

MINUTES OF THE HOUSE INSURANCE COMMITTEE

The meeting was called to order by Chairperson Patricia Barbieri-Lightner at 3:30 p.m. on February 12, 2004 in Room 527-S of the Capitol.

All members were present except:

Representative Ray Cox- excused

Committee staff present:

Bill Wolff Legislative Research Department

Ken Wilke, Revisor of Statutes

Rena Hansen, Secretary

Conferees appearing before the committee:

Representative Mario Goico

Jarrod Forbes, Kansas Insurance Department

Terry Heidner, Kansas Department of Transportation

Lt. John Eichkorn, Kansas Highway Patrol

Tom Stoltz, Deputy Chief, Wichita Police Dept.

Gary Steed, Sheriff, Sedgewick County

Representative Tom Holland

Darren Maples, Wellsville, KS

Larrie Ann Lower,

Others attending:

Twenty four, including but not limited to attached list.

On point of personal preference Representative Cindy Neighbor introduced her intern for the 2004 session, Julie Ewe, studying public administration and law.

Hearing on:

HB 2628: Insurance; prohibiting change in a health insurance policy during the current term of the policy.

Representative Tom Holland, 10th district (Attachment #1), offered an introduction to the committee on this bill, and comments in support of **HB 2628**.

Darren Maples, (Attachment #2), presented personal testimony explaining how his small business insurance plan was changed mid year after meeting his deductible was changed from 100% to an 80%-20% split.

Questions and comments were posed by Representatives Bob Grant, Scott Schwab, Cindy Neighbor, Jan Scoggins-Waite.

Laurie Ann Lower, Kansas Association of Health Plans, asked the chair to reserve the right to present testimony at a later time. Permission was so granted

Fiscal note for **HB 2628** was presented.

Hearing closed on **HB 2628**.

Hearing on:

HB 2563: Motor Vehicles; increase amount for reporting accidents to \$1,000.

Representative Mario Goico, 100th district, (Attachment #3), presented testimony in favor of **HB 2563** that modifies KSA8-1606 and KSA8-1611 that would change the dollar amount of an accident from \$500 to \$1,000 the amount estimated that requires an investigation for a non-injury accident.

CONTINUATION SHEET

MINUTES OF THE HOUSE INSURANCE COMMITTEE at 3:30 p.m. on February 12, 2004 in Room 527-S of the Capitol.

Questions were posed by Representative David Huff, Nile Dillmore, and Scott Schwab.

Jarrold Forbes, Kansas Insurance Department, (Attachment #4), spoke in favor of this bill noting that it had the potential of saving cities and municipalities thousands of dollars without adversely affecting the insurance market in Kansas.

Questions were posed by Representative Bob Grant, and Jan Scoggins-Waite.

Terry Heidner, Director of Planning and Development, Kansas Department of Transportation, (Attachment #5), spoke in favor of the bill and requested the bill contain a start date of January 1, 2005 as it makes a better breaking point to coincide with the date of accident statistic reporting for a calendar year and gives them time to make the adjustment out in the field. Additionally, the old statute contains the line whereby the data be submitted by magnetic tape, which is no longer used, and his request was that the information be able to be electronically submitted.

Questions were posed by Representative Nile Dillmore.

John Eichkorn, Lieutenant, Kansas Highway Patrol, (Attachment #6), spoke on behalf of Colonel William Seck and the Kansas Highway Patrol in support of **HB 2563**. In addition, he noted that they would also be in favor of the Kansas Department of Transportation's recommendations.

Thomas J. Stolz, Deputy Chief of Police, Wichita Police Department, (Attachment #7), presented some raw data showing the difference in man hours that changing the damage dollar amount would have on the budget for the City of Wichita. Attached also are the reports they have to fill out and data concerning total report numbers and how many of those reports require state forms. Additionally they would support any higher dollar amount the committee would like to consider.

Questions and comments were posed by Representatives Nile Dillmore, Bob Grant, David Huff, Cindy Neighbor, Mary Kauffman, Nancy Kirk, and Patricia Barbieri-Lightner.

Gary Steed, Sheriff, Sedgwick County, Kansas, (Attachment #8), submitted written testimony in favor of the bill.

There were no opponents to the **HB 2563**.

The fiscal note was presented for **HB 2563**.

The hearing was closed on **HB 2563**.

Representative Bob Grant moved we pass **HB 2547** out of committee favorably, seconded by Representative Nile Dillmore.

Discussion ensued over the time frame of getting the bill worked the quickest with the particular amendments that might be presented concerning the bill.

Representative Bob Grant withdrew his motion.

Representative Bob Grant moved to amend **HB 2547** to be affective on publication of the register, seconded by Representative Cindy Neighbor, motion passed unanimously.

Representative Bob Grant moved to pass **HB 2547** out of committee favorably as amended, seconded by Representative Mike Burgess, motion passed unanimously.

It was decided Representative Mike Burgess would carry this bill to the floor of the Kansas House of Representatives.

Meeting Adjourned.

HOUSE INSURANCE COMMITTEE GUEST LIST

DATE: February 12, 2004

NAME	REPRESENTING
Natalie Haag	Security Benefit
Tom Burgess	City of Wichita
Heather Grace	Dunron + Associates
Tom Stoltz	Wichita Police Department
Kerrie Ann Lower	KAWP
Bill Sneed	AAWP - NEAA
Lambert	KID
Deann Williams	KMCIA
Steve Montgomery	United Healthcare
Guthrie	KAP
Terry Heidner	KDOT
LARRY MAGILL	KAIA
Fred Smart	AIA / BCBS

STATE OF KANSAS

TOM HOLLAND
REPRESENTATIVE 10TH DISTRICT
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BALDWIN CITY, KANSAS 66006
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tomholland23@hotmail.com



COMMITTEE ASSIGNMENTS
MEMBER: EDUCATION
HEALTH & HUMAN SERVICES
SELECT COMMITTEE ON KANSAS SECURITY

OFFICE ADDRESS: STATE CAPITOL, 284-W
TOPEKA, KANSAS 66612-1504
(785) 296-7665
E-mail: holland@house.state.ks.us
1-800-432-2924

TOPEKA
HOUSE OF
REPRESENTATIVES

February 12th, 2004

Madam Chair and Committee Members:

Good afternoon! I am here today to ask for your support for HB 2628. This bill addresses a specific problem that was first brought to my attention by a constituent but is in fact what I believe to be a much more pervasive problem for health insurance policyholders in the State of Kansas.

