Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

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

Investigating Officer Name | Badge Number | County | City Name

☐ Amended Report
☐ DUI
☐ Hit & Run

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

☐ Private Property

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Accident (mm/dd/yyyy)	Time Occur.	Day

From Dist	Ft/Mi	From Dir	○ FROM ○ AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day

Narrative: Describe each traffic unit's pre-crash movement and direction of travel | Date Arrived (mm/dd/yyyy) | Time Arriv. | Day

Crash Information

The top of your Kansas accident report documents important details about your crash, including: City Name, Road Name and Date of Accident; Speed Limit; whether a crash involved a Hit and Run Driver or DUI Driver; and Fatalities, Injuries and Property Damage records. Officers also record the specific case number and the investigating officer's badge number.

KDOT? ☐ Object 1 Damaged & Nature of Damag

Owner Last Name | First Name

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

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

WORK ZONE TYPE

one Apply

onstruction Zone - KDOT? ☐

aintenance Zone -

ility Zone -

nknown

TION IN WORK ZONE (AOI)

e first warning sign

○ 02 Advance warning area
○ 03 Transition area
○ 04 Activity area
○ 05 Termination area ○ 99 Unknown

ONLY CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

LIGHT CONDITIONS

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

ADVERSE WEATHER CONDITIONS

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

SURFACE TYPE

O / A | O / A

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

SURFACE CONDITIONS

O / A | O / A

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

ACC. LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)

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

OFF ROADWAY:

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

+INTERSECTION TYPE

○ 01 Four-way intersection
○ 02 Five-way or more
○ 03 T - intersection
○ 04 Y - intersection
○ 05 L - intersection
○ 06 Roundabout (See Manual for Definitions)
○ 07 Traffic Circle
○ 08 Part of an interchange
○ 9

ROA

☐ 0
☐ 0
☐ 0
☐ 0
☐ 0
☐ 0
☐ 06
☐ 99 Unknown

ACCIDENT CLASS (mark 1 box per side)

1st Harmful Event | Most Harmful Event

○ 00 Other non-collision ○
○ 01 Overturned/Rollover ○

COLLISION WITH:

○ 02 Pedestrian ○
○ 03 Motor vehicle in-transport* ○
○ 04 Legally Parked Vehicle ○
○ 05 Railway train ○
○ 06 Pedal cyclist ○
○ 07 Animal Type: _____ ○
○ 08 Fixed object** ○
○ 09 Other object: _____ ○
○ 99 Unknown ○

**FIXED OBJECT TYPE

(mark 1 box per side if applicable)

1st Harmful Event | Most Harmful Event

○ 01 Bridge structure ○
○ 02 Bridge rail ○
○ 03 Crash cush./Impact attenuator ○
○ 04 Divider, median barrier ○
○ 05 Overhead sign support ○
○ 06 Utility devices: pole,meter,etc ○
○ 07 Other post or pole ○
○ 08 Building ○
○ 09 Guardrail ○
○ 10 Sign post ○
○ Culvert ○
○ 99 Unknown ○

Contributing Causes

Contributing causes to the accident are recorded by the investigating or responding officer: Accident Location, Intersection Type, Accident Class (such as if an accident involved a collision with a fixed object or pedestrian), Type of Collision, Road Surface Conditions and whether an accident occurred at the site of a Traffic Control signal.

- WORK ZONE CATEGORY

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

*COLLISION WITH VEHICLE

(mark 1 box per side if applicable)

1st Harmful Event | Most Harmful Event

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

TRAFFIC CONTROLS

(On / At Road) O/A

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

SAMPLE

Accident Diagram 850A continued	SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of /

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

Draw scene as observed or recreate per statements and evidence available

SAMPLE

Accident Diagram

Officers use the Accident Diagram section to draw a pictorial diagram of how they believe the accident occurred.

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

Occupants & Vehicles
KDOT Form 850B Rev. 1-2009

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

Investigating Officer / Badge No.

Local Case No.

