
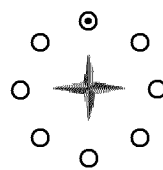
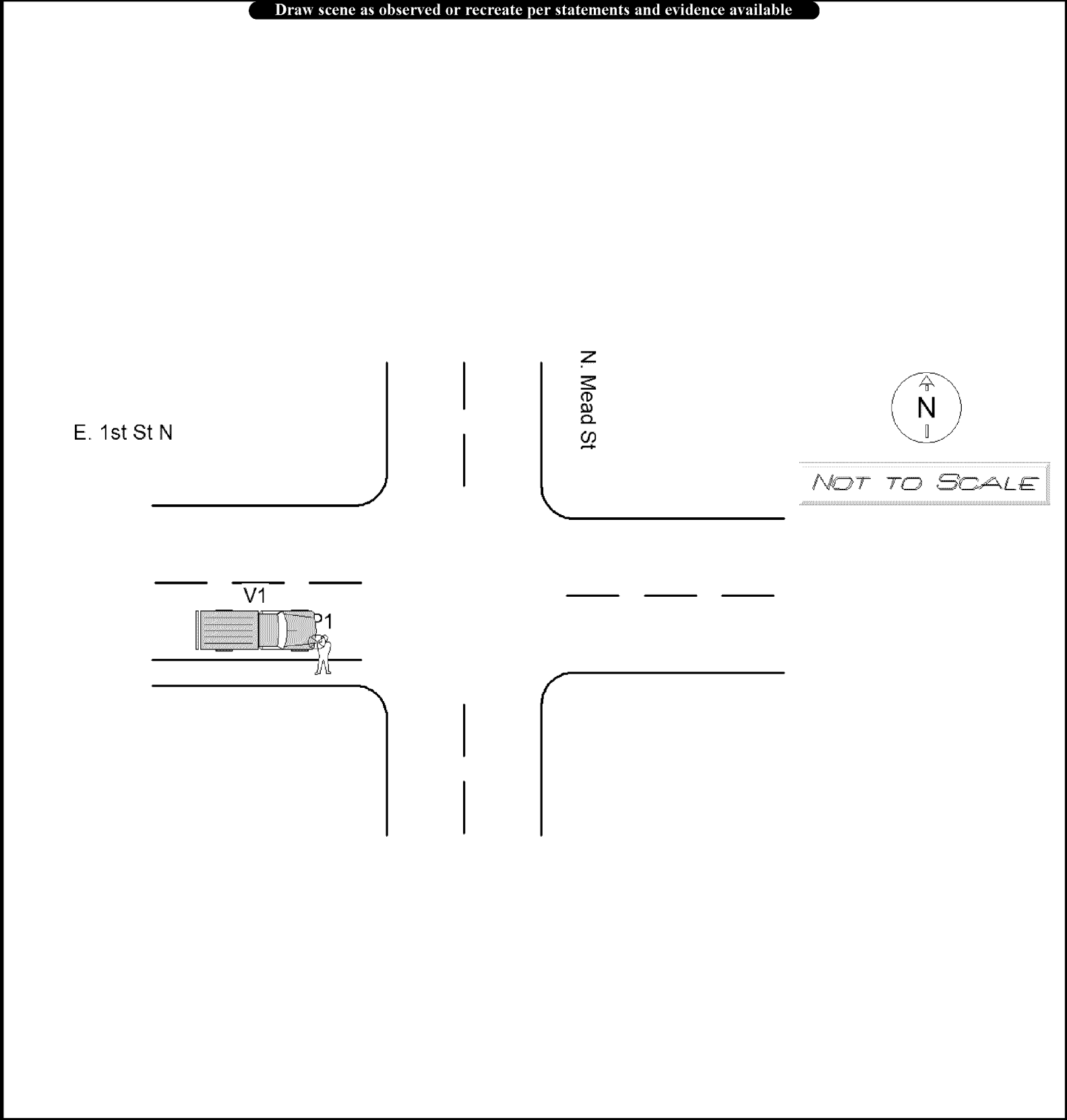


Kansas Motor Vehicle Crash Report KDOT Form 850A page 1 Rev. 2019				Investigating Department Wichita Police Department				Reviewed by				Local Case No. 26C016572		Page of 1 / 3		<input type="checkbox"/> Amended Report																																	
				Investigating Officer Name T. Armstrong				Badge Number 2667		County SG		City Name WICHITA				<input type="checkbox"/> DUI <input checked="" type="checkbox"/> Hit & Run																																	
Milepost		Block No		Dir Pfx E		On Road Name First		Road Type ST		Dir Sfx		SpdLmt 30		Date of Crash (mm/dd/yyyy) 01/27/2026		Time Occur. 12:05		Day TU		Crash Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000																													
From Dist		Ft/Mi		From Dir <input type="radio"/> FROM <input checked="" type="radio"/> AT		Dir Pfx N		Reference or At Road Name Mead		Road Type ST		Dir Sfx		SpdLmt 30		Date Notified (mm/dd/yyyy) 01/27/2026		Time Notif. 12:28				Day TU																											
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.														Date Arrived (mm/dd/yyyy) 01/27/2026		Time Arriv. 12:28		Day TU																															
<div>This report has not been reviewed may contain errors.</div>														Latitude (AOI)				00		ON WORK ZONE TYPE AT 00																													
														Longitude (AOI)				00 None Apply																															
														Photos by 2667				01 Construction Zone - 																															
KDOT? <input type="checkbox"/>		Object 1 Damaged & Nature of Damage (show in diagram)								Owner Street Address				Personal Phone																																			
Owner Last Name		First Name		Middle Name		City		State		Zip		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																																					
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)				02																																					
01 Daylight 04 Dark: street lights on 02 Dawn 05 Dark: no street lights 03 Dusk 99 Unknown				ON ROADWAY: (within travel lanes) 11 Non-intersection 12 Intersection + 13 Intersection-related + 14 Access to Parking lot/Drwy 15 Interchange Area + 16 On Crossover 17 Toll Plaza OFF ROADWAY: 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Rest area 88 Other: _____ 99 Unknown				1st Harmful Event Most Harmful Event 00 Other non-collision 01 Overturned/Rollover COLLISION WITH: 02 Pedestrian 03 Motor vehicle in-transport* 04 Legally Parked Vehicle 05 Railway train 06 Pedal cyclist 07 Animal Type: _____ 08 Fixed object** 09 Other object: _____ 99 Unknown																																									
