcycles on the basic accident report form.

Trains colliding with motor vehicles are also traffic units. Record identification and description of train traffic units in the sections in the middle part of the basic report form. Identify trains only by ownership (e.g., Santa Fe) and, in the Vehicle Identification Number space, numerals or other identification for the locomotive (for the lead locomotive, if more than one). DO NOT record driver license number for train crew. Code the seat type '31' for train crew.

DO NOT count legally parked or non-contact vehicles as traffic units. Record information on these vehicles after recording and numbering all legitimate traffic units involved. Code a legally parked or non-contact vehicle as traffic unit 'X.'

Special Notes on Pedestrians (PEDs)

Pedestrians (PEDs) refer to persons who are not occupants of motor vehicles in transport. PEDs include pedalcyclists, riders of animals, occupants of animal-drawn vehicles, injured occupants of a vehicle NOT IN TRANSPORT, and machine operators or passengers of a machine when such machine is being used for its intended purpose.

Next, complete the information on each person involved:

- association of occupants with vehicles (recording uninjured passengers also);
- use of restraints, injuries, and EMS transport of each involved person; and
- witness information last.

Finally, record citations issued and code the circumstances that, in your opinion, contributed to the accident.

Basic Code Characteristics

For the 2-digit numeric codes on the reverse use:

'88' - Other (and specify); and

'99' - Unknown.

Accidents Requiring More Sheets

The basic report form will accommodate two traffic units and up to eight people, including drivers, PEDs, occupants, and witnesses.

Traffic units in excess of two, or persons involved in excess of eight, require additional pages of the basic report form. When additional pages are needed, complete only the heading (above the diagram area) and traffic unit and associated information on the reverse and/or the person data.

Accidents involving a fatality require the Investigative-Fatality Report form. Both the narrative and enlarged diagram, as well as the fatality data at the bottom of the front of this form must be completed and submitted, with the basic and any other forms, to the State. For non-fatality accidents, use of the narrative and/or enlarged diagram portions of the Investigative-Fatality Report is optional. If you complete the narrative or enlarged diagram, submit it along with other forms to the State.

Accidents involving trucks with at least two axles and six tires, buses (if seat capacity is 15 or more), or any vehicle transporting hazardous material require submittal of the Truck-Bus Supplement.

Amended Reports

If reports are revised or amended, please resubmit the entire accident report (not just the part that was revised) with AMENDED or UPDATED indicated at the top of the form and the amended information highlighted or notated.

CODING THE FRONT OF THE BASIC REPORT FORM

CHECKBOXES AT TOP OF FORM

The top left corner of the Kansas Motor Vehicle Accident Report form features checkboxes for classifying reports and separating them for efficient handling. The top three boxes identify the criteria by which accidents are reportable to the State. Check one box which identifies the reportability and severity of the accident: fatal, injury, or **P**roperty **D**amage **O**nly OVER $500.

- ☐ Fatal
- ☐ Injury
- ☐ PDO OVER $500

The lower two boxes are for "non-reportable" accidents which are not required by the State, but may be used by local option. Policies are set by each local jurisdiction on whether or not to make and keep reports on such accidents.

- ☐ Private Property
- ☐ PDO UNDER $500

Non-reportable accidents will not be entered into the State's automated data system and will not be included in statewide accident data summaries.

The checkboxes on the top right are used mainly for sorting purposes at the KDOT. Check all that apply.

- ☐ Hit & Run Accident
- ☐ KDOT Property Damage
- ☐ KDOT Construction Zone

If the hit and run accident box is checked, also indicate which vehicle left the accident scene in the special conditions checkbox area (see page 15).

MILEPOST Record the milepost of the accident location if a milepost is present.

COUNTY Record the 2-character county abbreviation. See: County Codes, page 27.

ON ROAD 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 local name; e.g, Main Street in Winfield is US-77, so record US-77 for ON road. Include the letter suffix (e.g., US-69**A**), if there is one. When there is no route number, record only the name of the road or street. If the accident occurred at an intersection of different road classes, use the highest class for the ON road.

The order of road classes is:

I (Interstate);
U (US);
K (Kansas); and
All other roads.

For example, if an accident occurs at the intersection of US-40 and K-27, use US-40.

Use the lowest route number where multiple routes of the same class are marked. For example, if an accident occurs on US-69 and US-160, use US-69.

DO NOT use street addresses such as "2208 East Elm" or the "2200 Block of Elm" for the accident location. Instead, reference a cross street for the AT road and the distance from the AT road to the accident location on the ON road. (e.g., 75 feet east FROM 22nd Street ON Elm).

Milepost markers may also be used for reference points, but care should be taken to ensure the accident location is readily identifiable. (For example, a location description of "2 miles east FROM US-169, Milepost 60 ON a county road" may not be readily identifiable if county roads are only located at milepost 59.8 and 60.8.)

ON ROAD (CONTINUED)

Occasionally, more than one set of distances and directions is necessary to indicate an accident's location (e.g., "2 miles north FROM US-24/K-14 Jct. and 2.5 miles east and 0.5 miles north ON unnamed county road"). If directions are too extensive to fit in the boxes provided, a notation may be written at the end of the narrative immediately to the right of the collision diagram box or on the Investigative-Fatality Report form.

When using intersecting roads for a reference point, which connect at more than one junction, the appropriate junction should be noted (e.g., "1 mile north and 1.5 miles east FROM US-69/K-57 North Jct. ON a county road").

Roads which were formerly US or state highways, but have been removed from the state system, should be identified as such (e.g., **Old** US-40, **Old** US- 56, **Old** K-132).

Sometimes a county, town, or city has more than one numbered street or road of the same number or name. In this case, indicate if it is North, South, East, or West (e.g., North 39th or West Elm).

Alleys are trafficways, but many have no specific name. In such cases, describe the alley as "Alley between [street name] and [street name]" and reference the location by an equivalent point on the named street.

For reportable parking lot accidents, please indicate that the accident occurred in a parking lot. (See page 8 for explanation and diagram of parking lot accidents.) Street addresses for parking lots are permissible if parking lot is indicated.

For accidents occurring in public parks, record the name of the park in addition to the ON and AT roads.

SPEED LIMIT ON ROAD Record the speed limit posted for the ON road. If not posted, record the speed limit established for that type of road or street by statute or regulation.

CITY Record the name of the city or town in which the accident occurred. Leave blank if accident occurred outside of city limits.

PHOTOS BY Note who took (and owns) photos of the accident scene, damaged vehicles, or injured persons.

LOCAL CASE NUMBER Record your case number here according to your local policy. If you send an amended accident report to the State BE SURE TO INCLUDE your local case number. It will assist us in flagging amended reports to avoid duplication.

PAGE __ OF __ Record "1" for the first page of the Motor Vehicle Accident Report (MVAR) form you use. If you use additional MVARs, count them next. Then number the pages of any Truck-Bus Supplement forms used. Finally, include the Investigative-Fatality Report form (narrative, fatality data, and diagram) if you have completed it.

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." A single page MVAR report will consist of Page 1 of 1. Multiple pages will show 1 of 2, 1 of 3, etc.

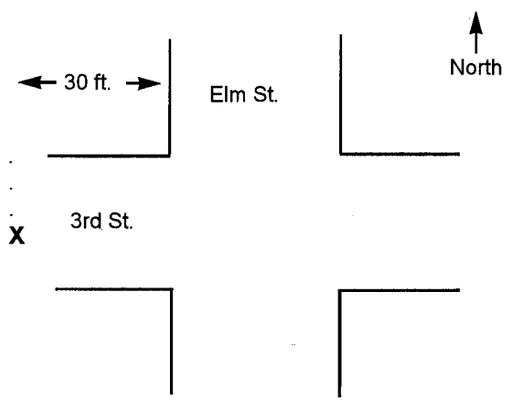
DISTANCE (from Reference Road) Measure and record the distance from the reference road, the identifiable location used to describe where the accident occurred, usually the nearest intersection. The measured distance must be associated with the next two elements: the units of measurement (miles or feet) and direction.

If the accident occurs within an intersection, draw a dash in both the DISTANCE and "Ft/Mi" blocks or leave blank.

FT/MI UNITS OF MEASUREMENT Identify whether your measurement is in feet (for most urban street measurements and distances of less than 0.10 mile) or in miles.

DIRECTION Using the known reference point, identify which direction **LEADS TO** the accident.

Example (at intersection):



The "X" (accident site) is on 3rd Street, 30 feet West from Elm Street.

FROM (Checkbox) Check the "FROM" box when accident occurs some distance **from** the intersection (or other reference road) requiring measurements and a direction **from** that point to the accident.

AT (Checkbox) Check the "AT" box when the accident occurs within the intersection boundaries of the ON and AT roads or when the accident occurs right at the reference point. (The measurement from the intersection or reference point would be "0".)

ROAD (FROM/AT) Identify (name) the road that intersects AT that point with the ON road or, if not an intersection accident, specify a FROM road.

SPEED LIMIT AT ROAD Record the speed limit posted for the AT road **only if the accident occurs at an intersection.** If not posted, record the speed limit established for that type of road or street by statute or regulation.

INVESTIGATING DEPARTMENT Record the name (including clear abbreviations) of your police department. Examples: KHP, KCPD, Wichita PD.

INVESTIGATING OFFICER/BADGE NUMBER Record the name and badge number of the officer in charge of the accident investigation and the report.

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

COLLISION DIAGRAM Draw a concise diagram by sketching the road (guided by the dot pattern preprinted on the form) identifying the ON and AT roads and showing the pre-collision movement(s) of traffic units. Arrows showing traffic unit **leading to** collisions give the information wanted. Indicate traffic units by number.

Examples:

a head-on collision #1 → ← #2
a vehicle striking a pole #1 → o
a vehicle turning into another #1 → ↖ #2

Note the north arrow is affixed and points to the top of the collision diagram. If more room is needed, use the diagram portion of the Investigative-Fatality Report.

DESCRIPTION: ACTION/DIR. OF UNITS Describe **concisely** what is in the diagram. Explain only what happened, not **why** or **circumstances contributing to the accident.** If more room is needed, use the narrative portion of the Investigative-Fatality Report.

DATE OF ACCIDENT Record the accident date in Month/Day/Year format; e.g., January 1, 1995, is 01/01/95.

TIME OCCURRED AND DAY Specify the time or the estimated time of the accident in military style, i.e., **00:00** (midnight) through **23:59** (one minute before midnight). Record the first two letters of the day of week on which the accident occurred.

TIME NOTIFIED AND DAY Record the time notified (military style). Record the first two letters of the day whenever the day is different from the day of week of the accident; otherwise, use dittos (").

The distinction of different days helps eliminate confusion that sometimes surrounds timing of events pertaining to nighttime accidents (especially those near midnight) or delayed reporting.

TIME ARRIVED AND DAY Record the time arrived and the day in accordance with the instructions for Time Notified and Day.

OBJECT DAMAGED AND NATURE OF DAMAGE Describe significant non-vehicular property damaged as a result of the accident. Include items hit by motor vehicles: bicycles and tricycles (pedalcycles), structures or buildings, vegetation, animals, etc. If KDOT property, indicate item damaged, such as bridge or guardrail. Exclude objects carried inside involved vehicles and non-tangibles such as "psychological" damage. Also specify the type of damage: e.g., broken, bent, crushed, burned.

NAME AND ADDRESS OF OBJECT OWNER Record the name and address of the owner of the damaged property. If KDOT property, check the box at the top right of the page. An address is not needed.

SHADED LINES ENDING THE FIRST SECTION Do not write in the spaces on these two lines. They are reserved for State use only.

UNIT Record a number **STARTING WITH 1** for each vehicle/driver (including driverless) or for PED traffic unit. Record traffic unit numbers in order, beginning with 1. For legally parked or non-contact vehicles, which are not traffic units, place an 'X' in the unit box and record these last.

See: Basic Terms and Qualifications (MOTOR VEHICLE), page 7, and Special Notes on Traffic Units, page 9.

DRIVER/PED NAME First, check one box to indicate whether driver or pedestrian. Record the driver's full name exactly as shown on the driver's license. Obtain names of unlicensed persons or pedestrians as completely as you can.

PHONE Record the telephone number, including the area code.

WORK/HOME (PHONE) Check one box to indicate which type of phone number is recorded.

DRIVER/PED ADDRESS Record the driver's address as shown on the driver's license unless incorrect. Write "New" or "Correct" when recording an address different from that shown on the driver's license.

Record the street address with 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 you can.

DRIVER'S LICENSE STATE Record the abbreviation of the state issuing the license.

See: State Abbreviations, page 28.

DRIVER'S LICENSE NUMBER Record the number as shown on the driver's license. If the license has expired, record the driver's license number and "EXP"; if the driver's license is suspended, record the driver's license number and "SUSP."

DRIVER'S LICENSE NUMBER (CONTINUED)

Record "NONE" if the driver is not licensed. If the driver claims to be licensed but cannot present the license, write NIP (Not in Possession). If you find a license number through a check, record it.

Do **NOT** record driver's license for train crew.

CDL? Record '**Y**' (Yes) if the driver's license is a Commercial Driver's License (Class A or B). Leave blank if not commercial.

DATE OF BIRTH Record the driver or PED's date of birth in Month/Day/Year format.

SEX Specify the driver or PED's sex with **M**(Male) or **F**(Female) If it is not possible to identify the sex, use '**U**' (Unknown).

IDENTIFICATION OF VEHICLE OWNER Record "**SAME**" for the items that are the same as those for the driver. Otherwise, record the owner's full name, phone number, and address (from the registration document) following the general instructions for recording driver/ped personal identification.

SPECIAL CONDITIONS CHECKBOXES FOR VEHICLE DATA Check all boxes that apply to the specific vehicle (traffic unit) described.

Check **"Hit & Run"** for the striking vehicle (not for the vehicle struck) which left the accident scene. Also, check the hit-and-run accident checkbox at the top right of the form.

"Non-contact" (sometimes called "phantom vehicle") applies to a vehicle alleged to have caused an accident even though that vehicle was not part of a collision. It may or may not have left the scene. It is not considered a traffic unit by KDOT. If non-contact is checked, an 'X' should appear in the traffic unit number box.