Page of /

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

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

Unit # / Seat Type	DRIVER Last Name / DRIVER First Name	Middle Name / Date of Birth	DRIVER ADDRESS (Number, Street, Suffix, etc.) / City State Zip	Personal Phone Number / Work Phone Number	Gender / Age	SE Used / Eject/Trap	Inj Severity / Eject Path	Transpt Unit / Extrication?
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

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

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

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

RESTRICT COMPLY (Y N)
Restrictions?
Driver's Restrict
1
2
3
4

COMMERCIAL ENDORSEMENTS
- ☐ Z - None
- ☐ S - School Bus
- ☐ U - Unknown

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

METHOD OF DETERMINATION (mark all that apply)

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

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

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

☐ Drug screen result ○ Pos ○ Neg

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

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

DR LICENSE COMPLY
- ○ Not licensed
- ○ Restricted
- ○ 99 Unknown

RESTRICT COMPLY (Y N)
4

COMMERCIAL ENDORSEMENTS
- ☐ Z - None
- ☐ S - School Bus
- ☐ U - Unknown

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

METHOD OF DETERMINATION (mark all that apply)

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

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

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

☐ Drug screen result ○ Pos ○ Neg

Driver Information

Driver information is recorded, including: contact information, drivers' license number, and whether officers suspect a driver was impaired (including sobriety test results).

Unit # / Seat Type	PASSENGER Last Name / PASSENGER First Name	Middle Name / Date of Birth	PASSENGER ADDRESS (Number, Street, Sfx, etc.) / City State Zip	Personal Phone Number / Work Phone Number	Gender / Age	SE Used / Eject/Trap	Inj Severity / Eject Path	Transpt Unit / Extrication?
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

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

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

SAMPLE

Occupants & Vehicles
850B Continued

Local Case No. | Page of /

Vehicle Information

Vehicle information (make and model, registration number, Vehicle Information Number and insurance company/policy number) are recorded by officers.

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

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

CITY | ST | ZIP | Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants

Insurance Company	Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS | Odometer | Fire? ☐

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

VEHICLE BODY TYPE

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

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

- O 10 Single heavy truck >10,000 lbs
- O 11 Tr...
- O 12 T...
- O 13 C...
- O 14 S...
- O 15 T...
- O 16 C...
- O 25 Train
- O 88 Other: _____
- O 99 Unknown

Special Conditions

Officers record any Special Conditions for Traffic Units: whether an accident was a Hit & Run or involved a stolen vehicle, Vehicle Use, Vehicle Damage and Damage Location areas.

VEHICLE USE

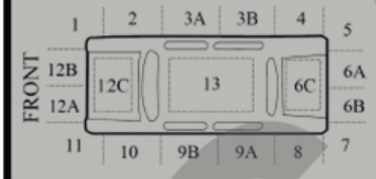
- O 01 No special use
- O 02 Taxi / Limo
- O 03 School bus
- O 04 Other bus
- O 05 Military
- O 06 Police
- O 07 Ambulance
- O 08 Fire
- O 09 Mail/Parcel
- O 99 Unknown

VEHICLE DAMAGE

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

DAMAGE LOCATION AREA

First Impact _____ Major Impact _____



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

Trailer? O Present O Damaged

VEH. MANU. BEFORE UNSTAB. SIT.

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

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

1	2	3	4

☐ The exact sequence is unknown

NON-COLLISION

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

COLLISION WITH

- 21 Pedestrian
- 22 Motor veh in-transport
- 23 Legally Parked Vehicle
- 24 Train
- 25 Pedal cycle (bike, etc)
- 26 Animal
- 27 Fixed Object
- 28 Other moveable object
- 99 Unknown object

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

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

VEHICLE IDENTIFICATION NUMBER | Dir of Travel | # Occupants

Insurance Company | Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS | Odometer | Fire? ☐

