

Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

Investigating Department
Wichita Police Department
Investigating Officer Name
T. Armstrong

Reviewed by

Local Case No.

26C016572

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- Amended Report
- DUI
- Hit & Run

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Crash (mm/dd/yyyy)	Time Occur.	Day
		E	First	ST		30	01/27/2026	12:05	TU
From Dist	Ft/Mi	From Dir	O FROM O AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)
				N	Mead	ST		30	01/27/2026
Narrative: Describe each traffic unit's pre-crash movement and direction of travel									
V1 traveling eastbound on 1st. P1 traveling eastbound in bicycle lane on 1st.									
This report has not been reviewed may contain errors.									
KDOT?	Object 1 Damaged & Nature of Damage (show in diagram)			Owner Street Address			Personal Phone		
<input type="checkbox"/>									
Owner Last Name	First Name	Middle Name	City	State	Zip	Work Phone			
KDOT?	Object 2 Damaged & Nature of Damage (show in diagram)			Owner Street Address			Personal Phone		
<input type="checkbox"/>									
Owner Last Name	First Name	Middle Name	City	State	Zip	Work Phone			
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE									
01	LIGHT CONDITIONS			12	CRASH LOCATION (of 1st Harmful Event)		02	CRASH CLASS (mark 1 box per side)	
01 Daylight 04 Dark: street lights on				ON ROADWAY: (within travel lanes)		02	02		
02 Dawn 05 Dark: no street lights				11 Non-intersection		1 st	<u>Harmful Event</u>	<u>Most Harmful Event</u>	
03 Dusk 99 Unknown				12 Intersection +		00 Other non-collision			
03	ADVERSE WEATHER CONDITIONS			13 Intersection-related +		01 Overturned/Rollover			
00 No adverse conditions				14 Access to Parking lot/Drvwy		COLLISION WITH:			
01 Rain, mist, drizzle				15 Interchange Area +		02 Pedestrian			
02 Sleet, hail				16 On Crossover		03 Motor vehicle in-transport*			
03 Snow				17 Toll Plaza		04 Legally Parked Vehicle			
04 Fog				OFF ROADWAY:		05 Railway train			
05 Smoke				20 Shoulder		06 Pedal cyclist			
06 Strong wind				21 Roadside (not shoulder)		07 Animal Type: _____			
07 Blowing dust, sand, etc.				22 Median		08 Fixed object**			
08 Freezing rain, mist, drizzle				23 Rest area		09 Other object: _____			
14 Rain & fog				88 Other: _____		99 Unknown			
16 Rain & wind				99 Unknown		**FIXED OBJECT TYPE			
24 Sleet & fog				01 +INTERSECTION TYPE		(mark 1 box per side if applicable)			
36 Snow & wind				01 Four-way intersection		1 st Harmful Event Most Harmful Event			
01	ON	SURFACE TYPE	AT	02 Five-way or more		01 Bridge structure			
01 Concrete				03 T - intersection		02 Bridge rail			
02 Blacktop (Asphalt)				04 Y - intersection		03 Crash cush./Impact attenuator			
03 Gravel				05 L - intersection		04 Divider, median barrier			
04 Dirt				06 Roundabout (See Manual for Definitions)		05 Overhead sign support			
05 Brick				07 Traffic Circle		06 Utility devices: pole,meter,etc			
01	ON	SURFACE CONDITIONS	AT	08 Part of an interchange		07 Other post or pole			
01 Dry				99 Unknown		08 Building			
02 Wet				00 None <input type="checkbox"/> 01 Bridge		09 Guardrail			
03 Snow				02 Bridge Overhead		10 Sign post			
04 Ice				03 Railroad Bridge		11 Culvert			
05 Mud/dirt/sand				04 RRXING		12 Curb			
06 Debris (oil, etc.)				05 Interchange		13 Fence/Gate			
07 Standing/ moving water				06 Ramp		14 Hydrant			
08 Slush				99 Unknown		15 Barricade			
Latitude (AOI) <input type="checkbox"/> ON WORK ZONE TYPE AT <input type="checkbox"/> 00									
Longitude (AOI) <input type="checkbox"/> 00 None Apply									
Photos by 2667 <input type="checkbox"/> 01 Construction Zone - <input checked="" type="checkbox"/> KDOT? <input type="checkbox"/> 02 Maintenance Zone - <input type="checkbox"/> 03 Utility Zone - <input type="checkbox"/> 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 <input type="checkbox"/> (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									
00 None <input type="checkbox"/> 01 09 <input type="checkbox"/> 0K									
01 Officer, flagger <input type="checkbox"/> 02 09 <input type="checkbox"/> 0K									
02 Traffic signal <input type="checkbox"/> 03 3 <input type="checkbox"/> 3									
03 Stop sign <input type="checkbox"/> 04 4 <input type="checkbox"/> 4									
04 Flasher <input type="checkbox"/> 05 5 <input type="checkbox"/> 5									
05 Yield sign <input type="checkbox"/> 06 RR gates / signal <input type="checkbox"/>									
07 RR crossing signs <input type="checkbox"/> 08 No passing zone <input type="checkbox"/>									
09 Center/Edge lines <input type="checkbox"/> 10 Warning signs <input type="checkbox"/>									
11 School zone signs <input type="checkbox"/> 12 Parking lines <input type="checkbox"/>									
88 Other: _____ <input type="checkbox"/> 99 Unknown									