"Stolen" applies only to the vehicle being described.

"Legally Parked" applies to the vehicle being described. It is not considered a traffic unit by KDOT. If "legally parked" is checked, an 'X' should appear in the traffic unit number box.

"Police pursuit" applies to the vehicle being pursued.

"Driverless" (in transport) applies to the vehicle being described.

"Towed Away" applies to the vehicle being described which was towed away from the accident scene.

COLOR of Vehicle Record the color of the vehicle or use the first three letters of the basic color name. Use "**LT**" (light) or "**DK**" (dark) where helpful. For two-color cars, record the top or front color first and the bottom or rear color second (e.g, WHI/BLU, GRA/BLA). Do not use marketing descriptions for colors such as "Sand Tone Beige."

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. Use that information when available.

YEAR of Vehicle Record the model year as shown on the vehicle registration.

MAKE of Vehicle Record the name of the vehicle manufacturer or the National Crime Information Center (NCIC) 4-character code. Most NCIC vehicle make codes are the first four letters of the name of the make. See page 28 for a partial list of common NCIC automobile make codes.

MODEL & BODY STYLE Record the model name or number as specified on the registration document if shown or on the vehicle.

MOTORCYCLE CCs Record the engine size in cubic centimeters. The size is often part of the model or description of a motorcycle and is often marked clearly on the vehicle. Examples: Honda 350, Suzuki 200.

(REGISTRATION) STATE Record registration state as shown on the registration document (first preference) or as shown on the license plate or validation sticker.

LICENSE PLATE NUMBER Record the complete license plate number. For personalized license plates, include the county designation.

(REGISTRATION) YEAR Record registration year as shown on registration or license plate.

REMOVED BY Record who removed the vehicle (name of towing service, "owner," "friend," etc.) when a vehicle is removed by a means other than being driven away.

VEHICLE IDENTIFICATION NUMBER (VIN) Record the VIN from the VIN plate on the vehicle (showing through the lower part of the driver's side windshield on most vehicles manufactured since the late 1960s).

ODOMETER READING Record the odometer reading to the nearest mile.

TOTAL OCCUPANTS IN VEHICLE Record the number of vehicle occupants <u>including</u> the driver for each non-pedestrian traffic unit.

FIRE? Indicate 'Y' (Yes) if a fire occurred (either as a first or subsequent event). Record 'Y' even 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. If no fire, leave blank.

INSURANCE COMPANY According to the policy of your department, record 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 page 3, INSURANCE REPORTING.

SPECIAL DATA AREA This area is for special use by local law enforcement agencies.

DIRECTION OF TRAVEL Record direction of travel for each traffic unit, including trains and pedestrians. If traffic unit is turning, record direction of travel before turn. Valid codes are: 'N,' 'S,' 'E,' 'W,' 'NE,' 'NW,' 'SE,' and 'SW.'

POLICY NUMBER Record the insurance policy number if available.

OCCUPANT INFORMATION

Lines are provided to accommodate up to eight persons per basic form. After using line 1 of the first basic form for Driver 1, there is no restriction on use of these lines for recording persons whether they are involved in the accident or are witnesses. Use an extra form for additional occupant information if necessary. Use the codes on the reverse side of the Truck-Bus Supplement for seat type, sex, safety equipment use, ejected/trapped, and injury severity codes.

TRAFFIC UNIT (ASSOCIATION) Identify which traffic unit each person is associated with. Begin with recording '1' for traffic unit 1. Next, record all vehicle occupants **including the driver or the pedestrian** pertaining to traffic unit 1. Repeat for traffic unit 2. Use additional forms if necessary.

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

Caution: Do not renumber PEDS to reflect 1st PED, 2nd PED, etc. The numeral always refers to the traffic unit numbers you assign in the midsection of the form. Also, remember that trains are traffic units.

Use **W** (and a number) for each witness recorded and record only needed information, such as name and address.

Also see: Special Notes on Traffic Units, page 9.

SEAT TYPE Record seat type for all vehicle occupants, pedestrian types, train crew, and injured train passengers. Drivers of farm tractors, snow plows, road graders, street sweepers, etc., when in roadway, should be coded to seat type '01.'

Use seat type code '07' for an occupant in the sleeping compartment of a truck/tractor IN TRANSPORT.

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 lawn). If such machine is in the roadway, code operator as seat type code '01' (Driver). Injured occupants of non-motorized wheelchairs, as well as skateboarders, skaters, sledders, etc., should be coded as ped type '88' (Other).

A skateboarder, skater, or skier, attached to a motor vehicle (Vehicle—pulling unit) is part of the traffic unit with a seat type '08.' An occupant of a truck bed who falls out is also seat type '08.'

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.

IDENTIFICATION OF PERSONS (LAST NAME, FIRST NAME, INITIAL, AND ADDRESS) You need not repeat the names of drivers or PEDS (those identified in the traffic unit areas). Record personal identifications of other persons as completely as possible.

SEX Record gender for all vehicle occupants, pedestrian types, train crew, and injured train passengers.

AGE Record age for all vehicle occupants, pedestrian types, train crew, and injured train passengers. When recording ages of children UNDER one year of age, use '01.' If age is unknown, code '00.'

SAFETY EQUIPMENT USE Record safety equipment use for all vehicle occupants and pedalcyclists.

EJECTED/TRAPPED Record ejected/trapped codes for non-pedestrians only.

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.

N Not Injured/not known

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. Includes momentary unconsciousness, claim of injuries not evident, limping, complaint of pain, nausea, hysteria.

I Injury, non-incapacitating:

A non-incapacitating evident injury is any injury, other than a fatal injury or an incapacitating injury, which is evident to observers at the scene of the accident in which the injury occurred. Includes lump on head, abrasions, bruises, minor lacerations.

D Disabled (incapacitating):

An incapacitating injury is any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing the activities s/he 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 within 30 days of the accident.

TRANSPORTING EMS UNIT CODE Identify first the Emergency Medical Services (EMS) unit transporting victims and the destination of each using the A, B, & C sections of the bottom line. Then record, in the EMS Unit column, which EMS unit (A, B, or C) transported each injured person. EMS Unit refers to any provider of emergency medical transportation, including private conveyance.

INJURED TAKEN BY Identify the EMS providers or transporters up to three units, 'A,' 'B,' and 'C.' Include all resources used for emergency transportation of the injured, including private conveyance.

INJURED TAKEN TO Identify the destinations for each of the transporters (up to three units).

CODING THE REVERSE OF THE BASIC REPORT FORM

SPECIAL DATA (State Use Only) Do not write in this area; it is reserved for State Use Only.

CITATIONS ISSUED (three per basic form): DR/PD #; VIOLATION CHARGED; CITATION NUMBER Identify each citation issued by traffic unit number (thus specifying driver or ped), the violation charged (by statute code or description), and the citation document number. Two charges and citations may be included in each of the three sets if necessary.

OFFICERS OPINIONS OF APPARENT CONTRIBUTING CIRCUMSTANCES (10 per basic form): TYPE/UNIT and SPECIFIC FACTOR Use the codes shown on the reverse side of the Truck-Bus Supplement and the guidance provided for the use of these codes. They occur in sets which identify the type of factor and the associated traffic unit (if applicable) and the specific characteristic of that factor which, in the officer's opinion, contributed to the cause of the accident.

The factors are divided into five categories: Driver, Pedestrian, Vehicle, Road, and Environment. Record as many of the codes within each category as you believe contributed to the accident. See example shown below Apparent Contributing Circumstances Codes on reverse side of the Truck-Bus Supplement.

LIGHT Record the code for the light condition at the time of the accident.

WEATHER Record the most appropriate code for the condition at the time of the accident. No adverse condition (00) includes sunny, cloudy, hazy, and breezy. Rain (01) includes drizzle, mist, sprinkles, and light rain. Use code '08' for freezing rain (rain which freezes on contact). If a combination of conditions exist, record the most severe, e.g., if rain and snow, record snow.

NOTE: <u>**AT** road for Surface Type, Surface Condition, Traffic Controls, Road Character and Const/Maint. Zone should be coded only if the Accident Location is coded '12' (Intersection).</u>

SURFACE TYPE Record one code for surface type of the **ON** and of the **AT** road (if intersection).

SURFACE CONDITION Record the code for condition of the **ON** road and of the **AT** road (if intersection) or specify other, e.g., fallen rocks. Note: Wet (02) includes damp and water concentration. Glaze is ice (04).

TRAFFIC CONTROLS (<u>ON/AT</u>) Record '**O**' (On) or '**A**' (At) (if intersection) in the appropriate box for each traffic control type. Next, record traffic control present. Finally, record '**OK**' (Okay) or '**NF**' (Non-functional) showing the proper functioning of an electronic traffic control device (codes 02, 04, or 06). Record up to five types of traffic control affecting the accident, from most important to least important. Specify 'other' if applicable. Again, record 'A' (At) only if the accident location is '12' (intersection).

ROAD CHARACTER (<u>ON/AT</u>) Record the code for character of the **ON** road and of the **AT** road (if intersection), or specify 'other,' e.g., switchback.

CONSTRUCTION/MAINTENANCE ZONE (ON/AT) Record the proper code for the **ON** road and for the **AT** road (if intersection). Also check the 'KDOT Construction Zone' box on the upper right of the front of the basic form if the accident occurred in a construction zone on the State Highway System (I, US or K route). Finally, please forward a copy of the accident report as soon as possible to the KDOT district in which your county is located, in addition to the usual copy sent to KDOT headquarters in Topeka. See page 30 for the KDOT district map and addresses.

ROAD SPECIAL FEATURES (ON/AT) Record up to three codes for special features at the accident location. If there is no Road Special Feature, record '00.'

If an accident occurs on a bridge, or if contact is made with a bridge structure or bridge rail, code '01.' If contact is made with guardrail (fixed object type '09') adjoining the bridge, code '01.'

Record code '04' (Railroad crossing) only if one or more of the following situations exists:

1) a motor vehicle collides with a train;

2) a motor vehicle collides with a fixed object related to the crossing (e.g., crossbucks, lights, gate);

3) a traffic unit collides with another traffic unit (not a train) stopped or slowing because of the crossing;

4) a motor vehicle loses control and crashes due to the crossing itself (e.g., a vehicle overturns because of rough tracks).

ACCIDENT CLASS Record the code for accident classification (based on the first harmful event) according to the Manual on Classification of Motor Vehicle Traffic Accidents. See pages 5 and 6 of this document for explanations of accident classes.

COLLISION WITH OTHER MOTOR VEH. Use the code that best describes the vehicle-to-vehicle interaction only when the Accident Class is '03' (Collision with other motor vehicle).

FIXED OBJECT TYPE Use the code that best describes the fixed object struck only when the Accident Class is '08' (Collision with fixed object). If more than one fixed object is struck, code only the first object struck.

ACCIDENT LOCATION The accident location identifies where the "First Harmful Event" occurred with respect to the roadway. A few special situations regarding accident location are forwarded below. If clarification is needed, refer to the Manual on Classification of Motor Vehicle Traffic Accidents.

Code '12' (Intersection) does not include accidents at parking lot or driveway accesses; code these accidents as '14' (Parking or driveway access). Code '13' (Intersection-related), requires a judgment call about the effects of intersections and their traffic controls upon traffic and accident causation. For example, if the accident is deemed to have occurred as a result of traffic backed up from an intersection (at a non-intersection location), code the location '13' (Intersection-related).

Code '21' (Roadside) includes ditches, embankments, pastures, yards, or fields.

Code '11' (Non-intersection) includes accidents occurring in alleys or at railroad tracks.

Use code '23' for accidents occurring in parking lot or rest area trafficways.

See page 8 for explanations and diagrams of code '23' (Parking lot or rest area trafficway) and code '16' (On crossover).

For the following items, select one code for applicable items for the associated traffic unit identified on the front of the basic report. Different items will be recorded, depending on whether the traffic unit is a vehicle or a pedestrian type. When a second basic report form is required to accommodate more traffic units, renumber the boxes on the reverse side of basic report for traffic units 3, 4, and so on.

VEHICLE MANEUVER Record one code for the vehicle maneuver in the associated traffic unit box.

VEHICLE DAMAGE Record one code for the vehicle damage in the associated traffic unit box. The following definitions are forwarded. For elaboration, consult the Manual on Classification of Motor Vehicle Accidents.

> **Minor**: **Minor damage** is harm to property that reduces the monetary value of that property.
>
> **Functional: Functional damage** is any vehicle damage, other than disabling damage, which affects operation of the vehicle or its parts.
>
> **Disabling: Disabling damage** is vehicle damage which precludes departure of the vehicle from the scene of the accident in its usual operating manner by daylight after simple repairs.
>
> **Destroyed**: Salvage is not possible or reasonable. Excludes damage which may not be feasible only for economic reasons.

DAMAGE LOCATION AREA Circle and/or check all that apply for each vehicle.

VEHICLE BODY TYPE Record one code for the vehicle body type. If other, code '88' and specify, e.g., riding lawn mower or motorized skateboard.

Use code '09' only for all-terrain vehicles which are used mainly as recreation vehicles; include 3-wheelers, 4-wheelers, and dune buggies. Use '01' (automobiles) for vehicles such as Ford Broncos, Chevy Blazers, Jeeps, or other four-wheel drive vehicles. El Caminos and Rancheros should also be coded '01.'

A pickup truck with dual wheels (four tires on one axle) should be coded '05' (no Truck-Bus Supplement required). A single truck with four tires is an '06' (no Truck-Bus Supplement required). A single truck with at least two axles and six tires is a '10' (Truck-Bus Supplement required).

Tractors, street cleaners, sweepers, sanding trucks, snowplows, road graders, and other construction equipment, WHEN IN THE ROADWAY, are traffic units with body type of '88' (and seat type '01' for the driver). Motorized wheelchairs are vehicles also with a body type of '88' (and seat type '01' for the driver). If any piece of equipment (such as riding lawn mower or golf cart) whose designated purpose is for activity off of the roadway is IN THE ROADWAY, this piece of equipment is considered a traffic unit. The body type is '88' (and the seat type is '01' for the driver).