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

VEHICLE BODY TYPE
O 01 Automobile
O 10 Single heavy truck >10,000 lbs
Truck & trailer(s)
Tractor-trailer(s)
Cross country bus
School bus
Transit (city) bus
Other bus
O 25 Train
O 88 Other: _____
O 99 Unknown
Calculated speed at impact
Bus Seat Capacity _____
O Fuel O Hybrid O Electric

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

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

DAMAGE LOCATION AREA
First Impact _____ Major Impact _____
☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other: _____
Trailer? O Present O Damaged

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

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)
☐ The exact sequence is unknown

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

COLLISION WITH
21 Pedestrian
22 Motor veh in-transport
23 Legally Parked Vehicle
24 Train
25 Pedal cycle (bike, etc)
26 Animal
27 Fixed Object
28 Other moveable object
99 Unknown object

SAMPLE

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

SAMPLE

Accident Narrative

The Accident Narrative records Officer Observations and a Description of Events. Carefully review this information, as it may contain details about vehicle movement, vehicle direction and traffic signals not found elsewhere on the accident report. Witness Statements and Additional Information are also documented by the investigating officer.

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

SAMPLE

HEAVY VEHICLE & HAZMAT Supplement

KDOT Form 852 Rev. 1-2009

INFORMATION ON HEAVY VEHICLES / BUSES / HAZARDOUS MATERIALS

Investigating Officer / Badge No.

Local Case No.

Page of /

MOTOR CARRIER INFORMATION

TU #

Carrier Name

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

City

State

Zip

Phone

Carrier Country

CARRIER IDENTIFICATION NUMBER(S)

USDOT#

MC/MX#

☐ NONE

CARRIER TYPE

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

AT THE TIME OF CRASH, THIS VEHICLE WAS:

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

GVWR/GCWR

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

ACTUAL WEIGHT _____ lbs

SOURCE OF CARRIER NAME

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

PERMITS (Issuer and Permit Number)

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

VEHICLE INFORMATION

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

TRUCK AND TRAILER TOTALS

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

TRAILER 1 - IDENTIFICATION NUMBER

TRAILER 2 - IDENTIFICATION NUMBER

TRAILER 3 - IDENTIFICATION NUMBER

HAZMAT / ROADWAY INFORMATION

HAZARDOUS MATERIALS INVOLVEMENT

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

If Yes, Include The Following Information From The Placard:

HazMat 4-digit # from the diamond center box: _____

HazMat Class # from the bottom of diamond: _____

HazMat Weight (lbs) _____

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

ON-ROAD LANE TYPE

- o 00 Two-way traffic - Undivided roadway
- o 01 One-way traffic - Undivided roadway
- o 02 Two-way traffic - Median strip w/o barrier
- o 03 Two-way traffic - Median strip w/ barrier
- o 04 Two-way traffic - Undivided with a continuous left turn lane
- o 99 Unknown

VEHICLE ACCESS CONTROL TO ROADWAYS

- o 00 No access control (Unlimited access - Roads with no interchanges)
- o 01 Partial access control (mix of interchanges and "at-grade" intersections)
- o 02 Full access control (entry/exit only by interchange ramps)
- o 99 Unknown

SEE BACK OF THIS FORM FOR EXAMPLES OF VEHICLE CONFIGURATIONS AND CARGO TYPES

VEHICLE CONFIGURATION

- o 00 Bus 9-15 passengers, including driver
- o 01 Bus more than 15 passengers
- o 02 Single-unit truck (2-axles)
- o 03 Single-unit truck (3 or more axles)
- o 04 Single-unit truck with trailer(s)
- o 05 Truck Tractor only (bobtail)
- o 06 Truck Tractor and semi-trailer
- o 07 Truck Tractor and two trailers
- o 08 Truck Tractor and three trailers
- o 09 Heavy truck > 10,000 lbs cannot classify
- o 10 Vehicles less than 10,000 lbs carrying hazardous materials
- o 88 Other: _____
- o 99 Unknown

