

Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

Investigating Department WICHITA POLICE DEPARTMENT				Reviewed by			Local Case No.	Page of
							26C029823	1 / 4
Investigating Officer Name E SCHILD				Badge Number S0258	County SG	City Name WICHITA		

Milepost	Block No	Dir Pfx	On Road Name E 29TH	Road Type ST	Dir Sfx	SpdLmt 40	Date of Crash (mm/dd/yyyy) 02/16/2026	Time Occur. 19:30	Day MO	I Crash Severity			
From Dist	Ft/Mi	From Dir <input type="radio"/> FROM <input checked="" type="radio"/> AT	Dir Pfx N	Reference or At Road Name OLIVER	Road Type AVE	Dir Sfx	SpdLmt 40	Date Notified (mm/dd/yyyy) 02/16/2026	Time Notif. 19:38	Day MO	Fatal Injury PDO >= \$1,000		
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 EB ON 29TH ST. AND TURNS RIGHT AT OLIVER AND HITS 02 IN THE CROSS WALK.										Date Arrived (mm/dd/yyyy) 02/16/2026	Time Arriv. 19:40	Day MO	PDO < \$1,000
<div style="border: 1px solid red; padding: 5px; color: red;">This report has not been reviewed; there may be errors.</div>										Latitude (AOI)	00 ON	WORK ZONE TYPE AT 00	
										Longitude (AOI)	00 None Apply		
										Photos by C2919	01 Construction Zone - 02 Maintenance Zone - 03 Utility Zone - 99 Unknown		
										KDOT? <input type="checkbox"/>			
KDOT? <input type="checkbox"/> Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone										- LOCATION IN WORK ZONE (AOI)			
Owner Last Name First Name Middle Name City State Zip Work Phone										01 Before first warning sign 02 Advance warning area 03 Transition area 04 Activity area 05 Termination area 99 Unknown			
KDOT? <input type="checkbox"/> Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone										- WORK ZONE CATEGORY			
Owner Last Name First Name Middle Name City State Zip Work Phone										01 Lane closure 02 Lane shift / crossover 03 Work on shoulder / median 04 Intermittent or moving vehicle 88 Other: _____ 99 Unknown			
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE										*COLLISION WITH VEHICLE <input type="checkbox"/> (mark 1 box per side if applicable)			
04 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/Drvwy 15 Interchange Area + 16 On Crossover 17 Toll Plaza			1 st 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			1 st Harmful Event Most Harmful Event			
00 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				OFF ROADWAY: 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Rest area 88 Other: _____ 99 Unknown			**FIXED OBJECT TYPE (mark 1 box per side if applicable)			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			
01 SURFACE TYPE AT 01 01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: 04 Dirt 05 Brick 99 Unknown				03 +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			1 st 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			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			
01 SURFACE CONDITIONS AT 01 01 Dry 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 1 00 2 3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING _____ 05 Interchange 06 Ramp 99 Unknown			TRAFFIC CONTROLS (On/ At Road) O/A 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			Type Present OK/NF 1 O 1 02 1 OK 2 A 2 02 2 OK 3 O 3 09 3 OK 4 A 4 09 4 OK 5 5 5 5			

Crash Diagram

850A page 2

SPECIAL EVENT

SPECIAL DATA

Local Case No.

