

Kansas Motor Vehicle Crash Report

KDOT Form 850A Rev. 2019

Investigating Department
Sedgwick County Sheriff

Reviewed by

Local Case No.

2024-00002326

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5

Amended Report

DUI

Hit & Run

F Crash Severity

Fatal

Injury

PDO >= \$1,000

PDO < \$1,000

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Crash	(mm/dd/yyyy)	Time Occur.	Day
	6100	S	MERIDIAN	AVE		40	01/17/2024		07:39	WE
From Dist	Et/Mi	From Dir	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)	Time Notif.	Day
2617.	Ft	N	FROM AT	W	63RD	S	40	01/17/2024	07:41	WE

Narrative: Describe each traffic unit's pre-crash movement and direction of travel
V1 south on Meridian. V2 North on Meridian. V2 crossed centerline and collided with V1.

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

02	LIGHT CONDITIONS	11	CRASH LOCATION (of 1st Harmful Event)	03	CRASH CLASS (mark 1 box per side)	03	- WORK ZONE CATEGORY
01 Daylight	04 Dark: street lights on	ON ROADWAY:	(within travel lanes)	1 st Harmful Event	Most Harmful Event	01	01 Lane closure
02 Dawn	05 Dark: no street lights	11 Non-intersection		00 Other non-collision		02	02 Lane shift / crossover
03 Dusk	99 Unknown	12 Intersection +		01 Overturned/Rollover		03	03 Work on shoulder / median
00	ADVERSE WEATHER CONDITIONS	13 Intersection-related +		COLLISION WITH:		04	04 Intermittent or moving vehicle
00 No adverse conditions		14 Access to Parking lot/Drivwy		02 Pedestrian		88	88 Other: _____
01 Rain, mist, drizzle		15 Interchange Area +		03 Motor vehicle in-transport*		99	99 Unknown
02 Sleet, hail		16 On Crossover		04 Legally Parked Vehicle			
03 Snow		17 Toll Plaza		05 Railway train		01	*COLLISION WITH VEHICLE 01
04 Fog		OFF ROADWAY:		06 Pedal cyclist			(mark 1 box per side if applicable)
05 Smoke		20 Shoulder		07 Animal Type: _____		1 st Harmful Event	Most Harmful Event
06 Strong wind		21 Roadside (not shoulder)		08 Fixed object**		01 Head on	
07 Blowing dust, sand, etc.		22 Median		09 Other object: _____		02 Rear end	
08 Freezing rain, mist, drizzle		23 Rest area		99 Unknown		03 Angle - side impact	
14 Rain & fog		88 Other: _____		**FIXED OBJECT TYPE		04 Sideswipe: opposite direction	
16 Rain & wind	88 Other:	99 Unknown		(mark 1 box per side if applicable)		05 Sideswipe: Same direction	
24 Sleet & fog		+INTERSECTION TYPE		1 st Harmful Event	Most Harmful Event	06 Backed into	
36 Snow & wind	99 Unknown	01 Four-way intersection		01 Bridge structure		88 Other: _____	
02	SURFACE TYPE	02 Five-way or more		02 Bridge rail		99 Unknown	
01 ON	AT	03 T - intersection		03 Crash cush./Impact attenuator			TRAFFIC CONTROLS
01 Concrete		04 Y - intersection		04 Divider, median barrier			(On / At Road) O/A
02 Blacktop (Asphalt)		05 L - intersection		05 Overhead sign support			Type Present
03 Gravel	88 Other:	06 Roundabout (See Manual for Definitions)		06 Utility devices: pole,meter,etc			OK/NF
04 Dirt		07 Traffic Circle		07 Other post or pole		00 None	b 09 OK
05 Brick	99 Unknown	08 Part of an interchange		08 Building		01 Officer, flagger	2 2 2
01	SURFACE CONDITIONS	99 Unknown		09 Guardrail		02 Traffic signal	3 3 3
01 ON	AT	ROAD SPECIAL FEATURES (up to 3)		10 Sign post		03 Stop sign	4 4 4
01 Dry	88 Other:	00 None	b 09	11 Culvert		04 Flasher	5 5 5
02 Wet		01 Bridge		12 Curb		05 Yield sign	
03 Snow	99 Unknown	02 Bridge Overhead		13 Fence/Gate		06 RR gates / signal	
04 Ice		03 Railroad Bridge		14 Hydrant		07 RR crossing signs	
05 Mud/dirt/sand		04 RRXING		15 Barricade		08 No passing zone	
06 Debris (oil, etc.)		05 Interchange		16 Mailbox		09 Center/Edge lines	
07 Standing/ moving water		06 Ramp		17 Ditch		10 Warning signs	
08 Slush		99 Unknown		18 Embankment		11 School zone signs	
				19 Wall		12 Parking lines	
				20 Tree		88 Other: _____	
				21 RRXING fixtures		99 Unknown	
				88 Other: _____			
				99 Unknown			