CAB TYPE

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

CARGO BODY TYPE

- o 00 Not applicable/No cargo body
- o 01 Van or Enclosed box
- o 02 Hopper (e.g. Grain, Chips, Gravel)
- o 03 Cargo tank (liquid, powder, etc)
- o 04 Flatbed
- o 05 Dump
- o 06 Concrete mixer
- o 07 Vehicle transporter
- o 08 Garbage or refuse
- o 09 Bus 9-15 people, including driver
- o 10 Bus more than 15 people
- o 11 Pole
- o 12 Vehicle towing another motor vehicle
- o 13 Intermodal chassis
- o 14 Logging
- o 88 Other: _____
- o 99 Unknown

CARGO TYPE

- o 00 None
- o 01 Drive away or Tow away
- o 02 Explosives
- o 03 Animals: farm or other
- o 04 Farm products
- o 05 Gases
- o 06 General freight (packages)
- o 07 Heavy machinery, objects
- o 08 Household goods
- o 09 Liquids (bulk)
- o 10 Logs, poles, lumber
- o 11 Metal (coils, sheets, etc)
- o 12 Mobile / Modular home
- o 13 Motor vehicles
- o 14 Refrigerated foods
- o 15 Solids (bulk)
- o 16 Rock, sand, gravel, salt
- o 17 Other food products
- o 18 Plastic products
- o 19 People
- o 20 Garbage / refuse
- o 21 Pavement mixture: concrete, asphalt, etc.
- o 88 Other: _____
- o 99 Unknown

SPECIAL DATA

SAMPLE

852 cont'd

REPORTING CRITERIA FOR HEAVY VEHICLES AND/OR HAZARDOUS MATERIALS

COMPLETE THIS SUPPLEMENT FOR EACH OF THE FOLLOWING VEHICLES INVOLVED WHERE AT LEAST ONE MOTOR VEHICLE IN-TRANSPORT WAS ON A TRAFFICWAY OPEN TO THE PUBLIC:

>10,000 lbs Any truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public trafficways, OR...

BUS Any motor vehicle with seats to transport nine (9) or more people, including the driver OR...

HAZMAT Any vehicle, regardless of weight, carrying placardable hazardous materials or displaying a hazardous materials placard.

AND

IF THIS ACCIDENT INCLUDES:

A FATALITY: Any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash, OR...

AN INJURY: Any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, OR...

TOW-AWAY: Any motor vehicle (truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

Vehicle Configuration

00 Bus (9-15 Seats, Including Driver)

01 Bus (16 or More Seats, Including Driver)

02 Single-Unit (2 Axles, 6 Tires)

03 Single-Unit (3 or More Axles)

04 Truck/Trailer (Single-Unit Truck Pulling a Trailer)

05 Truck Tractor (Bobtail)

06 Tractor/Semi Trailer (One Trailer)

07 Truck Tractor/Double (Two Trailers)

08 Truck Tractor/Triple (Three Trailers)

Revised 06/05

Cargo Body Type

09 Bus (9-15 Seats, Including Driver)

Bus (16 or More Seats, Including Driver) 10

01 Van/Enclosed Box

03 Cargo Tank

04 Flat Bed

05 Dump

06 Concrete Mixer

07 Auto Transporter

Garbage/Refuse 08

02 Grain, Chips, Gravel

11 Pole

14 Log

Intermodal Chassis 13

12 Vehicle Towing Motor Vehicle

00 No Cargo Body

SAMPLE

Passengers & Pedestrians KDOT Form 854 Rev. 1-2009	**LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT**	Investigating Officer / Badge No.	Local Case No.	Page of /

Unit # / Seat Type	PASSENGER Last Name / PASSENGER First Name	Middle Name / Date of Birth	PASSENGER ADDRESS (Number, Street, Sfx, etc.) / City State Zip	Personal Phone Number / Work Phone Number	Gender / Age	SE Used / Eject/Trap	Inj Severity / Eject Path	Transpt Unit / Extrication?
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐
TU		MN	New address? ☐	Personal				
ST		DOB		Work				☐