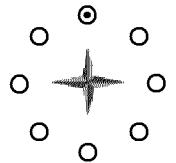
26C029823

Page of

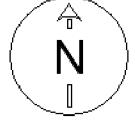
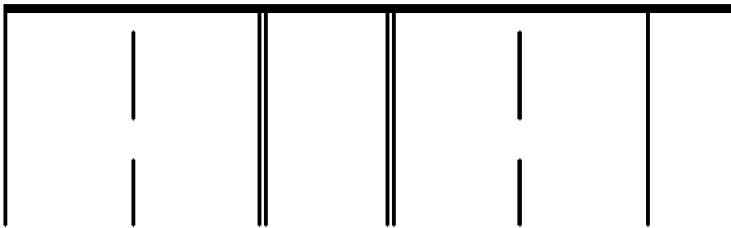
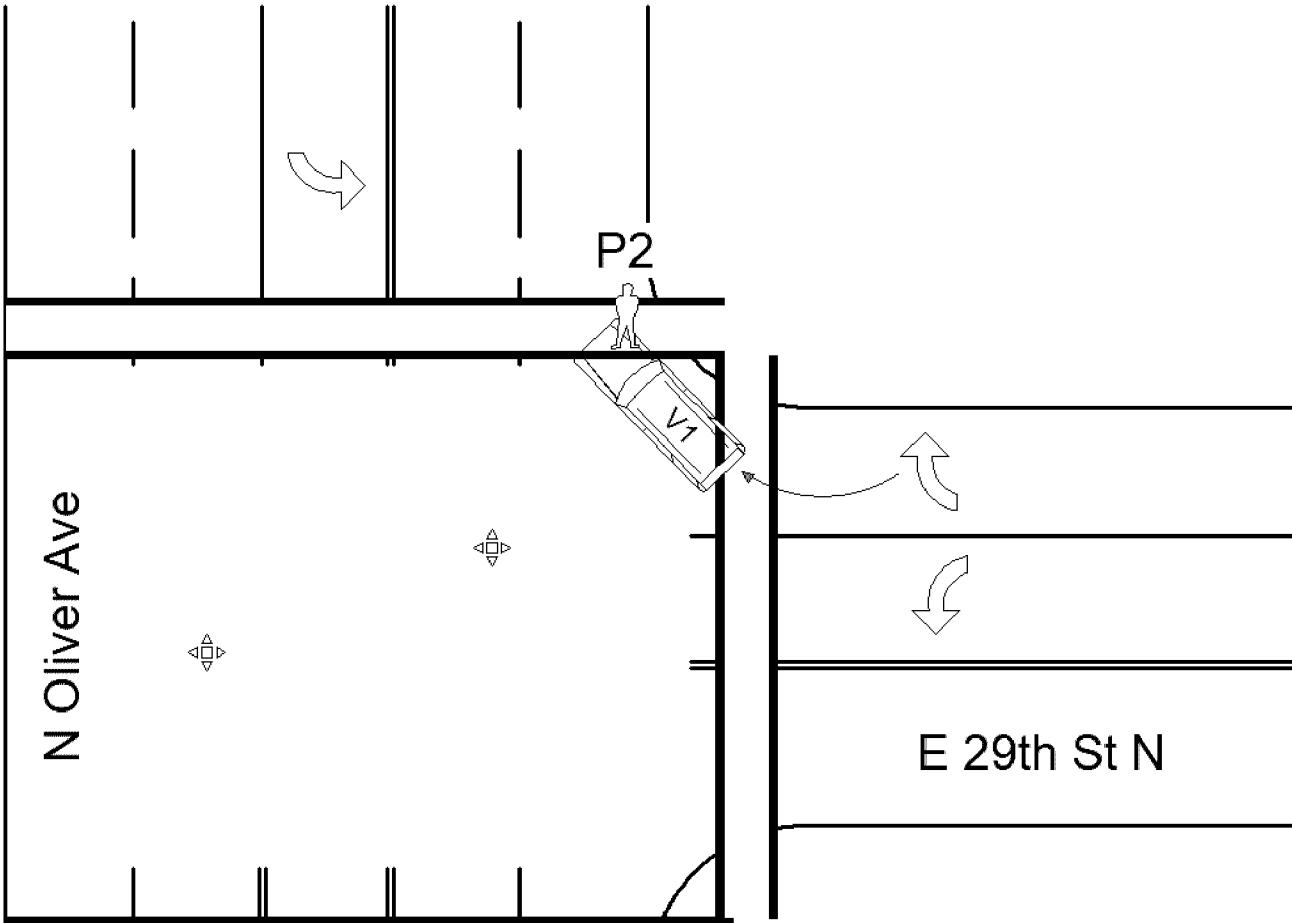
1 / 4

03 ON	ROADWAY NUMBER OF LANES	04 AT	01 ON	ROAD CHARACTER	AT	01 00	SPECIAL JURISDICTION	
				01 Straight & Level			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.
				02 Straight on grade/slope			01 National Park Service	
				03 Straight on hillcrest			02 Military	
				04 Curved & level			03 Indian Reservation	
				05 Curved on grade/slope			04 College / University Campus	
				06 Curved on hillcrest			05 Other Federal property	
				88 Other: _____			88 Other: _____	
				99 Unknown			99 Unknown	

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



NOT TO SCALE

Occupants & Vehicles
KDOT Form 850B page 1 - Rev. 2019

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

Investigating Officer / Badge No.

