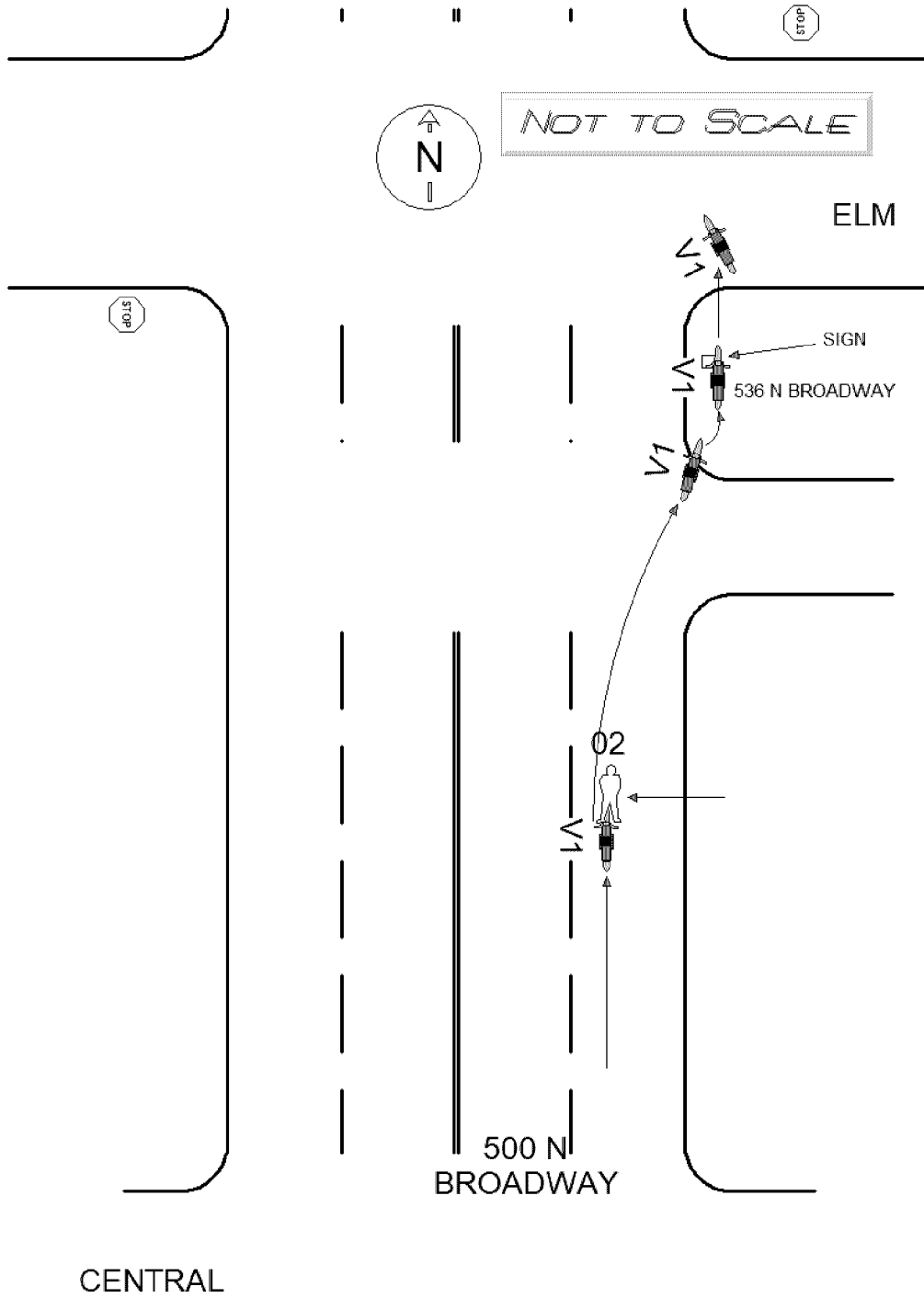


Kansas Motor Vehicle Crash Report KDOT Form 850A page 1 Rev. 2019										Investigating Department WICHITA POLICE DEPARTMENT				Reviewed by				Local Case No. 26C019813		Page of 1 / 4		<input type="checkbox"/> Amended Report			
										Investigating Officer Name E SCHILD				Badge Number S0258		County SG		City Name WICHITA				<input type="checkbox"/> DUI		<input type="checkbox"/> Hit & Run	
Milepost		Block No 500		Dir Pfx N		On Road Name BROADWAY		Road Type AVE		Dir Sfx		SpdLmt 30		Date of Crash (mm/dd/yyyy) 02/01/2026		Time Occur. 18:09		Day SU		Crash Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000					
From Dist 105		Ft/Mi F		From Dir N		<input checked="" type="radio"/> FROM <input type="radio"/> AT		Dir Pfx E		Reference or At Road Name CENTRAL		Road Type AVE		Dir Sfx		SpdLmt 30		Date Notified (mm/dd/yyyy) 02/01/2026				Time Notif. 18:20		Day SU	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 NB ON BROADWAY AND HITS 02 PEDESTRIAN CONTINUES NB AND LOSES CONTROL ON ICE LEAVES ROADWAY AND HITS A NO PARKING SIGN. V1 THEN COMES TO A STOP AT ELM AND BROADWAY. <div>This report has not been reviewed; there may be errors.</div>														Date Arrived (mm/dd/yyyy) 02/01/2026		Time Arriv. 18:21		Day SU							
KDOT? <input type="checkbox"/> Object 1 Damaged & Nature of Damage (show in diagram) NO PARKING SIGN DAMAGED Owner Street Address 455 N MAIN ST Personal Phone Owner Last Name CITY OF WICHITA First Name WICHITA Middle Name KS State 67202 Zip (316) 268-4111 Work Phone KDOT? <input type="checkbox"/> 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														Latitude (AOI)		00		ON		WORK ZONE TYPE		AT			
														Longitude (AOI)						00 None Apply					
														Photos by C2990						01 Construction Zone -					
																02 Maintenance Zone -									
																03 Utility Zone -									