Crash Diagram

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SPECIAL EVENT

SPECIAL DATA

Local Case No.

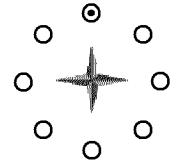
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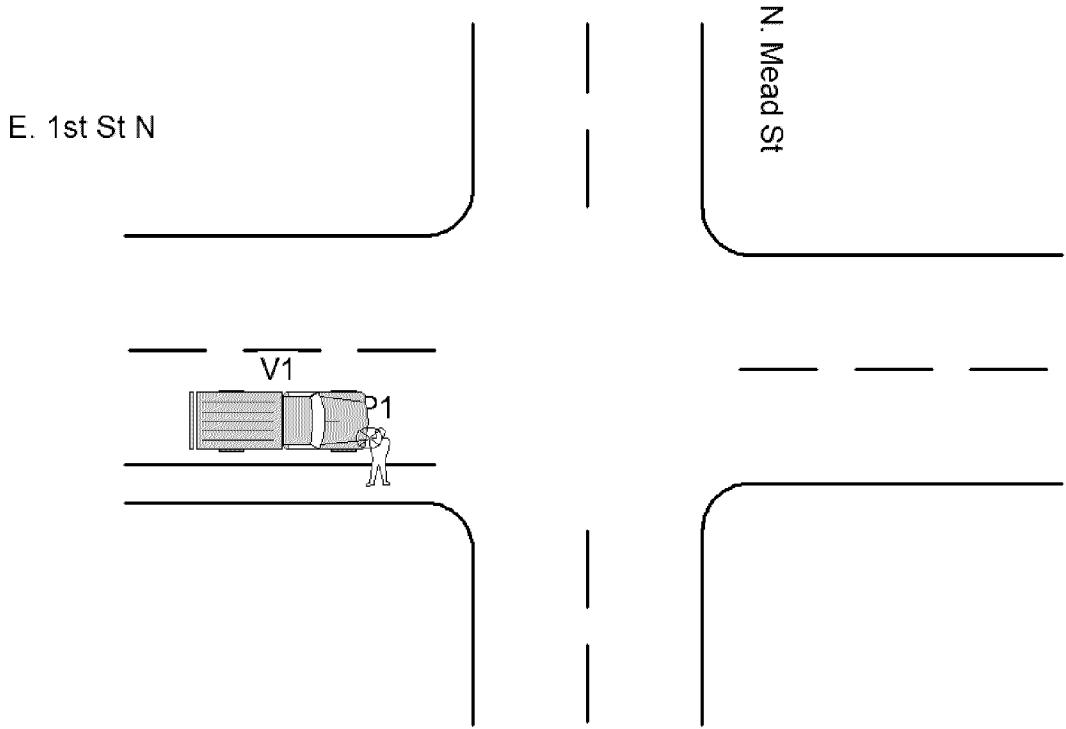
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02 ON	ROADWAY NUMBER OF LANES	02 AT	01 ON	ROAD CHARACTER	AT	01 00	SPECIAL JURISDICTION	
						00 Normal Jurisdiction (Not Special)		
						01 National Park Service		
						02 Military		
						03 Indian Reservation		
						04 College / University Campus		
						05 Other Federal property		
						88 Other: _____		
						99 Unknown		
<p>Draw scene as observed or recreate per statements and evidence available</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.