Vehicle body type '07' includes motorized campers and recreational vehicles; it does not include camping trailers that are towed by pulling units.

BUS CAPACITY Record the seat capacity if body type is '13,' '14,' or '15.' Also, submit a Truck-Bus Supplement if the bus seat capacity is 15 or more.

PEDESTRIAN LOCATION Record one code for the pedestrian location in the associated traffic unit box.

Please note that a Pedestrian Type Code '25' (injured occupant of legally parked vehicle) will always be coded '25' (NOT IN ROADWAY).

PEDESTRIAN ACTION Record one code for the pedestrian's action in the associated traffic unit box. If 'other,' code '88' and specify, e.g., lying on shoulder.

PEDESTRIAN OBEDIENCE TO TRAF. SIG. Record one code which best describes the pedestrian's obedience to the traffic signal in the associated traffic unit box.

DR. LICENSE COMPLIANCE Record one code which best describes the driver's compliance to licensing laws for the type of vehicle driven in the associated traffic unit box.

RESTRICTIONS COMPLIANCE Record one code for the driver's license restrictions compliance in the associated traffic unit box.

SUBSTANCE USE List up to three 2-letter codes for the associated traffic units indicating whether the substance use was merely present or contributed to the cause of the accident. Include pedestrians if applicable.

DRIVER/PED IMPAIRMENT TEST List test(s) given or refused in the associated traffic unit box.

BLOOD ALCOHOL CONTENT (B.A.C.) When alcohol test results are available, record those results in the associated traffic unit box. Include pedestrians if applicable.

NOTE: Again, pedestrians (PEDs) refer to persons who are not occupants of motor vehicles in transport. PEDs include pedalcyclists, riders of animals, occupants of animal-drawn vehicles, injured occupants of a vehicle NOT IN TRANSPORT, and machine operators or passengers of a machine when such machine is being used for its intended purpose.

TRUCK-BUS SUPPLEMENT

The Truck-Bus Supplement form is required by the State for accidents involving a truck with at least two axles and six tires, or a bus with a seat capacity of 15 or more, or any vehicle transporting hazardous material.

Form Layout

<table>
<tr><td colspan="2">Report Header</td></tr>
<tr><td colspan="2">Carrier Data & Permits</td></tr>
<tr><td colspan="2">Vehicle Configuration Examples</td></tr>
<tr><td colspan="2">Codes</td></tr>
<tr><td>Trailer & Vehicle Config. Dimensions</td><td>Hazard. Materials</td></tr>
</table>

REPORT HEADER Selected fields in the first two lines are duplicated from the basic MVAR form. Their purpose is to enable matching the special data with the basic report if the two become separated. Copy the entries from the basic report form. Also record the correct page number for the report form and the total number of pages.

TRAFFIC UNIT NO. Record the traffic unit number for the truck or bus which corresponds with the traffic unit number on the MVAR. This is especially important when multiple trucks (buses) are involved in the same accident.

CARRIER NAME Record the corporate (business) name of the owner of the truck or bus, even if the truck or bus is leased.

CARRIER ADDRESS Record the complete address of the carrier.

SOURCE OF NAME Record the source of the carrier name.

U.S. GOVERNMENT PERMITS Record the numbers of United States Department of Transportation (USDOT) and Interstate Commerce Commission Motor Carriers (ICCMC) government permits in the driver's possession. The USDOT number is seven digits. The ICCMC number is six digits.

KANSAS PERMITS Record the issuer and permit number. The following are examples of Kansas permits:

KS MC Stamp - Motor Carrier stamp issued by the Kansas Corporation Commission (KCC);

KCC Decal - Window decal issued by the Kansas Corporation Commission (KCC); and

KDOT Permit - Usually a temporary permit for oversized (overweight or overlength) loads.

VEHICLE CONFIGURATION Record the vehicle configuration code. Examples of various configurations are shown on the form. If bus, also record seat capacity.

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

ACCESS CONTROL Record the code which best describes access control of the road on which the accident occurred.

CAB TYPE Record the cab type for single truck or tractor combinations.

CARGO BODY TYPE Record the cargo body type for single trucks or combinations.

CARGO TYPE Record the code for the cargo.

SEQUENCE OF EVENTS Record up to four codes to list events in the order they occurred. This listing of events applies only to the traffic unit which is the subject of the Truck-Bus Supplement and not to other vehicles.

Since the First Harmful Event of an accident involving a truck or bus might involve another type of vehicle, the SEQUENCE OF EVENTS codes may not agree with the FIRST HARMFUL EVENT description for the accident.

TRAILER WIDTH Record the width of each trailer in inches.

TRAILER LENGTH Record the length of each trailer in feet.

TOTAL VEHICLE LENGTH Record the total vehicle length in feet.

NUMBER OF AXLES Record the total number of axles for the vehicle configuration.

NUMBER OF TRAILERS Record the total number of trailers.

GROSS VEHICLE WEIGHT Record the gross vehicle weight from an official permit, in pounds.

HAZARDOUS MATERIALS DATA

Material ID No. Record the 4-digit Identification (ID) Number which can be found in the shipping papers.

Weight Record the weight (in pounds) of the hazardous material.

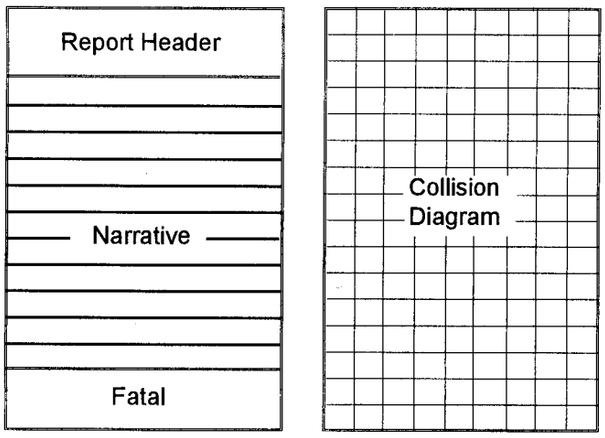
Spill or Release? Answer 'Yes' if hazardous material was spilled or released. Otherwise, leave blank.

INVESTIGATIVE-FATALITY REPORT

The Investigative-Fatality Report consists of the report header, narrative, special data for accidents involving fatalities, and a full page collision diagram.

The entire Investigative-Fatality Report is required by the State for fatal accidents.

Form Layout



REPORT HEADER

Selected fields in the first two lines are duplicated from the basic MVAR form. Their purpose is to enable matching the special data with the basic report if the two become separated. Copy the entries from the basic report form. Also record the correct page number for the report form and the total number of pages.

NARRATIVE

For fatal accident reports, include any information that helps explain the accident and/or irregularities that may be associated with it. Make your statements clear, brief, and unambiguous. Avoid excessive wordiness and inclusion of information which does not contribute to the facts that explain and describe the accident.

Narratives are not required for non-fatality accidents. However, if you complete the narrative portion of the Investigative-Fatality Report, submit it to the State with the rest of the accident report.

SPECIAL DATA FOR ACCIDENTS INVOLVING FATALITIES

Complete the fatality data area at the bottom of the Investigative-Fatality Report (below narrative) for fatality accidents only.

TIME EMS NOTIFIED Record the time you requested Emergency Medical Services (EMS) response, if requested at all by you. Do not attempt to alter this figure if EMS units arrive before it would have been possible to respond to your call (thus indicating that EMS had been separately notified). This is not the only means for measuring EMS response times.

TIME EMS ARRIVED Record the time of EMS arrival.

TIME EMS ARRIVED AT HOSPITAL Record the time of EMS arrival at the hospital. (This may require additional investigation.)

SPECIAL JURISDICTION Record the special jurisdiction, if any, in which the accident occurred, or specify other.

EXTRICATION REQUIRED Name all persons for whom extrication (removal through use of equipment) was required.

INITIAL IMPACT POINT Draw an arrow showing where each traffic unit (vehicle only) was first struck. Draw the arrow to show the direction of force applied to the vehicle; label the arrow with an "I." Record the initial impact points for ALL vehicles involved in a fatality accident.

PRINCIPAL IMPACT POINT Draw an arrow to show where each traffic unit (vehicle only) was most significantly struck. Draw the arrow to show the direction of force applied to the vehicle; label the arrow with a "P." Record the principal impact points for ALL vehicles involved in a fatality accident.

NOTE: If one arrow applies to both conditions, make only one arrow and label it both "I" and "P."

ESTIMATED SPEED Record the speed you estimate each vehicle was traveling prior to the collision.

COLLISION DIAGRAM

The collision diagram on the reverse of the Investigative-Fatality Report is required for accidents involving a fatality. For non-fatality accidents, the diagram is not required by the State. However, if you complete the diagram portion of the Investigative-Fatality Report, submit it to the State with the rest of the accident report.

A north arrow is shown at the top of the diagram. Change only if absolutely necessary. Follow the directions given at the top of the diagram page.

COUNTY (LETTER) CODES

Following are the standard alphabetic codes 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	N0	Wichita	WH
Graham	GH	Ness	NS	Wilson	WL
Grant	GT	Norton	NT	Woodson	WO
Gray	GY	Osage	OS	Wyandotte	WY

STATE ABBREVIATIONS

These are the 2-alpha character abbreviations recognized as standard by ANSI, the U.S. Postal Service, and the federal government:

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

NCIC CODES FOR COMMON AUTOMOBILE MAKES

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

Front of Form DC-66

KANSAS MOTOR VEHICLE INSURANCE VERIFICATION

(Please Print)

A DRIVER INFORMATION

Last Name | First Name | Initial

Driver License Number | State

B VEHICLE INFORMATION

Owner's Last Name | First Name | Initial

Model Year | Vehicle Make | License Plate Number

State | Year | V.I.N.

C INSURANCE INFORMATION

(Insurance COMPANY Name)

D (Policy Number)

Date insurance to be verified

Mo. Day Year

Is this verification a result of an accident?

Yes ☐ No ☐

E

Name of Law Enforcement Agency initiating this form

F Name of Court completing this form (Please Print)

Citation Number if issued for no insurance

SEE REVERSE

DC-66
(Rev. 8/92)

Reverse of Form DC-66

G COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer; the vehicle owner or driver is required to present within twenty (20) days to the court designated on the citation one of the following which provides the name of the insurance company, policy number covering the vehicle at the time the citation was issued, and the effective and expiration dates of the policy:

1. A policy of motor vehicle liability insurance.
2. A policy identification card or certificate of insurance.
3. A certificate of self insurance signed by the Commissioner of Insurance.

Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within twenty (20) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form is to be completed and mailed to the Driver Control Bureau, Robert B. Docking State Office Building, P. O. Box 12021, Topeka, Kansas 66612-2021 by the court in which such person presented evidence of insurance.

H 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 blocks A, B and D completed and attached to the citation forwarded to the court.

I FOR INSURANCE COMPANY USE ONLY

If a policy was not in effect on the date cited in Block D, return this form within thirty (30) days to: Driver Control Bureau, Robert B. Docking State Office Building, P. O. Box 12021, Topeka, Kansas 66612-2021.

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

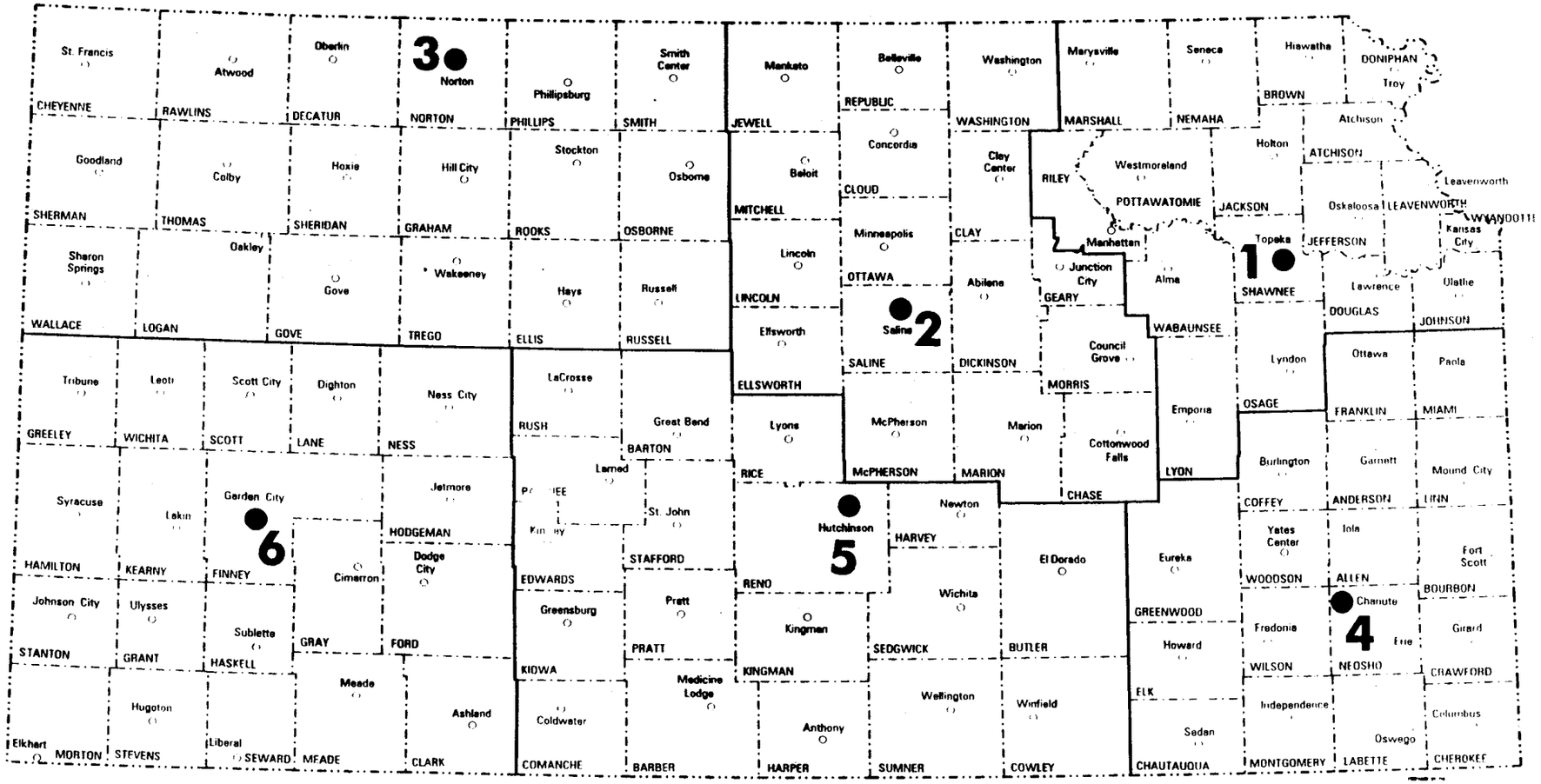
REMARKS

Authorized Representative | Date

By law, the Kansas Department of Revenue requires a Form DC-66 for verification of automobile insurance coverage. This form is mandatory, and it is the only form acceptable for insurance reporting. Entry of insurance information on the accident report form is optional according to each law enforcement department's policy. Forward form to the Kansas Department of Revenue (address on back of DC-66).

