

Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019				DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)				Investigating Officer / Badge No. Walker, Jeffrey / 58		Local Case No. 2023-00013337		Page of 3 / 8			
TU#		VIOLATIONS CHARGED				CITATION#		TU#		VIOLATIONS CHARGED				CITATION#	
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TU#, CC CODE)															
D 01 30															
Unit #	DRIVER Last Name		Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit			
Seat Type	DRIVER First Name		Date of Birth	City State Zip			Work Phone Number		Age	Eject/Trap	Eject Path	Extrication?			
TU	01 Phabmixay		MN	[REDACTED]			New address? <input type="checkbox"/> Personal		F	R	D	A			
ST	01 May		DOB	[REDACTED]			Work		64	T		<input checked="" type="checkbox"/>			
TU	02 Mendoza		MN	[REDACTED]			New address? <input type="checkbox"/> Personal		M	S	N				
ST	01 Jaime		DOB	[REDACTED]			Work		64	N		<input type="checkbox"/>			
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)															
DL State	Driver's License Number			DL Class	Driving for Employer?	CDL?									
KS	[REDACTED]			C	<input type="checkbox"/>	<input type="checkbox"/>									
TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)															
DL State	Driver's License Number			DL Class	Driving for Employer?	CDL?									
TX	[REDACTED]			A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
01 DR LICENSE COMPLY															
Restrictions?		N		COMMERCIAL ENDORSEMENTS											
00 Not licensed				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>											
01 Valid License		Driver's Lic Restrictions		Z - None											
02 Suspended		Complied? Y N		T - Double/Triple Trailer											
03 Revoked		1 <input type="checkbox"/>		P - Passenger Vehicle											
04 Expired		2 <input type="checkbox"/>		N - Tank Vehicle											
05 Cancl'd or Denied		3 <input type="checkbox"/>		H - Placarded Haz. Material											
06 Disqualified		4 <input type="checkbox"/>		X - Combination Tank/HazMat											
07 Restricted				S - School Bus											
99 Unknown				U - Unknown											
SUBSTANCE USE (mark all that apply)															
<input type="checkbox"/> AP - Alcohol ingested				<input type="checkbox"/> DC - Illegal drugs contributed											
<input type="checkbox"/> AC - Alcohol contributed				<input type="checkbox"/> MP - Medication ingested											
<input type="checkbox"/> DP - Illegal drugs ingested				<input type="checkbox"/> MC - Medication contributed											
METHOD OF DETERMINATION (mark all that apply)															
ALCOHOL				DRUGS											
<input checked="" type="checkbox"/> 00 No evidence of impairment				<input checked="" type="checkbox"/> NG - No Test given											
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)				<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)											
<input type="checkbox"/> 02 Preliminary Breath Test PBT				<input type="checkbox"/> PT - Prelim Positive Test (PBT)											
<input type="checkbox"/> 03 Behavioral				<input type="checkbox"/> TG - Evidentiary Test given											
Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> RP - Results pending											
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____											
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____											
<input type="checkbox"/> 06 Other (e.g. saliva test)				Drug screen result <input type="checkbox"/>											
SUBSTANCE USE (mark all that apply)															
<input type="checkbox"/> AP - Alcohol ingested				<input type="checkbox"/> DC - Illegal drugs contributed											
<input type="checkbox"/> AC - Alcohol contributed				<input type="checkbox"/> MP - Medication ingested											
<input type="checkbox"/> DP - Illegal drugs ingested				<input type="checkbox"/> MC - Medication contributed											
METHOD OF DETERMINATION (mark all that apply)															
ALCOHOL				DRUGS											
<input checked="" type="checkbox"/> 00 No evidence of impairment				<input checked="" type="checkbox"/> NG - No Test given											
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)				<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)											
<input type="checkbox"/> 02 Preliminary Breath Test PBT				<input type="checkbox"/> PT - Prelim Positive Test (PBT)											
<input type="checkbox"/> 03 Behavioral				<input type="checkbox"/> TG - Evidentiary Test given											
Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> RP - Results pending											
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____											
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____											
<input type="checkbox"/> 06 Other (e.g. saliva test)				Drug screen result <input type="checkbox"/>											
Unit #	PASSENGER Last Name		Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit			
Seat Type	PASSENGER First Name		Date of Birth	City State Zip			Work Phone Number		Age	Eject/Trap	Eject Path	Extrication?			
TU			MN	[REDACTED]			New address? <input type="checkbox"/> Personal								
ST			DOB	[REDACTED]			Work					<input type="checkbox"/>			
TU			MN	[REDACTED]			New address? <input type="checkbox"/> Personal								
ST			DOB	[REDACTED]			Work					<input type="checkbox"/>			
TU			MN	[REDACTED]			New address? <input type="checkbox"/> Personal								
ST			DOB	[REDACTED]			Work					<input type="checkbox"/>			
TU			MN	[REDACTED]			New address? <input type="checkbox"/> Personal								
ST			DOB	[REDACTED]			Work					<input type="checkbox"/>			
Transport Unit A															
EMS Time Notified		21:32		Injured taken by: Butler County Medic Unit 30											
EMS Arrived		21:40		Injured taken to: Wesley Medical Center											
Transport Unit															
EMS Time Notified				Injured taken by:											
EMS Arrived				Injured taken to:											