Crash Diagram

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SPECIAL EVENT**SPECIAL DATA**

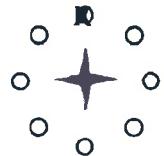
Local Case No.

2024-00002326

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04 ON	ROADWAY NUMBER OF LANES	01 AT	ROAD CHARACTER ON	00 AT	SPECIAL JURISDICTION	
					00 Normal Jurisdiction (Not Special)	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.
	01 One		01 Straight & Level		01 National Park Service	
	02 Two		02 Straight on grade/slope		02 Military	
	03 Three		03 Straight on hillcrest		03 Indian Reservation	
	04 Four to Six		04 Curved & level		04 College / University Campus	
	05 Seven or more		05 Curved on grade/slope		05 Other Federal property	
	88 Other: _____		88 Other: _____		88 Other: _____	
	99 Unknown		99 Unknown		99 Unknown	

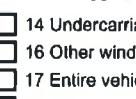
Indicate North Direction

Draw scene as observed or recreate per statements and evidence available

COPY

Occupants & Vehicles			Driver & Passenger Information				Investigating Officer / Badge No.		Local Case No.		Page of																												
KDOT Form 850B page 1 - Rev. 2019			(record pedestrians on supplemental form 854)				D1940 - Norton, Glen		2024-00002326		3 / 5																												
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 ACCIDENT (FACTOR TYPE, TU#, CC CODE)																																							
D 01	00	D 02	05																																				
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	BEARD		MN FREDERIC	156 S PEACHWOOD DR			New address? <input type="checkbox"/>	Personal	M	S	D	A																											
ST 01	WARREN		DOB [REDACTED]	HAYSVILLE	KS	67060	Work	73	N		<input type="checkbox"/>																												
TU 02	DIXON		MN JO	2014 W MACARTHUR 46			New address? <input type="checkbox"/>	Personal (316) 730-3359	F	S	D	B																											
ST 01	CASSIE		DOB [REDACTED]	WICHITA	KS	67217	Work	41	T		<input checked="" type="checkbox"/>																												
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)				TRAFFIC UNIT# 02 (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	[REDACTED]			C				KS	[REDACTED]			C																											
01	DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS				01	DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS																									
00 Not licensed	<input type="checkbox"/>		Restrictions? <input checked="" type="checkbox"/> Y		1	2	3	4	00 Not licensed	<input type="checkbox"/>		Restrictions? <input type="checkbox"/> N		1	2	3	4																						
01 Valid License	<input type="checkbox"/>		Driver's Lic Restrictions		Complied? <input type="checkbox"/> Y <input type="checkbox"/> N		Z - None	T - Double/Triple Trailer	01 Valid License	<input type="checkbox"/>		Driver's Lic Restrictions		Z - None	T - Double/Triple Trailer																								
02 Suspended	<input type="checkbox"/>		1 <input type="checkbox"/> B		<input type="checkbox"/> Y		P - Passenger Vehicle	N - Tank Vehicle	02 Suspended	<input type="checkbox"/>		1 <input type="checkbox"/> B		P - Passenger Vehicle	N - Tank Vehicle																								
03 Revoked	<input type="checkbox"/>		2 <input type="checkbox"/>		<input type="checkbox"/>		H - Placarded Haz. Material	X - Combination Tank/HazMat	03 Revoked	<input type="checkbox"/>		2 <input type="checkbox"/>		H - Placarded Haz. Material	X - Combination Tank/HazMat																								
04 Expired	<input type="checkbox"/>		3 <input type="checkbox"/>		<input type="checkbox"/>		S - School Bus	U - Unknown	04 Expired	<input type="checkbox"/>		3 <input type="checkbox"/> Disqualified		S - School Bus	U - Unknown																								
05 Canceled or Denied	<input type="checkbox"/>		4 <input type="checkbox"/>		<input type="checkbox"/>				05 Canceled or Denied	<input type="checkbox"/>		4 <input type="checkbox"/> Restricted																											
06 Disqualified	<input type="checkbox"/>								06 Disqualified	<input type="checkbox"/>		99 Unknown																											
07 Restricted	<input type="checkbox"/>								07 Restricted	<input type="checkbox"/>																													
99 Unknown	<input type="checkbox"/>								99 Unknown	<input type="checkbox"/>																													
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 <input checked="" type="checkbox"/> 00 No evidence of impairment				DRUGS <input checked="" type="checkbox"/> NG - No Test given				ALCOHOL <input checked="" type="checkbox"/> 00 No evidence of impairment				DRUGS <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"/> 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"/> 02 Preliminary Breath Test PBT				<input type="checkbox"/> PT - Prelim Positive Test (PBT)																											
<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> TG - Evidentiary Test given				<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> TG - Evidentiary Test given																											
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> RP - Results pending				<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> RP - Results pending																											
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<table border="1"> <tr> <td><input type="checkbox"/> ALCOHOL</td> <td><input type="checkbox"/> Evidentiary Breath</td> <td><input type="checkbox"/> Eye Fluid</td> </tr> <tr> <td>0.</td> <td>0.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Blood (BAC)</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td>0.</td> <td>0.</td> <td></td> </tr> </table>				<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> Eye Fluid	0.	0.		<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> Other		0.	0.		<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<table border="1"> <tr> <td><input type="checkbox"/> ALCOHOL</td> <td><input type="checkbox"/> Evidentiary Breath</td> <td><input type="checkbox"/> Eye Fluid</td> </tr> <tr> <td>0.</td> <td>0.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Blood (BAC)</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td>0.</td> <td>0.</td> <td></td> </tr> </table>				<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> Evidentiary Breath	<input type="checkbox"/> Eye Fluid	0.	0.		<input type="checkbox"/> Blood (BAC)	<input type="checkbox"/> Other		0.	0.	
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0.	0.																																						
<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"/>				<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, Suffix, 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?																												
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ST 03	FLORENCE		DOB [REDACTED]	HAYSVILLE	KS	67060	Work	77	T		<input checked="" 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 A	EMS Time Notified	Injured taken by:			Transport Unit B	EMS Time Notified	Injured taken by:																																
	07:39	Sedgwick County EMS #27				07:56	Sedgwick County EMS #32																																
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:																																
07:49	08:10	St Francis			08:10	08:28	Wesley																																