Insurance companies are presently allowed to change the terms of an individual's health care policy at any time throughout the coverage period. Darren Maples, a Wellsville small business owner who must rely on an expensive individual family policy to cover his family's health needs, had to pay additional out-of-pocket expenses when his insurance provider cancelled his existing plan coverage during the middle of the coverage year and switched him to a different plan. Making inquiries to the Insurance Commissioner's office, I soon learned that this unfortunate event had in fact recently happened to several other Kansans.

We need to help protect the peace of mind of hard working Kansas families who pay ever-increasing health insurance premiums by not allowing insurance companies to in essence "change the rules of the game during the middle of the game". I thank you for your time and attention.

Thank you,


State Representative Tom Holland
10th District

House Insurance
Date: 2/12/04
Attachment # 1

To Whom It May Concern:

I am a small business owner with 3 dependant children for which I carry insurance for us. I work on the average of 80 hours a week to keep a business running in a small town, which in itself is not an easy task. In 2003 I have seen my expenses drastically increase around \$8000 dollars in insurance cost as well as taxes. If the increases were not bad enough, in May of 2003 I ending up in the hospital with a severe back strain during this stay I met my \$1500 dollar deductible in full which for the rest of the year m medical should have been paid in full. In August my insurance company Fortis changed my policy to an 80/20 plan for the next \$5000 instead of 100%. At this time the calendar year was only half way through the year and my renewal date was not up either. When I contacted my agent he was told they changed the whole group, neither my agent or I received a packet giving any options for the changes which Fortis said we should have received. After filing a complaint with the State Insurance Commission I was told what they did was perfectly legal. I do not understand how after I have met my contractual obligation with Fortis on my deductible they can be allowed to change a policy before it is up for renewal. It is tough enough to make it financially in the small business world and then to have things like this happen make it even tougher. I know I am not the only person that got caught in this and I would hope you consider the injustice that has been done.

Thank you,

Darren Maples

Darren Maples

House Insurance
Date: 2/12/04
Attachment # 2



TOPEKA

HOUSE OF
REPRESENTATIVES

MARIO GOICO
REPRESENTATIVE, 100TH DISTRICT
SEDGWICK COUNTY
1254 N. PINE GROVE CT.
WICHITA, KS 67212
316-721-3682

STATE CAPITOL—110-S
TOPEKA, KS 66612-1504
785-296-7644

TOLL FREE (DURING SESSION) 1-800-432-3924
FAX: 785-368-6385
E-MAIL: goico@house.state.ks.us

COMMITTEE ASSIGNMENTS
MEMBER: FINANCIAL INSTITUTIONS
HEALTH AND HUMAN
SERVICES
INSURANCE
TAXATION
KANSAS SECURITY

TESTIMONY FOR HB 2563

Chairperson Patricia Lightner and fellow committee members:

This bill modifies KSA8-1606 and KSA 8-1611. This law requires law enforcement departments to investigate all accidents with damage in excess of \$500 formally on state accident forms. This bill raises the limits from \$500 damage to require investigation only when a non-injury accident causes damages in excess of \$1000 to any one person's property.

This would reduce the number of minor accidents the police department is required to investigate. This does not apply in cases of injury, alcohol or drugs.

The City of Wichita police officials estimate that over the last five years taxpayers have spent more than \$1,000,000 investigating non-injury accidents where drugs and alcohol were not involved. This bill will save the City of Wichita approximately an estimated \$50,000 per year.

An individual can still request an accident report for insurance purposes. The difference is that these reports do not have to comply with the requirements KSA 8-1612.

The amount of these reports have not been raised for a long time. At the present time \$500 requires investigation of almost all accidents.

House Insurance
Date: 2/12/04
Attachment # 3



Kansas Insurance Department

Sandy Praeger COMMISSIONER OF INSURANCE

COMMENTS
ON
HB 2563—MOTOR VEHICLES;
INCREASE AMOUNT FOR REPORTING ACCIDENTS TO \$1,000
HOUSE COMMITTEE ON INSURNACE
February 12, 2004

Madam Chair and Members of the Committee:

Thank you for the opportunity to visit with you on behalf of the Kansas Insurance Department. House Bill 2563 would increase the minimum reporting requirements on accidents from \$500 to \$1,000.

The Kansas Insurance Department supports this legislation. This change has the potential of saving cities and municipalities thousands of dollars without adversely affecting the insurance market in Kansas. For that reason we urge your support of House Bill 2563.

I would be happy to stand for any questions the committee may have.

Jarrold Forbes
Legislative Liaison

House Insurance
Date: 2/12/04
Attachment # 4

KANSAS

DEPARTMENT OF TRANSPORTATION
DEB MILLER, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

TESTIMONY BEFORE HOUSE INSURANCE COMMITTEE

REGARDING HOUSE BILL 2563 REPORTING OF MOTOR VEHICLE ACCIDENTS

FEBRUARY 12, 2004

Madam Chairman and Committee Members:

I am Terry Heidner, Director of Planning and Development for the Kansas Department of Transportation (KDOT). On behalf of KDOT, I am here to provide testimony regarding House Bill 2563, which increases the minimum dollar amount threshold for a reportable motor vehicle traffic accident from \$500 to \$1,000. KDOT supports the proposed change.

KDOT, by statute, receives all reportable motor vehicle accident reports that occur in Kansas. We receive the hard copy report, key it into the computer, add some location and highway system information, perform analysis on the data, and disseminate statistics. Each year we receive approximately 80,000 reports. In 2002, 59,327 of those were property damage only accidents. We do not know how many of those 59,327 would not have been reportable if the threshold had been \$1,000.

We would note that if the \$500 threshold was reasonable when the original statute was enacted, then, considering inflation, a \$1000 level is probably a reasonable equivalent for today. The proposed increase could be expected to result in less paperwork for law enforcement and less processing for KDOT, but significant reductions are not anticipated. One minor issue to recognize in making the change is that historical accident rate trend lines will always have an anomaly in the year of implementation due to this reduction in the reporting of accidents requiring some explanation in all future statistical reports.

