

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		☐ Amended Report	
Investigating Officer Name										Badge Number		County		City Name				☐ DUI	
Milepost										Block No		Dir Pk		On Road Name		Road Type		Dir S/A	
From Dist										From Dir		FROM		Dir Pk		Reference or At Road Name		Road Type	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel										Date Arrived (mm/dd/yyyy)		Time Occur.		Day				☐ Fatal	
										Date Arrived (mm/dd/yyyy)		Time Arriv.		Day				☐ Injury	
										Latitude (AOI)								☐ PDO >=\$1,000	
										Longitude (AOI)								☐ PDO <\$1,000	
										Photos by								☐ Private Property	
KDOT: Object 1 Damaged & Nature of Damage (show in diagram)										Owner Street Address		Personal Phone						☐ WORK ZONE TYPE	
Owner Last Name										First Name		Middle Name		City		State		Zip	
KDOT: Object 2 Damaged & Nature of Damage (show in diagram)										Owner Street Address		Personal Phone						☐ - LOCATION IN WORK ZONE (AOI)	
Owner Last Name										First Name		Middle Name		City		State		Zip	
																		☐ 01 Before first warning sign	
																		☐ 02 Advance warning area	
																		☐ 03 Transition area	
																		☐ 04 Activity area	
																		☐ 05 Termination area	
																		☐ 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	
																		☐ 00 None Apply	
																		☐ 01 Construction Zone -	
																		☐ 02 Maintenance Zone -	
																		☐ 03 Utility Zone -	
																		☐ 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	
																		☐ 08 Other:	
																		☐ 99 Unknown	
																		☐ - TRAFFIC CONTROLS	
																		(On/At Road)	
																		☐ 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	

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 01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 08 Other: 99 Unknown		ROAD CHARACTER 01 Straight & Level 02 Straight on grade/slope 03 Straight on hillcrest 04 Curved & level 05 Curved on grade/slope 06 Curved on hillcrest 08 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 roadway. 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.									