KANSAS

SHOWING COUNTY SEATS
AND STATE HIGHWAY DISTRICTS



KANSAS DEPARTMENT OF TRANSPORTATION
BUREAU OF TRANSPORTATION PLANNING
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

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

District 1	District 2	District 3	District 4	District 5	District 6
P. O. Box 5128	P. O. Box 857	P. O. Box 350	P. O. Box 498	P. O. Box 769	P. O. Box 619
Topeka, KS 66605-0128	Salina, KS 67401-0857	Norton, KS 67654-0350	Chanute, KS 66720-0498	Hutchinson, KS 67504-0769	Garden City, KS 67846-0619

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EXAMPLES OF COMPLETED FORMS

Example No.	Scenario
1	Two-car accident; intersection of two highways
2	Three-car accident; milepost reference only
3	Car-truck accident; two local city streets
4	Car-pedestrian accident; ramp location
5	Fatal accident; two numbered county roads
6	Hit & run accident; two coordinate points
7	One-car accident with animal; named county road
8	One-car accident involving a legally parked car
9	One-car accident involving a non-contact vehicle

☐ Fatal
☐ Injury
☑ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

(#1)

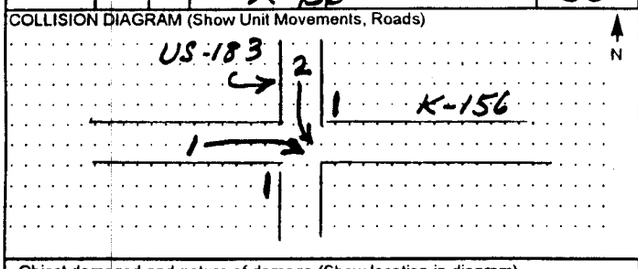
STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	PN	US-183	55			T-1-100-89	1/1

Distance	Ft/Mi	Dir.	☐ FROM ☒ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
			K-156	55	PN Co. Sheriff	James Thompson	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.
V1 was eastbound at est. speed of 45 MPH. V2 was southbound at est. speed of 35 MPH. V1 failed to stop at stop sign.

DATE of ACCIDENT	
3/4/94	
TIME Occurred	DAY
1016	TH
TIME Notified	DAY
1022	TH
TIME Arrived	DAY
1042	TH

Object damaged and nature of damage (Show location in diagram)

Name and Address of object owner

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	N	Distance	M	Reference Road 1	+	E	Distance	M	Reference Road 2	Coder	Func. Class

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	Bumper, Samuel W.			'92	FORD	Taurus	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
519 7th St. Any City, KS 67201	KS	CJZ 506	'94	Ace Towers

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. B6E2Q5		6/4/41	M	1FABC7671DH193399	20,617

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		2		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		E	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☒ 07 Towed away

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
2	Dash, Joseph F.			'85	CHEV	Caprice	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
2040 S.W. 40th, Any City, KS 67201	Ks	JFY 211	'94	Jack's Wrecker Serv.

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. S6H3T4		3/1/40	M	3JQRVS7315DS73153	112,423

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		S	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☒ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
* 1	01	Bumper,	Samuel	W.	519 7th St. Any City, KS 67201	M	53	S	N	P	
1	03	Bumper,	Jane	E.	519 7th St. Any City, KS 67201	F	52	S	N	I	
* 2	01	Dash,	Joseph	F.	2040 SW 40th, Any City, KS 67201	M	54	L	N	N	

* NOTE: filling in names + addresses is optional on the drivers of various traffic units.

EMS Unit A	INJURED TAKEN By:	EMS Unit B	INJURED TAKEN By:	EMS Unit C	INJURED TAKEN By:
	INJURED TAKEN To:		INJURED TAKEN To:		INJURED TAKEN To:

(#1)

SPECIAL DATA (State Use Only)

USE CODE "99" FOR UNKNOWN

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.

D1 03 D1 06

LIGHT 01

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

WEATHER 04

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

SURFACE TYPE

ON 02
AT 01

01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

SURFACE CONDITION

ON 01
AT 01

01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other _____

VEHICLE MANEUVER BEFORE CRASH

1 01
2 01

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 _____

VEHICLE DAMAGE

1 03
2 03

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

TRAFFIC CONTROLS

O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)

	O/A	Type	OK/NF
1	O	00	
2	A	03	OK
3			
4			
5			

00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

ROAD CHARACTER

ON 01
AT 01

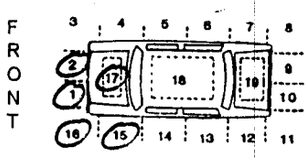
01 Straight and level
02 Straight on grade
03 Straight at hillcrest
04 Curved and level
05 Curved on grade
06 Curved at hillcrest
88 Other _____

CONST./MAINT. ZONE

ON 00
AT 00

00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

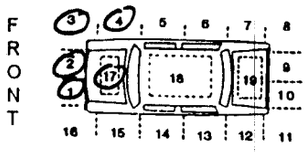
DAMAGE LOCATION AREA--Vehicle 1



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn

Trailer? ☐ Present ☐ Damaged

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn

Trailer? ☐ Present ☐ Damaged

ACCIDENT CLASS 03

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_____

ACCIDENT LOCATION 12

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 _____

ROAD SPECIAL FEATURES 00

Identify up to three

00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other_____

Enter any visible identifier; refer by code

Code Ident:

VEHICLE BODY TYPE

1 01
2 01

01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other_____

Bus Capacity

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:

01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway

NOT IN INTERSECTION

11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway

25 NOT IN ROADWAY

PEDESTRIAN ACTION

01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG

00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

DR. LIC. COMPLY (Code each driver)

1 01
2 01

00 Not licensed
01 Valid license
02 Invalid license

RESTRICT. COMPLY (Code each driver)

1 00
2 01

00 No restrictions
01 Complied with
02 Did 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

1 0. ← B.A.C. → 2 0.

#2

☐ Fatal
☒ Injury
☐ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

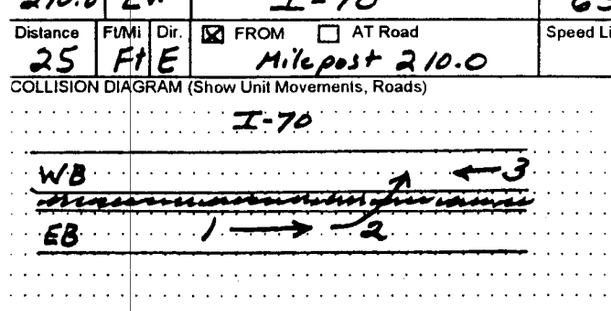
STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
210.0	EW	I-70	65			T-1-100-94	1/2

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
25	Ft	E	Milepost 210.0		KHP	Dave Jackson	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.
V_1 clipped the backend of V_2 (both units were EB) causing V_2 to lose control, cross median, + collide with V_3 who was WB.

DATE of ACCIDENT	
3/17/94	
TIME Occurred	DAY
1120	SA
TIME Notified	DAY
1125	SA
TIME Arrived	DAY
1140	SA

Object damaged and nature of damage (Show location in diagram)

Name and Address of object owner

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	Distance N/M	Reference Road 1	+	Distance E/M	Reference Road 2	Coder	Func. Class

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	Windows, Susan E.			'94	Toyo	Celica	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
12124 SW 56th Topeka, KS 66611	KS	DAV 713	'94	Tucker Tow

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. 511478210		1/20/73	F	ZYXWQ1375D433171	4,776

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		2		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		E	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☒ 07 Towed away

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
2	Fender, Jake Q.			'90	Dodge	Caravan	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
1240 Elm St. AnyTown, KS. 68114	KS	HPL 743	'94	owner

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. S4T7Q3		11/13/50	M	73QFTV73549DBH337	38,405

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		E	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME First Name Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
1	01			F	21	S	N	P	
1	03	Jacobs, Shaundra L.	465 W. 5th Topeka, KS 66610	F	21	S	N	P	
2	01			M	43	S	N	P	
3	01			F	55	N	E	D	A

EMS Unit	INJURED TAKEN By	EMS Unit	INJURED TAKEN By:	EMS Unit	INJURED TAKEN By:
A	EW Co. Amb.	B		C	
	INJURED TAKEN To: Memorial Hosp.		INJURED TAKEN To:		INJURED TAKEN To:

SPECIAL DATA (State Use Only)

USE CODE "99" FOR UNKNOWN

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.

01 09 02 16

LIGHT (01)
- 01 Daylight
- 02 Dawn
- 03 Dusk
- 04 Dark: street lights on
- 05 Dark: no street lights

WEATHER (01)
- 00 No adverse conditions
- 01 Rain
- 02 Sleet
- 03 Snow
- 04 Fog
- 05 Smoke
- 06 Strong winds
- 07 Blowing dust, sand, etc.
- 88 Other _____
- 08 Freezing rain
- 14 Rain & fog
- 16 Rain & wind
- 24 Sleet & fog
- 36 Snow & winds

SURFACE TYPE (ON 02, AT)
- 01 Concrete
- 02 Blacktop
- 03 Gravel
- 04 Dirt
- 05 Brick
- 88 Other _____

SURFACE CONDITION (ON 02, AT)
- 01 Dry
- 02 Wet
- 03 Snow or slush
- 04 Ice or snowpacked
- 05 Mud, dirt or sand
- 06 Debris (Oil, etc.)
- 88 Other _____

VEHICLE MANEUVER BEFORE CRASH (01, 01)
- 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 _____

VEHICLE DAMAGE (03, 03)
- 00 None/None known
- 01 Damage (minor)
- 02 Functional
- 03 Disabling
- 04 Destroyed
- 88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road) — Type Present — OK/NF(OK/Non-functional)

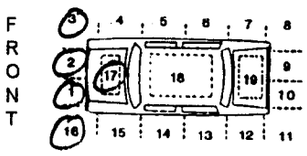
O/A	Type Present	OK/NF
01	09	

- 00 None
- 01 Officer, flagger
- 02 Traffic signal
- 03 Stop sign
- 04 Flasher
- 05 Yield sign
- 06 RR gates or signal
- 07 RR crossing signs
- 08 No passing zone
- 09 Center/edge lines
- 88 Other _____

ROAD CHARACTER (ON 01, AT)
- 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 _____

CONST./MAINT. ZONE (ON 00, AT)
- 00 None apply
- 01 Construction zone
- 02 Maintenance zone
- 03 Utility zone

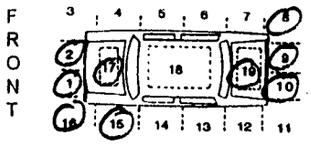
DAMAGE LOCATION AREA--Vehicle 1



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn

Trailer? ☐ Present ☐ Damaged

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn

Trailer? ☐ Present ☐ Damaged

ACCIDENT CLASS (03)
- 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_____

ACCIDENT LOCATION (11)

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 _____

*** COLLISION WITH OTHER MOTOR VEH.** (02)
- 01 Head on
- 02 Rear end
- 03 Angle
- 04 Sideswipe-opposing
- 05 Sideswipe-overtaking
- 06 Backed into
- 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 pole, devices
- 07 Other post or pole
- 08 Building
- 09 Guardrail
- 10 Sign post
- 11 Culvert
- 12 Curb
- 13 Fence
- 14 Hydrant
- 15 Barricade
- 16 Mailbox
- 17 Ditch
- 18 Embankment
- 19 Wall
- 20 Tree
- 21 RR crossing fixtures
- 88 Other _____

ROAD SPECIAL FEATURES (00)
Identify up to three

Enter any visible identifier; refer by code

Code	Ident:

- 00 None
- 01 Bridge
- 02 Bridge overhead
- 03 Railroad bridge
- 04 Railroad crossing
- 05 Interchange
- 06 Ramp
- 88 Other _____

VEHICLE BODY TYPE (1: 01, 2: 04)
- 01 Automobile
- 02 Motorcycle
- 03 Motorscooter or Moped
- 04 Van
- 05 Pickup truck
- 06 Single truck 4-tires
- 07 Camper or RV
- 08 Farm equipment
- 09 All terrain vehicle(ATV)
- 10 Single truck over 4-tires
- 11 Truck and trailer(s)
- 12 Tractor-trailer(s)
- 13 Cross country bus
- 14 School bus
- 15 Transit bus
- 25 Train
- 88 Other _____

Bus Capacity: 1 ____ 2 ____

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
- 01 In crosswalk or bikeway
- 02 Not in crosswalk or bikeway
- 03 In intersection without crosswalk or bikeway

NOT IN INTERSECTION
- 11 In available crosswalk or bikeway
- 12 Not in available crosswalk or bikeway
- 13 In area without crosswalk or bikeway
- 25 NOT IN ROADWAY

PEDESTRIAN ACTION
- 01 Entering or crossing road
- 02 Walking or riding on road
- 03 Approaching, leaving, or working on vehicle
- 04 Working (not on vehicle)
- 05 Playing or standing
- 06 Approaching or leaving bus
- 07 In parked vehicle
- 88 Other _____

PED OBEDIENCE TO TRAF SIG
- 00 No pedestrian signal
- 01 Obeyed pedestrian signal
- 02 Disobeyed ped signal
- 03 Ped signal malfunction
- 04 Not applicable

DR. LIC. COMPLY (Code each driver) (01, 01)
- 00 Not licensed
- 01 Valid license
- 02 Invalid license

RESTRICT. COMPLY (Code each driver) (00, 00)
- 00 No restrictions
- 01 Complied with
- 02 Did 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

B.A.C. ← 0. → 0.