																99 Unknown									
																- 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					
																- WORK ZONE CATEGORY									
																01 Lane closure									
																02 Lane shift / crossover									
																03 Work on shoulder / median									
																04 Intermittent or moving vehicle									
																88 Other: _____									
																99 Unknown									
																*COLLISION WITH VEHICLE									
																(mark 1 box per side if applicable)									
														1 st		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					
																O		09		OK					
																2		2		2					
																3		3		3					
																4		4		4					
																5		5		5					
																00 None									
																01 Officer, flagger									
																02 Traffic signal									
																03 Stop sign									
																04 Flasher									
																05 Yield sign									
																06 RR gates / signal									
																07 RR crossing signs									
																08 No passing zone									
																09 Center/Edge lines									
																10 Warning signs									
																11 School zone signs									
																12 Parking lines									
																88 Other: _____									
																99 Unknown									

Crash Diagram 850A page 2		SPECIAL EVENT		SPECIAL DATA		Local Case No. 26C019813	Page of 1 / 4	
04 ON	ROADWAY NUMBER OF LANES AT	01 ON	ROAD CHARACTER AT	00	SPECIAL JURISDICTION			<p>A basic diagram is required for all state reportable crashes 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.</p> <p>Indicate North Direction</p>
01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 88 Other: _____ 99 Unknown	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	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						