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 your 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 850B Continued		DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)		Investigating Officer / Badge No.		Local Case No.		Page of	
TU# VIOLATIONS CHARGED		CITATIONS		TU# VIOLATIONS CHARGED		More violations in narrative		CITATIONS	
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, etc.)		Personal Phone Number		Gender SE Used	
Seat Type DRIVER First Name		Date of Birth		City		State		Age	
TU		MN		New address?		Personal		Work	
ST		DOB							
TU		MN		New address?		Personal		Work	
ST		DOB							
TRAFFIC UNIT#		(01, 03, N3, X3, etc)		TRAFFIC UNIT#		(02, 04, N2, X4, etc)			
DL State		Driver's License Number		DL State		Driver's License Number		DL Class	
DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS		DR LICENSE COMPLY		RESTRICT COMPLY	
00 Not licensed		Restrictions? Y-N		0 Z - None		00 Not licensed		Restrictions? Y-N	
01 Valid License		Driver's Lic Restrictions		0 T - Double/Triple Trailer		01 Valid License		Driver's Lic Restrictions	
02 Suspended		Completed? Y-N		0 P - Passenger Vehicle		02 Suspended		Completed? Y-N	
03 Revoked		1		0 N - Tank Vehicle		03 Revoked		1	
04 Expired		2		0 H - Placarded Haz. Material		04 Expired		2	
05 Canceled or Denied		3		0 X - Combination Tank/HazMat		05 Canceled or Denied		3	
06 Disqualified		4		0 S - School Bus		06 Disqualified		4	
07 Restricted		5		0 U - Unknown		07 Restricted		5	
09 Unknown		6				09 Unknown		6	
SUBSTANCE USE		IMPAIRMENT TEST		SUBSTANCE USE		IMPAIRMENT TEST			
(mark all that apply)		(mark all that apply)		(mark all that apply)		(mark all that apply)			
AP - Alcohol ingested		NG - No Test given		AP - Alcohol ingested		NG - No Test given			
AC - Alcohol contributed		TR - Test Refused (Alcohol/Drug)		AC - Alcohol contributed		TR - Test Refused (Alcohol/Drug)			
DP - Illegal drugs ingested		PT - Prelim Positive Test (PBT)		DP - Illegal drugs ingested		PT - Prelim Positive Test (PBT)			
METHOD OF DETERMINATION		TG - Evidentiary Test given		METHOD OF DETERMINATION		TG - Evidentiary Test given			
(mark all that apply)		(mark all that apply)		(mark all that apply)		(mark all that apply)			
ALCOHOL		DRUGS		ALCOHOL		DRUGS			
00 No evidence of impairment		0 NG - No Test given		00 No evidence of impairment		0 NG - No Test given			
01 Evidential Test (Breath,Blood,etc)		0 TR - Test Refused (Alcohol/Drug)		01 Evidential Test (Breath,Blood,etc)		0 TR - Test Refused (Alcohol/Drug)			
02 Preliminary Breath Test PBT		0 PT - Prelim Positive Test (PBT)		02 Preliminary Breath Test PBT		0 PT - Prelim Positive Test (PBT)			
03 Behavioral		0 TG - Evidentiary Test given		03 Behavioral		0 TG - Evidentiary Test given			
Tests: HGN, walk-and-turn, one leg stand, etc.		0 RP - Results pending		Tests: HGN, walk-and-turn, one leg stand, etc.		0 RP - Results pending			
04 Passive Alcohol Sensor		0 Evidentiary Breath		04 Passive Alcohol Sensor		0 Evidentiary Breath			
(detects alcohol from driver's mouth)		0 Eye Fluid		04 Passive Alcohol Sensor		0 Eye Fluid			
05 Observed		0 Blood (BAC)		05 Observed		0 Blood (BAC)			
(Odor, staggering, slurred speech, etc)		0 Other		05 Observed		0 Other			
06 Other (e.g. saliva test)		0 Drug screen result		06 Other (e.g. saliva test)		0 Drug screen result			
		0 Pos 0 Neg				0 Pos 0 Neg			
Unit # PASSENGER Last Name		Middle Name		PASSENGER ADDRESS (Number, Street, etc.)		Personal Phone Number		Gender SE Used	
Seat Type PASSENGER First Name		Date of Birth		City		State		Age	
TU		MN		New address?		Personal		Work	
ST		DOB							
TU		MN		New address?		Personal		Work	
ST		DOB							
TU		MN		New address?		Personal		Work	
ST		DOB							
TU		MN		New address?		Personal		Work	
ST		DOB							
Transport Unit		EMS Time Notified		Injured taken by:		Transport Unit		EMS Time Notified	
EMS Arrived		EMS Time@Hoop		Injured taken to:		EMS Arrived		EMS Time@Hoop	

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.