Although KDOT supports this bill, we request that the effective date of the change be the beginning of a calendar year and not as stated in the bill, since accident reporting is compiled on a calendar year basis. This would provide a more logical break point for the reporting of motor vehicle accident data; that is, the definition of an accident would not change in the middle of a year. Also, making the effective date January 1, 2005 would

House Insurance
Date: 2/12/04
Attachment # 5

House Bill 2563
House Insurance Committee
Page 2
February 12, 2004

allow KDOT and law enforcement agencies throughout the state to use up current supplies of accident forms that note \$500 damage. Printing and distributing new forms and updating the accident coding manual used in training law enforcement officers would be required.

Also, the current statute allows law enforcement agencies to submit "consolidated magnetic tape reports prepared by computer and containing the information required to be included in written reports." Technology has changed to the point where magnetic tape is no longer in use. KDOT is working with the Kansas Highway Patrol and other law enforcement agencies to allow for the electronic submission of accident data. We recommend that the statute also be updated to allow this type of reporting.

In conclusion, KDOT supports the intent of House Bill 2563.



K A N S A S

WILLIAM R. SECK, SUPERINTENDENT

KANSAS HIGHWAY PATROL

KATHLEEN SEBELIUS, GOVERNOR

**Testimony on HB 2563
to
House Insurance Committee**

**Presented by
Lieutenant John Eichkorn
Kansas Highway Patrol**

February 12, 2004

Good afternoon, Madame Chairman and members of the committee. My name is Lieutenant John Eichkorn, and I appear before you on behalf of Colonel William Seck and the Kansas Highway Patrol to comment on HB 2563.

HB 2563 proposes to increase the apparent extent of total property damage in a motor vehicle accident from \$500 to \$1000 before a driver must report the accident to police and before a law enforcement officer must submit a written report to the Department of Transportation.

Currently, if a driver is involved in an accident that results in an injury, death, or property damage apparently totaling \$500 or more, the driver must immediately report the accident to law enforcement. Again, HB 2563 would raise the property damage total to \$1000 or more before requiring the driver to report the accident. An injury or fatality would continue to require a driver or another occupant to report the accident.

In 1985, the statutes were amended to raise the reporting requirement's base damage from \$300 to \$500. Over the last two decades, the costs of materials and labor have increased significantly, and it seems appropriate to increase the base cost in these statutes once again.

Relatively minor accidents may result in minor property damage that would cost \$500 to repair. In some such minor accidents, the benefits of reporting the accident would not outweigh the time the driver spends reporting it and the time law enforcement officers spend investigating it.

The Patrol appreciates the opportunity to address you today and urges this committee to give HB 2563 a favorable report. I will be happy to stand for any questions you might have.

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House Insurance
Date: 2/12/04
Attachment # 6



Police Department

Representative Patricia Barbieri-Lightner
Chairperson Insurance Committee
State Capitol, Rm 527-N
Topeka, Kansas

2/12/04

Subject: Testimony in Support of HB 2563 – State Accident Reporting

The City of Wichita appears in support of HB 2563. This bill would help to reduce the amount of time and paperwork filed by police in response to noninjury auto accidents in which no alcohol or drugs are involved. The proposed change would save money and would enable police officers to spend more time in community policing duties and enhance response times to more serious calls.

This afternoon I will present information regarding the practices under current State law, and the positive changes for police and citizens that would be realized with the passage of HB 2563.

Current Practice/Statistics

Over the last five years, Wichita Police Officers have responded to an average of 15,000 traffic accidents per year (attachment 1). When an officer arrives at the scene of an accident they must make several immediate determinations of descending priority:

- injury of persons
- traffic control needs
- presence of any drug or alcohol
- total vehicle and property damage
- cause of accident

In the event that a person is injured, there are drugs or alcohol present, or there is a total of over \$500 property damage, the responding officer must fill out the State of Kansas Motor Vehicle Accident Report DOT form #850-W (attachment 2). Over the past five years of study, officers had to fill out State Accident forms regarding approximately 50% of the total accidents in the City – roughly 7500 forms per year. Of the 7500 incidents requiring the State Accident form, approximately 40% - roughly 3000 cases per year -

House Insurance
Date: 2/12/04
Attachment # 7

were required because the accident involved an injury or the presence of drugs or alcohol at the scene.

The remaining cases – approximately 4500 cases per year - used a State Accident form because of estimated property damage greater than \$500. Thus, HB 2563 could impact the work process regarding approximately 4500 accident cases per year in the Wichita jurisdiction. Wichita Police estimate that if the property damage assessments are raised from the current \$500 to the proposed \$1000 of HB 2563, then approximately 1000 accidents per year would not require the State Form.

Current Practice/Scene Administration

When police officers arrive on scene and determine that a State Accident form needs to be filed, they must adhere to the following protocol after taking care of any injured persons:

- conduct detailed measurements of vehicle positions – which means leaving the vehicles in their original positions after the accident for an extended period
- request help from another police unit(s) for traffic control
- fill out the relatively extensive State form
- data enter the information into the City's computer system so it can be linked to the State of Kansas data base

This practice generally requires an average of 2 ¼ hours of initial responding officer's time from start to finish. It also requires an average of ½ hour of backup officer(s) time to provide traffic control support before the vehicles can be removed from the roadway. In addition, the average data entry time of a State Accident report is ¼ hour for a data entry clerk. Thus, in regard to expense via police time, each accident requiring the State form adds up in the following manner:

- initial officer response time – 2 ¼ hours x \$22.00/hour = \$49.50
- backup officer time – ½ hours x \$22.00/hour = \$11.00
- data entry clerk time – ¼ hours x \$12.00/hour = \$3.00
- TOTAL expense in time = \$63.50

