A GUIDE TO READING YOUR

KANSAS POLICE ACCIDENT REPORT

PAGE 1

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

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

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

Latitude (AOI)
Longitude (AOI)
Photos by

WORK ZONE TYPE
O / A
○ ○ 00 None Apply
○ ○ 01 Construction Zone -
○ ○ 02 Maintenance Zone -
○ ○ 03 Utility Zone -
○ ○ 99 Unknown
KDOT? ☐

KDOT? ☐ Object 1 Damaged & Nature of Damage (show in diagram) | Owner Street Address | Personal Phone
Owner Last Name | First Name | Middle Name | City | State | Zip | Work Phone

KDOT? ☐ Object 2 Damaged & Nature of Damage (show in diagram) | Owner Street Address | Personal Phone
Owner Last Name | First Name | Middle Name | City | State | Zip | Work Phone

- LOCATION IN WORK ZONE (AOI)
○ 01 Before first warning sign
○ 02 Advance warning area
○ 03 Transition area
○ 04 Activity area
○ 05 Termination area ○ 99 Unknown

ONLY CHECK ONE BOX PER CATEGORY UNLESS SPECIFIED OTHERWISE

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
○ 99 Unknown

ROAD SPECIAL FEATURES (up to 3)
☐ 00 None
☐ 01 Bridge
☐ 02 Bridge Overhead
☐ 03 Railroad Bridge
☐ 04 RRXING
☐ 05 Interchange
☐ 06 Ramp
☐ 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 ○
○ 11 Culvert ○
○ 12 Curb ○
○ 13 Fence/Gate ○
○ 14 Hydrant ○
○ 15 Barricade ○
○ 16 Mailbox ○
○ 17 Ditch ○
○ 18 Embankment ○
○ 19 Wall ○
○ 20 Tree ○
○ 21 RRXING fixtures ○
○ 88 Other: ○
○ 99 Unknown ○

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

***COLLISION WITH VEHICLE**
(mark 1 box per side if applicable)
1st Harmful Event | Most Harmful Event
○ 01 Head on ○
○ 02 Rear end ○
○ 03 Angle - side impact ○
○ 04 Sideswipe: opposite direction ○
○ 05 Sideswipe: Same direction ○
○ 06 Backed into ○
○ 88 Other: ○
○ 99 Unknown ○

TRAFFIC CONTROLS
(On / At Road) O/A
Type Present | OK/NF

	1	1	1
	2	2	2
	3	3	3
	4	4	4
	5	5	5

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

SAMPLE

Accident Information

Page 1 contains a wealth of information about the circumstances surrounding your car accident, including weather conditions, road conditions and the location of the vehicles before the crash. In addition, officers record a **brief narrative** describing each driver's **pre-crash movement and direction of travel.** Note the check boxes in the upper right corner which **indicate whether the accident was a DUI or Hit & Run.**

PAGE 2

Accident Diagram
850A continued

SPECIAL EVENT | SPECIAL DATA | Local Case No. | Page of /

ROADWAY NUMBER OF LANES
O / A
○ ○ 01 One
○ ○ 02 Two
○ ○ 03 Three
○ ○ 04 Four to Six
○ ○ 05 Seven or more
○ ○ 88 Other:
○ ○ 99 Unknown

ROAD CHARACTER
O / A
○ ○ 01 Straight & Level
○ ○ 02 Straight on grade/slope
○ ○ 03 Straight on hillcrest
○ ○ 04 Curved & level
○ ○ 05 Curved on grade/slope
○ ○ 06 Curved on hillcrest
○ ○ 88 Other:
○ ○ 99 Unknown

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

A basic diagram is required for all state reportable accidents showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.

Indicate North Direction

Draw scene as observed or recreate per statements and evidence available

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

SAMPLE

Crash Diagram

Page 2 is solely devoted to a **larger diagram** of your car accident. Carefully review the angles of the vehicles and the distances between them and other objects drawn on the page. Also pay attention to the presence or absence of skid marks shown on the diagram. If the diagram appears different from your memories of your accident or if the skid marks are not accurate, contact our law firm. We will work with you and the police to address your concerns and make sure the diagram accurately reflects what actually happened in your accident. If you are able to do so safely, consider taking pictures of the accident site or your vehicle to support your claim that something in the report is not right.

PAGE 3

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 # | DRIVER Last Name | Middle Name | DRIVER ADDRESS (Number, Street, Suffix, etc.) | Personal Phone Number | Gender | SE Used | Inj Severity | Transpt Unit
Seat Type | DRIVER First Name | Date of Birth | City | State | Zip | New address? ☐ | Work Phone Number | Age | Eject/Trap | Eject Path | Extrication?
TU | MN | Personal
ST | DOB | Work ☐
TU | MN | 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
Restrictions? Y ○ N ○
Driver's Lic Restrictions | Complied? Y N
1 ○ ○
2 ○ ○
3 ○ ○
4 ○ ○

COMMERCIAL ENDORSEMENTS
☐ Z - None
☐ T - Double/Triple Trailer
☐ P - Passenger Vehicle
☐ N - Tank Vehicle
☐ H - Placarded Haz. Material
☐ X - Combination Tank/HazMat
☐ S - School Bus
☐ U - Unknown