Occupants & Vehicles										VEHICLE# 01		SPECIAL DATA		VEHICLE# 02										SPECIAL DATA		Local Case No.		Page of															
850B page 2										(01, 03, N3, X3, etc)				(02, 04, N2, X4, etc)												2023-00013337		4 /8															
OWNER Last Name ("Same" if Driver)					OWNER First Name					Middle Name					OWNER Last Name ("Same" if Driver)					OWNER First Name					Middle Name																		
Same															Jugnu Trucking LLC																												
OWNER ADDRESS (Number, Street)										New address? <input type="checkbox"/>		Personal Phone										OWNER ADDRESS (Number, Street)										New address? <input type="checkbox"/>		Personal Phone									
CITY					ST		ZIP			Work Phone					CITY					ST		ZIP			Work Phone																		
SIL					2002		LEXS			RX3			4DHB			KS		LBL					2016					DS			TX												
LICENSE PLATE #					County		Exp YR		Removed by:			MC CCs		LICENSE PLATE #					County		Exp YR		Removed by:			MC CCs																	
423DJV					CL		2023							R438444							2023																						
VEHICLE IDENTIFICATION NUMBER										Dir of Travel		# Occupants		VEHICLE IDENTIFICATION NUMBER										Dir of Travel		# Occupants																	
JTJHF10U420280273										N		1		1FUJGLD5XGLGU1572										W		1																	
Insurance Company					Policy Number					Insurance Company					Policy Number																												
Shelter Mutual Ins Comp					15-1-6804453-12					DB Insurance Co. Ltd					TCAP00031501																												
SPECIAL CONDITIONS FOR TRAFFIC UNITS					1		2		3		4		5		Odometer		Fire? <input type="checkbox"/>		SPECIAL CONDITIONS FOR TRAFFIC UNITS					1		2		3		4		5		Odometer		Fire? <input type="checkbox"/>							
1 Hit & Run					2 Non-Contact					3 Stolen					7 Towed away due to damage					1 Hit & Run					2 Non-Contact					3 Stolen					7 Towed away due to damage								
4 Legally Parked					5 Pursued by LE					6 Driverless										4 Legally Parked					5 Pursued by LE					6 Driverless													
01 VEHICLE BODY TYPE										LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)										11 VEHICLE BODY TYPE										LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)													
01 Automobile										10 Single heavy truck >10,000 lbs										01 Automobile										10 Single heavy truck >10,000 lbs													
02 Motorcycle										11 Truck & trailer(s)										02 Motorcycle										11 Truck & trailer(s)													
03 Motor scooter or Moped										12 Tractor-trailer(s)										03 Motor scooter or Moped										12 Tractor-trailer(s)													
04 Van										13 Cross country bus										04 Van										13 Cross country bus													
05 Pickup truck <10,001 lbs										14 School bus										05 Pickup truck <10,001 lbs										14 School bus													
06 Sport utility veh - SUV										15 Transit (city) bus										06 Sport utility veh - SUV										15 Transit (city) bus													
07 Camper or RV										16 Other bus										07 Camper or RV										16 Other bus													
08 Farm machinery										25 Train										08 Farm machinery										25 Train													
09 All-terrain vehicle - ATV										88 Other: _____										09 All-terrain vehicle - ATV										88 Other: _____													
99 Unknown										99 Unknown										99 Unknown										99 Unknown													
01 VEHICLE USE										03 VEHICLE DAMAGE										01 VEHICLE USE										03 VEHICLE DAMAGE													
01 No special use										06 Police										01 No special use										06 Police													
02 Taxi / Limo										07 Ambulance										02 Taxi / Limo										07 Ambulance													
03 School bus										08 Fire										03 School bus										08 Fire													