(#2)

☐ Fatal
☒ Injury
☐ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
		I-70				T-1-100-94	2/2

Distance	Ft/Mi	Dir.	☐ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
					KHP	Dave Jackson	

COLLISION DIAGRAM (Show Unit Movements, Roads) ↑ N

Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

DATE of ACCIDENT	
3/17/94	
TIME Occurred	DAY
1120	SA
TIME Notified	DAY
1125	SA
TIME Arrived	DAY
1140	SA

Object damaged and nature of damage (Show location in diagram)

Name and Address of object owner

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	Distance	Reference Road 1	Distance	Reference Road 2	Coder	Func. Class
			N M	+	E M			

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
3	Hood, Roberta L.			'86	Ford	LTD	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
1423 N.E. 1st Corn, OK 73115	OK	LMN 123	'94	E-Z Wreckers

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. OK No. 435217116		9/21/38	F	HIJK789012LMN0713	93,704

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		W	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☒ 07 Towed away

Unit	☐ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	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 ☐ Work ☐ 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: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT

EMS Unit A	INJURED TAKEN By:	EMS Unit B	INJURED TAKEN By:	EMS Unit C	INJURED TAKEN By:
	INJURED TAKEN To:		INJURED TAKEN To:		INJURED TAKEN To:

(42)

SPECIAL DATA (State Use Only)

USE CODE "99" FOR UNKNOWN

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

WEATHER
00 No adverse conditions
01 Rain
02 Sleet
03 Snow
04 Fog
05 Smoke
06 Strong winds
07 Blowing dust, sand, etc.
08 Freezing rain
14 Rain & fog
16 Rain & wind
24 Sleet & fog
36 Snow & winds
88 Other _____

SURFACE TYPE
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

SURFACE CONDITION
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other _____

VEHICLE MANEUVER BEFORE CRASH 01
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 _____

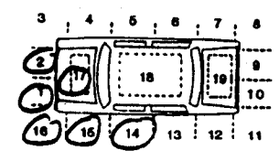
VEHICLE DAMAGE 03
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

ROAD CHARACTER
ON / AT
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 _____

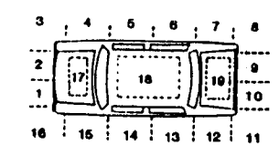
CONST./MAINT. ZONE
ON / AT
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

DAMAGE LOCATION AREA--Vehicle 1 13



☐ Top ☒ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

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 _____

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 _____

***COLLISION WITH OTHER MOTOR VEH.**
01 Head on
02 Rear end
03 Angle
04 Sideswipe-opposing
05 Sideswipe-overtaking
06 Backed into
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 pole, devices
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RR crossing fixtures
88 Other _____

ROAD SPECIAL FEATURES
Identify up to three
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other _____

Enter any visible identifier; refer by code
Code Ident:

VEHICLE BODY TYPE 01
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other _____

Bus Capacity

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway

NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway

25 NOT IN ROADWAY

PEDESTRIAN ACTION
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

DR. LIC. COMPLY (Code each driver) 01
00 Not licensed
01 Valid license
02 Invalid license

RESTRICT. COMPLY (Code each driver) 01
00 No restrictions
01 Complied with
02 Did 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

0. ← B.A.C. → 0.

(#3)

☐ Fatal
☒ Injury
☐ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

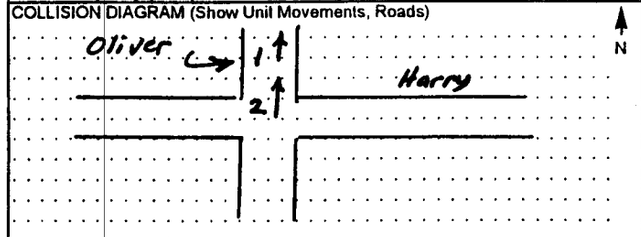
STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	SG	OLIVER ST.	35	Wichita		T-1-101-94	1/2

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
40	Ft	N	HARRY		Wichita PD	John Davis #612	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

V1 traveling NB on Oliver, stopped for a left turn yield; V2 also NB was unable to stop in time, rear ending V1

DATE of ACCIDENT	
6/10/94	
TIME Occurred	DAY
1616	MO
TIME Notified	DAY
1618	MO
TIME Arrived	DAY
1625	MO

Object damaged and nature of damage (Show location in diagram)

Name and Address of object owner

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	Distance	Reference Road 1	Distance	Reference Road 2	Coder	Func. Class
			N M	+	E M			

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	Carr, Carlene J.			'89	FORD	MUSTANG	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
2815 Harrison Wichita, KS 61403	KS	DAK 401	'94	owner

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. B183B7		6/21/68	F	8 1 3 J 6 K L M 2 3 T W A 4 5 0 6	75,420

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		N	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☒ 07 Towed away

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
2	Wheeler, Hank W.			'92	MACK	4000 DK	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
123 Commercial Dr. Any City, KS 67600	L	PDQ 366	'94	Dave's Towing

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. W2B3N4	Y	4/15/58	M	W C C 0 1 2 K T W U 3 4 W 1 B W 5	123,410

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Transland Trucking Inc.		2		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
1972 W. 3rd St. Any City, KS 67900		N	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☒ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
1	01					F	25	N	N	D	A
2	01					M	35	S	N	N	
2	03	Wheeler,	Lucile	T.	123 Commercial Dr. Any City, KS 67600	F	34	L	N	N	

EMS Unit	INJURED TAKEN By	INJURED TAKEN To	EMS Unit	INJURED TAKEN By	INJURED TAKEN To	EMS Unit	INJURED TAKEN By	INJURED TAKEN To
A	Inter-city EMS	St. John's Hospital	B			C		

#3

SPECIAL DATA (State Use Only) | **USE CODE "99" FOR UNKNOWN**

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.

01 09 0R 02

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

03 WEATHER
00 No adverse conditions
01 Rain 08 Freezing rain
02 Sleet 14 Rain & fog
03 Snow 16 Rain & wind
04 Fog 24 Sleet & fog
05 Smoke 36 Snow & winds
06 Strong winds
07 Blowing dust, sand, etc.
88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)

O/A	Type	OK/NF
0	09	

00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

ROAD CHARACTER
ON: 01
AT:
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 _____

SURFACE TYPE
ON: 02
AT:
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

SURFACE CONDITION
ON: 03
AT:
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other _____

CONST./MAINT. ZONE
ON: 00
AT:
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

03 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_____

14 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 _____

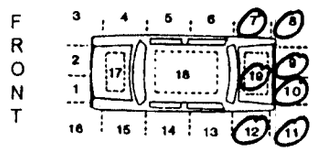
02 * COLLISION WITH OTHER MOTOR VEH.
01 Head on
02 Rear end
03 Angle
04 Sideswipe-opposing
05 Sideswipe-overtaking
06 Backed into
88 Other _____

**** FIXED OBJECT TYPE**
01 Bridge structure
02 Bridge rail
03 Crash cushion (barrels)
04 Divider, median barrier
05 Overhead sign support
06 Utility pole, devices
07 Other post or pole
08 Building 16 Mailbox
09 Guardrail 17 Ditch
10 Sign post 18 Embankment
11 Culvert 19 Wall
12 Curb 20 Tree
13 Fence 21 RR crossing fixtures
14 Hydrant
15 Barricade 88 Other_____

00 ROAD SPECIAL FEATURES
Identify up to three
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other_____
Enter any visible identifier; refer by code
Code Ident:

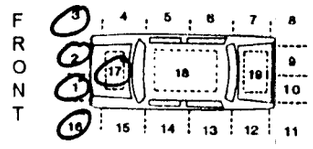
02 VEHICLE MANEUVER BEFORE CRASH
01
01 Straight/following road
02 Left turn
03 Right turn
04 U turn
05 Overtaking (passing)
06 Changing lanes
07 Avoiding maneuver
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traffic
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
88 Other _____

DAMAGE LOCATION AREA--Vehicle 1



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☒ Present ☒ Damaged

03 VEHICLE DAMAGE
02
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

01 VEHICLE BODY TYPE
1: 01
2: 11
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other_____
Bus Capacity

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway
NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway
25 NOT IN ROADWAY

PEDESTRIAN ACTION
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

01 DR. LIC. COMPLY (Code each driver)
01
00 Not licensed
01 Valid license
02 Invalid license

RESTRICT. COMPLY (Code each driver)
00
00 No restrictions
01 Complied with
02 Did 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

B.A.C. 0. 0.

(#3)

TRUCK - BUS SUPPLEMENT

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
SG	OLIVER ST.	WICHITA	6/10/94	1616	MO	2	2 / 2

STATE USE ONLY	Investigating Dept.	Investigating Officer/Badge No.	Local Case Number
	Wichita PD	John Davis #612	T-1-101-94

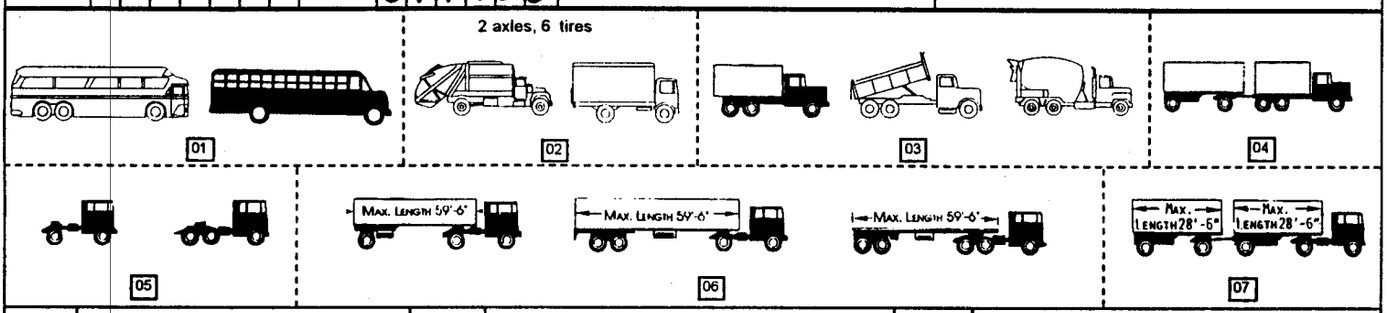
CARRIER NAME (CORPORATE BUSINESS NAME): TRANSLAND TRUCKING INC.

CARRIER ADDRESS	CITY	STATE	ZIP CODE
1972 W. 3rd	Any City	KS	67900

KANSAS PERMITS (Issuer and Permit Number)
1. KCC-101436
2.
3.

U.S. GOVERNMENT PERMITS (Issuer and Number)
USDOT
ICC MC 644735

03 SOURCE OF NAME (enter one only)
01 Side of vehicle
02 Shipping papers or manifest
03 Driver
04 Logbook



06 VEHICLE CONFIGURATION
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

01 CAB TYPE (for single truck or tractor)
01 Cab behind engine
02 Cab over engine

01 CARGO BODY TYPE
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 _____

00 ON ROAD LANE TYPE
00 Undivided
01 One-way roadway
02 Divided roadway, median strip without barrier
03 Divided roadway, median strip with barrier

08 CARGO TYPE
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 home
13 Motor vehicles
14 Refrigerated foods
15 Solids (bulk)
16 Rock, sand, gravel, salt
17 Food products
18 Plastic products
88 Other _____

00 ACCESS CONTROL
00 No control (unlimited access)
01 Full control (entry/exit only by ramp)
88 Other _____

SEQUENCE OF EVENTS (list up to 4)
1: 22
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
COLLISION WITH:
21 Pedestrian
22 Motor vehicle in transport
23 Parked motor vehicle
24 Train
25 Pedalcycle
26 Animal
27 Fixed object
28 Other object
88 Other event _____

TRAILERS	WIDTH (inches)	LENGTH (feet)
Trailer 1	102	36
Trailer 2		
Trailer 3		

TOTALS: Total Length (feet)	No. of Axles	No. of Trailers	Gross Vehicle Weight
48	5	1	73,840

HAZARDOUS MATERIALS DATA: Material ID No.	Weight (pounds)	Spill or release?

USE CODE "99" FOR UNKNOWN

Rev. 1-95

D.O.T FORM NO. 852

(#4)

☐ Fatal
☒ Injury
☐ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

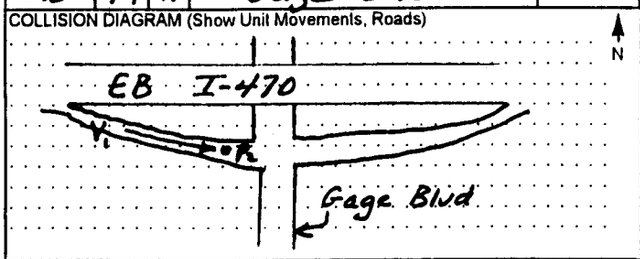
STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
4.3	SN	I-470	55	TOPEKA		94-0731	1/1

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
25	Ft	W	Gage Blvd		Topeka PD	Frank Martin	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.
V1 exiting EB I470 to Gage, struck P2 who was crossing the ramp.