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

SAMPLE

Passengers & Pedestrians
854 continued

PEDESTRIAN INFORMATION

Investigating Officer / Badge No. | Local Case No. | Page of /

Unit # / Ped Type	PEDESTRIAN Last Name / PEDESTRIAN First Name	Middle Name / Date of Birth	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) / City State Zip	Personal Phone Number / Work Phone Number	Gender / Age	SE Used / Eject/Trap	Inj Severity / Eject Path	Transpt Unit / Extrication?
TU		MN	New address? ☐	Personal				
PT		DOB		Work				☐
TU		MN	New address? ☐	Personal				
PT		DOB		Work				☐

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

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

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

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

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

- 00 NOT in roadway (driving lanes)

IN or AT INTERSECTION
- 01 In crosswalk or bikeway
- 02 NOT in crosswalk or bikeway
- 03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION
- 11 In crosswalk or bikeway
- 12 NOT in crosswalk or bikeway
- 13 In area without a crosswalk or bikeway

- 88 Other: _____
- 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

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

PEDESTRIAN ACTION BEFORE CRASH

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

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

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

SUBSTANCE USE (mark all that apply)

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

METHOD OF DETERMINATION (mark all that apply)

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

IMPAIRMENT TEST (mark all that apply)

- ☐ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

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

☐ Drug screen ○ Pos ○ Neg

PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

- 00 NOT in roadway (driving lanes)

IN or AT INTERSECTION
- 01 In crosswalk or bikeway
- 02 NOT in crosswalk or bikeway
- 03 In intersection without a crosswalk or bikeway

NOT IN or AT INTERSECTION
- 11 In crosswalk or bikeway
- 12 NOT in crosswalk or bikeway
- 13 In area without a crosswalk or bikeway

- 88 Other: _____
- 99 Unknown

OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

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

PEDESTRIAN ACTION BEFORE CRASH

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

PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL

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

SUBSTANCE USE (mark all that apply)

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

METHOD OF DETERMINATION (mark all that apply)

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

IMPAIRMENT TEST (mark all that apply)

- ☐ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

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

☐ Drug screen ○ Pos ○ Neg

SAMPLE

Accident Code Sheet

KDOT Form 855 Rev. 9-2011

CONTRIBUTING CIRCUMSTANCES (LIST IN ORDER OF SIGNIFICANCE)

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

DRIVER CCs (D + TU# = D1)

00 No driver contributing circumstance evident

DRIVER CONDITION AT THE TIME OF CRASH

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

DRIVER DISTRACTED BY

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

DRIVER ACTIONS AT THE TIME OF CRASH

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

ENVIRONMENT (code E, no TU#)

01 Animal: domestic or wild

WEATHER RELATED

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

VISION OBSTRUCTIONS

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

PEDESTRIAN CCs (P + TU# = P1)

00 No pedestrian contributing circumstance evident

NON-MOTORIST CONDITION AT THE TIME OF CRASH

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

NON-MOTORIST DISTRACTED BY

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

NON-MOTORIST ACTIONS AT THE TIME OF CRASH

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

VEHICLE CCs (V + TU# = V1)

PROBLEMS WITH OR LOSS OF...

01 Brakes
02 Tires
03 Wheel(s)
13 Mirrors
14 Unattended or driverless in motion
15 Unattended or driverless not in motion
04 Trailer coupling, hitch, or safety chains
05 Cargo
06 Window or windshield; ice on windshield, tinting, etc
07 Wipers
08 Lights: Front (head), tail, signals, etc
09 Steering
10 Power Train: engine, driveshaft, transmission, differential
11 Exhaust
12 Suspension

ROAD CCs (On/At) (code OR or AR, no TU#)

01 Wet surface, standing or moving water
02 Icy or slushy
03 Snow accumulation or snow packed
04 Debris or obstruction
05 Road construction or maintenance
06 Ruts, holes, bumps
07 Traffic control device inoperative or missing
08 Shoulders: none, low, soft, or high
09 Worn, travel-polished surface

SAMPLE

Accident Code Sheet
KDOT Form 855 Rev. 9-2011

SEAT TYPES, SAFETY EQUIPMENT, INJURY SEVERITY, DRIVER'S LICENSE CODES, ETC.