Draw scene as observed or recreate per statements and evidence available



Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019				DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)				Investigating Officer / Badge No. E SCHILD S0258				Local Case No. 26C019813		Page of 2 / 4																	
TU#		VIOLATIONS CHARGED				CITATION#		TU#		VIOLATIONS CHARGED				More violations in narrative <input type="checkbox"/>		CITATION#															
01		DRIVE ON REVOKED DL				22M083750		01		RECKLESS DRIVING						22M096847															
01		NO PROOF INSURANCE				22M083750																									
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)																															
D1		30		D1		35		P2		27																					
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 HINCKLEY				MN		683 S KANSAS				New address? <input type="checkbox"/> Personal (316) 267-7837		M		E		N													
ST		01 JACE				DOB 08/21/1985		WICHITA KS 67211				Work		40		N				<input type="checkbox"/>											
TU						MN		New address? <input type="checkbox"/> Personal																							
ST						DOB						Work								<input type="checkbox"/>											
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)																TRAFFIC UNIT# (02, 04, N2, X4, etc)															
DL State		Driver's License Number				DL Class		Driving for Employer? <input type="checkbox"/>		CDL? <input type="checkbox"/>		DL State		Driver's License Number				DL Class		Driving for Employer? <input type="checkbox"/>		CDL? <input type="checkbox"/>									
KS		K01614682				ID																									
03		DR LICENSE COMPLY				RESTRICT COMPLY				COMMERCIAL ENDORSEMENTS				DR LICENSE COMPLY		RESTRICT COMPLY				COMMERCIAL ENDORSEMENTS											
00 Not licensed		Restrictions? <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				Z - None				00 Not licensed		Restrictions? <input type="checkbox"/>				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>											
01 Valid License		Driver's Lic Restrictions Y N				Complied? Y N				T - Double/Triple Trailer				01 Valid License		Driver's Lic Restrictions Y N				Complied? Y N				T - Double/Triple Trailer							
02 Suspended		1 <input type="checkbox"/>				<input type="checkbox"/>				P - Passenger Vehicle				02 Suspended		1 <input type="checkbox"/>				<input type="checkbox"/>				P - Passenger Vehicle							
03 Revoked		2 <input type="checkbox"/>				<input type="checkbox"/>				N - Tank Vehicle				03 Revoked		2 <input type="checkbox"/>				<input type="checkbox"/>				N - Tank Vehicle							
04 Expired		3 <input type="checkbox"/>				<input type="checkbox"/>				H - Placarded Haz. Material				04 Expired		3 <input type="checkbox"/>				<input type="checkbox"/>				H - Placarded Haz. Material							
05 Cancl'd or Denied		4 <input type="checkbox"/>				<input type="checkbox"/>				X - Combination Tank/HazMat				05 Cancl'd or Denied		4 <input type="checkbox"/>				<input type="checkbox"/>				X - Combination Tank/HazMat							
06 Disqualified										S - School Bus				06 Disqualified										S - School Bus							
07 Restricted										U - Unknown				07 Restricted										U - Unknown							
99 Unknown														99 Unknown																	
SUBSTANCE USE (mark all that apply)																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)																METHOD OF DETERMINATION (mark all that apply)															
ALCOHOL																ALCOHOL															
<input checked="" type="checkbox"/> 00 No evidence of impairment																<input type="checkbox"/> 00 No evidence of impairment															
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)																<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)															
<input type="checkbox"/> 02 Preliminary Breath Test PBT																<input type="checkbox"/> 02 Preliminary Breath Test PBT															
<input type="checkbox"/> 03 Behavioral																<input type="checkbox"/> 03 Behavioral															
Tests: HGN, walk-and-turn, one leg stand, etc.																Tests: HGN, walk-and-turn, one leg stand, etc.															
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)																<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)															
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)																<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)															
<input type="checkbox"/> 06 Other (e.g. saliva test)																<input type="checkbox"/> 06 Other (e.g. saliva test)															
DRUGS																DRUGS															
<input checked="" type="checkbox"/> NG - No Test given																<input type="checkbox"/> NG - No Test given															
<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)																<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)															
<input type="checkbox"/> PT - Prelim Positive Test (PBT)																<input type="checkbox"/> PT - Prelim Positive Test (PBT)															
<input type="checkbox"/> TG - Evidentiary Test given																<input type="checkbox"/> TG - Evidentiary Test given															
<input type="checkbox"/> RP - Results pending																<input type="checkbox"/> RP - Results pending															
<input type="checkbox"/> Evidentiary Breath																<input type="checkbox"/> Evidentiary Breath															
<input type="checkbox"/> Eye Fluid																<input type="checkbox"/> Eye Fluid															
<input type="checkbox"/> Blood (BAC)																<input type="checkbox"/> Blood (BAC)															
<input type="checkbox"/> Other																<input type="checkbox"/> Other															
<input type="checkbox"/> Drug screen result																<input type="checkbox"/> Drug screen result															
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		New address? <input type="checkbox"/> Personal																							
ST						DOB						Work								<input type="checkbox"/>											
TU						MN		New address? <input type="checkbox"/> Personal																							
ST						DOB						Work								<input type="checkbox"/>											
TU						MN		New address? <input type="checkbox"/> Personal																							
ST						DOB						Work								<input type="checkbox"/>											
TU						MN		New address? <input type="checkbox"/> Personal																							
ST						DOB						Work								<input type="checkbox"/>											
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:															