Transport Units: A, B, C, ..., N

Occupants & Vehicles			Vehicle # 01 (01, 03, N3, X3, etc)		Special Data		Vehicle # 02 (02, 04, N2, X4, etc)		Special Data		Local Case No.		Page of 4 / 5									
OWNER Last Name ("Same" if Driver) SAME			OWNER First Name		Middle Name		OWNER Last Name ("Same" if Driver) SAME		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 SIL	YEAR 2011	MAKE Ford	MODEL ESCAPE	BODY STYLE SUV	ST KS	COLOR BLK	YEAR 2006	MAKE Jeep (after	MODEL COMMAND	BODY STYLE SUV	ST KS											
LICENSE PLATE # 894BLA	County Sedg	Exp YR	Removed by: Ken's Auto			LICENSE PLATE # 937KRW	County Sedg	Exp YR 2024	Removed by: Ken's Auto			MC CCs	MC CCs									
VEHICLE IDENTIFICATION NUMBER 1FMCU0E75BKA54887				Dir of Travel S	# Occupants 2	VEHICLE IDENTIFICATION NUMBER 1J8HG58N16C365752				Dir of Travel N	# Occupants 1											
Insurance Company WESTERN AGRICULTURAL			Policy Number 8050878			Insurance Company			Policy Number													
SPECIAL CONDITIONS FOR TRAFFIC UNITS			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Odometer	<input type="checkbox"/>	Fire?			SPECIAL CONDITIONS FOR TRAFFIC UNITS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Odometer	<input type="checkbox"/>	Fire?
1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away			1 Hit & Run	2 Non-Contact	3 Stolen	7 Towed away													
4 Legally Parked	5 Pursued by LE	6 Driverless	due to damage			4 Legally Parked	5 Pursued by LE	6 Driverless	7 Towed away													
06 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			Power Source F																			
00 Other:			99 Unknown																			
01 VEHICLE USE			04 VEHICLE DAMAGE																			
01 No special use			00 None																			
02 Taxi / Limo			04 Destroyed																			
03 School bus			01 Damage (minor)																			
04 Other bus			88 Other:																			
05 Military			02 Functional																			
06 Police			03 Disabling																			
07 Ambulance			99 Unknown																			
08 Fire																						
09 Mail/Parcel																						
99 Unknown																						
DAMAGE LOCATION AREA			01 VEH. MANU. BEFORE UNSTAB. SIT.																			
First Impact <u>12A</u> Major Impact <u>12A</u>			01 Straight/ following road																			
			11 Stopped awaiting turn																			
<input type="checkbox"/> 14 Undercarriage <input type="checkbox"/> 16 Other windows <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other:			02 Left Turn																			
<input type="checkbox"/> 15 Windshield <input type="checkbox"/> 99 Unknown			12 Stopped in traf																			
			03 Right Turn																			
			13 Illegally parked																			
			04 U Turn																			
			14 Disabled in roadway																			
			05 Passing																			
			15 Slowing or stopping																			
			06 Changing lanes																			
			16 Negotiating a curve																			
			07 Avoidance man.																			
			08 Merging																			
			88 Other:																			
			09 Parking																			
			10 Backing																			
			99 Unknown																			
Trailer: Present / Damaged																						
01 VEHICLE USE			04 VEHICLE DAMAGE																			
01 No special use			00 None																			
02 Taxi / Limo			04 Destroyed																			
03 School bus			01 Damage (minor)																			
04 Other bus			88 Other:																			
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First Impact <u>12A</u> Major Impact <u>12A</u>			01 Straight/ following road																			
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			07 Avoidance man.																			
			08 Merging																			
			88 Other:																			
			09 Parking																			
			10 Backing																			
			99 Unknown																			
Trailer: Present / Damaged																						
01 VEHICLE SEQUENCE OF EVENTS			(List up to 4 per unit in the order of occurrence)																			
02 VEHICLE SEQUENCE OF EVENTS			(List up to 4 per unit in the order of occurrence)																			
03 VEHICLE SEQUENCE OF EVENTS			(List up to 4 per unit in the order of occurrence)																			
04 VEHICLE SEQUENCE OF EVENTS			(List up to 4 per unit in the order of occurrence)																			
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			18 Other event:		28 Other moveable object		08 Cargo loss or shift			18 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										