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

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

IMPAIRMENT TEST (mark all that apply)
☐ NG - No Test given
☐ TR - Test Refused (Alcohol/Drug)
☐ PT - Prelim Positive Test (PBT)
☐ TG - Evidentiary Test given
☐ RP - Results pending
ALCOHOL: ☐ Evidentiary Breath 0.____ ☐ Eye Fluid 0.____ ☐ Blood (BAC) 0.____ ☐ Other 0.____
☐ Drug screen result ○ Pos ○ Neg

TRAFFIC UNIT# (02, 04, N2, X4, etc)
DL State | Driver's License Number | DL Class | Driving for Employer? ☐ | CDL? ☐

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

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

COMMERCIAL ENDORSEMENTS
☐ Z - None
☐ T - Double/Triple Trailer
☐ P - Passenger Vehicle
☐ N - Tank Vehicle
☐ H - Placarded Haz. Material
☐ X - Combination Tank/HazMat
☐ S - School Bus
☐ U - Unknown

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

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

IMPAIRMENT TEST (mark all that apply)
☐ NG - No Test given
☐ TR - Test Refused (Alcohol/Drug)
☐ PT - Prelim Positive Test (PBT)
☐ TG - Evidentiary Test given
☐ RP - Results pending
ALCOHOL: ☐ Evidentiary Breath 0.____ ☐ Eye Fluid 0.____ ☐ Blood (BAC) 0.____ ☐ Other 0.____
☐ Drug screen result ○ Pos ○ Neg

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

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

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

SAMPLE

Driver & Passenger Information

Page 3 contains information about the occupants of the involved vehicles, as well as any violations or citations issued, and potential substance abuse issues. Pay particular attention to the middle of page three. There, you'll find **two sections marked "Substance Use" and "Driver/Ped Impairment Test."** Make note if the investigating officer filled out either one of these sections for the other driver involved in your accident. If so, you could be a victim of a drunk driving accident.

PAGE 4

Occupants & Vehicles
850B Continued

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

OWNER Last Name ("Same" if Driver) | OWNER First Name | Middle Name
OWNER ADDRESS (Number, Street) | New address? ☐ | Personal Phone
CITY | ST | ZIP | Work Phone
COLOR | YEAR | MAKE | MODEL | BODY STYLE | ST
LICENSE PLATE # | County | Exp YR | Removed by: | MC CCs
VEHICLE IDENTIFICATION NUMBER | Dir of Travel | # Occupants
Insurance Company | Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS
Odometer | Fire? ☐
☐ 1 Hit & Run ☐ 2 Non-Contact ☐ 3 Stolen ☐ 7 Towed away due to damage
☐ 4 Legally Parked ☐ 5 Pursued by LE ☐ 6 Driverless

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

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

Calculated speed at impact
Bus Seat Capacity ____
○ Fuel ○ Hybrid ○ Electric

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

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

DAMAGE LOCATION AREA
First Impact ____ Major Impact ____
FRONT
1 2 3A 3B 4 5
12B 12C 13 6C 6A 6B
12A
11 10 9B 9A 8 7
☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other:
Trailer? ○ Present ○ Damaged

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

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)
1 | 2 | 3 | 4 ☐ The exact sequence is unknown

NON-COLLISION
01 Ran off road right
02 Ran off road left
03 Crossed centerline
04 Overturn/Rollover
05 Crossed median
06 Fell/Jumped from veh
07 Thrown or falling object
08 Cargo loss or shift
09 Equipment failure (tire, brakes, etc.)
10 Downhill runaway
11 Trailer swing
12 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

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

OWNER Last Name ("Same" if Driver) | OWNER First Name | Middle Name
OWNER ADDRESS (Number, Street) | New address? ☐ | Personal Phone
CITY | ST | ZIP | Work Phone
COLOR | YEAR | MAKE | MODEL | BODY STYLE | ST
LICENSE PLATE # | County | Exp YR | Removed by: | MC CCs
VEHICLE IDENTIFICATION NUMBER | Dir of Travel | # Occupants
Insurance Company | Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS
Odometer | Fire? ☐
☐ 1 Hit & Run ☐ 2 Non-Contact ☐ 3 Stolen ☐ 7 Towed away due to damage
☐ 4 Legally Parked ☐ 5 Pursued by LE ☐ 6 Driverless

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

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

Calculated speed at impact
Bus Seat Capacity ____
○ Fuel ○ Hybrid ○ Electric

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

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

DAMAGE LOCATION AREA
First Impact ____ Major Impact ____
FRONT
1 2 3A 3B 4 5
12B 12C 13 6C 6A 6B
12A
11 10 9B 9A 8 7
☐ 14 Undercarriage ☐ 15 Windshield
☐ 16 Other windows ☐ 99 Unknown
☐ 17 Entire vehicle damaged
☐ 88 Other:
Trailer? ○ Present ○ Damaged

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

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurence)
1 | 2 | 3 | 4 ☐ The exact sequence is unknown

NON-COLLISION
01 Ran off road right
02 Ran off road left
03 Crossed centerline
04 Overturn/Rollover
05 Crossed median
06 Fell/Jumped from veh
07 Thrown or falling object
08 Cargo loss or shift
09 Equipment failure (tire, brakes, etc.)
10 Downhill runaway
11 Trailer swing
12 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

Additional Information

Page 4 contains additional information about occupants of vehicles, including **insurance information, make and model and body type.** It also has **diagrams for location of damage and impact on the vehicles.** The officer also record the sequence of events leading up to the crash.

PAGE 5

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

Narrative

Page 5 contains a more in-depth narrative (sometimes) written by the responding officer. Sometimes this section includes statements from drivers or occupants or statements from witnesses. Carefully review this information with your attorney.