Occupants & Vehicles 850B page 2										VEHICLE# 01		SPECIAL DATA			
OWNER Last Name ("Same" if Driver) HINCKLEY										OWNER First Name JACE		Middle Name A			
OWNER ADDRESS (Number, Street) 683 S KANSAS										New address? <input type="checkbox"/>		Personal Phone (316) 267-7837			
CITY WICHITA				ST KS		ZIP 67211		Work Phone							
COLOR BLU		YEAR 2007		MAKE HD		MODEL CYL		BODY STYLE MC		ST KS					
LICENSE PLATE # FE3VA			County SG		Exp YR 2026		Removed by: DRIVER			MC CCs 1100					
VEHICLE IDENTIFICATION NUMBER 1HD1FR4187Y681884								Dir of Travel N		# Occupants 1					
Insurance Company NO PROOF						Policy Number									
SPECIAL CONDITIONS FOR TRAFFIC UNITS										Odometer		Fire? <input type="checkbox"/>			
1 Hit & Run		2 Non-Contact		3 Stolen		7 Towed away due to damage									
4 Legally Parked		5 Pursued by LE		6 Driverless											
02 VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)															
01 Automobile				10 Single heavy truck >10,000 lbs											
02 Motorcycle				11 Truck & trailer(s)											
03 Motor scooter or Moped				12 Tractor-trailer(s)											
04 Van				13 Cross country bus											
05 Pickup truck <10,001 lbs				14 School bus											
06 Sport utility veh - SUV				15 Transit (city) bus											
07 Camper or RV				16 Other bus											
08 Farm machinery				25 Train											
09 All-terrain vehicle - ATV				88 Other:											
				99 Unknown											
01 VEHICLE USE				03 VEHICLE DAMAGE											
01 No special use				06 Police				00 None				04 Destroyed			
02 Taxi / Limo				07 Ambulance				01 Damage (minor)				88 Other:			
03 School bus				08 Fire				02 Functional							
04 Other bus				09 Mail/Parcel				03 Disabling				99 Unknown			
05 Military				99 Unknown											
DAMAGE LOCATION AREA															
First Impact 12 Major Impact 12															
<input type="checkbox"/> 14 Undercarriage <input checked="" type="checkbox"/> 15 Windshield <input type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other:															
Trailer: Present / Damaged															
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)															
<div style="display: flex; align-items: center;"> 1 21 2 01 3 27 4 <input type="checkbox"/> The exact sequence is unknown </div>															
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p style="text-align: center;">NON-COLLISION</p> <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 5px;"> <div>01 Ran off road right</div> <div>02 Ran off road left</div> <div>03 Crossed centerline</div> <div>04 Overturn/Rollover</div> <div>05 Crossed median</div> <div>06 Fell/Jumped from veh</div> <div>07 Thrown or falling object</div> <div>08 Cargo loss or shift</div> <div>09 Equipment failure (tire, brakes, etc.)</div> <div>10 Downhill runaway</div> <div>11 Trailer swing</div> <div>12 Separation of units</div> <div>13 Jackknife</div> <div>14 Fire</div> <div>15 Explosion</div> <div>16 Immersion in water</div> <div>88 Other event:</div> <div>98 Unknown non-coll.</div> </div> </div> <div style="width: 48%;"> <p style="text-align: center;">COLLISION WITH</p> <div style="display: grid; grid-template-columns: 1fr 1fr; gap: 5px;"> <div>21 Pedestrian</div> <div>22 Motor veh in-transport</div> <div>23 Legally Parked Vehicle</div> <div>24 Train</div> <div>25 Pedal cycle (bike, etc)</div> <div>26 Animal</div> <div>27 Fixed Object</div> <div>28 Other moveable object</div> <div>99 Unknown object</div> </div> </div> </div>															

Crash Narrative**Officer / Witness Statements / Description
Additional Information**

Investigating Officer / Badge No.

Local Case No.

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KDOT Form 851 - Rev. 2019

E SCHILD

S0258

26C019813

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AOI

02 LAID ON GROUND 105 FEET NORTH OF THE NORTH CURB LINE OF CENTRAL AVE. AND 15 FEET WEST OF THE EAST CURB LINE OF BROADWAY.

V1 WENT OFF THE ROAD AT 84 FEET SOUTH OF THE SOUTH CURB LINE OF ELM AND 0 FEET WEST OF THE EAST CURB LINE OF BROADWAY. V1 WENT 2 FEET IN ON CITY EASEMENT.

DRIVER'S STATEMENT

D1 HINCKLEY, JACE STATED HE WAS HEADING NORTH ON BROADWAY WHEN PEOPLE DECIDE TO WALK ACROSS BROADWAY. HE DIDN'T REALIZE THAT HE HAD HIT ONE OF THE PEDESTRIANS. HE CONTINUED NORTH AND SLIDE ON ICE WENT OFF THE ROAD HIT SIGN AND CAME BACK OUT ON THE STREET.

02 DILL, DAVID HE WAS CROSSING IN THE MIDDLE OF THE STREET AND WAS HIT BY V1.

INJURIES

02 HAD SUFFERED INJURIES TO THE LEG AND WAS TRANSPORTED TO ST. FRANCIS HOSPITAL CODE YELLOW.

WITNESS

W1 HILL, KATIE (316) 254-4718 STATEMENT READS V1 WAS SPEEDING GONG AROUND OTHER VEHICLE. WAS GOING REALLY FAST AND STRUCK A MALE WALKING ACROSS THE STREET.

