STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
DOT FORM NO. 850

KDOT Rev. 1-2005 AFRS 3.1 v.20070416.a

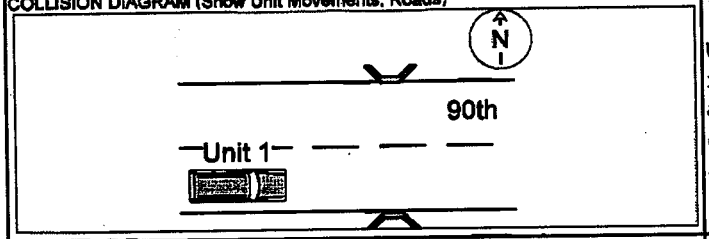
- [x] FATAL
- [ ] INJURY
- [ ] PDO over $1000
- [ ] PDO under $1000
- [ ] PRIVATE PROPERTY

- [ ] Amended Report
- [ ] Hit & Run Accident
- [ ] KDOT Property Damage
- [ ] KDOT Construction Zone

Milepost	COUNTY	On Road	Speed Limit	CITY	Photos By	Local Case Number	Page of
	MN	90th	55		M. Vogt	051808-2220	1 / 5

Distance	Ft/Mi	Dir.		Road	Speed Limit	Investigating Dept.	Investigating Officer /Badge Number	Reviewed By
0.200	M	E	[x] FROM [ ] AT	Jade	55	Marion Co. Sheriff	M. Vogt 129	

COLLISION DIAGRAM (Show Unit Movements, Roads)



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

U1 was east bound following the roadway when U1 driver lost control and entered the ditch were U1 struck a culvert and rolled the vehicle landing 4 times.

Date of Accident		
05/18/2008		
TIME Occurred	DAY	
22:20	SU	
TIME Notified	DAY	
22:24	SU	
TIME Arrived	DAY	
22:36	SU	

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

Name and Address of object owner

ON Road	Cnt 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	Code	Func. Class
			N		M		+	E		M			

Unit			NAME (Last, First and Initial)	Phone	Color	YEAR	MAKE	MODEL & BODY STYLE	MC CCs
01	[x] Driver	[ ] Ped		[ ] Work [ ] Home	WHI	2003	GMC	ENV LL	

Driver/Ped ADDRESS Number & Street	City	State	Zip Code	STATE	LICENSE PLATE #	EXP YR	Removed By:
	Peabody	KS		KS		2009	

DRIVER'S LICENSE STATE and NUMBER	CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER	Odometer
St.KS No.			F	1GKET16S63	

Registered OWNER FULL NAME ("Same" if Driver)	Phone	TOTAL occupants in this vehicle	Fire?	Insurance Company
	[ ] Work [ ] Home	2	N	American Family

OWNER Address ("Same" if Driver)	City	State	Zip Code	Special Data Area	Direction of Travel	Policy Number
	Peabody	KS		90	E	

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

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

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TRAF UNIT	SEAT TYPE	Last NAME	First Name	Initial	ADDRESS (Number, Street, City, State, Zip)	SEX	AGE	S.E. USED	EJECT TRAP	INJ SEV	EMS UNIT
01	01				Peabody KS	F		S	N	I	A
01	03				Peabody KS	F		S	E	F	
					Pireas, KS						

EMS Unit	INJURED TAKEN By:	INJURED TAKEN To:
A	Life Watch	Wesley Hospital
B		
C		

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.

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

00 WEATHER
00 No adverse conditions
01 Rain, Mist, Drizzle
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

	(On/At Road) O/A	Type Present	(OK/Non-functional) OK/NF
1	O	00	OK
2			
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 signal
08 No passing zone
09 Center/edge lines
88 Other

08 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 - side impact
04 Sideswipe: opposite direction
05 Sideswipe: same direction
06 Backed into
88 Other

11 ** FIXED OBJECT TYPE
01 Bridge structure
02 Bridge rail
03 Crash cushion (barrels)
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 RR crossing fixtures
88 Other

ON SURFACE TYPE — ON: 03 — AT:
01 Concrete
02 Blacktop
03 Gravel
04 Dirt
05 Brick
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