03 ADVERSE WEATHER CONDITIONS 00 No adverse conditions 01 Rain, mist, drizzle 02 Sleet, hail 03 Snow 04 Fog 05 Smoke 06 Strong wind 07 Blowing dust, sand, etc. 08 Freezing rain, mist, drizzle 14 Rain & fog 16 Rain & wind 88 Other: _____ 24 Sleet & fog 36 Snow & wind 99 Unknown				01 +INTERSECTION TYPE 01 Four-way intersection 02 Five-way or more 03 T - intersection 04 Y - intersection 05 L - intersection 06 Roundabout (See Manual for Definitions) 07 Traffic Circle 08 Part of an interchange 99 Unknown				**FIXED OBJECT TYPE (mark 1 box per side if applicable) 1st Harmful Event Most Harmful Event 01 Bridge structure 02 Bridge rail 03 Crash cush./Impact attenuator 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 RRXING fixtures 88 Other: _____ 99 Unknown																																									
01 ON SURFACE TYPE AT 01 01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: _____ 04 Dirt 99 Unknown 05 Brick				01 +SURFACE CONDITIONS AT 01 01 Dry 88 Other: _____ 02 Wet 03 Snow 99 Unknown 04 Ice 05 Mud/dirt/sand 06 Debris (oil, etc.) 07 Standing/ moving water 08 Slush																																													
TRAFFIC CONTROLS (On / At Road) O/A ↓ Type Present OK/NF <table><tr><td>1</td><td>O</td><td>1</td><td>09</td><td>1</td><td>OK</td></tr><tr><td>2</td><td>A</td><td>2</td><td>09</td><td>2</td><td>OK</td></tr><tr><td>3</td><td></td><td>3</td><td></td><td>3</td><td></td></tr><tr><td>4</td><td></td><td>4</td><td></td><td>4</td><td></td></tr><tr><td>5</td><td></td><td>5</td><td></td><td>5</td><td></td></tr></table>																				1	O	1	09	1	OK	2	A	2	09	2	OK	3		3		3		4		4		4		5		5		5	
1	O	1	09	1	OK																																												
2	A	2	09	2	OK																																												
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. 26C016572	Page of 1 / 3
02 ON	ROADWAY NUMBER OF LANES	02 AT	01 ON	ROAD CHARACTER AT	01 00	SPECIAL JURISDICTION	
01 One			01 Straight & Level		00 Normal Jurisdiction (Not Special)	<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> 	
02 Two			02 Straight on grade/slope		01 National Park Service		
03 Three			03 Straight on hillcrest		02 Military		
04 Four to Six			04 Curved & level		03 Indian Reservation		
05 Seven or more			05 Curved on grade/slope		04 College / University Campus		
88 Other: _____			06 Curved on hillcrest		05 Other Federal property		
99 Unknown			88 Other: _____		88 Other: _____		
			99 Unknown		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. T. Armstrong 2667		Local Case No. 26C016572		Page of 2 / 3			
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? <input type="checkbox"/>	DL State	Driver's License Number			DL Class	Driving for Employer? <input type="checkbox"/>	CDL? <input type="checkbox"/>
99	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		Complied? Y N		T - Double/Triple Trailer		01 Valid License		Driver's Lic Restrictions		Complied? Y N	