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Investigating Officer / Badge No. D1940 - Norton, Glen	Local Case No. 2024-00002326	Page of 5 / 5
<p>On the 17th of January, 2024 I was dispatched to the area of 6100 south Meridian street for a two vehicle accident. 911 Dispatch advised that two vehicles were involved and that many people were standing around on scene. I arrived in the area and located the vehicles midway between 63rd street south and 55th street south on Meridian street. Sedgwick County Fire units were on scene and were attempting to extricate a passenger from V1 and the driver from V2. I observed that V1, a Ford Escape, was resting on Meridian in the northbound lanes facing west. This vehicle sustained substantial damage to the front end. This vehicle was occupied by a driver and front right passenger. I was able to briefly interview the driver of V1 who explained that he was traveling south on Meridian street when V2, a Jeep Commander, crossed the centerline while traveling north and collided with V1. The driver and passenger of this vehicle were transported by Sedgwick County EMS unit #27 to St Francis hospital. The driver was triaged code yellow and the passenger was triaged code red. V1 was later towed from the scene by Ken's Towing, Josh #35. V2 was overturned on the driver's side in the southbound lanes of Meridian street. V2 was occupied only by the driver who was later transported by Sedgwick County EMS unit #32 code yellow to Wesley Hospital. Sedgwick County Fire had to extricate this driver by cutting through the vehicle's roof. I was not able to speak to this driver, though she was later contacted at this hospital by Deputy Ojeda. V2 also sustained substantial front end damage. V2 was later towed from the scene by Ken's Towing, Kenny #33. Witness Shawn Jones remained on scene after witnessing the accident. He provided a statement form which explained that V2 was traveling north on Meridian prior to impact. Shawn witnessed V2 cross the centerline and impact V1. This accident was caused by V2 crossing the centerline and impacting V1. Deputy Calvin briefly interviewed the driver of V2. During this interview the driver of V2 stated that she had taken multiple over the counter sleep aid medications the night before. V2 stated that she may have fallen asleep prior to impact. I completed citation #147540 for the driver of V2, though it has not been issued pending further investigation. Deputy Eichen assisted with measurements for the diagram and photographed the scene. Diagram attached as PDF file. That is all I have to report. Reported updated on 01/18/2024. The passenger of V1, Florence Beard, is now deceased as a result of the injuries sustained during this motor vehicle collision. She passed away on 01/18/2024 at a local hospital. Reported updated to reflect new information. That is all I have to report.</p> <p>On January 17, 2024 I was dispatched to the scene of an injury accident located at 6300 S Meridian. I arrived on scene observing a black SUV resting on the driver side with passenger side facing up and bottom side of the vehicle facing south. The black SUV was facing eastbound. I observed the fire department attending to the occupant of the black SUV. I decided to make contact with the occupants of the blue Ford Escape. I made contact with Warren Beard, who identified as the driver of a blue Ford Escape bearing KS tag 894BLA who identified his front passenger as Warren's wife Florence. Warren stated he was headed southbound on Meridian. Warren stated the black SUV was northbound came into his lane. Warren was alert and so was Florence. Florence was unable to get out on her own and was removed from the vehicle by the fire department. I took on scene photos but was limited due to the temperature my camera stopped working. I assisted in taking on scene measurements. This