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

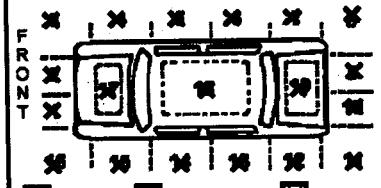
ON SURFACE CONDITION — ON: 01 — AT:
01 Dry
02 Wet
03 Snow or slush
04 Ice or snowpacked
05 Mud, dirt or sand
06 Debris (Oil, etc.)
88 Other

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

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 01



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

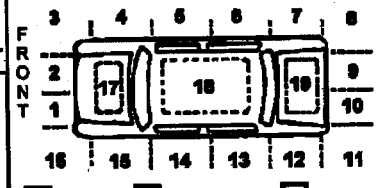
06 VEHICLE BODY TYPE
01 Automobile
02 Motorcycle
03 Motorscooter or Moped
04 Van
05 Pickup truck
06 Sport Utility Vehicle
07 Camper or RV
08 Farm equipment
09 All terrain vehicle (ATV)

HEAVY / LARGE VEHICLES
10 Single large truck
11 Truck and trailer(s)
12 Tractor-trailer(s)
13 Cross country bus
14 School bus
15 Transit bus
25 Train
77 Emergency Vehicles
88 Other

Bus Capacity

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

DAMAGE LOCATION AREA - Vehicle



Top ☐ Under ☐ Windshld ☐ Overturn ☐ Windows ☐ Other
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

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 Do not comply

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

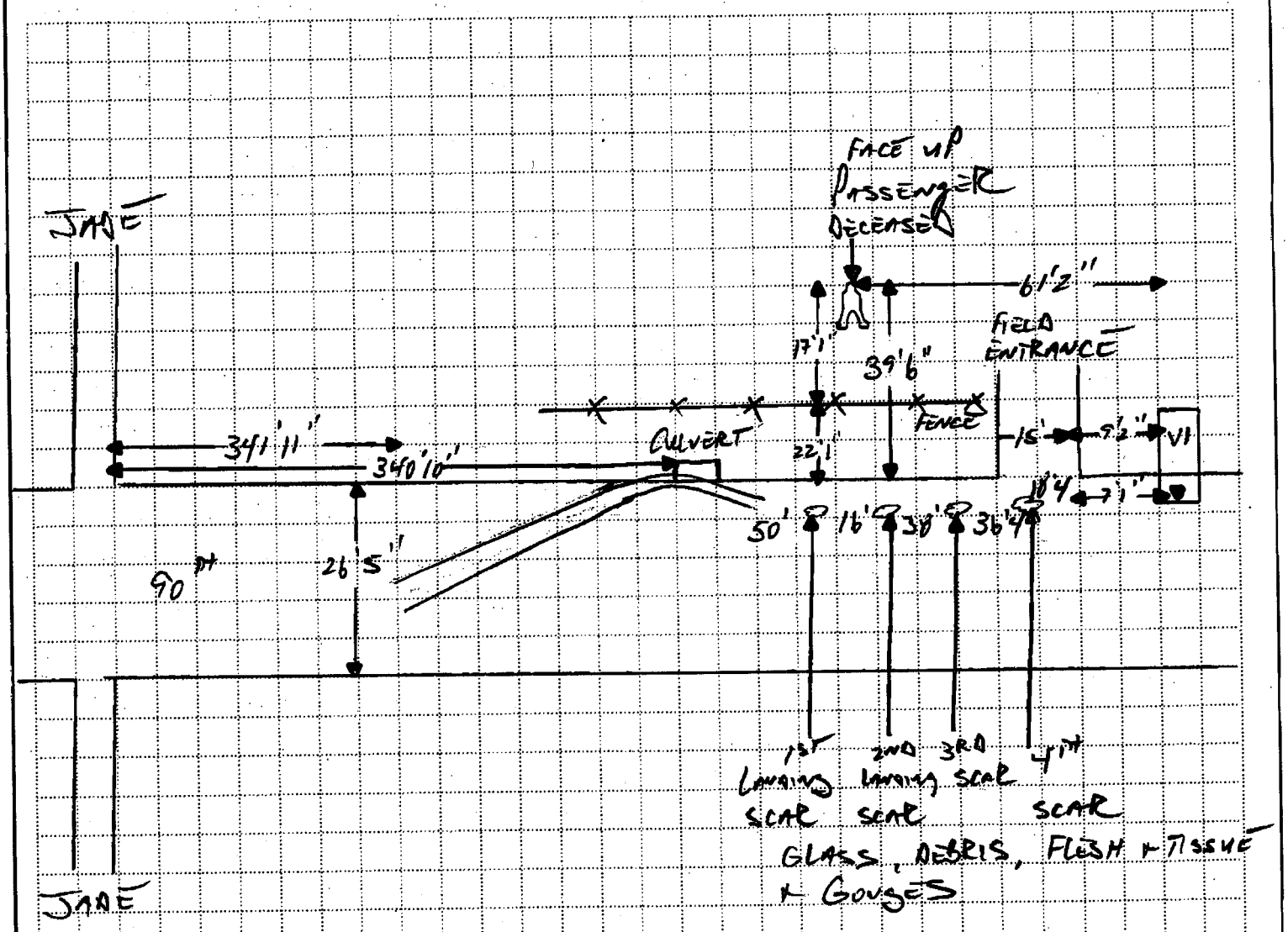
DRIVER/PED IMPAIRMENT TEST
TR - Alcohol or drug Test Refused
PT - Positive preliminary Test
RP - Test given, Results Pending
← B.A.C. →