DATE of ACCIDENT	
3/4/94	
TIME Occurred	DAY
2105	WE
TIME Notified	DAY
2107	WE
TIME Arrived	DAY
2112	WE

Object damaged and nature of damage (Show location in diagram)

Name and Address of object owner

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	N	Distance	M	Reference Road 1	+	E	Distance	M	Reference Road 2	Coder	Func. Class

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	STEWART, BOB B.			'91	CHEV	CAMERO	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
815 S. QUINCY TOPEKA, KS 66670	KS	DAK 415	'94	owner

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. C7F6J3		2/9/47	M	83KTKA463WREN3770	62,407

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		E	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

Unit	☐ Driver ☒ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
2	Walker, Nancy M.						

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
2355 Gage Topeka, KS 66650				

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. No.		5/15/74	F		

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ 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: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
1	01					M	46	X	N	N	
2	21					F	19	–	–	D	A

EMS Unit	INJURED TAKEN By:	EMS Unit	INJURED TAKEN By:	EMS Unit	INJURED TAKEN By:
A	Medivac	B		C	
	INJURED TAKEN To: St. Francis		INJURED TAKEN To:		INJURED TAKEN To:

#4

SPECIAL DATA (State Use Only)

USE CODE "99" FOR UNKNOWN

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.

P2 05

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

04 WEATHER
00 No adverse conditions
01 Rain 08 Freezing rain
02 Sleet 14 Rain & fog
03 Snow 16 Rain & wind
04 Fog 24 Sleet & fog
05 Smoke 36 Snow & winds
06 Strong winds
07 Blowing dust, sand, etc.
88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)

O/A	Type	OK/NF
0	09	

00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

02 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
04 Sideswipe-opposing
05 Sideswipe-overtaking
06 Backed into
88 Other _____

15 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 pole, devices
07 Other post or pole
08 Building 16 Mailbox
09 Guardrail 17 Ditch
10 Sign post 18 Embankment
11 Culvert 19 Wall
12 Curb 20 Tree
13 Fence 21 RR crossing fixtures
14 Hydrant
15 Barricade 88 Other_____

ROAD CHARACTER
ON 02
AT
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_____

SURFACE TYPE
ON 01
AT
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

06 ROAD SPECIAL FEATURES
Identify up to three
05
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other_____

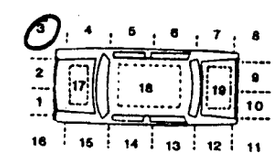
Enter any visible identifier; refer by code
Code Ident:

SURFACE CONDITION
ON 01
AT
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other_____

CONST./MAINT. ZONE
ON 00
AT
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

01 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 1



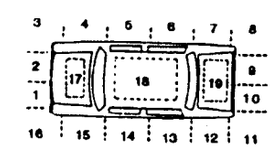
☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

01 VEHICLE BODY TYPE
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other_____

Bus Capacity

01 VEHICLE DAMAGE
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

13 PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway
NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway
25 NOT IN ROADWAY

PEDESTRIAN ACTION
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

DR. LIC. COMPLY (Code each driver)
00 Not licensed
01 Valid license
02 Invalid license

RESTRICT. COMPLY (Code each driver)
00 No restrictions
01 Complied with
02 Did 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

0. ← B.A.C. → 0.

(#5)

☑ Fatal
☐ Injury
☐ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

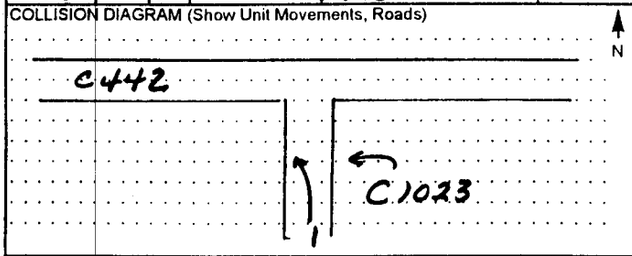
STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	DG	C1023	50			7364-94	1/3

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
175	Ft	S	C442		DG Sheriff	Jason Wright	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

V, northbound, lost control, crossed the centerline, ran off the road and overturned.

DATE of ACCIDENT	
7/1/94	
TIME Occurred 1421	DAY TU
TIME Notified 1425	DAY TU
TIME Arrived 1440	DAY TU

Object damaged and nature of damage (Show location in diagram)

Name and Address of object owner

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	N	Distance	M	Reference Road 1	+	E	Distance	M	Reference Road 2	Coder	Func. Class

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	FOSTER, DAVE G.			'93	LINC	TOWNCAR	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
520 7th St. Any Town, KS 67311	KS	DAV 410	'94	Rural Tow

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. C467B3		4/21/48	M		

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		2	Y	

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		N	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☒ 07 Towed away

Unit	☐ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	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 ☐ Work ☐ 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: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
1	01					M	45	P	N	I	A
1	03	Foster,	Mary J.		520 7th St. Any Town, KS 67311	F	45	N	E	F	A

EMS Unit	INJURED TAKEN By:	INJURED TAKEN To:
A	DG Co. EMS	St. John's Hospital
B		
C		

(#5)

SPECIAL DATA (State Use Only) | **USE CODE "99" FOR UNKNOWN**

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.

D1 02 D1 05

LIGHT (01)
01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights

WEATHER (00)
00 No adverse conditions
01 Rain
02 Sleet
03 Snow
04 Fog
05 Smoke
06 Strong winds
07 Blowing dust, sand, etc.
08 Freezing rain
14 Rain & fog
16 Rain & wind
24 Sleet & fog
36 Snow & winds
88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)

O/A	Type Present	OK/NF
0	09	

00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

ACCIDENT CLASS (08)
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
04 Sideswipe-opposing
05 Sideswipe-overtaking
06 Backed into
88 Other _____

**** FIXED OBJECT TYPE** (18)
01 Bridge structure
02 Bridge rail
03 Crash cushion (barrels)
04 Divider, median barrier
05 Overhead sign support
06 Utility pole, devices
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RR crossing fixtures
88 Other_____

ACCIDENT LOCATION (21)
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 _____

ROAD CHARACTER
ON (01)
AT
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_____

SURFACE TYPE
ON (02)
AT
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

SURFACE CONDITION
ON (01)
AT
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other_____

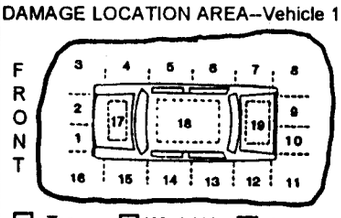
CONST./MAINT. ZONE
ON (00)
AT
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

ROAD SPECIAL FEATURES (00)
Identify up to three
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other_____

Enter any visible identifier; refer by code
Code Ident:

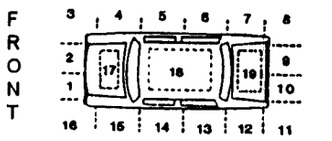
VEHICLE MANEUVER BEFORE CRASH (01)
01 Straight/following road
02 Left turn
03 Right turn
04 U turn
05 Overtaking (passing)
06 Changing lanes
07 Avoiding maneuver
08 Merging
09 Parking
10 Backing
11 Stopped awaiting turn
12 Stopped in traffic
13 Illegally parked
14 Disabled in roadway
15 Slowing or stopping
88 Other _____

DAMAGE LOCATION AREA--Vehicle 1



☐ Top ☐ Windshld ☐ Windows
☐ Under ☒ Overturn
Trailer? ☐ Present ☐ Damaged

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

VEHICLE DAMAGE (04)
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

VEHICLE BODY TYPE (01)
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other_____

Bus Capacity

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway
NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway
25 NOT IN ROADWAY

PEDESTRIAN ACTION
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

DR. LIC. COMPLY (Code each driver) (01)
00 Not licensed
01 Valid license
02 Invalid license

RESTRICT. COMPLY (Code each driver) (00)
00 No restrictions
01 Complied with
02 Did not comply

SUBSTANCE USE (AP, AC)
AP - Alcohol Present
AC - Alcohol Contributed
DP - Illegal Drug Present
DC - Illegal Drug Contributed
MP - Medication Present
MC - Medication Contributed

DRIVER/PED IMPAIRMENT TEST (RP)
TR Alcohol or drug Test Refused
PT Positive preliminary Test
RP Test given, Results Pending

B.A.C. 0. ← → 0.

(#5)

INVESTIGATIVE - FATALITY REPORT

COUNTY	ON Road	CITY	DATE of Accident		Page of
DG	C1023		7/1/94	☒ Fatal, narrative & diagram on fatal accident (required by State) ☒ Investigative Report	2/3

STATE USE ONLY	INVESTIGATIVE DEPT.	TIME Occurred	Day	Invest. OFFICER/BADGE No.	Local Case Number
	DG Co. Sheriff	1421	TU	Jason Wright	7364-94

V1 was traveling at a high rate of speed, approaching an intersection (southbound). For an unknown reason, V1 left the roadway to the west, hitting an embankment and overturning.

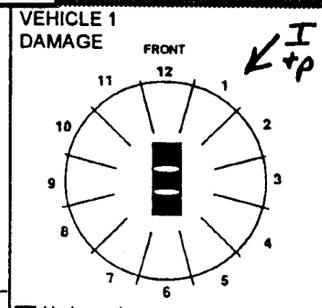
Open beer cans were found with the vehicle and it is believed that alcohol was a contributing factor in the accident.

FATALITY DATA

TIME EMS NOTIFIED	EXTRICATION WAS REQUIRED FOR THE FOLLOWING PERSONS	0 0 SPECIAL JURISDICTION
1426		00 Not Special
TIME EMS ARRIVED 1455		01 National Park Service
		02 Military
		03 Indian Reservation
TIME EMS ARRIVED AT HOSPITAL 1520		04 College/University Campus
		05 Other Federal properties
		88 Other_____
		99 Unknown

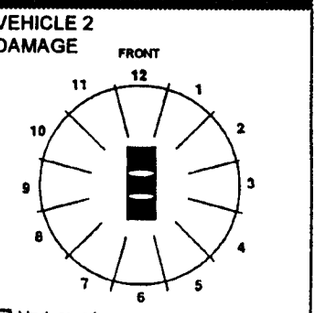
IMPACT POINTS: Show initial impact point by arrow and label "I". Show principal impact point by arrow and label "P".

VEHICLE 1 DAMAGE



☐ Undercarriage
☐ No Damage
62 Estimated Speed,MPH

VEHICLE 2 DAMAGE



☐ Undercarriage
☐ No Damage
Estimated Speed,MPH

Rev. 1-95

D.O.T FORM NO. 851

#5

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.

NORTH

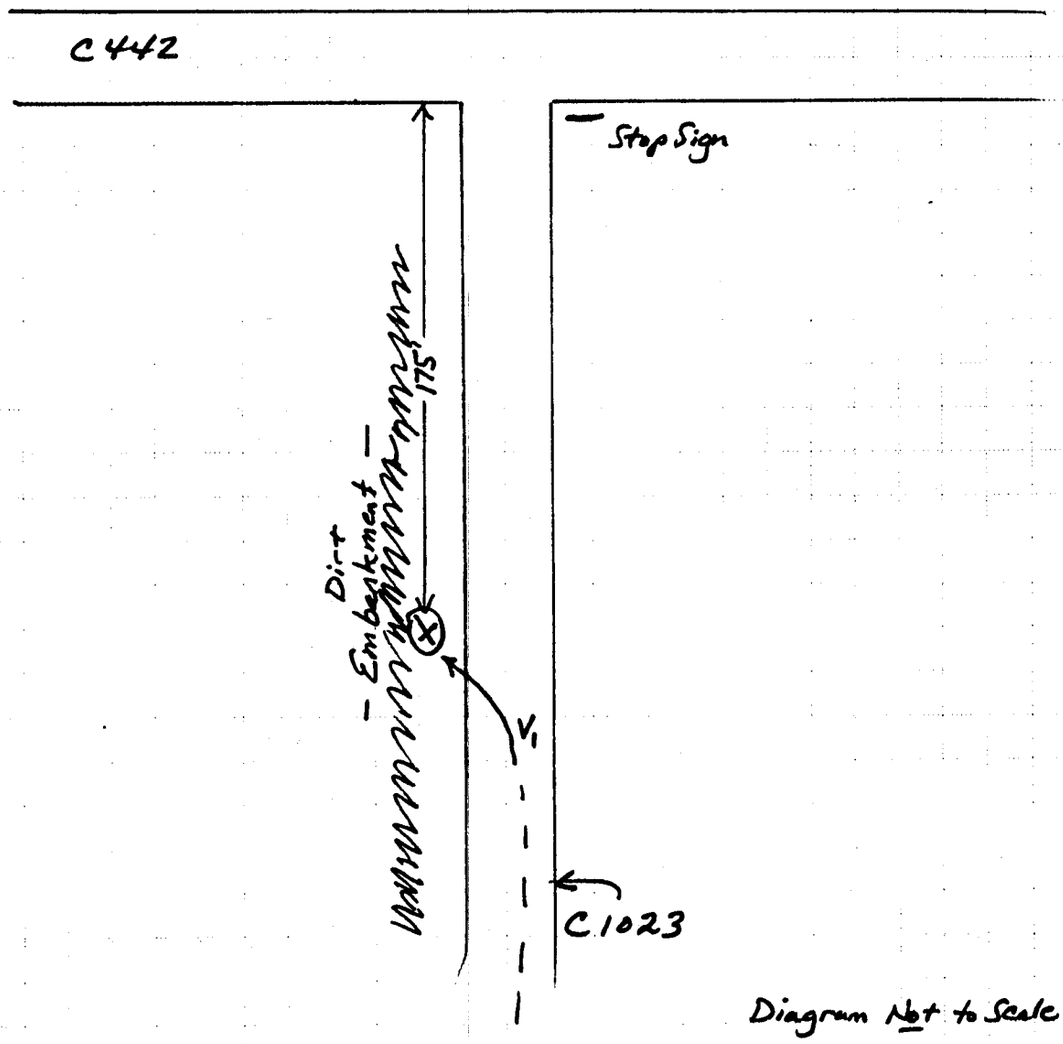


Diagram Not to Scale

(#6)

☐ Fatal
☐ Injury
☒ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☒ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	SC	1.5 Mi. S. of K-4	45			94-103	1 / 1

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
3	Mi	E	US-83		SC Co. Sheriff	Carl Mattson #16	

COLLISION DIAGRAM (Show Unit Movements, Roads)

N

Pole

unnamed County road

Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

Evidence indicates that an unknown vehicle was WB on a County road, lost control & went off N. side of road striking a utility pole.