02 Suspended		1 <input type="checkbox"/>		<input type="checkbox"/>		P - Passenger Vehicle		02 Suspended		1 <input type="checkbox"/>		<input type="checkbox"/>	
03 Revoked		2 <input type="checkbox"/>		<input type="checkbox"/>		N - Tank Vehicle		03 Revoked		2 <input type="checkbox"/>		<input type="checkbox"/>	
04 Expired		3 <input type="checkbox"/>		<input type="checkbox"/>		H - Placarded Haz. Material		04 Expired		3 <input type="checkbox"/>		<input type="checkbox"/>	
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"/>	
06 Disqualified						S - School Bus		06 Disqualified					
07 Restricted						U - Unknown		07 Restricted					
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						<input type="checkbox"/> 04 Passive Alcohol Sensor							
(detects alcohol from driver's mouth)						(detects alcohol from driver's mouth)							
<input type="checkbox"/> 05 Observed						<input type="checkbox"/> 05 Observed							
(Odor, staggering, slurred speech, etc)						(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:										
EMS Arrived		EMS Time@Hosp	Injured taken to:										
Transport Unit		EMS Time Notified	Injured taken by:										
EMS Arrived		EMS Time@Hosp	Injured taken to:										

Occupants & Vehicles										VEHICLE# 1		SPECIAL DATA		VEHICLE#										SPECIAL DATA		Local Case No.		Page of																															
850B page 2										(01, 03, N3, X3, etc)				(02, 04, N2, X4, etc)												26C016572		2 / 3																															
OWNER Last Name ("Same" if Driver)					OWNER First Name					Middle Name					OWNER Last Name ("Same" if Driver)					OWNER First Name					Middle Name																																		
Unknown															OWNER ADDRESS (Number, Street)					New address? <input type="checkbox"/>					Personal Phone																																		
CITY					ST		ZIP			Work Phone					CITY					ST		ZIP			Work Phone																																		
COLOR		YEAR		MAKE		MODEL			BODY STYLE			ST		COLOR		YEAR		MAKE		MODEL			BODY STYLE			ST																																	
WHI									4D																																																		
LICENSE PLATE #			County		Exp YR		Removed by:			MC CCs			LICENSE PLATE #			County		Exp YR		Removed by:			MC CCs																																				
VEHICLE IDENTIFICATION NUMBER										Dir of Travel		# Occupants		VEHICLE IDENTIFICATION NUMBER										Dir of Travel		# Occupants																																	
										E		1																																															
Insurance Company					Policy Number					Insurance Company					Policy Number																																												
SPECIAL CONDITIONS FOR TRAFFIC UNITS										1		2		3		4		5		Odometer		Fire?		SPECIAL CONDITIONS FOR TRAFFIC UNITS										1		2		3		4		5		Odometer		Fire?													