When police officers arrive at the scene of an accident and determine that no State Accident form is needed - which means there are no injuries, no drug or alcohol involvement, and damage is under \$500 - the officer only needs to fill out a local preliminary Motor Vehicle Accident Report form (attachment 3). This reporting procedure insures that all driver information is obtained at the scene and that driver's statements are taken. In addition, the responding police officer still gives an opinion as to the cause of the accident and issues citation when fault can be determined. Since no detailed measurements are required for this form, the officer can have citizens move their cars out of the roadway and work the accident investigation out of traffic. The average time spent by an officer on this type of investigation, including data entry which the officer enters, is ½ hour. And in most instances, because the cars will be immediately moved off the roadway, no backup officer(s) is needed for support. Thus, in regard to

expense via police time, each accident worked in this manner adds up in the following manner:

- initial officer response time – ½ hour x \$22.00 = \$11.00

Savings and Efficiencies Gained If HB 2563 Gains Passage

If the proposed dollar damage requiring a State Form is raised from \$500 to \$1000, it is estimated that Wichita police will fill out 1000 less State Accident forms and instead work the less cumbersome local Motor Vehicle Accident Report. In real savings this represents a time/dollar savings of \$52.50 per accident or \$52,500 per year. More importantly however, is the fact that officers will be more readily available for other duties that would include time for more proactive community police duties within their neighborhoods and would enable a faster response to major crimes.

Conclusion

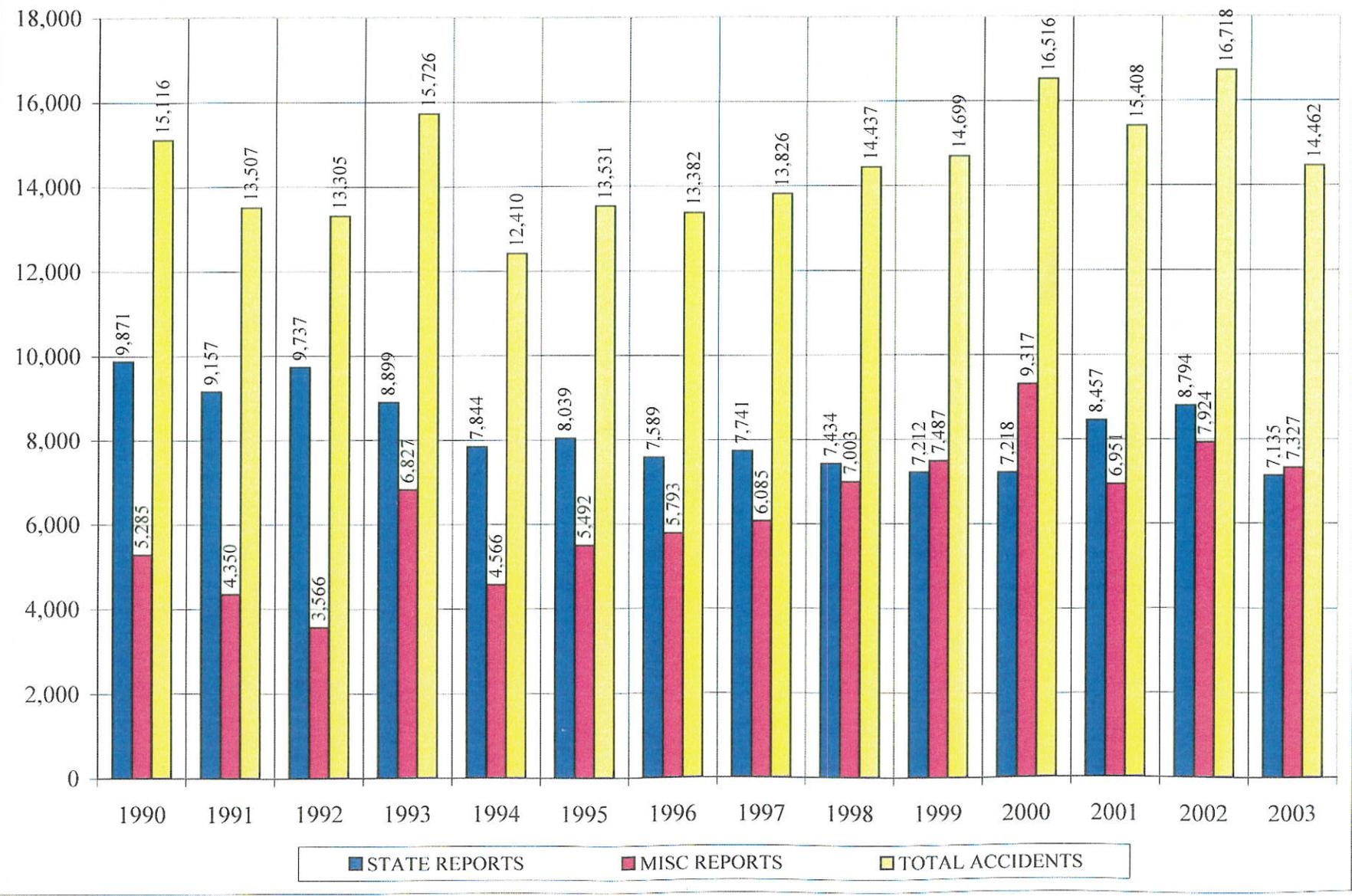
The Wichita Police Department supports HB 2563. We view this bill as a mechanism to save police officer's time and provide greater resource to the community. With passage of this bill, police officers still respond to motor vehicle accidents within the community and will still document the incident with investigation, but they will be able to do so in a much more efficient and time-effective manner.