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Occupants & Vehicles 850B Continued		VEHICLE# (01, 03, N2, X3, etc)		SPECIAL DATA		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 Last Name ("Same" if Driver)		OWNER First Name		Middle Name			
OWNER ADDRESS (Number, Street)		New address?		Personal Phone		OWNER ADDRESS (Number, Street)		New address?		Personal Phone			
CITY		ST		ZIP		CITY		ST		ZIP			
COLOR		YEAR		MAKE		MODEL		BODY STYLE		ST			
LICENSE PLATE #		County		Exp YR		Removed by:		MC CCs		LICENSE PLATE #		County	
VEHICLE IDENTIFICATION NUMBER		Dir of Travel		# Occupants		VEHICLE IDENTIFICATION NUMBER		Dir of Travel		# Occupants			
Insurance Company		Policy Number				Insurance Company		Policy Number					
SPECIAL CONDITIONS FOR TRAFFIC UNITS		Odometer		Fire?		SPECIAL CONDITIONS FOR TRAFFIC UNITS		Odometer		Fire?			
01 Hit & Run		02 Non-Contact		03 Stolen		01 Hit & Run		02 Non-Contact		03 Stolen			
04 Legally Parked		05 Pursued by LE		06 Driverless		04 Legally Parked		05 Pursued by LE		06 Driverless			
VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GVWR over 10,000lbs)		Calculated speed at impact		VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GVWR over 10,000lbs)		Calculated speed at impact			
01 Automobile		01 Single heavy truck >10,000 lbs				01 Automobile		01 Single heavy truck >10,000 lbs					
02 Motorcycle		02 Truck & trailer(s)				02 Motorcycle		02 Truck & trailer(s)					
03 Motor scooter or Moped		03 Tractor-trailer(s)				03 Motor scooter or Moped		03 Tractor-trailer(s)					
04 Van		04 Cross country bus				04 Van		04 Cross country bus					
05 Pickup truck <10,001 lbs		05 School bus				05 Pickup truck <10,001 lbs		05 School bus					
06 Sport utility veh - SUV		06 Transit (city) bus				06 Sport utility veh - SUV		06 Transit (city) bus					
07 Camper or RV		06 Other bus				07 Camper or RV		06 Other bus					
08 Farm machinery		25 Train				08 Farm machinery		25 Train					
09 All-terrain vehicle - ATV		88 Other:		99 Unknown		09 All-terrain vehicle - ATV		88 Other:		99 Unknown			
VEHICLE USE		VEHICLE DAMAGE				VEHICLE USE		VEHICLE DAMAGE					
01 No special use		06 Police		00 None		01 No special use		06 Police		00 None			
02 Taxi / Limo		07 Ambulance		01 Damage (minor)		02 Taxi / Limo		07 Ambulance		01 Damage (minor)			
03 School bus		08 Fire		02 Functional		03 School bus		08 Fire		02 Functional			
04 Other bus		09 Mail/Parcel		03 Disabling		04 Other bus		09 Mail/Parcel		03 Disabling			
05 Military		99 Unknown		99 Unknown		05 Military		99 Unknown		99 Unknown			
DAMAGE LOCATION AREA		VEH. MANU. BEFORE UNSTAB. SIT.				DAMAGE LOCATION AREA		VEH. MANU. BEFORE UNSTAB. SIT.					
First Impact		Major Impact				First Impact		Major Impact					
1 2 3A 3B 4 5		01 Straight/ following road		01 Stopped awaiting turn		1 2 3A 3B 4 5		01 Straight/ following road		01 Stopped awaiting turn			
12B 12C 13 6C 6A 6B		02 Left Turn		02 Stopped in traf		12B 12C 13 6C 6A 6B		02 Left Turn		02 Stopped in traf			
11 10 9B 9A 8 7		03 Right Turn		03 Illegally parked		11 10 9B 9A 8 7		03 Right Turn		03 Illegally parked			
14 Undercarriage		04 U Turn		04 Disabled in roadway		14 Undercarriage		04 U Turn		04 Disabled in roadway			
16 Other windows		05 Passing		05 Slowing or stopping		16 Other windows		05 Passing		05 Slowing or stopping			
17 Entire vehicle damaged		06 Changing lanes		07 Avoidance man.		17 Entire vehicle damaged		06 Changing lanes		07 Avoidance man.			
88 Other:		07 Merging		88 Other:		88 Other:		07 Merging		88 Other:			
Trailer? 0 Present 0 Damaged		08 Parking		99 Unknown		Trailer? 0 Present 0 Damaged		08 Parking		99 Unknown			
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)		VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)		VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)					
NON-COLLISION		COLLISION WITH				NON-COLLISION		COLLISION WITH					
01 Ran off road right		10 Downhill runaway		21 Pedestrian		01 Ran off road right		10 Downhill runaway		21 Pedestrian			
02 Ran off road left		11 Trailer swing		22 Motor veh in-transport		02 Ran off road left		11 Trailer swing		22 Motor veh in-transport			
03 Crossed centerline		12 Separation of units		23 Legally Parked Vehicle		03 Crossed centerline		12 Separation of units		23 Legally Parked Vehicle			
04 Overturn/Rollover		13 Jackknife		24 Train		04 Overturn/Rollover		13 Jackknife		24 Train			
05 Crossed median		14 Fire		25 Pedal cycle (bike, etc)		05 Crossed median		14 Fire		25 Pedal cycle (bike, etc)			
06 Fell/Jumped from veh		15 Explosion		26 Animal		06 Fell/Jumped from veh		15 Explosion		26 Animal			
07 Thrown or falling object													