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																													
05 VEHICLE BODY TYPE										LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)										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:					99 Unknown					09 All-terrain vehicle - ATV					88 Other:					99 Unknown																																		
01 VEHICLE USE										99 VEHICLE DAMAGE										VEHICLE USE										VEHICLE DAMAGE																													
01 No special use					06 Police					00 None					04 Destroyed					01 No special use					06 Police					00 None					04 Destroyed																								
02 Taxi / Limo					07 Ambulance					01 Damage (minor)					88 Other:					02 Taxi / Limo					07 Ambulance					01 Damage (minor)					88 Other:																								
03 School bus					08 Fire					02 Functional										03 School bus					08 Fire					02 Functional																													
04 Other bus					09 Mail/Parcel					03 Disabling					99 Unknown					04 Other bus					09 Mail/Parcel					03 Disabling					99 Unknown																								
05 Military					99 Unknown															05 Military					99 Unknown																																		
DAMAGE LOCATION AREA										01 VEH. MANU. BEFORE UNSTAB. SIT.										DAMAGE LOCATION AREA										VEH. MANU. BEFORE UNSTAB. SIT.																													
First Impact 99 Major Impact 99										01 Straight/ following road										11 Stopped awaiting turn										First Impact Major Impact										01 Straight/ following road										11 Stopped awaiting turn									
										02 Left Turn										12 Stopped in traf																				02 Left Turn										12 Stopped in traf									
										03 Right Turn										13 Illegally parked																				03 Right Turn										13 Illegally parked									
										04 U Turn										14 Disabled in roadway																				04 U Turn										14 Disabled in roadway									
										05 Passing										15 Slowing or stopping																				05 Passing										15 Slowing or stopping									
										06 Changing lanes										16 Negotiating a curve																				06 Changing lanes										16 Negotiating a curve									
										07 Avoidance man.										88 Other:																				07 Avoidance man.										88 Other:									
										08 Merging										99 Unknown																				08 Merging										99 Unknown									
										09 Parking																														09 Parking																			
										10 Backing																														10 Backing																			
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:																																							
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 21 2 3 4										The exact sequence is unknown										1 2 3 4										The exact sequence is unknown																													
NON-COLLISION										COLLISION WITH										NON-COLLISION										COLLISION WITH																													
01 Ran off road right					10 Downhill runaway					21 Pedestrian					01 Ran off road right					10 Downhill runaway					21 Pedestrian																																		
02 Ran off road left					11 Trailer swing					22 Motor veh in-transport					02 Ran off road left					11 Trailer swing					22 Motor veh in-transport																																		
03 Crossed centerline					12 Separation of units					23 Legally Parked Vehicle					03 Crossed centerline					12 Separation of units					23 Legally Parked Vehicle																																		
04 Overturn/Rollover					13 Jackknife					24 Train					04 Overturn/Rollover					13 Jackknife					24 Train																																		
05 Crossed median					14 Fire					25 Pedal cycle (bike, etc)					05 Crossed median					14 Fire					25 Pedal cycle (bike, etc)																																		
06 Fell/Jumped from veh					15 Explosion					26 Animal					06 Fell/Jumped from veh					15 Explosion					26 Animal																																		
07 Thrown or falling object					16 Immersion in water					27 Fixed Object					07 Thrown or falling object					16 Immersion in water					27 Fixed Object																																		
08 Cargo loss or shift					88 Other event:					28 Other moveable object					08 Cargo loss or shift					88 Other event:					28 Other moveable object																																		
09 Equipment failure (tire, brakes, etc.)					98 Unknown non-coll.					99 Unknown object					09 Equipment failure (tire, brakes, etc.)					98 Unknown non-coll.					99 Unknown object																																		

<div>Crash Narrative</div> <div>KDOT Form 851 - Rev. 2019</div>	<div>Officer / Witness Statements / Description</div> <div>Additional Information</div>	<div>Investigating Officer / Badge No.</div> <div>T. Armstrong 2667</div>	<div>Local Case No.</div> <div>26C016572</div>	<div>Page of</div> <div>3 / 3</div>
<div>AREA OF IMPACT</div> <div>Accident occurred in the bicycle lane on eastbound 1st street near Mead.</div> <div>DRIVERS STATEMENTS</div> <div>D1- unavailable</div> <div>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.</div> <div>WITNESS STATEMENTS</div> <div>No witness statements available.</div> <div>INJURIES</div> <div>P1- Saisi, Michael- stated that he was having pain in his tricep but declined ems several times</div> <div>DAMAGE</div> <div>V1- unknown damage</div> <div>ROAD CONDITIONS</div> <div>Road conditions were slick due to recent snow.</div> <div>OPINION: UPON INVESTIGATION, CRASH WAS CAUSED BY.</div> <div>It is in this officer's opinion that the accident was caused by the unknown driver of the white work truck.</div>				

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Local Case No.	Page of
		26C016572	/