Local Case No.
E SCHILD **S0258** **26C029823**

Page of
2 / 4

TU#	VIOLATIONS CHARGED			CITATION#	TU#	VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/>		CITATION#					
01	INATTENTIVE DRIVING			25M017707												
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)																
D1	24															
Unit #	DRIVER Last Name		Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity					
Seat Type	DRIVER First Name		Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Transpt Unit					
TU 01	CLAIR		MN J	5509 E MAINSGATE			New address? <input type="checkbox"/>	Personal (316) 993-9137		F	S	N				
ST 01	ANAH		DOB 05/30/2002	WICHITA	KS	67220	Work	23	N		<input type="checkbox"/>					
TU			MN				New address? <input type="checkbox"/>	Personal								
ST			DOB				Work				<input type="checkbox"/>					
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)				TRAFFIC UNIT# (02, 04, N2, X4, etc)												
DL State	Driver's License Number			DL Class	Driving for Employer?	<input type="checkbox"/>	CDL?	DL State	Driver's License Number			DL Class	Driving for Employer?	<input type="checkbox"/>	CDL?	
KS	K03758014			C	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>		
01 DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS			DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS									
00 Not licensed	Restrictions? <input type="checkbox"/> N	1	2	3	4	00 Not licensed	Restrictions? <input type="checkbox"/>	1	2	3	4					
01 Valid License	Driver's Lic	Complied? <input type="checkbox"/> Y <input type="checkbox"/> N	Z - None			01 Valid License	Driver's Lic	Complied? <input type="checkbox"/> Y <input type="checkbox"/> N	Z - None							
02 Suspended	Restrictions		T - Double/Triple Trailer			02 Suspended	Restrictions		T - Double/Triple Trailer							
03 Revoked	1 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle			03 Revoked	1 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle							
04 Expired	2 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle			04 Expired	2 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle							
05 Cancl or Denied	3 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material			05 Cancl or Denied	3 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material							
06 Disqualified	4 <input type="checkbox"/>	<input type="checkbox"/>	X - Combination Tank/HazMat			06 Disqualified	4 <input type="checkbox"/>	<input type="checkbox"/>	X - Combination Tank/HazMat							
07 Restricted			S - School Bus			07 Restricted			S - School Bus							
99 Unknown			U - Unknown			99 Unknown			U - Unknown							
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"/> DC - Illegal drugs contributed	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<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"/> MC - Medication contributed						
METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)				METHOD OF DETERMINATION (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	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Drug screen result	
Tests: HGN, walk-and-turn, one leg stand, etc.	0.	0.	0.	0.	0.	Tests: HGN, walk-and-turn, one leg stand, etc.	0.	0.	0.	0.	0.	0.	0.	0.		
<input type="checkbox"/> 04 Passive Alcohol Sensor	(detects alcohol from driver's mouth)	<input type="checkbox"/> 05 Observed	(Odor, staggering, slurred speech, etc)	<input type="checkbox"/> 06 Other (e.g. saliva test)		<input type="checkbox"/> 04 Passive Alcohol Sensor	(detects alcohol from driver's mouth)	<input type="checkbox"/> 05 Observed	(Odor, staggering, slurred speech, etc)	<input type="checkbox"/> 06 Other (e.g. saliva test)		<input type="checkbox"/> 04 Passive Alcohol Sensor	(detects alcohol from driver's mouth)	<input type="checkbox"/> 05 Observed	(Odor, staggering, slurred speech, etc)	<input type="checkbox"/> 06 Other (e.g. saliva test)
Unit # PASSENGER Last Name				Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit			
Seat Type	PASSENGER First Name		Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?					
TU			MN				New address? <input type="checkbox"/>	Personal								
ST			DOB				Work				<input type="checkbox"/>					
TU			MN				New address? <input type="checkbox"/>	Personal								
ST			DOB				Work				<input type="checkbox"/>					
TU			MN				New address? <input type="checkbox"/>	Personal								
ST			DOB				Work				<input type="checkbox"/>					
TU			MN				New address? <input type="checkbox"/>	Personal								
ST			DOB				Work				<input type="checkbox"/>					
Transport Unit	EMS Time Notified	Injured taken by:			Transport Unit	EMS Time Notified	Injured taken by:									
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:									