Sincerely,



Thomas J. Stolz
Deputy Chief of Police
Wichita Police Department

STATE REPORTS, MISC REPORTS, AND TOTAL ACCIDENTS 1990-2003

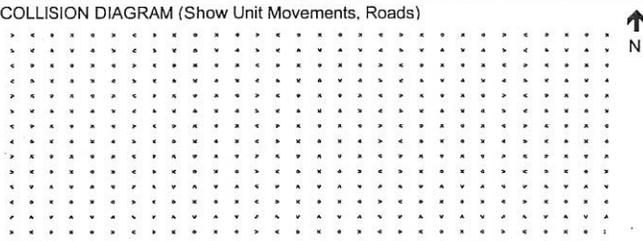


fr-L

- FATAL
- INJURY
- PDO over \$500
- PDO under \$500
- PRIVATE PROPERTY

STATE OF KANSAS
MOTOR VEHICLE ACCIDENT REPORT
 DOT FORM NO. 850-W
 Rev. 1-2003

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

Milepost	COUNTY SG	On Road	Speed Limit	CITY Wichita	Photos By	Local Case Number	Page of /						
Distance	Ft/Mi	Dir.	<input type="checkbox"/> FROM <input type="checkbox"/> AT Road	Speed Limit	Investigating Dept. Wichita P.D.	Investigating Officer /Badge Number	Reviewed By						
COLLISION DIAGRAM (Show Unit Movements, Roads) 				Describe pre-crash movement or action and direction of vehicles and pedestrians by traffic unit number.			Date of Accident						
							TIME Occurred	DAY					
							TIME Notified	DAY					
							TIME Arrived	DAY					
Object Damaged and nature of damage (Show location in diagram)				Name and Address of object owner									
ON Road		Cntl Sec.	Sec. Milepost	AT Road	Distance	Unit	Dir.						
County	City Code	Agency Code	Distance	Reference Road 1	Distance	Reference Road 2	Coder						
08706300		0300	N	M	+	E	M						
State	City	Agency	Distance	Reference Road 1	Distance	Reference Road 2	Coder						
08	7063	00300	N	M	+	E	M						
Unit	<input type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)		Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR						
						MAKE	MODEL						
						& BODY STYLE							
						MC CCs							
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)				STATE	LICENSE PLATE #	EXP YR	Removed By:						
DRIVER'S LICENSE STATE and NUMBER			CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER							
St.	No.					Odometer							
Registered OWNER FULL NAME ("Same" if Driver)				Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	TOTAL occupants in this vehicle	Fire?						
						Insurance Company							
OWNER Address ("Same" if Driver)				Special Data Area		Direction of Travel	Policy Number						
Special Conditions for unit above: <input type="checkbox"/> 01 Hit & Run <input type="checkbox"/> 02 Non-Contact <input type="checkbox"/> 03 Stolen <input type="checkbox"/> 04 Legally parked <input type="checkbox"/> 05 Police pursuit <input type="checkbox"/> 06 Driverless <input type="checkbox"/> 07 Towed away													
Unit	<input type="checkbox"/> Driver <input type="checkbox"/> Ped	NAME (Last, First and Initial)		Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	Color	YEAR						
						MAKE	MODEL						
						& BODY STYLE							
						MC CCs							
Driver/Ped ADDRESS (Number, Street, City, State, Zip Code)				STATE	LICENSE PLATE #	EXP YR	Removed By:						
DRIVER'S LICENSE STATE and NUMBER			CDL?	DATE OF BIRTH	SEX	VEHICLE IDENTIFICATION NUMBER							
St.	No.					Odometer							
Registered OWNER FULL NAME ("Same" if Driver)				Phone	<input type="checkbox"/> Work <input type="checkbox"/> Home	TOTAL occupants in this vehicle	Fire?						
						Insurance Company							
OWNER Address ("Same" if Driver)				Special Data Area		Direction of Travel	Policy Number						
Special Conditions for unit above: <input type="checkbox"/> 01 Hit & Run <input type="checkbox"/> 02 Non-Contact <input type="checkbox"/> 03 Stolen <input type="checkbox"/> 04 Legally parked <input type="checkbox"/> 05 Police pursuit <input type="checkbox"/> 06 Driverless <input type="checkbox"/> 07 Towed away													
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
E Unit M S A	INJURED TAKEN By:			E Unit M S B	INJURED TAKEN By:			E Unit M S C	INJURED TAKEN By:				
	INJURED TAKEN To:				INJURED TAKEN To:				INJURED TAKEN To:				

Dr/Pd	Violation Charged	Citation No.	Dr/Pd	Violation Charged	Citation No.	Dr/Pd	Violation Charged	Citation No.
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.

LIGHT 01 Daylight 02 Dawn 03 Dusk 04 Dark: street lights on 05 Dark: no street lights		TRAFFIC CONTROLS O/A (On/At Road) Type Present ↓ ↓ OK/NF(OK/Non-functional) ↓ <table border="1"> <tr><td>1</td><td>1</td><td>00 None</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>01 Officer, flagger</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>02 Traffic signal</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>03 Stop signal</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>04 Flasher</td><td>5</td></tr> <tr><td></td><td></td><td>05 Yield sign</td><td></td></tr> <tr><td></td><td></td><td>06 RR gates or signal</td><td></td></tr> <tr><td></td><td></td><td>07 RR crossing signal</td><td></td></tr> <tr><td></td><td></td><td>08 No passing zone</td><td></td></tr> <tr><td></td><td></td><td>09 Center/edge lines</td><td></td></tr> </table>		1	1	00 None	1	2	2	01 Officer, flagger	2	3	3	02 Traffic signal	3	4	4	03 Stop signal	4	5	5	04 Flasher	5			05 Yield sign				06 RR gates or signal				07 RR crossing signal				08 No passing zone				09 Center/edge lines		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 _____	
1	1	00 None	1																																												
2	2	01 Officer, flagger	2																																												
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		07 RR crossing signal																																													
		08 No passing zone																																													
		09 Center/edge lines																																													
WEATHER 00 No adverse conditions 01 Rain, Mist, Drizzle 02 Sleet 14 Rain & fog 03 Snow 16 Rain & wind 04 Fog 24 Sleet & fog 05 Smoke 36 Snow & winds 06 Strong winds 07 Blowing dust, sand, etc. 08 Freezing rain 88 Other _____		ROAD CHARACTER ON <input type="checkbox"/> 01 Straight and level AT <input type="checkbox"/> 02 Straight on grade AT <input type="checkbox"/> 03 Straight at hillcrest AT <input type="checkbox"/> 04 Curved and level AT <input type="checkbox"/> 05 Curved on grade AT <input type="checkbox"/> 06 Curved at hillcrest 88 Other _____		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 _____		** 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 _____																																									
SURFACE TYPE ON <input type="checkbox"/> 01 Concrete AT <input type="checkbox"/> 02 Blacktop AT <input type="checkbox"/> 03 Gravel AT <input type="checkbox"/> 04 Dirt AT <input type="checkbox"/> 05 Brick 88 Other _____		CONST./MAINT. ZONE ON <input type="checkbox"/> 00 None apply AT <input type="checkbox"/> 01 Construction zone AT <input type="checkbox"/> 02 Maintenance zone AT <input type="checkbox"/> 03 Utility zone		ROAD SPECIAL FEATURES (IDENTIFY UP TO THREE) 00 None 01 Bridge 02 Bridge overhead 03 Railroad bridge 04 Railroad crossing 05 Interchange 06 Ramp 08 Other ENTER ANY VISIBLE IDENTIFIER: refer by code Code Ident: _____																																											
SURFACE CONDITION ON <input type="checkbox"/> 01 Dry AT <input type="checkbox"/> 02 Wet AT <input type="checkbox"/> 03 Snow or slush AT <input type="checkbox"/> 04 Ice or snowpacked AT <input type="checkbox"/> 05 Mud, dirt or sand AT <input type="checkbox"/> 06 Debris (Oil, etc.) 88 Other _____		DAMAGE LOCATION AREA - Vehicle <input type="checkbox"/> <input type="checkbox"/> Top <input type="checkbox"/> Windshld <input type="checkbox"/> Windows <input type="checkbox"/> Under <input type="checkbox"/> Overturn <input type="checkbox"/> Other Trailer? <input type="checkbox"/> Present <input type="checkbox"/> Damaged		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 Bus Capacity 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 _____																																									
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 Illegal parked 14 Disabled in roadway 15 Slowing or stopping 88 Other _____		DAMAGE LOCATION AREA - Vehicle <input type="checkbox"/> <input type="checkbox"/> Top <input type="checkbox"/> Windshld <input type="checkbox"/> Windows <input type="checkbox"/> Under <input type="checkbox"/> Overturn <input type="checkbox"/> Other Trailer? <input type="checkbox"/> Present <input type="checkbox"/> 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 _____																																									
VEHICLE DAMAGE 00 None/None known 01 Damage (minor) 02 Functional 03 Disabling 04 Destroyed 88 Other _____		DR. LIC. COMPLY (Code each driver) 00 Not licensed 01 Valid license 02 Invalid license		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. → _____																																							