04 Other bus										09 Mail/Parcel										04 Other bus										09 Mail/Parcel													
05 Military										99 Unknown										05 Military										99 Unknown													
00 None										04 Destroyed										00 None										04 Destroyed													
01 Damage (minor)										88 Other: _____										01 Damage (minor)										88 Other: _____													
02 Functional										_____										02 Functional										_____													
03 Disabling										99 Unknown										03 Disabling										99 Unknown													
01 VEH. MANU. BEFORE UNSTAB. SIT.										01 VEH. MANU. BEFORE UNSTAB. SIT.										01 VEH. MANU. BEFORE UNSTAB. SIT.										01 VEH. MANU. BEFORE UNSTAB. SIT.													
First Impact 09 Major Impact 09										First Impact 12 Major Impact 12										First Impact 12 Major Impact 12										First Impact 12 Major Impact 12													
1 2 3A 3B 4 5										1 2 3A 3B 4 5										1 2 3A 3B 4 5										1 2 3A 3B 4 5													
12B 12A 12C 12D 12E 12F										12B 12A 12C 12D 12E 12F										12B 12A 12C 12D 12E 12F										12B 12A 12C 12D 12E 12F													
14 Undercarriage										15 Windshield										14 Undercarriage										15 Windshield													
16 Other windows										99 Unknown										16 Other windows										99 Unknown													
17 Entire vehicle damaged										_____										17 Entire vehicle damaged										_____													
88 Other: _____										88 Other: _____										88 Other: _____										88 Other: _____													
Trailer: Present / Damaged										Trailer: Present / Damaged										Trailer: Present / Damaged										Trailer: Present / Damaged													
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)													
1 22 2 01 3 4										1 22 2 03 3 02 4										1 22 2 03 3 02 4										1 22 2 03 3 02 4													
The exact sequence is unknown										The exact sequence is unknown										The exact sequence is unknown										The exact sequence is unknown													
NON-COLLISION										COLLISION WITH										NON-COLLISION										COLLISION WITH													
01 Ran off road right										10 Downhill runaway										01 Ran off road right										10 Downhill runaway													
02 Ran off road left										11 Trailer swing										02 Ran off road left										11 Trailer swing													
03 Crossed centerline										12 Separation of units										03 Crossed centerline										12 Separation of units													
04 Overturn/Rollover										13 Jackknife										04 Overturn/Rollover										13 Jackknife													
05 Crossed median										14 Fire										05 Crossed median										14 Fire													
06 Fell/Jumped from veh										15 Explosion										06 Fell/Jumped from veh										15 Explosion													
07 Thrown or falling object										16 Immersion in water										07 Thrown or falling object										16 Immersion in water													
08 Cargo loss or shift										88 Other event: _____										08 Cargo loss or shift										88 Other event: _____													
09 Equipment failure (tire, brakes, etc.)										98 Unknown non-coll.										09 Equipment failure (tire, brakes, etc.)										98 Unknown non-coll.													
21 Pedestrian										22 Motor veh in-transport										21 Pedestrian										22 Motor veh in-transport													
23 Legally Parked Vehicle										24 Train										23 Legally Parked Vehicle										24 Train													
25 Pedal cycle (bike, etc)										26 Animal										25 Pedal cycle (bike, etc)										26 Animal													
27 Fixed Object										28 Other moveable object										27 Fixed Object										28 Other moveable object													
99 Unknown object										99 Unknown object										99 Unknown object										99 Unknown object													