USE CODE "99" FOR UNKNOWN

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



#051808-

WEATHER: CLEAR
ROAD: DRY
SURFACE: GRAVEL

RBO

CANAL BRAZIL

INVESTIGATIVE - FATALITY REPORT

AFRS 3.1 v.20070416.a

COUNTY	ON Road	CITY	DATE of Accident	☒ Fatal, narrative & diagram on fatal accident (required by State) ☐ Investigative Report	Page of
MN	90th		05/18/2008		4 / 5

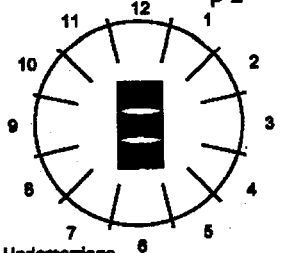
STATE USE ONLY	INVESTIGATIVE DEPT.	TIME Occurred	Day	Invest. OFFICER	BADGE No.	Local Case Number
	Marion Co. Sheriff	22:20	SU	M. Vogt	129	051808-2220

U1 driver stated that the vehicle felt like it hit a washboard on the roadway. U1 driver then lost control and left the roadway and entered the north ditch. U1 traveled a short ways in the ditch with both wheels in the ditch. As U1 started to come out of the ditch with the right wheels the left set of wheels struck a small culvert in the north ditch. The vehcile then began to roll. Based on the physical evience the vehicle rolled once with four landing marks. U1 came to rest upright on it's wheels. U1 passanger was ejected from the vehicle sometime after the first roll. U1 passanger was ejected approximately 50 feet from the roadway into a field on the north side of the road. After inspection of the passanger compartment I observed that the passanger's seatbelt strap broke for an unknown reason. U1 driver sustained injury and was airlifted to Wesley Medical Center.

FATALITY DATA

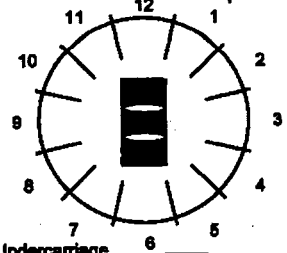
TIME EMS NOTIFIED	EXTRICATION WAS REQUIRED FOR THE FOLLOWING PERSONS	SPECIAL JURISDICTION
TIME EMS ARRIVED		00 Not Special 01 National Park Service 02 Military 03 Indian Reservation 04 College/University Campus 05 Other Federal properties 88 Other 99 Unknown
TIME EMS ARRIVED AT HOSPITAL		

VEHICLE DAMAGE — FRONT — I = P =



☐ Undercarriage ☐ No Damage ☐ Estimated Speed, MPH

VEHICLE DAMAGE — FRONT — I = P =



☐ Undercarriage ☐ No Damage ☐ Estimated Speed, MPH

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