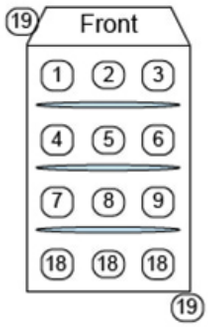
VARIOUS CODE LISTS

OCCUPANT SEAT POSITION

FRONT ROW
01 Driver
02 Center
03 Right

SECOND ROW
04 Left
05 Center
06 Right

THIRD ROW
07 Left
08 Center
09 Right



10 Motorcycle passenger

11 Extra person on driver's seat or lap

12-17 Extra person on passenger lap

18 Other seat position IN vehicle

19 Other position ON or Outside vehicle

27 Enclosed cargo area

28 Unenclosed cargo area (pickup bed, etc)

29 Sleeper section of truck cab

30 Trailing unit (auto, boat, camper)

99 Unknown position IN or On vehicle

SAFETY EQUIPMENT USE

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

P Airbag deployed only (Passive system)
R Airbag deployed - Shoulder & Lap belt
J Airbag deployed - Shoulder belt only
W Airbag deployed - Lap belt only
F Airbag deployed - Infant seat (rear facing)
D Airbag deployed - Child seat (front facing)
K Airbag deployed - "Booster" seat

B Both Motorcyclist helmet & eye protection
E Motorcyclist eye protection
H Motorcyclist helmet

Q Pedestrian helmet or protective pads
V Reflective clothing

N None used
U Unknown

EJECTED / TRAPPED

N Not ejected or trapped
E Ejected (totally)
P Partially ejected
T Trapped in vehicle
U Unknown

INJURY SEVERITY

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

PEDESTRIAN TYPES (non-motorist)

21 Walking, standing, running, etc
22 Pedal cyclist
23 Rider of animal
24 Occupant of animal-drawn vehicle
25 In vehicle NOT IN TRANSPORT (legally parked veh)
26 Machine operator (Working Vehicles: tow trucks, fire,... ...police, snow plows, const. eq, etc)
88 Other
99 Unknown

EJECTION PATH

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

TRAIN OCCUPANT SEAT TYPES

31 Train crew (list all in control whether injured or not)
32 Train passengers (list if injured)

GENDER

M Male
F Female
U Unknown

ANIMAL TYPES

01 Deer
02 Other wild animal: bobcat, coyote, etc
03 Cow or Bull
04 Other domestic animal: cat, dog, etc
05 Horse

KS LIC CLASS
(see manual)

A - GCWR>26,000
B - GVWR>26,000
C - GVWR<26,001
M - Motorcycle
(Class+) P - Permit
ID - Identification #
U - Unknown

KANSAS LICENSE RESTRICTIONS

B Corrective lenses
C Mechanical aid (devices)
D Prosthetic aid (devices)
E Automatic Transmission
F Outside mirror
G Daylight only
H Employment only
I Limited - Other
K Intrastate only
L Without Air-brakes
M No CDL - A Bus
N No CDL - A/B Bus
O No Tractor-Trailer
J01 Outside business area
J02 Under Age Sixteen
J03 No Freeway driving
J04 25 Mi. from Home
J05 Within City Limits
J06 Lic Driver Front Seat
J07 Moped
J08 Seasonal CDL
J09 Farm Permit
J10 Non-residential CDL
J11 5 Miles of Home
J12 10 Miles of Home
J13 15 Miles of Home
J14 20 Miles of Home
J15 30 Miles of Home
J20 Temporary Resident
U Unknown

HAZARDOUS MATERIAL CLASS CODES

1 Explosives
2 Gases
3 Flammable/combustible liquid
4 Flammable/combustible solid
5 Oxidizers & organic peroxides
6 Poisonous/infectious substance
7 Radioactive material
8 Corrosive material
9 Misc. HazMat

SAMPLE