Occupants & Vehicles			Vehicle #	01 (01, 03, N3, X3, etc)	Special Data		Vehicle #		Special Data		Local Case No.																				
850B page 2												Page of																			
OWNER Last Name ("Same" if Driver) CLAIR		OWNER First Name ANAH		Middle Name J		OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name		26C029823																			
OWNER ADDRESS (Number, Street) 5509 E MAINSGATE			New address? <input type="checkbox"/>		Personal Phone (316) 993-9137		OWNER ADDRESS (Number, Street)			New address? <input type="checkbox"/>		Personal Phone																			
CITY WICHITA		ST KS	ZIP 67220	Work Phone		CITY		ST	ZIP	Work Phone																					
COLOR BLK	YEAR 2020	MAKE ACUR	MODEL RDX	BODY STYLE 4D	ST KS	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST																				
LICENSE PLATE # 606RCU	County SG	Exp YR 2026	Removed by: DRIVER	MC CCs		LICENSE PLATE #	County	Exp YR	Removed by:	MC CCs																					
VEHICLE IDENTIFICATION NUMBER 5J8TC1H5XLL011506				Dir of Travel NW	# Occupants 1	VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants																				
Insurance Company USAA			Policy Number 0167737437102			Insurance Company			Policy Number																						
SPECIAL CONDITIONS FOR TRAFFIC UNITS		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Odometer	Fire? <input type="checkbox"/>	SPECIAL CONDITIONS FOR TRAFFIC UNITS		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Odometer	Fire? <input type="checkbox"/>														
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	due to damage																		
06	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)										Calculated speed at impact	03 Motor scooter or Moped			12 Tractor-trailer(s)														
04 Van			13 Cross country bus										Calculated speed at impact	04 Van			13 Cross country bus														
05 Pickup truck <10,001 lbs			14 School bus										Bus Seat Capacity	05 Pickup truck <10,001 lbs			14 School bus														
06 Sport utility veh - SUV			15 Transit (city) bus										Bus Seat Capacity	06 Sport utility veh - SUV			15 Transit (city) bus														
07 Camper or RV			16 Other bus										Calculated speed at impact	07 Camper or RV			16 Other bus														
08 Farm machinery			25 Train										Power Source F	08 Farm machinery			25 Train														
09 All-terrain vehicle - ATV			88 Other:										Power Source F	09 All-terrain vehicle - ATV			88 Other:														
			99 Unknown										Power Source F				99 Unknown														
01	VEHICLE USE			01		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			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:			02 Taxi / Limo	07 Ambulance	01 Damage (minor)	88 Other:																
03 School bus	08 Fire	02 Functional	_____			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			04 Other bus	09 Mail/Parcel	03 Disabling	99 Unknown																
05 Military	99 Unknown					05 Military	99 Unknown					05 Military	99 Unknown																		
DAMAGE LOCATION AREA													DAMAGE LOCATION AREA																		
First Impact 02 Major Impact 02													03 VEH. MANU. BEFORE UNSTAB. SIT.																		
FRONT													FRONT																		
1	X	3A	3B	4	5	12B	12C	13	6C	6A	6B	1	2	3A	3B	4	5	12B	12C	13	6C	6A	6B								
11	10	9B	9A	8	7							11	10	9B	9A	8	7														
<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: _____													<input type="checkbox"/> 11 Stopped awaiting turn <input type="checkbox"/> 12 Stopped in traf <input type="checkbox"/> 13 Illegally parked <input type="checkbox"/> 14 Disabled in roadway <input type="checkbox"/> 15 Slowing or stopping <input type="checkbox"/> 16 Negotiating a curve <input type="checkbox"/> 17 Avoidance man. <input type="checkbox"/> 18 Merging <input type="checkbox"/> 19 Parking <input type="checkbox"/> 20 Backing <input type="checkbox"/> 21 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)																		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				<input type="checkbox"/> The exact sequence is unknown												<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4				<input type="checkbox"/> The exact sequence is unknown											
NON-COLLISION													COLLISION WITH																		
01 Ran off road right													10 Downhill runaway																		
02 Ran off road left													11 Trailer swing																		
03 Crossed centerline													12 Separation of units																		
04 Overturn/Rollover													13 Jackknife																		
05 Crossed median													14 Fire																		
06 Fell/Jumped from veh													15 Explosion																		
07 Thrown or falling object													16 Immersion in water																		
08 Cargo loss or shift													18 Other event:																		
09 Equipment failure (tire, brakes, etc.)													98 Unknown non-coll.																		
99 Unknown object													98 Unknown non-coll.																		
NON-COLLISION													COLLISION WITH																		
01 Ran off road right													10 Downhill runaway																		
02 Ran off road left													11 Trailer swing																		
03 Crossed centerline													12 Separation of units																		
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05 Crossed median													14 Fire																		
06 Fell/Jumped from veh													15 Explosion																		
07 Thrown or falling object													16 Immersion in water																		
08 Cargo loss or shift													18 Other event:																		
09 Equipment failure (tire, brakes, etc.)													98 Unknown non-coll.																		
99 Unknown object													99 Unknown object																		