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CC

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.



TRUCK - BUS SUPPLEMENT

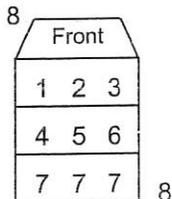
Completed post-crash _____ .tion

Supplement required for accidents involving trucks with at least 2 axles and 6 tires, OR buses with a seat capacity of 15 or more, OR any vehicle transporting hazardous material.

COUNTY SG	ON Road	CITY Wichita	DATE of Accident	TIME Occurred	Day	Traffic Unit No.	Page of /		
STATE USE ONLY		Investigating Dept. Wichita P.D.		Investigating Officer		Badge No.	Local Case Number		
CARRIER NAME (CORPORATE BUSINESS NAME)						KANSAS PERMITS (Issuer and Permit Number)			
CARRIER ADDRESS			CITY	STATE ZIP CODE					
U.S. GOVERNMENT PERMITS (Issuer and Number)			SOURCE OF NAME (enter one only)						
USDOT _____ ICC MC _____			01 Side of vehicle 03 Driver 02 Shipping papers 04 Logbook or manifest						
2 axles, 6 tires									
VEHICLE CONFIGURATION		ON ROAD LANE TYPE			ACCESS CONTROL				
01 Bus _____ (capacity) 02 Single-unit truck (2-axle, 6-tires) 03 Single-unit truck (3 or more axles) 04 Truck and trailer 05 Truck tractor (bobtail) 06 Truck tractor and semi-trailer 07 Truck tractor and double trailer 08 Truck tractor and triple trailer 09 Heavy truck, cannot classify		00 Undivided 01 One-way roadway 02 Divided roadway, medianstrip without barrier 03 Divided roadway, medianstrip with barrier			00 No control (unlimited access) 01 Full control (entry/exit only by ramp) 88 Other _____				
CAB TYPE (for single truck or tractor)		CARGO TYPE			SEQUENCE OF EVENTS (list up to 4)				
01 Cab behind engine 02 Cab over engine		00 Empty 01 Driveaway or towaway 02 Explosives 03 Farm and other animals 04 Farm products 05 Gases 06 General freight (packages) 07 Heavy machinery, objects 08 Household goods 09 Liquids (bulk) 10 Logs, poles, lumber 11 Metal (coils, sheets, etc.) 12 Mobile / Modular home 13 Motor vehicles 14 Refrigerated foods 15 Solids (bulk) 16 Rock, sand, gravel, salt 17 Food products 18 Plastic products 88 Other _____			1 _____ 2 _____ 3 _____ 4 _____ 00 Ran off road 11 Jackknife 12 Overturn 13 Downhill runaway 14 Cargo loss or shift 15 Explosion 16 Fire 17 Separation of units 18 Trailer swing				
CARGO BODY TYPE					COLLISION WITH:				
01 Van or enclosed box 02 Hopper 03 Tank 04 Flatbed 05 Dump 06 Concrete mixer 07 Auto transporter 08 Garbage or refuse 88 Other _____					21 Pedestrian 22 Motor vehicle in transport 23 Parked motor vehicle 24 Train 25 Pedalcycle 26 Animal 27 Fixed object 28 Other object 88 Other event _____				
TRAILERS		TOTALS				HAZARDOUS MATERIALS DATA			
	WIDTH (inches)	LENGTH (feet)	Total Length (feet)	No. of Axles	No. of Trailers	Gross Vehicle Weight	Material ID No.	Weight (pounds)	Spill or Release?
Trailer 1									
Trailer 2									
Trailer 3									
USE CODE "99" FOR UNKNOWN						Placard?	Class:		

