Kansas Motor Vehicle Accident Report

KDOT Form 850A Rev 1-2009

Investigating Department	Reviewed by	Local Case No.	Page of
Iola Police Department	Robert Droessler	IPD16-0553	1 / 5

Investigating Officer Name	Badge Number	County	City Name
Ofc. Tim Francis	168	AL	IOLA

☐ Amended Report
☐ DUI
☐ Hit & Run

PU Accident Severity
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
	200	N	WASHINGTON	AVE		25	04/27/2016	15:34	WE

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
160	F	N		W	MONROE	ST		25	04/27/2016	15:34	WE

Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
04/27/2016	15:34	WE

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

V1 WAS BACKING UP NORTHBOUND ON WASHINGTON. V2 WAS DRIVING SOUTH ON WASHINGTON. V1 BACKED UP AND STRUCK V2.

Latitude (AOI)

Longitude (AOI)

Photos by
T FRANCIS

WORK ZONE TYPE — 00 ON / AT
- 00 None Apply
- 01 Construction Zone -
- 02 Maintenance Zone -
- 03 Utility Zone -
- 99 Unknown

KDOT? ☐

- 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

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

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

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

00 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
- 24 Sleet & fog
- 36 Snow & wind
- 88 Other: _____
- 99 Unknown

02 SURFACE TYPE — ON / AT
- 01 Concrete
- 02 Blacktop (Asphalt)
- 03 Gravel
- 04 Dirt
- 05 Brick
- 88 Other: _____
- 99 Unknown

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

11 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
- 07 Traffic Circle
- 08 Part of an interchange
- 99 Unknown

(See Manual for Definitions)

ROAD SPECIAL FEATURES (up to 3)

1	2	3
00		

- 00 None
- 01 Bridge _____
- 02 Bridge Overhead
- 03 Railroad Bridge
- 04 RRXING _____
- 05 Interchange
- 06 Ramp
- 99 Unknown

03 ACCIDENT CLASS (mark 1 box per side) — 03

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

06 *COLLISION WITH VEHICLE (mark 1 box per side if applicable) — 06

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
00 None	O	00	
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

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Accident Diagram
850A continued

SPECIAL EVENT	SPECIAL DATA	Local Case No.	Page of
		IPD16-0553	2 / 5

ROADWAY NUMBER OF LANES — 01 (ON) / (AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

ROAD CHARACTER — 01 (ON) / (AT)