On Wednesday, October, 11, 2023 at approximately 2131 hours, I, Deputy Walker, Jeffrey R. was dispatched to a 2 vehicle injury accident involving a semi-tractor/trailer and a passenger vehicle. When I arrived on scene at approximately 2136 hours, I found a 2002 Lexus RX3 bearing KS Registration 423DJV, driven by Phabmixay, May, S [REDACTED] facing east in the median with significant damage to the driver side of the vehicle. It appeared that the passenger side and frontal air bags had deployed. May was pinned in the driver's seat. May was conscious with labored breathing but not responding to prompts.

Further down the median I found a 2016 Freightliner pulling a box type trailer bearing no marking with a ME registration of 231666D driven by Mendoza, Jaime, Eugenio [REDACTED]. The tractor was not bearing registration, it was later determined the registration for the vehicle was TX R438444. Mendoza Stated he was not carrying anything dangerous, his cargo was food and snacks. Mendoza further stated he had no apparent injuries.

May was extracted from the vehicle by Fire and Rescue personnel and transported code red by Medic 30 to Wesley Medical Center. Mendoza refused EMS on scene.

According to witnesses, May was stopped at the first stop sign heading south on NW Butler Rd and NW K254 HWY. May waited for several cars to pass before pulling out in front of Mendoza. Mendoza stated he was traveling westbound on NW K254 HWY at 58 MPH when May pulled out in front of him. He tried to stop but was unable to before striking the Lexus on the driver side. The Lexus was spun to face eastbound in the median. The Freightliner was forced off the road facing westbound in the median.

Photographs were taken by Sgt White. Measurements were taken by Sgt White and Deputy Walker. At approximately 0313 hours on 10/12/2023 I called Wesley Medical Center ICU and was advised that May was in serious but stable condition. At approximately 209 hours on 10/12/2023 I called Wesley Medical Center ICU and was advised that May was still in stable condition and was confused with signs of amnesia.

I have nothing further at this time.

Deputy Walker, Jeffrey R. #46772

**HEAVY VEHICLE &
HAZMAT Supplement**

KDOT Form 852 - Rev. 2019

**INFORMATION ON HEAVY VEHICLES /
BUSES / HAZARDOUS MATERIALS**

Investigating Officer / Badge No.

Walker, Jeffrey / 58

Local Case No.

2023-00013337

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MOTOR CARRIER INFORMATION

02

Jugnu Trucking LLC,

9207 Daisy Cove LN

Houston

TU #

Carrier Name

Carrier Street Address (P.O. Box only if no street address)

City

CARRIER IDENTIFICATION NUMBER(S)

TX

77064

(832)231-4978

USA

State

Zip

Phone

Carrier Country

1149281

USDOT#

462585

MC/MX#



NONE

1

CARRIER TYPE

0 - Intrastate

1 - Interstate

2 - Not in Commerce - Other Truck or Bus

3 - Not in Commerce - Government Veh

4 - Other / Not Specified

01

**AT THE TIME OF CRASH, THIS
VEHICLE WAS:**01 Operating on a trafficway open
to the public (In-Transport)

02 Parked on or off the trafficway

88 Other: _____

99 Unknown

03

GVWR/GCWR

01 10,000 lbs or less

02 10,001-26,000 lbs

03 More than 26,000 lbs

99 Unknown

ACTUAL
WEIGHT

34000

lbs

01

**SOURCE OF CARRIER
NAME**

01 Side of vehicle

02 Shipping papers or
manifest

03 Driver

04 Logbook

PERMITS (Issuer and Permit Number)