ACCIDENT CODING LIST

Contributing Circumstances -- List in order of significance					
(Example: Officer's Opinion ...	DI	07	OR	02	interpretation: driver 1 - made improper turn; On Road - icy or slushy)
D (n) DRIVER (1, 2, etc.)	P (n) - PEDESTRIAN/CYCLIST (1, 2, etc.)			V (n)VEHICLE (1, 2, etc.)	
01 Under influence of drugs 02 Under influence of alcohol 03 Failed to yield right of way 04 Disregarded traffic signs, signals, or markings 05 Exceeded posted speed limit 06 Too fast for conditions 07 Made improper turn 08 Wrong side or wrong way 09 Followed too closely 10 Improper lane change 11 Improper backing 12 Improper passing 13 Improper or no signal 14 Improper parking 15 Fell asleep 16 Inattention 17 Did not comply - license restrictions 18 Other Distraction in or on vehicle 19 Avoidance or evasion action 20 Impeding or too slow for traffic 21 Ill or medical condition 22 Distraction - mobile (cell) phone 23 Distraction - other electronic devices 24 Aggressive / Antagonistic driving 25 Reckless / Careless driving	01 Under influence of illegal drugs 02 Under influence of alcohol 03 Failed to yield right of way 04 Disregarded traffic control 05 Illegally in roadway 06 Pedalcycle violation 07 Clothing not visible 08 Inattention 09 Distraction - mobile (cell) phone			01 Brakes 02 Tires 03 Exhaust 04 Headlights 05 Window or windshield (includes ice on windshield & designer tinting) 06 Wheel(s) 07 Trailer coupling 08 Cargo 09 Unattended or Driverless (in motion) 10 Unattended or Driverless (not in motion) 11 Other lights	
	E - ENVIRONMENT				
	01 Fog, smoke, or smog 02 Sleet, hail, or freezing rain 03 Blowing sand, soil, or dirt 04 Strong winds 05 Rain, mist, or drizzle 06 Animal 07 Vision Obstruction: building, vehicles, objects made by humans 08 Vision Obstruction: vegetation 09 Vision Obstruction: glare from sun or headlights 10 Reduced visibility due to cloudy skies 11 Falling Snow				
		O/A (On/At) R (Road)			
		01 Wet 02 Icy or slushy 03 Debris or obstruction 04 Ruts, holes, bumps 05 Road construction or maintenance 06 Traffic control device inoperative 07 Shoulders: low, soft, high 08 Snowpacked			
Miscellaneous Codes:					
Occupant Seat Position Codes	Train Occupant Seat Codes			Safety Equipment Use	
01 DRIVER (any vehicle type) 02 Center front 03 Right front 04 Left rear 05 Center rear 06 Right rear 07 Other seat position IN vehicle 08 Any position ON or Outside vehicle 09 Unknown location IN or ON vehicle 10 Motorcycle passengers 11 Extra person on driver's seat or lap 12-17 Extra person on passenger's lap	31 Train crew (List all in control whether injured or not) 32 Train passenger (List only if injured)			S Shoulder and Lap belt X Shoulder only L Lap belt only I Infant seat / restraint system C Child seat / restraint system T "Booster" seat / restraint system 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 D Airbag deployed - Child seat K Airbag deployed - "Booster" seat B Both MC helmet and eye protection E Motorcyclist eye protection H Motorcyclist or pedalcycle helmet N None used U Unknown	
	Pedestrian Type Codes				
	21 Pedestrian 22 Pedalcyclist 23 Rider of animal 24 In animal-drawn vehicle 25 In vehicle NOT IN TRANSPORT 26 Machine operator or passenger 88 Other				
	Injury Severity				
	N Not injured P Possible injury I Injury, not incapacitating D Disabled, incapacitating F Fatal injury U Unknown				
	Hazardous Material Classes			Gender	
	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 Miscellaneous hazardous material			M Male F Female U Unknown	
	Ejected / Trapped			Animal Type Codes	
N No E Ejected P Partially Ejected T Trapped U Unknown				01 Deer 02 Other wild animal: bobcat, coyote, etc. 03 Cow 04 Other domestic animal: cat, dog, etc. 05 Horse	



WICHITA POLICE DEPARTMENT
ACCIDENT INFORMATIONAL EXCHANGE FORM

ACCIDENT LOCATION

ACCIDENT DATE:

OFFICER ON SCENE:

YOUR NAME: (first name / middle initial / last name)

DRIVERS LICENSE STATE / NUMBER / TYPE:

YOUR HOME ADDRESS: (include city, state and zip code)

YOUR HOME PHONE:

IF YOU ARE DRIVER AND OWNER OF VEHICLE JUST WRITE "SAME" BELOW

VEHICLE OWNER NAME (first name / middle initial / last name)

VEHICLE OWNERS ADDRESS (include city, state and zip code)

VEHICLE MAKE / MODEL / YEAR

VEHICLE TAG (include state)

INSURANCE COMPANY NAME:

INSURANCE AGENT'S NAME / AGENT'S ADDRESS:

CITIZEN INFORMATION

RECOVERY OF DAMAGES: The recovery of any personal injury or property damages is a civil matter between you and your insurance company or you and the other driver/vehicle owner of this respective insurance company. In the event the other driver/vehicle owner did not have liability insurance in force at the time of the accident, you will need to contact your insurance agent if you have collision coverage on your vehicle. You may want to contact an attorney for advise about any future recovery of damages.

HIT AND RUN: If you have been the victim of a hit and run driver, you may want to contact your insurance agent. The Police Department will assign your accident case to the Accident Follow-Up Unit for further investigation if solvability factors are present. The Officer/Detective may not routinely contact you unless he/she needs additional information no contained in the original accident investigation report. You will be contacted if an arrest is made or if ownership of the hit and run vehicle is verified.

If you have specific facts to provide which might assist in the investigation, please contact the Accident Follow-Up Unit, Monday through Friday, between 8:00 A.M. and 5:00 P.M., at (316) 268-4131. We will keep you informed should the status of your case change in any way.

KEEP THIS REPORT: This is your copy of the information you will need pertaining to the other driver/vehicle owner. Your insurance company may refer any future correspondence to: WICHITA POLICE DEPARTMENT, RECORDS BUREAU, 455 N. MAIN, WICHITA, KS 67202-1684. Include the incident number from the upper right hand portion of this form for reference.