AOI
UNDETERMINED.

DRIVER'S STATEMENT

D1 CLAIR, ANAH REPORTS HEADING WEST ON 29TH STREET TURNING RIGHT ONTO OLIVER AND DIDN'T SEE P2. STRUCK P2 AND STOPPED.

P2 CONGER, CHRYSSTAL SHE REPORTS SHE WAS WALKING HER DOG. SHE HIT THE BUTTON TO CROSS OLIVER AND WHEN IT CHANGED TO CROSS SHE BEGAN TO GO. SHE WAS ABOUT 3 OR 4 FEET INTO THE CROSSWALK WHEN WAS HIT BY V1. SHE REFUSED EMS.

INJURIES

P2 WAS COMPLAINING OF SHOULDER, ARM, LEG, AND FOOT PAIN. REFUSED EMS ON SCENE. CODE GREEN. P2'S DOG PAW RAN OVER.

NO WITNESS ON SCENE.

DAMAGES

V1 2020 BLACK ACURA RDX SUV SUSTAINED MINOR DAMAGE TO THE FRONT RIGHT FENDER (SCUFF MARKS). NO AIRBAGS DEPLOYED AND V1 WAS REMOVED BY D1.

ROADS

ROADS WERE DRY AND CLEAR. CENTER AND EDGE LINES VISIBLE AND SIGNAL LIGHTS AND CROSSWALK LIGHTS OPERATIONAL. WEATHER WAS DARK OUT WITH STREET LIGHTS ON. TRAFFIC FLOW WAS MODERATE.

OPINION

IT IS THIS OFFICER'S OPINION THAT THE COLLISION WAS CAUSED BY D1 CLAIR, ANAH INATTENTIVE DRIVING CAUSED HER TO HIT P2. D1 CLAIR, ANAH WAS ISSUED CIT#25M017707 FOR INATTENTIVE DRIVING.

Passengers & Pedestrians
KDOT Form 854 page 1 - Rev. 2019

LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT

Investigating Officer / Badge No.

E SCHILD

S0258

Local Case No.

26C029823

Page of

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Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit	
Seat Type	PASSENGER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
Transport Unit	EMS Time Notified	Injured taken by:			Transport Unit	EMS Time Notified	Injured taken by:		
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:		
Transport Unit	EMS Time Notified	Injured taken by:			Transport Unit	EMS Time Notified	Injured taken by:		
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:		