is all I have to report at this time. K. Eischen D2268</p> <p>On 01/17/2024, at approximately 0759 hours, I Sgt Robertson D1276 arrived on scene to an injury accident located approximately 6100 South Meridian. When I arrived, several emergency personnel working on getting a driver out of a black Jeep Commander and were assisting the other driver. Deputies on scene advised me they were talking to a witness. The driver of the gray SUV, Warren Beard W/M, [REDACTED] stated he was southbound on Meridian when the other vehicle crossed the centerlines and struck him. Warren said his wife Florence Beard W/F, [REDACTED] was in the front passenger seat. Warren was transported to the hospital code yellow and Florence had to be extricated from the vehicle and went code Red to the hospital. The driver of the Jeep Commander had to be extricated from the vehicle, which was laying on the driver's side. Once the driver was taken to the ambulance, I went into the ambulance to get a statement from her. Cassie Jo Dixon W/F, [REDACTED] was the driver. I asked Cassie what had happened. Cassie stated she had just dropped her kids off at school. She was driving North on Meridian to go home, when she said she must have fallen asleep. I asked Cassie why she thought she fell asleep. Cassie stated she had not slept very good all week and she had been taking medication to go to sleep. Cassie said she was taking [REDACTED] and [REDACTED] to fall asleep. With information, I advised the deputies a blood draw would be taken from Cassie at the hospital due to admittance of taking over the counter medication and could still be impaired from taking that medication. A crash team member was on scene and assisted with the crash scene. County yards responded to the scene for the photographs. The traffic ADA was notified and the information for the accident. Photographs were taken and submitted. Cassie consented to a blood draw at the hospital with Deputy Ojeda.</p> <p>On today's date and time I was patrolling Sedgwick County Kansas in a properly marked Sheriff unit and dressed in the proper uniform of the day when I assisted with the injury accident. Once I arrived on scene I asked what need to be done and I was informed that then needed an info block on D2. Fire was still trying to extract D1 from the vehicle. Once she was out of the car she was taken to med 39 unit. As she was in the ambulance we asked her what had happened and she stated she thinks she fell asleep while driving. She also stated that she had been taking over the counter medication to help her sleep. We asked her when she last slept was and she said it had been a few days. all events above were recorded on axon.</p>				

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

(Please print)

A. DRIVER INFORMATION:

BEARD	WARREN	F
Last Name	First Name	Middle Initial
[REDACTED]	KS	[REDACTED]
Driver License Number	State Licensed	Date of Birth

B. VEHICLE INFORMATION:

BEARD	WARREN	F
Owner's Last Name	First Name	Middle Initial
2011 / Ford	894BLA	
Model Year	Vehicle Make	License Plate Number
KS	/	1FMCU0E75BKA54887
State	Year	VIN

C. INSURANCE INFORMATION OBTAINED:

WESTERN AGRICULTURAL	/ 8050878
Insurance Company Name	Policy Number

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

07:39	AM	1	17	2024
Time	a.m/p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM: Sedgwick County Sheriff
 Agency Name
 141 W ELM ST WICHITA KS 67203
 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 Comissioner 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

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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

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

(Please print)

A. DRIVER INFORMATION:

DIXON	CASSIE	J
Last Name	First Name	Middle Initial
[REDACTED]	KS	[REDACTED]
Driver License Number	State Licensed	Date of Birth