Classification	Code	Classification	Code	Agency / Conn Case
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Fatal Injury Private Property Hit and Run Property Damage Only OVER \$500 Property Damage Only UNDER \$500

Date of acc	Time of acc	Location of acc	Speed Limit	Officer at scene
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YOUR INFO	<input type="checkbox"/> Driver	<input type="checkbox"/> Ped	NAME	Year / Make	Color	Model and Body Style
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Race	Ethnic	Sex	Age	DOB	SSN	Lic State	Lic Plate #	Year	Odometer
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DL State	DL #	DL Type	Safety Equipment in Use: <input type="checkbox"/> Seat Belt <input type="checkbox"/> Shoulder Harness	Number Occupants Including Driver	Vehicle Identification Number
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Home Address (City, State, Zip)	Home Phone	Insurance Co. Name	Policy Number
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Business Address (City, State, Zip)	Bus Phone	Agent Name	Phone
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Vehicle Owner Name	Location and Description of Damage to Your Vehicle
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Home Address (City, State, Zip)	Home Phone
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Business Address (City, State, Zip)	Bus Phone
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OTHER DRIVER	<input type="checkbox"/> Driver	<input type="checkbox"/> Ped	NAME	Year / Make	Color	Model and Body Style
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Race	Ethnic	Sex	Age	DOB	SSN	Lic State	Lic Plate #	Year	Odometer
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DL State	DL #	DL Type	Safety Equipment in Use: <input type="checkbox"/> Seat Belt <input type="checkbox"/> Shoulder Harness	Number Occupants Including Driver	Vehicle Identification Number
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Home Address (City, State, Zip)	Home Phone	Insurance Co. Name	Policy Number
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Business Address (City, State, Zip)	Bus Phone	Agent Name	Phone
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Vehicle Owner Name	Location and Description of Damage to Your Vehicle
--------------------	--

Home Address (City, State, Zip)	Home Phone
---------------------------------	------------

Business Address (City, State, Zip)	Bus Phone
-------------------------------------	-----------

PERSONS INVOLVED List ALL vehicle passengers. Safety Equipment in Use: SB - Seat Belt; SH - Shoulder Harness; CR - Child Restraint

NAME 1	Name	Race	Ethnic	Sex	Age	DOB	Where Seated	
Home Address (City, State, Zip)		Home Phone		Business Address (City, State, Zip)			Bus Phone	<input type="checkbox"/> SB <input type="checkbox"/> SH <input type="checkbox"/> CR

NAME 2	Name	Race	Ethnic	Sex	Age	DOB	Where Seated	
Home Address (City, State, Zip)		Home Phone		Business Address (City, State, Zip)			Bus Phone	<input type="checkbox"/> SB <input type="checkbox"/> SH <input type="checkbox"/> CR

NAME 3	Name	Race	Ethnic	Sex	Age	DOB	Where Seated	
Home Address (City, State, Zip)		Home Phone		Business Address (City, State, Zip)			Bus Phone	<input type="checkbox"/> SB <input type="checkbox"/> SH <input type="checkbox"/> CR

NAME 4	Name	Race	Ethnic	Sex	Age	DOB	Where Seated	
Home Address (City, State, Zip)		Home Phone		Business Address (City, State, Zip)			Bus Phone	<input type="checkbox"/> SB <input type="checkbox"/> SH <input type="checkbox"/> CR

NAME 5	Name	Race	Ethnic	Sex	Age	DOB	Where Seated	
Home Address (City, State, Zip)		Home Phone		Business Address (City, State, Zip)			Bus Phone	<input type="checkbox"/> SB <input type="checkbox"/> SH <input type="checkbox"/> CR

WICHITA POLICE DEPARTMENT ACCIDENT INFORMATIONAL EXCHANGE FORM

ACCIDENT LOCATION

ACCIDENT DATE:

OFFICER ON SCENE:

YOUR NAME: (first name / middle initial / last name)

DRIVERS LICENSE STATE / NUMBER / TYPE:

YOUR HOME ADDRESS: (include city, state and zip code)

YOUR HOME PHONE:

IF YOU ARE DRIVER AND OWNER OF VEHICLE JUST WRITE "SAME" BELOW

VEHICLE OWNER NAME (first name / middle initial / last name)

VEHICLE OWNERS ADDRESS (include city, state and zip code)

VEHICLE MAKE / MODEL / YEAR

VEHICLE TAG (include state)

INSURANCE COMPANY NAME:

INSURANCE AGENT'S NAME / AGENT'S ADDRESS:

CITIZEN INFORMATION

RECOVERY OF DAMAGES: The recovery of any personal injury or property damages is a civil matter between you and your insurance company or you and the other driver/vehicle owner of this respective insurance company. In the event the other driver/vehicle owner did not have liability insurance in force at the time of the accident, you will need to contact your insurance agent if you have collision coverage on your vehicle. You may want to contact an attorney for advise about any future recovery of damages.

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SEDGWICK COUNTY, KANSAS

SHERIFF'S OFFICE
GARY STEED
Sheriff

141 WEST ELM * WICHITA, KANSAS 67203 * TELEPHONE: (316) 383-7264 * FAX: (316) 383-7758

TESTIMONY HB 2563 Before the House Committee on Insurance February 12, 2004

Honorable Chair Barbieri-Lightner and members of the committee, I appreciate the opportunity to submit written testimony in support of HB 2563—a bill that would increase the amount for reporting accidents to \$1000. I am the Sheriff of Sedgwick County and have been in law enforcement for the past twenty-six years.

The proposal to change the limitation, on non-injury vehicular accidents, from making a mandatory reporting at damage levels of \$500.00 to \$1000.00 would be beneficial to all law enforcement agencies in Kansas. In checking with one major insurance company doing business in Kansas, it was learned that approximately 200 claims were reported in the State of Kansas in 2003, involving damage between the two previously mentioned amounts. There are several reasons for the numbers being low. The main reason stated by the agent is that most full coverage policies involve a \$1000 or higher deductible. When an insured has an accident and calls in to the insurance agent with an estimate up to \$1500, they try to discourage them from making a claim. Reason for this is that rates will go up even if no payment is made on the claim.

From a law enforcement standpoint, the time that would be saved, from actually having to work very minor traffic accidents which would be beneficial in the ability to work other pro-active or reactive activities. It would require less paperwork to be processed or filed. In some cases, accident paperwork could be filled out in the Sheriff's Patrol Office within a reasonable amount of time. Some Law Enforcement Agency's will save a substantial amount of time and money by not being required to report these types of accidents in our jurisdiction.

For all of the above reasons I urge you to support HB 2563.

House Insurance
Date: 2/12/04
Attachment # 8