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

Passengers & Pedestrians 854 page 2				PEDESTRIAN INFORMATION				Investigating Officer / Badge No.		Local Case No.		Page of	
Unit #	PEDESTRIAN Last Name	Middle Name	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.)				Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit		
Ped Type	PEDESTRIAN First Name	Date of Birth	City	State	Zip	New address?	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?		
TU 02	CONGER	MN M	2869 N OLIVER				Personal (316) 297-6282	F	N	P			
PT 21	CHRYSTAL	DOB 02/22/1984	WICHITA	KS	67220	Work		41	N			<input type="checkbox"/>	
TU		MN					New address?	Personal					
PT		DOB					Work					<input type="checkbox"/>	
Transport Unit	EMS Time Notified	Injured taken by:				Transport Unit	EMS Time Notified	Injured taken by:					
EMS Arrived	EMS Time@Hosp	Injured taken to:				EMS Arrived	EMS Time@Hosp	Injured taken to:					
TU# 02	DirTrvl W	DL State	Driver's License Number		Special Data		TU#	DirTrvl	DL State	Driver's License Number		Special Data	
01	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT												
00 NOT in roadway (driving lanes)													
IN or AT INTERSECTION				NOT IN or AT INTERSECTION				PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT					
01 In crosswalk or bikeway				11 In crosswalk or bikeway				00 NOT in roadway (driving lanes)					
02 NOT in crosswalk or bikeway				12 NOT in crosswalk or bikeway				IN or AT INTERSECTION					
03 In intersection without a crosswalk or bikeway				13 In area without a crosswalk or bikeway				NOT IN or AT INTERSECTION					
88 Other: _____				99 Unknown				01 In crosswalk or bikeway					
02 NOT in crosswalk or bikeway				11 In crosswalk or bikeway				11 In crosswalk or bikeway					
03 In intersection without a crosswalk or bikeway				12 NOT in crosswalk or bikeway				12 NOT in crosswalk or bikeway					
88 Other: _____				99 Unknown				13 In area without a crosswalk or bikeway					
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)													
01 Within a work zone						08 Driveway access crosswalk							
02 In median (not shoulder)						09 Dedicated bike lane							
03 On Island						10 Shared-use path or trails							
04 Road shoulder (not ditch or median)						11 Inside building							
05 Roadside (not on shoulder)						12 In legally parked vehicle							
06 Sidewalk						88 Other: _____							
07 Outside trafficway						99 Unknown							
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)													
01 Within a work zone						08 Driveway access crosswalk							
02 In median (not shoulder)						09 Dedicated bike lane							
03 On Island						10 Shared-use path or trails							
04 Road shoulder (not ditch or median)						11 Inside building							
05 Roadside (not on shoulder)						12 In legally parked vehicle							
06 Sidewalk						88 Other: _____							
07 Outside trafficway						99 Unknown							
08	PEDESTRIAN ACTION BEFORE CRASH												
01 Walking / cycling to or from school						07 Standing, sitting, or lying							
02 Approaching or leaving bus						08 Playing, running, walking							
03 Approaching or leaving vehicle						09 Cycling							
04 Working (not on vehicle)						10 Entering or crossing							
05 Working on vehicle						88 Other: _____							
06 Pushing motor vehicle						99 Unknown							
08	PEDESTRIAN ACTION BEFORE CRASH												
01 Walking / cycling to or from school						07 Standing, sitting, or lying							
02 Approaching or leaving bus						08 Playing, running, walking							
03 Approaching or leaving vehicle						09 Cycling							
04 Working (not on vehicle)						10 Entering or crossing							
05 Working on vehicle						88 Other: _____							
06 Pushing motor vehicle						99 Unknown							
01	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL												
00 No pedestrian signal						03 Ped signal malfunction							
01 Obeyed pedestrian signal						04 Not applicable							
02 Disobeyed pedestrian signal						99 Unknown							
PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL													
00 No pedestrian signal						03 Ped signal malfunction							
01 Obeyed pedestrian signal						04 Not applicable							
02 Disobeyed pedestrian signal						99 Unknown							
SUBSTANCE USE													
<input type="checkbox"/> AP - Alcohol ingested (mark all that apply)						<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							
SUBSTANCE USE													
<input type="checkbox"/> AP - Alcohol ingested (mark all that apply)						<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)				IMPAIRMENT TEST (mark all that apply)									
ALCOHOL				DRUGS									
<input checked="" type="checkbox"/> 00 No evidence of impairment				<input checked="" type="checkbox"/> NG - No Test given									
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)				<input 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									
Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> RP - Results pending									
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath 0. _____ Eye Fluid 0. _____									
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) 0. _____ Other 0. _____									
<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Drug screen result _____									
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)									
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<input type="checkbox"/> 03 Behavioral				<input type="checkbox"/> TG - Evidentiary Test given									
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<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Drug screen result _____									