DATE of ACCIDENT	
8/14/94	
TIME Occurred	DAY
0830	MO
TIME Notified	DAY
0830	MO
TIME Arrived	DAY
0910	MO

Object damaged and nature of damage (Show location in diagram): Cable TV Pole - broken off

Name and Address of object owner: Scott Cable Co., Any City, KS. 67000

ON Road	Cnti Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	Distance	Reference Road 1	Distance	Reference Road 2	Coder	Func. Class
			N / M	+	E / M			

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	UNKNOWN						

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:

DRIVER'S LICENSE STATE and NUMBER (St. / No.)	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
			U		

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
		W	

Special Conditions for unit above: ☒ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

Unit	☐ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:

DRIVER'S LICENSE STATE and NUMBER (St. / No.)	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ 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: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
1	01	Unknown				U	-	U	U	N	

EMS Unit A	INJURED TAKEN By:	EMS Unit B	INJURED TAKEN By:	EMS Unit C	INJURED TAKEN By:
	INJURED TAKEN To:		INJURED TAKEN To:		INJURED TAKEN To:

(16)

SPECIAL DATA (State Use Only)

USE CODE "99" FOR UNKNOWN

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

WEATHER [99]
00 No adverse conditions
01 Rain
02 Sleet
03 Snow
04 Fog
05 Smoke
06 Strong winds
07 Blowing dust, sand, etc.
08 Freezing rain
14 Rain & fog
16 Rain & wind
24 Sleet & fog
36 Snow & winds
88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road) — Type Present — OK/NF(OK/Non-functional)
[0] [00]
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

ACCIDENT CLASS [08]
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
04 Sideswipe-opposing
05 Sideswipe-overtaking
06 Backed into
88 Other _____

**** FIXED OBJECT TYPE** [06]
01 Bridge structure
02 Bridge rail
03 Crash cushion (barrels)
04 Divider, median barrier
05 Overhead sign support
06 Utility pole, devices
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RR crossing fixtures
88 Other_____

ACCIDENT LOCATION [21]
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 _____

SURFACE TYPE ON [03] AT
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

ROAD CHARACTER ON [01] AT
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_____

SURFACE CONDITION ON [99] AT
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other_____

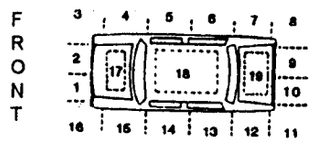
CONST./MAINT. ZONE ON [00] AT
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

ROAD SPECIAL FEATURES [00]
Identify up to three
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other_____

Enter any visible identifier; refer by code — Code — Ident:

VEHICLE MANEUVER BEFORE CRASH [01]
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 1



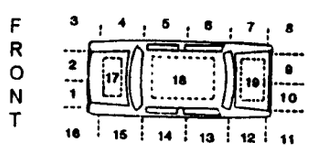
☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

VEHICLE BODY TYPE [99]
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other_____

Bus Capacity

VEHICLE DAMAGE [99]
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway
NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway
25 NOT IN ROADWAY

PEDESTRIAN ACTION
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

DR. LIC. COMPLY [99] (Code each driver)
00 Not licensed
01 Valid license
02 Invalid license

RESTRICT. COMPLY [99] (Code each driver)
00 No restrictions
01 Complied with
02 Did 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

B.A.C. 0. 0.

(47)

☐ Fatal
☐ Injury
☒ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

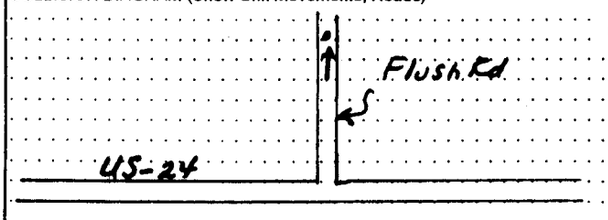
STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	PT	Flush Rd	50			94-177A	1 / 1

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
1.8	Mi	N	US-24		PT Co. Sheriff	Chet Kimbal #21	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

V, Northbound on Flush Rd when an eastbound deer bounded onto roadway. V, unable to avoid striking the deer.

DATE of ACCIDENT	
4/16/94	
TIME Occurred	DAY
0710	FR
TIME Notified	DAY
0720	FR
TIME Arrived	DAY
0735	FR

Object damaged and nature of damage (Show location in diagram)

Name and Address of object owner

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude

County	City Code	Agency Code	N	Distance	M	Reference Road 1	+	E	Distance	M	Reference Road 2	Coder	Func. Class

State Use Only

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	Wake, Jay E.			'93	Jeep	CJ-7 Laredo	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
1432 Oak Dr. Any City, KS 67221	KS	"BROJAY"	'94	owner

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. J1A2Y3		1/11/60	M	P0S1A2L3M9485 76YZ	6,215

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		2		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		N	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

Unit	☐ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	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 ☐ Work ☐ 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: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
1	01					M	34	S	N	N	
1	03	Casa,	Bob		12123 SW 57th St. Dover, KS	M	47	S	N	N	

EMS Unit A	INJURED TAKEN By:	EMS Unit B	INJURED TAKEN By:	EMS Unit C	INJURED TAKEN By:
	INJURED TAKEN To:		INJURED TAKEN To:		INJURED TAKEN To:

SPECIAL DATA (State Use Only)

USE CODE "99" FOR UNKNOWN

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.

E 06

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

03 WEATHER
00 No adverse conditions
01 Rain
02 Sleet
03 Snow
04 Fog
05 Smoke
06 Strong winds
07 Blowing dust, sand, etc.
08 Freezing rain
14 Rain & fog
16 Rain & wind
24 Sleet & fog
36 Snow & winds
88 Other _____

ON 02 SURFACE TYPE / AT
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

ON 03 SURFACE CONDITION / AT
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other _____

01 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 _____

02 VEHICLE DAMAGE
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

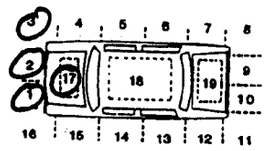
TRAFFIC CONTROLS
O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)

0 00
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

ROAD CHARACTER
ON 02 / AT
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 _____

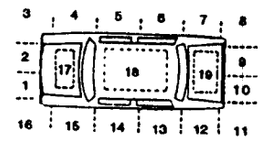
CONST./MAINT. ZONE
ON 00 / AT
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

DAMAGE LOCATION AREA--Vehicle 1



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

07 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) Deer
08 Fixed object**
09 Other object _____

11 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 _____

88 ROAD SPECIAL FEATURES
Identify up to three
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other Culvert

Enter any visible identifier; refer by code

Code	Ident:

01 VEHICLE BODY TYPE
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other _____

Bus Capacity

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway

NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway

25 NOT IN ROADWAY

PEDESTRIAN ACTION
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

01 DR. LIC. COMPLY (Code each driver)
00 Not licensed
01 Valid license
02 Invalid license

00 RESTRICT. COMPLY (Code each driver)
00 No restrictions
01 Complied with
02 Did 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

0. ← B.A.C. → 0.

(#8)

☐ Fatal
☒ Injury
☐ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

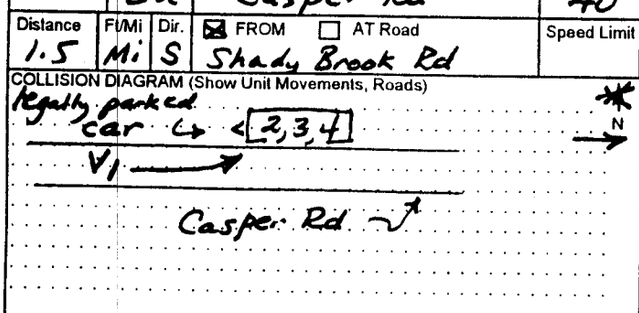
STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	BU	Casper Rd	40			A1612-94	1/2

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
1.5	Mi	S	Shady Brook Rd		BU Co. Sheriff	Glen Mannyback	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

V1 was NB on Casper Rd, lost control on icy road, veered to west, struck a legally parked vehicle (see obj. damaged).

DATE of ACCIDENT	
11/12/94	
TIME Occurred	DAY
2215	SA
TIME Notified	DAY
2220	SA
TIME Arrived	DAY
2250	SA

Object damaged and nature of damage (Show location in diagram): Legally Parked Car ('82 Ford Granada)

Name and Address of object owner: Gerald R. Rider, 706 N. Garrison, Any Town, KS 67900

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	Distance N	M	Reference Road 1	+	E	Distance	M	Reference Road 2	Coder	Func. Class

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	McDonald, Ronald S.			78	Chrys	La Baron	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
RR1 Box 178B Wakarusa, KS 63117	KS	FFG 811	'94	Butler Wrecker

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. R685N4		11/21/20	M	731KT0P248KJAY137	108,214

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Same		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
Same		N	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☒ 07 Towed away

Unit	☐ Driver ☒ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
2	Rider, Gerald R.						

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
706 N. Garrison, Any City, KS 67900				

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. No.		3/4/49	M		

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ 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: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
1	01					M	73	L	N	P	
2	25					M	44	–	–	D	A
3	25					F	45	–	–	P	A
4	25					M	18	–	–	I	A

EMS Unit	INJURED TAKEN By:	INJURED TAKEN To:
A	Private Vehicle	Wellington Hospital
B		
C		

(#8)

SPECIAL DATA (State Use Only) | USE CODE "99" FOR UNKNOWN

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.

01 06

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

08 WEATHER
00 No adverse conditions
01 Rain 08 Freezing rain
02 Sleet 14 Rain & fog
03 Snow 16 Rain & wind
04 Fog 24 Sleet & fog
05 Smoke 36 Snow & winds
06 Strong winds
07 Blowing dust, sand, etc.
88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

04 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
04 Sideswipe-opposing
05 Sideswipe-overtaking
06 Backed into
88 Other _____

21 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 pole, devices
07 Other post or pole
08 Building 16 Mailbox
09 Guardrail 17 Ditch
10 Sign post 18 Embankment
11 Culvert 19 Wall
12 Curb 20 Tree
13 Fence 21 RR crossing fixtures
14 Hydrant
15 Barricade 88 Other_____

ROAD CHARACTER
ON 01
AT
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_____

SURFACE TYPE
ON 02
AT
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

SURFACE CONDITION
ON 04
AT
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other_____

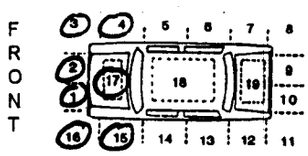
CONST./MAINT. ZONE
ON 00
AT
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

00 ROAD SPECIAL FEATURES
Identify up to three
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other_____

Enter any visible identifier; refer by code
Code Ident:

01 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 _____

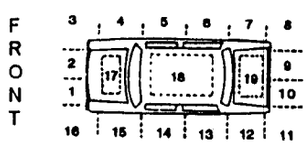
DAMAGE LOCATION AREA--Vehicle 1



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

03 VEHICLE DAMAGE
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

VEHICLE BODY TYPE
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other_____

Bus Capacity

25 PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway
NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway
25 NOT IN ROADWAY

07 PEDESTRIAN ACTION
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

04 PED OBEDIENCE TO TRAF SIG
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

01 DR. LIC. COMPLY (Code each driver)
00 Not licensed
01 Valid license
02 Invalid license

01 RESTRICT. COMPLY (Code each driver)
00 No restrictions
01 Complied with
02 Did 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

0. ← B.A.C. → 0.

#8

☐ Fatal
☒ Injury
☐ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	BU	Casper Rd	40			A1612-94	2/2

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
1.5	Mi	S	Shady Brook Rd		BU Co. Sheriff	Glen Mannybach	

COLLISION DIAGRAM (Show Unit Movements, Roads) ↑ N

Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.

DATE of ACCIDENT	
11/12/94	
TIME Occurred	DAY
2215	SA
TIME Notified	DAY
2220	SA
TIME Arrived	DAY
2250	SA

Object damaged and nature of damage (Show location in diagram)

Name and Address of object owner

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	Distance	Reference Road 1	Distance	Reference Road 2	Coder	Func. Class
			N M	+ E	M			

Unit	☐ Driver ☒ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
3	Rider, Barbara L.						

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
Same as Unit 2				

DRIVER'S LICENSE STATE and NUMBER (St. / No.)	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
		12/22/48	F		

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ 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: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

Unit	☐ Driver ☒ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
4	Rider, Eric J.						

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
Same as unit 2				

DRIVER'S LICENSE STATE and NUMBER (St. / No.)	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
		2/23/75	M		

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ 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: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT

EMS Unit A	INJURED TAKEN By:	EMS Unit B	INJURED TAKEN By:	EMS Unit C	INJURED TAKEN By:
	INJURED TAKEN To:		INJURED TAKEN To:		INJURED TAKEN To:

(#8)

SPECIAL DATA (State Use Only) | USE CODE "99" FOR UNKNOWN

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

WEATHER
00 No adverse conditions
01 Rain 08 Freezing rain
02 Sleet 14 Rain & fog
03 Snow 16 Rain & wind
04 Fog 24 Sleet & fog
05 Smoke 36 Snow & winds
06 Strong winds
07 Blowing dust, sand, etc.
88 Other _____

SURFACE TYPE
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

SURFACE CONDITION
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
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 _____

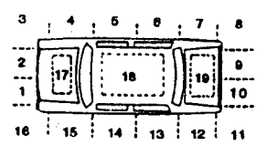
VEHICLE DAMAGE
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

ROAD CHARACTER
ON
AT
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 _____

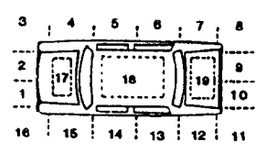
CONST./MAINT. ZONE
ON
AT
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

DAMAGE LOCATION AREA--Vehicle 1



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

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_____

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 _____

ROAD SPECIAL FEATURES
Identify up to three
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other_____
Enter any visible identifier; refer by code
Code Ident:

VEHICLE BODY TYPE
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other_____
Bus Capacity

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION:
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway
NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway
25 NOT IN ROADWAY

PEDESTRIAN ACTION
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

DR. LIC. COMPLY (Code each driver)
00 Not licensed
01 Valid license
02 Invalid license

RESTRICT. COMPLY (Code each driver)
00 No restrictions
01 Complied with
02 Did 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

B.A.C. 0. 0.