Indicate North Direction



Occupants & Vehicles

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

Investigating Officer / Badge No.

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TU# VIOLATIONS CHARGED			CITATION#		TU# VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/>				CITATION#		
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)														
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 1	Unknown		MN				New address? <input type="checkbox"/> Personal		U	U	U			
ST 01			DOB 99/99/9999				Work		00	U		<input type="checkbox"/>		
TU			MN				New address? <input type="checkbox"/> Personal							
ST			DOB				Work					<input type="checkbox"/>		
TRAFFIC UNIT# 1 (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?	DL State	Driver's License Number			DL Class	Driving for Employer?	<input type="checkbox"/>
99	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS			<input type="checkbox"/> DR LICENSE COMPLY		RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS					
00 Not licensed		Restrictions? <input type="checkbox"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Z - None		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4		
01 Valid License		Driver's Lic Restrictions	Complied? Y <input type="checkbox"/>				T - Double/Triple Trailer		Z - None					
02 Suspended			N <input type="checkbox"/>				P - Passenger Vehicle		T - Double/Triple Trailer					
03 Revoked				1 <input type="checkbox"/>			N - Tank Vehicle		P - Passenger Vehicle					
04 Expired				2 <input type="checkbox"/>			H - Placarded Haz. Material		N - Tank Vehicle					
05 Cancl or Denied				3 <input type="checkbox"/>			X - Combination Tank/HazMat		H - Placarded Haz. Material					
06 Disqualified				4 <input type="checkbox"/>			S - School Bus		X - Combination Tank/HazMat					
07 Restricted							U - Unknown		S - School Bus					
99 Unknown									U - Unknown					
SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)		
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed			
METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)		
ALCOHOL				DRUGS				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 checked="" 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	<input type="checkbox"/> 04 Passive Alcohol Sensor	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> Eye Fluid	<input type="checkbox"/> 05 Observed	<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> Other	
Tests: HGN, walk-and-turn, one leg stand, etc.								Tests: HGN, walk-and-turn, one leg stand, etc.						
				<input type="checkbox"/> RP - Results pending								<input type="checkbox"/> RP - Results pending		
				<input type="checkbox"/> ALCOHOL				<input type="checkbox"/> ALCOHOL				<input type="checkbox"/> ALCOHOL		
				<input type="checkbox"/> 0. _____				<input type="checkbox"/> 0. _____				<input type="checkbox"/> 0. _____		
				<input type="checkbox"/> Blood (BAC)				<input type="checkbox"/> Other				<input type="checkbox"/> Blood (BAC)		
				<input type="checkbox"/> 0. _____				<input type="checkbox"/> 0. _____				<input type="checkbox"/> 0. _____		
				Drug screen result <input type="checkbox"/>				Drug screen result <input type="checkbox"/>				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				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					EMS Arrived	EMS Time@Hosp							
Injured taken to:								Injured taken to:						

Occupants & Vehicles

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VEHICLE#

1

SPECIAL DATA

VEHICLE#

(02, 04, N2, X4, etc)