B. VEHICLE INFORMATION:

DIXON	CASSIE	J
Owner's Last Name	First Name	Middle Initial
2006 / Jeep (after 1988)	937KRW	
Model Year	Vehicle Make	License Plate Number
KS	2024 / 1J8HG58N16C365752	VIN
State	Year	

C. INSURANCE INFORMATION OBTAINED:

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):

07:39	AM	1	17	2024
Time	a.m./p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM: Sedgwick County Sheriff
 Agency Name
 141 W ELM ST WICHITA KS 67203
 Address City State Zip

F. COURT COMPLETING THIS FORM: Court Name
 Address City State Zip

Citation number (if issued for no insurance): _____

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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

Kansas Motor Vehicle Crash Report

KDOT Form 850A Rev. 2019

Investigating Department
Sedgwick Co. SO

Investigating Officer Name
Eischen, Kallyn

Reviewed by

Local Case No.

2024-00002326

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1 / 3

Amended Report

DUI

Hit & Run

Crash Severity

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Crash (mm/dd/yyyy)	Time Occur.	Day
							01/17/2024	07:45	WE
From Dist	Ft/Mi	From Dir	<input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)
									01/17/2024
Narrative: Describe each traffic unit's pre-crash movement and direction of travel									
Date Arrived (mm/dd/yyyy) _____									
Latitude (AOI) _____									
Longitude (AOI) _____									
Photos by _____									

KDOT? 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? 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

LIGHT CONDITIONS

- 01 Daylight
- 04 Dark: street lights on
- 02 Dawn
- 05 Dark: no street lights
- 03 Dusk
- 99 Unknown

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
- 24 Sleet & fog
- 36 Snow & wind
- 88 Other: _____
- 99 Unknown

CRASH LOCATION (of 1st Harmful Event)

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

+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

ROAD SPECIAL FEATURES (up to 3)

- 00 None
- 01 Bridge _____
- 02 Bridge Overhead
- 03 Railroad Bridge
- 04 RRXING _____
- 05 Interchange
- 06 Ramp
- 99 Unknown

CRASH CLASS (mark 1 box per side)

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

**FIXED OBJECT TYPE

(mark 1 box per side if applicable)

1st 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

- 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)

1st 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	1	1	1
01 Officer, flagger	2	2	2
02 Traffic signal	3	3	3
03 Stop sign	4	4	4
04 Flasher	5	5	5
05 Yield sign			

RR gates / signal

RR crossing signs

No passing zone

Center/Edge lines

Warning signs

School zone signs

Parking lines

Other: _____

Unknown

SGSO KS Crash Supp 2024-00002326 Page 1 OF 3

Crash Narrative

KDOT Form 851 - Rev. 2019

Officer / Witness Statements / Description

Additional Information

Investigating Officer / Badge No.

Eischen, Kailyn / D2268

Local Case No.

2024-00002326

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On January 17, 2024 I was dispatched to the scene of an injury accident located at 6300 S Meridian. I arrived on scene observing a black SUV resting on the driver side with passenger side facing up and bottom side of the vehicle facing south. The black SUV was facing eastbound. I observed the fire department attending to the occupant of the black SUV. I decided to make contact with the occupants of the blue Ford Escape. I made contact with Warren Beard, who identified as the driver of a blue Ford Escape bearing KS tag 894BLA who identified his front passenger as Warren's wife Florence.

Warren stated he was headed southbound on Meridian. Warren stated the black SUV was northbound came into his lane. Warren was alert and so was Florence. Florence was unable to get out on her own and was removed from the vehicle by the fire department.

I took on scene photos but was limited due to the temperature my camera stopped working. I assisted in taking on scene measurements.

This is all I have to report at this time.

K. Eischen D2268

COPY

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

(Please print)

A. DRIVER INFORMATION:

Last Name	First Name	Middle Initial
-----------	------------	----------------

Driver License Number	State Licensed	Date of Birth
-----------------------	----------------	---------------

B. VEHICLE INFORMATION:

Owner's Last Name	First Name	Middle Initial
-------------------	------------	----------------

Model Year	Vehicle Make	License Plate Number
------------	--------------	----------------------

State	Year	VIN
-------	------	-----

C. INSURANCE INFORMATION OBTAINED:

Insurance Company Name	Policy Number
------------------------	---------------

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

07:45	AM	01	17	2024
Time	a.m./p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM:

Agency Name

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.

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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.