1. _____

2. _____

3. _____

VEHICLE INFORMATION**HAZMAT / ROADWAY INFORMATION****TRAILER DIMENSIONS**

WIDTH (in) LENGTH (ft)

Trailer
1

086

044

Trailer
2Trailer
3**TRAILER(S)
DAMAGED?**☒ None☐ Trailer 1☐ Trailer 2☐ Trailer 3**OVERSIZED
LOAD**☐ Height☐ Weight☐ Width**HAZARDOUS MATERIALS INVOLVEMENT**Did the vehicle have a Hazardous Materials Placard? ☐

If Yes, Include The Following Information From The Placard:

HazMat 4-digit # from the diamond center box: _____

HazMat Class # from the bottom of diamond: _____

Was HazMat released (spilled) from THIS vehicle's cargo? ☐

HazMat Weight (lbs)

TRUCK AND TRAILER TOTALSVehicle Length
(include trailer(s))

066

ft

No. of
Trailers

1

No. of
Axles

5

TRAILER 1 - IDENTIFICATION NUMBER

3H3V532C6KR450015

TRAILER 2 - IDENTIFICATION NUMBER

TRAILER 3 - IDENTIFICATION NUMBER

02

ON-ROAD LANE TYPE

00 Two-way traffic - Undivided roadway

01 One-way traffic - Undivided roadway

02 Two-way traffic - Median strip w/o barrier

03 Two-way traffic - Median strip w/ barrier

04 Two-way traffic - Undivided with a
continuous left turn lane

99 Unknown

00

**VEHICLE ACCESS CONTROL
TO ROADWAYS**00 No access control (Unlimited access -
Roads with no interchanges)01 Partial access control (mix of
interchanges and "at-grade" intersections)02 Full access control (entry/exit only by
interchange ramps)

99 Unknown

SEE BACK OF THIS FORM FOR EXAMPLES OF VEHICLE CONFIGURATIONS AND CARGO TYPES

06

VEHICLE CONFIGURATION

00 Bus 9-15 passengers, including driver

01 Bus more than 15 passengers

02 Single-unit truck (2-axes)

03 Single-unit truck (3 or more axes)

04 Single-unit truck with trailer(s)

05 Truck Tractor only (bobtail)

06 Truck Tractor and semi-trailer

07 Truck Tractor and two trailers

08 Truck Tractor and three trailers

09 Heavy truck > 10,000 lbs cannot classify

10 Vehicles less than 10,000 lbs carrying
hazardous materials

88 Other: _____

99 Unknown

01

CARGO BODY TYPE

00 Not applicable/No cargo body

01 Van or Enclosed box

02 Hopper (e.g. Grain, Chips, Gravel)

03 Cargo tank (liquid, powder, etc)

04 Flatbed

05 Dump

06 Concrete mixer

07 Vehicle transporter

08 Garbage or refuse

09 Bus 9-15 people, including driver

10 Bus more than 15 people

11 Pole

12 Vehicle towing another motor vehicle

13 Intermodal chassis

14 Logging

88 Other: _____

99 Unknown

15

CARGO TYPE

00 None

01 Drive away or Tow away

02 Explosives

03 Animals: farm or other

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 Other food products

18 Plastic products

19 People

20 Garbage / refuse

21 Pavement mixture:
concrete, asphalt, etc.

88 Other: _____

99 Unknown

01

CAB TYPE

01 Cab behind engine

99 Unknown

02 Cab over engine

SPECIAL DATA

INSURANCE VERIFICATION INFORMATION

Kansas Division of Vehicles

Local Case No.