#9

☐ Fatal
☐ Injury
☒ PDO OVER $500
☐ PDO UNDER $500
☐ Private Property

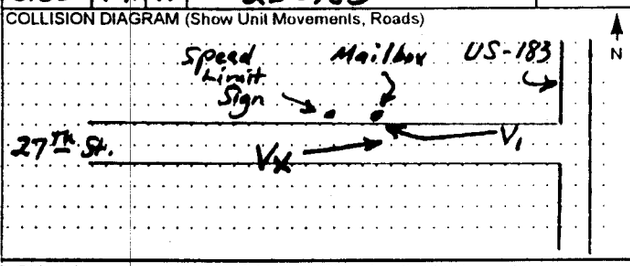
STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850
Rev. 1-95

☐ Hit & Run Accident
☐ KDOT Property Damage
☐ KDOT Construction Zone

Milepost	COUNTY	ON Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	EL	27TH ST.	30	Hays		94-236	1/1

Distance	Ft/Mi	Dir.	☒ FROM ☐ AT Road	Speed Limit	Investigating Dept.	Investigating OFFICER/BADGE Number	Reviewed By
250	Ft.	W	US-183		Hays PD	Roger Epp #28	

COLLISION DIAGRAM (Show Unit Movements, Roads)



Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.
V1 WB on 27th was forced off the road into a mailbox, then a speed limit sign by a phantom vehicle.

DATE of ACCIDENT	
5/17/94	
TIME Occurred	DAY
1605	TU
TIME Notified	DAY
1607	TU
TIME Arrived	DAY
1610	TU

Object damaged and nature of damage (Show location in diagram)
Speed Limit Sign
Mailbox

Name and Address of object owner
City of Hays - City Hall - Hays KS 67113
Elsa Wacter - 208 W. 27th Hays, KS 67113

ON Road	Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.	Latitude	Longitude	State Use Only

County	City Code	Agency Code	N	Distance	M	Reference Road 1	+	E	Distance	M	Reference Road 2	Coder	Func. Class

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
1	Sutton, James S.			'90	FORD	Escort	

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:
410 W. 11th St. Hays, KS 67113	KS	ABE 260	'94	owner

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. KS No. S6U5T4		10/1/70	M	3 1 5 K E W I 2 6 6 3 A Q G 1 1 3	41,213

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
Ron L. Sutton		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
410 W. 11th St. Hays, KS 67113		W	

Special Conditions for unit above: ☐ 01 Hit & Run ☐ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

Unit	☒ Driver ☐ Ped NAME (Last, First and Initial)	Phone ☐ Work ☐ Home	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
X							

Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)	STATE	LICENSE PLATE #	YEAR	Removed By:

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St. No.			U		

Registered OWNER FULL NAME ("Same" if Driver)	Phone ☐ Work ☐ Home	TOTAL occupants in this vehicle	Fire?	Insurance Company
		1		

OWNER Address ("Same" if Driver)	Special Data Area	Direction of Travel	Policy Number
		E	

Special Conditions for unit above: ☐ 01 Hit & Run ☒ 02 Non-Contact ☐ 03 Stolen ☐ 04 Legally parked ☐ 05 Police pursuit ☐ 06 Driverless ☐ 07 Towed away

TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USE	EJECT TRAP	INJ SEV	EMS UNIT
1	01					M	23	S	N	N	

EMS Unit A	INJURED TAKEN By:	EMS Unit B	INJURED TAKEN By:	EMS Unit C	INJURED TAKEN By:
	INJURED TAKEN To:		INJURED TAKEN To:		INJURED TAKEN To:

#9

SPECIAL DATA (State Use Only) | USE CODE "99" FOR UNKNOWN

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

WEATHER [00]
00 No adverse conditions
01 Rain 08 Freezing rain
02 Sleet 14 Rain & fog
03 Snow 16 Rain & wind
04 Fog 24 Sleet & fog
05 Smoke 36 Snow & winds
06 Strong winds
07 Blowing dust, sand, etc.
88 Other _____

SURFACE TYPE ON [02] AT [ ]
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
88 Other _____

SURFACE CONDITION ON [01] AT [ ]
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other _____

VEHICLE MANEUVER BEFORE CRASH [07]
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 _____

VEHICLE DAMAGE [02]
00 None/None known
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other _____

TRAFFIC CONTROLS
O/A (On/At Road)
Type Present
OK/NF(OK/Non-functional)

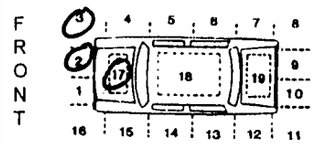
O/A	Type Present	OK/NF
0	09	

00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates or signal
07 RR crossing signs
08 No passing zone
09 Center/edge lines
88 Other _____

ROAD CHARACTER ON [01] AT [ ]
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 _____

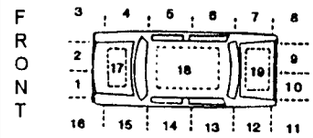
CONST./MAINT. ZONE ON [00] AT [ ]
00 None apply
01 Construction zone
02 Maintenance zone
03 Utility zone

DAMAGE LOCATION AREA--Vehicle 1



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

DAMAGE LOCATION AREA--Vehicle 2



☐ Top ☐ Windshld ☐ Windows
☐ Under ☐ Overturn
Trailer? ☐ Present ☐ Damaged

ACCIDENT CLASS [08]
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_____

ACCIDENT LOCATION [11]
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 _____

*** COLLISION WITH OTHER MOTOR VEH.** [ ]
01 Head on
02 Rear end
03 Angle
04 Sideswipe-opposing
05 Sideswipe-overtaking
06 Backed into
88 Other _____

**** FIXED OBJECT TYPE** [16]
01 Bridge structure
02 Bridge rail
03 Crash cushion (barrels)
04 Divider, median barrier
05 Overhead sign support
06 Utility pole, devices
07 Other post or pole
08 Building 16 Mailbox
09 Guardrail 17 Ditch
10 Sign post 18 Embankment
11 Culvert 19 Wall
12 Curb 20 Tree
13 Fence 21 RR crossing fixtures
14 Hydrant
15 Barricade 88 Other_____

ROAD SPECIAL FEATURES [00]
Identify up to three
00 None
01 Bridge
02 Bridge overhead
03 Railroad bridge
04 Railroad crossing
05 Interchange
06 Ramp
88 Other_____

Enter any visible identifier; refer by code
Code Ident:

VEHICLE BODY TYPE [01]
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Single truck 4-tires
07 Camper or RV
08 Farm equipment
09 All terrain vehicle(ATV)
10 Single truck over 4-tires
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
88 Other_____

Bus Capacity [ ] [ ]

PEDESTRIAN LOCATION BEFORE IMPACT--IN INTERSECTION: [ ]
01 In crosswalk or bikeway
02 Not in crosswalk or bikeway
03 In intersection without crosswalk or bikeway
NOT IN INTERSECTION
11 In available crosswalk or bikeway
12 Not in available crosswalk or bikeway
13 In area without crosswalk or bikeway
25 NOT IN ROADWAY

PEDESTRIAN ACTION [ ]
01 Entering or crossing road
02 Walking or riding on road
03 Approaching, leaving, or working on vehicle
04 Working (not on vehicle)
05 Playing or standing
06 Approaching or leaving bus
07 In parked vehicle
88 Other _____

PED OBEDIENCE TO TRAF SIG [ ]
00 No pedestrian signal
01 Obeyed pedestrian signal
02 Disobeyed ped signal
03 Ped signal malfunction
04 Not applicable

DR. LIC. COMPLY (Code each driver) [01]
00 Not licensed
01 Valid license
02 Invalid license

RESTRICT. COMPLY (Code each driver) [00]
00 No restrictions
01 Complied with
02 Did 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

B.A.C. ← 0. → 0.

KANSAS HIGHWAY PATROL

Service—Courtesy—Protection

Juan Finney
Governor

Col. Lonnie R. McCollum
Superintendent

November, 1994

SUBJECT: Supplemental Instructions

TO: Local Law Enforcement Agencies and Other Affected Personnel:

Enclosed are supplemental instructions for inclusion in your revised State of Kansas Motor Vehicle Accident Report coding manual (distributed by the Kansas Department of Transportation) for use beginning January 1995.

The supplemental information concerns the coding of accidents involving hazardous material. The question to be answered is "Did this vehicle have a hazardous materials placard?" Please reproduce copies as needed for your agency and insert the information required into your coding manual on page 24.

Please call the Kansas Highway Patrol at (913) 296-6800 if you have questions. Thank you for your cooperation.

Sincerely,

KANSAS HIGHWAY PATROL

Post-it™ brand fax transmittal memo 7671 | # of pages ▸ 3

To Nancy Mattson	From Lance Jones
Co.	Co. KHP
Dept. KDOT	Phone #
Fax # 296 8168	Fax # 296 7908

122 SW Seventh Street
Topeka, Kansas 66603-3847
(913) 296-6800 FAX (913) 296-3956

Hazardous Material Data - Did this vehicle have a hazardous materials placard? Place either a 'Y' (Yes) or an 'N' (No) below the material I.D. box as shown in the example. If the answer is 'Yes', all the other hazardous material data is required to be filled out. If the answer is 'No', this will complete the hazardous material section.

Also record, in the same area, the one-digit Hazard Class code shown on the placard. Valid codes are:

1 - explosives;
2 - gases;
3 - flammable liquid and combustible liquid;
4 - flammable solid; spontaneously combustible material; and dangerous when wet material;
5 - oxidizers and organic peroxides;
6 - poisonous material and infectious substance;
7 - radioactive material;
8 - corrosive material;
9 - miscellaneous hazardous material.

Cut along dotted line and tape or staple onto page 24, 2nd column

(42)

TRUCK - BUS SUPPLEMENT

Supplement required for accidents involving vehicles with at least 2 axles and 4 tires, OR buses with a seat capacity of 15 or more, OR any vehicle transporting hazardous material.

UNTY	ON Road	CITY	DATE of Accident	TIME Occurred	Day	Trans Unit No.	Page of
3G	OLIVER ST.	WICHITA	6/10/94	1616	MO	2	2 / 2

ATE USE ONLY	Investigating Dept.	Investigating Officer/Badge No.	Local Case Number
	Wichita PD	John Davis #612	T-1-101-94

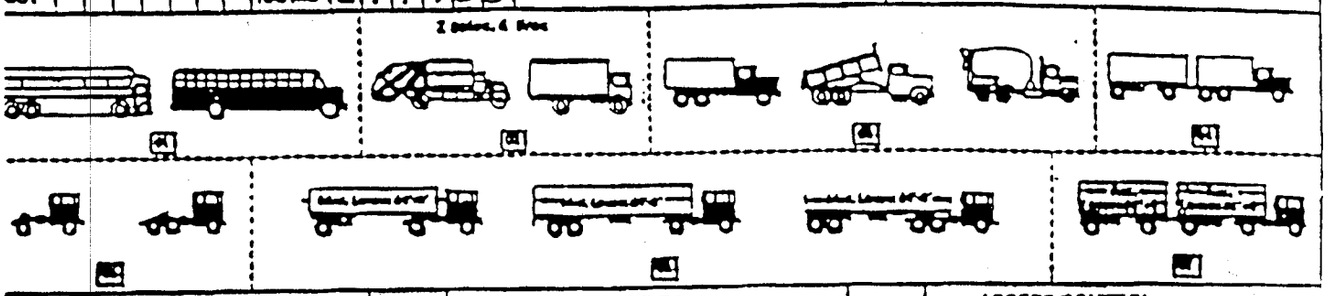
CARRIER NAME (CORPORATE BUSINESS NAME)				KANSAS PERMITS (Issuer and Permit Number)
TRANSLAND TRUCKING INC.				1. KCC-104436
CARRIER ADDRESS	CITY	STATE	ZIP CODE	2.
1972 W. 3rd	Any City	KS	67900	3.

K. GOVERNMENT PERMITS (Issuer and Number)

DOT | | | | | | | ICC MC 164473 5

0.3 SOURCE OF FORM (enter one only)
01 Side of vehicle 03 Driver
02 Shipping papers or manifest 04 Logbook

2 axles, 4 tires



1.6 VEHICLE CONFIGURATION

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

0.0 ON ROAD LANE TYPE

00 Undivided
01 One-way roadway
02 Divided roadway, median strip without barrier
03 Divided roadway, median strip with barrier

0.0 ACCESS CONTROL

00 No control (unlimited access)
01 Full control (entry/exit only by ramp)
06 Other _____

1.1 CAB TYPE
(for single truck or tractor)

01 Cab behind engine
02 Cab over engine

0.8 CARGO TYPE

00 Empty
01 Driveway or traverway
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 home
13 Motor vehicles
14 Refrigerated foods
15 Solids (bulk)
16 Rock, sand, gravel, soil
17 Food products
18 Plastic products
88 Other _____

2.2 SEQUENCE OF EVENTS (list up to 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

COLLISION WITH:
21 Pedestrian
22 Motor vehicle in transport
23 Parked motor vehicle
24 Train
25 Pedalcycle
26 Animal
27 Fixed object
28 Other object
88 Other event _____

1.1 CARGO BODY TYPE

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 _____

EXAMPLE

TRAILERS	WIDTH (inches)	LENGTH (feet)	TOTALS: Total Length (feet)	No. of Axles	No. of Trailers	Gross Vehicle Weight	HAZARDOUS MATERIALS DATA: Material ID No.	Weight (pounds)	Spill or release?
Trailer 1	102	36	48	5	1	73,840	1203	10,000	N
Trailer 2									
Trailer 3									

USE CODE "99" FOR UNKNOWN PLACARD = Y CLASS = 3

DOT FORM (10-94)