SPECIAL DATA

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OWNER Last Name ("Same" if Driver) Unknown			OWNER First Name			Middle Name			OWNER Last Name ("Same" if Driver)			OWNER First Name			Middle Name				
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							
COLOR WHI	YEAR	MAKE	MODEL	BODY STYLE 4D		ST	COLOR	YEAR	MAKE	MODEL	BODY STYLE		ST						
LICENSE PLATE #		County	Exp YR	Removed by:			MC CCS		LICENSE PLATE #	County	Exp YR	Removed by:			MC CCS				
VEHICLE IDENTIFICATION NUMBER				Dir of Travel E	# Occupants 1	VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants								
Insurance Company				Policy Number				Insurance Company				Policy Number							
SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless				Odometer Fire? <input type="checkbox"/>				SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless				Odometer Fire? <input type="checkbox"/>							
05 VEHICLE BODY TYPE 01 Automobile 02 Motorcycle 03 Motor scooter or Moped 04 Van 05 Pickup truck <10,001 lbs 06 Sport utility veh - SUV 07 Camper or RV 08 Farm machinery 09 All-terrain vehicle - ATV				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs) 10 Single heavy truck >10,000 lbs 11 Truck & trailer(s) 12 Tractor-trailer(s) 13 Cross country bus 14 School bus 15 Transit (city) bus 16 Other bus 25 Train 88 Other: 99 Unknown				VEHICLE BODY TYPE 01 Automobile 02 Motorcycle 03 Motor scooter or Moped 04 Van 05 Pickup truck <10,001 lbs 06 Sport utility veh - SUV 07 Camper or RV 08 Farm machinery 09 All-terrain vehicle - ATV				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs) 10 Single heavy truck >10,000 lbs 11 Truck & trailer(s) 12 Tractor-trailer(s) 13 Cross country bus 14 School bus 15 Transit (city) bus 16 Other bus 25 Train 88 Other: 99 Unknown							
01 VEHICLE USE 01 No special use 02 Taxi / Limo 03 School bus 04 Other bus 05 Military				99 VEHICLE DAMAGE 00 None 01 Damage (minor) 02 Functional 03 Disabling				VEHICLE USE 01 No special use 02 Taxi / Limo 03 School bus 04 Other bus 05 Military				VEHICLE DAMAGE 00 None 01 Damage (minor) 02 Functional 03 Disabling							
DAMAGE LOCATION AREA First Impact 99 Major Impact 99 FRONT <input type="checkbox"/> 14 Undercarriage <input type="checkbox"/> 15 Windshield <input type="checkbox"/> 16 Other windows <input checked="" type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other: Trailer: Present / Damaged				01 VEH. MANU. BEFORE UNSTAB. SIT. 01 Straight/ following road 02 Left Turn 03 Right Turn 04 U Turn 05 Passing 06 Changing lanes 07 Avoidance man. 08 Merging 09 Parking				DAMAGE LOCATION AREA First Impact _____ Major Impact _____ FRONT <input type="checkbox"/> 14 Undercarriage <input 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				VEH. MANU. BEFORE UNSTAB. SIT. 01 Straight/ following road 02 Left Turn 03 Right Turn 04 U Turn 05 Passing 06 Changing lanes 07 Avoidance man. 08 Merging 09 Parking							
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence) 1 21 2 3 4 <input type="checkbox"/> The exact sequence is unknown				10 Backing 99 Unknown				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence) 1 2 3 4 <input type="checkbox"/> The exact sequence is unknown				10 Backing 99 Unknown							
NON-COLLISION				COLLISION WITH				NON-COLLISION				COLLISION WITH							
01 Ran off road right 02 Ran off road left 03 Crossed centerline 04 Overturn/Rollover 05 Crossed median 06 Fell/Jumped from veh 07 Thrown or falling object 08 Cargo loss or shift 09 Equipment failure (tire, brakes, etc.)				10 Downhill runaway 11 Trailer swing 12 Separation of units 13 Jackknife 14 Fire 15 Explosion 16 Immersion in water 88 Other event: 98 Unknown non-coll.				21 Pedestrian 22 Motor veh in-transport 23 Legally Parked Vehicle 24 Train 25 Pedal cycle (bike, etc) 26 Animal 27 Fixed Object 28 Other moveable object 99 Unknown object				01 Ran off road right 02 Ran off road left 03 Crossed centerline 04 Overturn/Rollover 05 Crossed median 06 Fell/Jumped from veh 07 Thrown or falling object 08 Cargo loss or shift 09 Equipment failure (tire, brakes, etc.)				10 Downhill runaway 11 Trailer swing 12 Separation of units 13 Jackknife 14 Fire 15 Explosion 16 Immersion in water 88 Other event: 98 Unknown non-coll.			

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Investigating Officer / Badge No. T. Armstrong 2667	Local Case No. 26C016572	Page of 3 / 3
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AREA OF IMPACT

Accident occurred in the bicycle lane on eastbound 1st street near Mead.

DRIVERS STATEMENTS

D1- unavailable

P1- Saisi, Michael- stated that he was walking in the bicycle lane going eastbound when a white work truck hit his tricep. The truck continued driving eastbound on 1st and then southbound on Washington. Michael did not want ems.

WITNESS STATEMENTS

No witness statements available.

INJURIES

P1- Saisi, Michael- stated that he was having pain in his tricep but declined ems several times

DAMAGE

V1- unknown damage

ROAD CONDITIONS

Road conditions were slick due to recent snow.

OPINION: UPON INVESTIGATION, CRASH WAS CAUSED BY.

It is in this officer's opinion that the accident was caused by the unknown driver of the white work truck.