2023-00013337

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(Please print)

DRIVER INFORMATION:

Kimixay May S
Last Name First Name Middle Initial
K02441919 KS 03/01/1959
Driver License Number State Licensed Date of Birth

B. VEHICLE INFORMATION:
Same

Owner's Last Name First Name Middle Initial
2002 2002 42 JV
Model Year Vehicle Make License Plate Number
KS 2023 JTJHF10U 280273
State Year VIN

C. INSURANCE INFORMATION OBTAINED:

Shelter Mutual Ins Comp 15-1-601453-1
Insurance Company Name Policy Number

D. RESULT OF AN ACCIDENT? YES X NO**DATE TIME INSURANCE IS TO BE VERIFIED AS IN EFFECT (date of traffic stop or accident):**

09:26 PM 10 2023
Time a.m/p.m. Month Day Year

E. LAW ENFORCEMENT COMPLETING THIS FORM: Butler County Sheriff's Office

141 S Gordy El Dorado KS 67042-
Address City State Zip

F. COURT COMPLETING THIS FORM:

Court Name
Address City State Zip

Citation number (if issued for no insurance): _____

COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer; the vehicle owner or driver is required to present to the court designated on the citation within ten (10) days either (1) a policy of motor vehicle liability insurance, (2) a policy identification card or certificate of insurance, or (3) a certificate of self-insurance signed by the Commissioner of Insurance which shows the (a) name of the insurance company, (b) policy number covering the vehicle at the time the citation was issued, and (c) the effective and expiration dates of the policy. Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within ten (10) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form by the court where evidence of insurance was presented and mailed to: Driver Control Bureau, P. O. Box 12021, Topeka, Kansas 66612-2021.

LAW ENFORCEMENT INSTRUCTIONS

Upon requesting evidence of insurance as required by K.S.A. 8-1604 or K.S.A. 40-3104 and such evidence is not furnished, a traffic citation is to be issued and the information in Sections A, B and D completed and attached to the citation being forwarded to the court.

FOR INSURANCE COMPANY USE ONLY

If a policy was NOT in effect on the date cited in Section D, please return this form within thirty (30) days to: Driver Control Bureau, P.O. Box 12021, Topeka, Kansas 66612-2021.

☐ This policy was not in effect by the company cited in Section C on the date cited in Section D.

Comments: _____

Signature of Authorized Insurance Representative

Date

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

Local Case No.	Page of
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(Please print)

A. DRIVER INFORMATION:

Mendoza	Jaime	Eugenio
Last Name	First Name	Middle Initial
2910600	TX	12/11/195
Driver License Number	State Licensed	Date of Birth

B. VEHICLE INFORMATION:

Jugnu Trucking LLC		
Owner's Last Name	First Name	Middle Initial
2016	Freightliner	8444
Model Year	Vehicle Make	License Plate Number
TX	2023	GUJGLD5Y
State	Year	VIN

C. INSURANCE INFORMATION OBTAINED:

DB Insurance Co. Ltd	TCAP
Insurance Company Name	Policy Number

D. RESULT OF AN ACCIDENT? YES ☒ NO ☐

DATE TIME INSURANCE IS TO BE VERIFIED AS IN EFFECT (time of traffic stop or accident):

09:26	PM	10	11	2023
Time	a.m/p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM: Butler County Sheriff's Office

141 S Gordy	El Dorado	KS	67042-
Address	City	State	Zip

F. COURT COMPLETING THIS FORM:

Address	City	State	Zip

Citation number (if issued for no insurance): _____

COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer; the vehicle owner or driver is required to present to the court designated on the citation within ten (10) days either (1) a policy of motor vehicle liability insurance, (2) a policy identification card or certificate of insurance, or (3) a certificate of self-insurance signed by the Commissioner of Insurance which shows the (a) name of the insurance company, (b) policy number covering the vehicle at the time the citation was issued, and (c) the effective and expiration dates of the policy. Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within ten (10) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form by the court where evidence of insurance was presented and mailed to: Driver Control Bureau, P. O. Box 12021, Topeka, Kansas 66612-2021.

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☐ This policy was not in effect by the company cited in Section C on the date cited in Section D.

Comments: _____

Signature of Authorized Insurance Representative

Date