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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

Kansas Motor Vehicle Crash Report KDOT Form 850A Rev. 2019				Investigating Department Sedgwick Co. SO				Reviewed by				Local Case No. 2024-00002326		Page of 1 / 3	
				Investigating Officer Name Calvin, Brady				Badge Number D2234		County		City Name			
Milepost		Block No		Dir Pfx	On Road Name		Road Type	Dir Sfx	SpdLim	Date of Crash 01/17/2024	(mm/dd/yyyy)	Time Occur. 07:46	Day WE	Crash Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000	
From Dist	Fi/Mi	From Dir	<input checked="" type="checkbox"/> FROM <input type="checkbox"/> AT	Dir Pfx	Reference or At Road Name		Road Type	Dir Sfx	SpdLim	Date Notified (mm/dd/yyyy) 01/17/2024	(mm/dd/yyyy)	Time Notif. 07:46	Day WE		
Narrative: Describe each traffic unit's pre-crash movement and direction of travel															
Date Arrived (mm/dd/yyyy) 01/17/2024 Latitude (AOI) Longitude (AOI) Photos by															
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															
LIGHT CONDITIONS 01 Daylight 04 Dark: street lights on 02 Dawn 05 Dark: no street lights 03 Dusk 99 Unknown				CRASH LOCATION (of 1st Harmful Event) 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				CRASH CLASS (mark 1 box per side) 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				- WORK ZONE CATEGORY 01 Lane closure 02 Lane shift / crossover 03 Work on shoulder / median 04 Intermittent or moving vehicle 88 Other: _____ 99 Unknown			
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												*COLLISION WITH VEHICLE (mark 1 box per side if applicable) 1st 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			
SURFACE TYPE ON AT 01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: 04 Dirt 05 Brick 99 Unknown				+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				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				TRAFFIC CONTROLS (On / At Road) O/A Type Present OK/NF 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			
SURFACE CONDITIONS ON AT 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				ROAD SPECIAL FEATURES (up to 3) 00 None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 01 Bridge _____ 02 Bridge Overhead _____ 03 Railroad Bridge _____ 04 RRXING _____ 05 Interchange _____ 06 Ramp _____ 99 Unknown											

Crash Narrative

KDOT Form 851 - Rev. 2019

Officer / Witness Statements / Description

Additional Information

Investigating Officer / Badge No.

Calvin, Brady / D2234

Local Case No.

2024-00002326

Page of

2 / 3

On today's date and time I was patrolling Sedgwick County Kansas in a properly marked Sheriff unit and dressed in the proper uniform of the day when I assisted with the injury accident.

Once I arrived on scene I asked what need to be done and I was informed that then needed an info block on D2. Fire was still trying to extract D1 from the vehicle. Once she was out of the car she was taken to med 39 unit. As she was in he ambulance we asked her what had happened and she stated the she thinks she fell asleep while driving. She also stated that she had been taking over the counter medication to help her sleep. We asked her when she last slept was and she said it had been a few days.

all events above were recorded on axon.

COPY

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

(Please print)

A. DRIVER INFORMATION:

Last Name	First Name	Middle Initial
-----------	------------	----------------

Driver License Number	State Licensed	Date of Birth
-----------------------	----------------	---------------

B. VEHICLE INFORMATION:

Owner's Last Name	First Name	Middle Initial
-------------------	------------	----------------

Model Year	Vehicle Make	License Plate Number
------------	--------------	----------------------

State	Year	VIN
-------	------	-----

C. INSURANCE INFORMATION OBTAINED:

Insurance Company Name	Policy Number
------------------------	---------------

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

07:46	AM	01	17	2024
Time	a.m./p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM: _____

Agency Name

Address	City	State	Zip
---------	------	-------	-----

F. COURT COMPLETING THIS FORM: _____

Court Name

Address	City	State	Zip
---------	------	-------	-----

Citation number (If issued for no insurance): _____

COURT INSTRUCTIONS

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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

Kansas Motor Vehicle Crash Report

KDOT Form 850A Rev. 2019

Investigating Department
Sedgwick Co. SO

Investigating Officer Name
Robertson, Douglas

Reviewed by

Local Case No.