W2 WILSON, JUDY (316)399-6999 STATEMENT READS V1 CAME UP FROM BEHIND THEM AT A HIGH RATE OF SPEED. V1 WAS GOING THRU THE GEARS AS HE WENT AROUND THEM. SAW V1 GO OFF THE ROAD. HER PASSENGER SAW D1 HIT 02 PEDESTRIAN.

DAMAGES

2007 BLUE HARLEY DAVIDSON ROAD KING MOTORCYCLE 1100CC SUSTAINED DISABLING DAMAGE TO THE WINDSHIELD, LEFT BAR BENT, FENDER, AND OTHER DAMAGE THROUGH OUT THE MOTORCYCLE. V1 WAS PUSHED OFF THE ROADWAY BY D1.

NO PARKING SIGN WAS HIT AND POLE NEEDS REPLACED. OWED BY THE CITY OF WICHITA.

ROADS

SOME AREAS OF WERE WET FROM MELTING SNOW. MAJORITY WAS DRY. CENTER AND EDGE LINES VISIBLE. WEATHER WAS DARK OUT WITH STREET LIGHTS ON. TRAFFIC FLOW WAS LIGHT.

OPINION

IT IS THIS OFFICER'S OPINION THAT THE COLLISION WAS CAUSED BY D1 HINCKLEY, JACE NOT YIELDING TO PEDESTRIAN AND TOO FAST FOR CONDITIONS WHICH CAUSED HIM TO HIT 02 AND GO OFF THE ROAD. 02 DILL, DAVID CROSSED THE STREET NOT IN CROSS WALK, BUT IN THE MIDDLE OF THE STREET. D1 HINCKLEY, JACE WAS ISSUED NTA CIT# 22M096847 FOR RECKLESS DRIVING, AND NTA CIT#22M083750 FOR NO PROOF INSURANCE AND DRIVE ON A REVOKED DL.

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Local Case No.	Page of
		26C019813	/

Passengers & Pedestrians			LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT			Investigating Officer / Badge No.		Local Case No.		Page of
KDOT Form 854 page 1 - Rev. 2019						E SCHILD S0258		26C019813		/
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			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
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:			
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:			

Passengers & Pedestrians				PEDESTRIAN INFORMATION				Investigating Officer / Badge No.		Local Case No.		Page of	
854 page 2								E SCHILD S0258		26C019813		3 / 4	
Unit #	PEDESTRIAN Last Name		Middle Name	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit	
Ped Type	PEDESTRIAN First Name		Date of Birth	City State Zip			Work Phone Number		Age	Eject/Trap	Eject Path	Extrication?	
TU 02	DILL		MN H	1025 N MAIN ST			New address? <input type="checkbox"/> Personal		M	N	I	A	
PT 21	DAVID		DOB 09/04/1964	WICHITA KS 67203			Work		61			<input type="checkbox"/>	
TU			MN				New address? <input type="checkbox"/> Personal						
PT			DOB				Work					<input type="checkbox"/>	
Transport Unit A	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:			
			EMS MEDIC 31										
			ST. FRANCIS										
TU#	DirTrvl	DL State	Driver's License Number		Special Data								
02	W	KS	K03132126										
12	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT												
00 NOT in roadway (driving lanes)													
IN or AT INTERSECTION NOT IN or AT INTERSECTION													
01 In crosswalk or bikeway 02 NOT in crosswalk or bikeway 03 In intersection without a crosswalk or bikeway													
11 In crosswalk or bikeway 12 NOT in crosswalk or bikeway 13 In area without a crosswalk or bikeway													
88 Other: 99 Unknown													
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)													
01 Within a work zone 02 In median (not shoulder) 03 On Island 04 Road shoulder (not ditch or median) 05 Roadside (not on shoulder) 06 Sidewalk 07 Outside trafficway													
08 Driveway access crosswalk 09 Dedicated bike lane 10 Shared-use path or trails 11 Inside building 12 In legally parked vehicle 88 Other: 99 Unknown													
08	PEDESTRIAN ACTION BEFORE CRASH												
01 Walking / cycling to or from school 02 Approaching or leaving bus 03 Approaching or leaving vehicle 04 Working (not on vehicle) 05 Working on vehicle 06 Pushing motor vehicle													
07 Standing, sitting, or lying 08 Playing, running, walking 09 Cycling 10 Entering or crossing 88 Other: 99 Unknown													
00	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL												
00 No pedestrian signal 01 Obeyed pedestrian signal 02 Disobeyed pedestrian signal													
03 Ped signal malfunction 04 Not applicable 99 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													
Evidentiary Breath Eye Fluid 0. 0. Blood (BAC) Other 0. 0. Drug screen result													