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

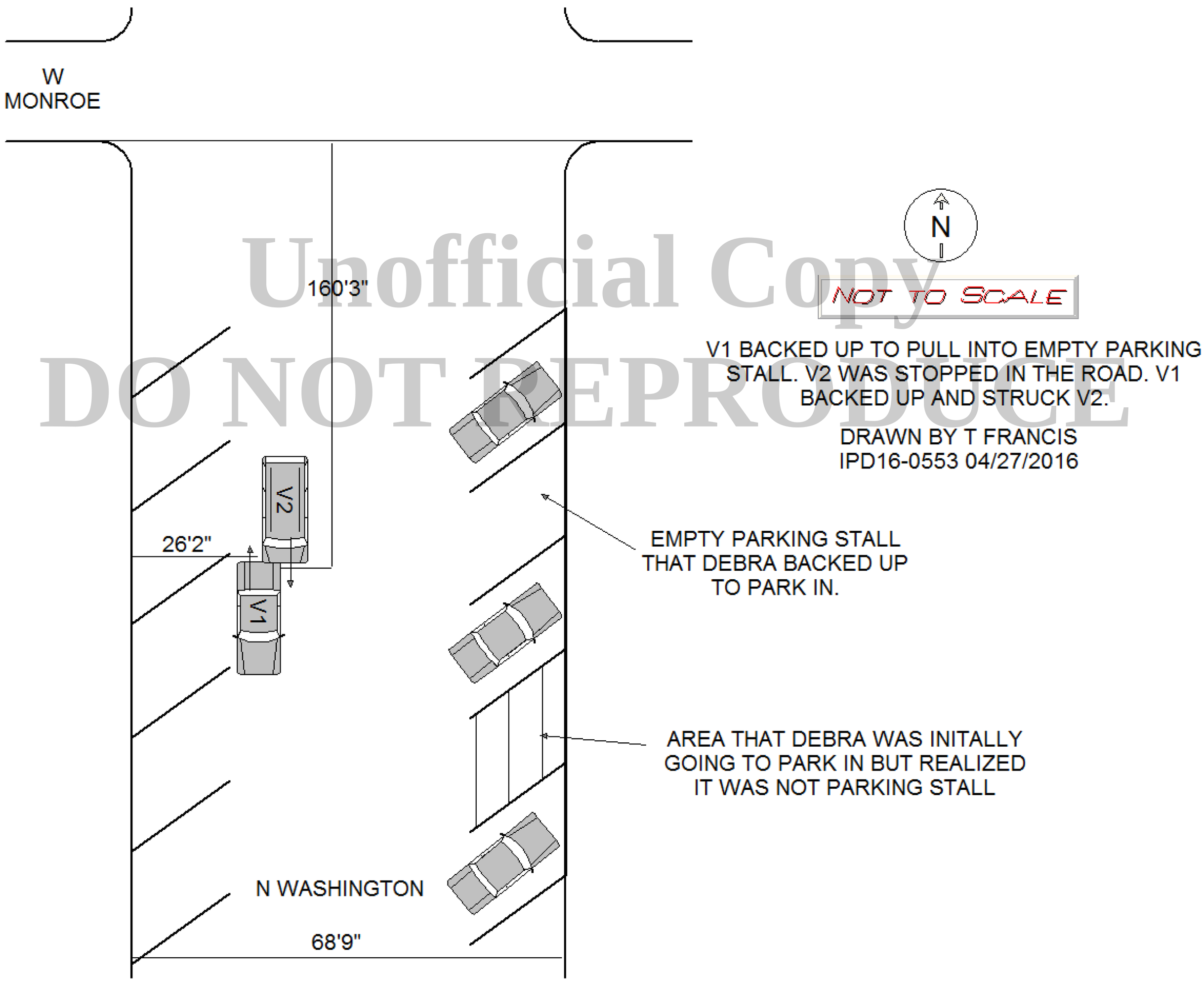
SPECIAL JURISDICTION — 00

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



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

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

Investigating Officer / Badge No.: Ofc. Tim Francis 168

Local Case No.: IPD16-0553

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)

D1	43	D1	24								

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 01	LEGRANDE	MN L	New address? ☒	Personal	F	S	N	
ST 01	DEBRA	DOB		Work	57	N		☐
TU 02	COLE	MN I	New address? ☐	Personal	F	S	N	
ST 01	CAROLINE	DOB		Work	63	N		☐

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

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

01 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?

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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

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

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

01 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?

Driver's Lic Restrictions	Complied? Y	N
1		
2		
3		
4		

COMMERCIAL ENDORSEMENTS
1 2 3 4
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
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☐ 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
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- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

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

Drug screen result

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

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Occupants & Vehicles
850B Continued

Local Case No. IPD16-0553

VEHICLE# 01 (01, 03, N3, X3, etc)

SPECIAL DATA

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
LEGRANDE	DEBRA	L

OWNER ADDRESS (Number, Street) — New address? ☒ — Personal Phone

CITY — ST — ZIP — Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
GRN	2003	BUIC	CEN	4D	

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
		2016	DRIVER	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
	N	1

Insurance Company — Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 2 3 4 5 — 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

01 VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

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 _____

Power Source _____

01 VEHICLE USE

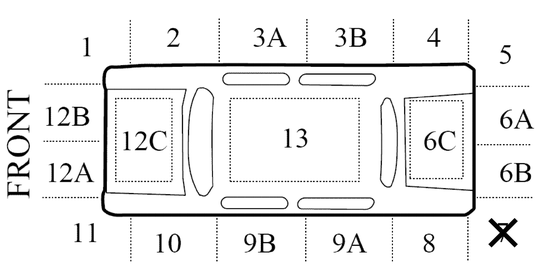
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

01 VEHICLE DAMAGE

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

DAMAGE LOCATION AREA

First Impact 07 — Major Impact 07



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

Trailer: Present / Damaged

10 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 22 — 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 (02, 04, N2, X4, etc)

SPECIAL DATA

OWNER Last Name ("Same" if Driver)	OWNER First Name	Middle Name
COLE	CAROLINE	I

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

CITY — ST — ZIP — Work Phone

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLU	2005	DODG	CVN	VT	

LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs
		2017	DRIVER	

VEHICLE IDENTIFICATION NUMBER	Dir of Travel	# Occupants
	S	1

Insurance Company — Policy Number

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 2 3 4 5 — 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

04 VEHICLE BODY TYPE — LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

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 _____

Power Source _____

01 VEHICLE USE

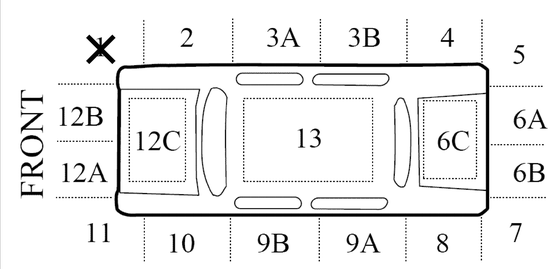
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown

01 VEHICLE DAMAGE

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

DAMAGE LOCATION AREA

First Impact 01 — Major Impact 01



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28 Other moveable object
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