2024-00002326

Page of
1 / 3

Amended Report

DUI

Hit & Run

Crash Severity

Fatal Injury
PDO >= \$1,000
PDO < \$1,000

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Crash (mm/dd/yyyy)	Time Occur.	Day
	6100	S	MERIDIAN	AVE		45	01/17/2024	07:38	WE
From Dist	Ft/Mi	From Dir	FROM AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	SpdLmt	Date Notified (mm/dd/yyyy)
									01/17/2024

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

Date Arrived (mm/dd/yyyy)

01/17/2024

Latitude (AOI)

00 ON WORK ZONE TYPE AT

Longitude (AOI)

00 None Apply

Photos by

KDOT

KDOT? 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? 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

- 01 Daylight
- 04 Dark: street lights on
- 02 Dawn
- 05 Dark: no street lights
- 03 Dusk
- 99 Unknown

11 CRASH LOCATION (of 1st Harmful Event)

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

03 CRASH CLASS (mark 1 box per side)

03

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

**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 RR XING fixtures
- 88 Other: _____
- 99 Unknown

02 SURFACE TYPE

AT

- 01 Concrete
- 02 Blacktop (Asphalt)
- 03 Gravel
- 88 Other: _____
- 04 Dirt
- 05 Brick
- 99 Unknown

+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

01 SURFACE CONDITIONS

AT

- 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

ROAD SPECIAL FEATURES (up to 3)

- 00 None
- 01 Bridge _____
- 02 Bridge Overhead _____
- 03 Railroad Bridge _____
- 04 RR XING _____
- 05 Interchange _____
- 06 Ramp _____
- 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

01 *COLLISION WITH VEHICLE

01

- (mark 1 box per side if applicable)
- 1st 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	1 O	2 09	2 OK
01 Officer, flagger	2 2	2 2	
02 Traffic signal	3 3	3 3	
03 Stop sign	4 4	4 4	
04 Flasher	5 5	5 5	
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 Narrative

KDOT Form 851 - Rev. 2019

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

Investigating Officer / Badge No.

Robertson, Douglas / D1276

Local Case No.

2024-00002326

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On 01/17/2024, at approximately 0759 hours, I Sgt Robertson D1276 arrived on scene to an injury accident located approximately 6100 South Meridian. When I arrived, several emergency personnel working on getting a driver out of a black Jeep Commander and were assisting the other driver. Deputies on scene advised me they were talking to a witness. The driver of the gray SUV, Warren Beard W/M,

[REDACTED] stated he was southbound on Meridian when the other vehicle crossed the centerlines and struck him. Warren said his wife Florence Beard W/, [REDACTED] was in the front passenger seat. Warren was transported to the hospital code yellow and Florence had to be extricated from the vehicle and went code Red to the hospital.

The driver of the Jeep Commander had to be extricated from the vehicle, which was laying on the driver's side. Once the driver was taken to the ambulance, I went into the ambulance to get a statement from her. Cassie Jo Dixon W/F, [REDACTED] was the driver. I asked Cassie what had happened. Cassie stated she had just dropped her kids off at school. She was driving North on Meridian to go home, when she said she must have falling to sleep. I asked Cassie why she thought she fell asleep. Cassie stated she had not sleep very good all week and she had been taking medication to go to sleep. Cassie said she was taking [REDACTED] and [REDACTED] to fall asleep. With information, I advised the deputies a blood draw would be taking from Cassie at the hospital due to admittance of taking over the counter medication and could still be impaired from taking that medication.

A crash team member was on scene and assisted with the crash scene. County yards responded to the scene for the photographs. The traffic ADA was notified and the information for the accident. Photographs were taken and submitted. Cassie consented to a blood draw at the hospital with Deputy Ojeda.

GOP

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

(Please print)

A. DRIVER INFORMATION:

Last Name	First Name	Middle Initial
Driver License Number	State Licensed	Date of Birth

B. VEHICLE INFORMATION:

Owner's Last Name	First Name	Middle Initial
Model Year	Vehicle Make	License Plate Number
State	Year	VIN

C. INSURANCE INFORMATION OBTAINED:

Insurance Company Name	Policy Number
------------------------	---------------

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

07:39	AM	01	17	2024
Time	a.m./p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM: _____
Agency Name _____

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.

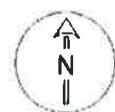
Comments: _____

Signature of Authorized Insurance Representative _____

Date _____

Legend - North East

- | | |
|----------|----------|
| A. 88'4" | A. 37'7" |
| B. 90'6" | B. 45'1" |
| C. 81'6" | C. 41'6" |
| D. 86'8" | D. 48'6" |
| E. 68'3" | E. 11'9" |
| F. 66'6" | F. 1'8" |



202400002326
01/17/2024
6100 S. Meridian
MV/MV/INJURY

