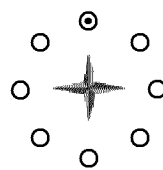
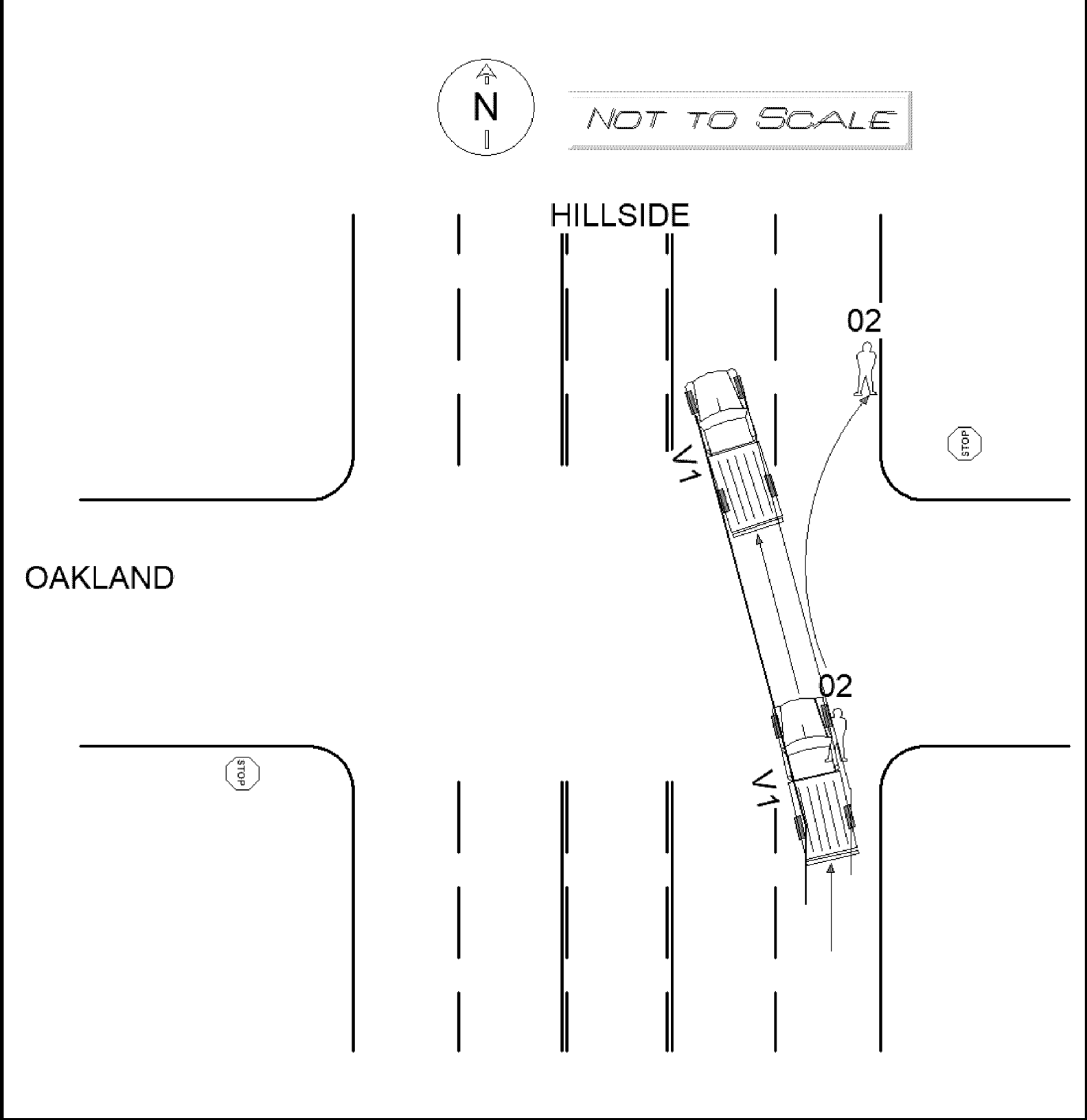


[illegible]

Crash Diagram 850A page 2		SPECIAL EVENT				SPECIAL DATA		Local Case No. 26C002368	Page of 1 / 4
04 ON	ROADWAY NUMBER OF LANES	02 AT	01 ON	ROAD CHARACTER AT	01 ON	00 AT	SPECIAL JURISDICTION	<p>A basic diagram is required for all state reportable crashes showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.</p> <p>Indicate North Direction</p> 	
	01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 88 Other: _____ 99 Unknown			01 Straight & Level 02 Straight on grade/slope 03 Straight on hillcrest 04 Curved & level 05 Curved on grade/slope 06 Curved on hillcrest 88 Other: _____ 99 Unknown			00 Normal Jurisdiction (Not Special) 01 National Park Service 02 Military 03 Indian Reservation 04 College / University Campus 05 Other Federal property 88 Other: _____ 99 Unknown		

Draw scene as observed or recreate per statements and evidence available



Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019			DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)			Investigating Officer / Badge No. E SCHILD S0258			Local Case No. 26C002368		Page of 2 / 4																				
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)																															
D1 00																															
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		FREIDENBERGER		L		349 S HILLSIDE				New address? <input type="checkbox"/> Personal (316) 932-2030		M		S		N													
ST		01		DONN		DOB 10/03/1981		WICHITA KS 67214		Work		44		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?		CDL?		DL State		Driver's License Number				DL Class		Driving for Employer?		CDL?									
KS		K00715013				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 <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"/> Z - None									
01		Valid License		Driver's Lic Restrictions <input type="checkbox"/> Y <input type="checkbox"/> N		T - Double/Triple Trailer										01		Valid License		Driver's Lic Restrictions <input type="checkbox"/> Y <input type="checkbox"/> N		T - Double/Triple Trailer									
02		Suspended		1 <input type="checkbox"/>		P - Passenger Vehicle										02		Suspended		1 <input type="checkbox"/>		P - Passenger Vehicle									
03		Revoked		2 <input type="checkbox"/>		N - Tank Vehicle										03		Revoked		2 <input type="checkbox"/>		N - Tank Vehicle									
04		Expired		3 <input type="checkbox"/>		H - Placarded Haz. Material										04		Expired		3 <input type="checkbox"/>		H - Placarded Haz. Material									
05		Cancl'd or Denied		4 <input type="checkbox"/>		X - Combination Tank/HazMat										05		Cancl'd or Denied		4 <input type="checkbox"/>		X - Combination Tank/HazMat									
06		Disqualified				S - School Bus										06		Disqualified				S - School Bus									
07		Restricted				U - Unknown										07		Restricted				U - Unknown									
99		Unknown														99		Unknown													
SUBSTANCE USE (mark all that apply)												SUBSTANCE USE (mark all that apply)																			
<input type="checkbox"/> AP - Alcohol ingested												<input type="checkbox"/> DC - Illegal drugs contributed																			
<input type="checkbox"/> AC - Alcohol contributed												<input type="checkbox"/> MP - Medication ingested																			
<input type="checkbox"/> DP - Illegal drugs ingested												<input type="checkbox"/> MC - Medication contributed																			
METHOD OF DETERMINATION (mark all that apply)						IMPAIRMENT TEST (mark all that apply)						METHOD OF DETERMINATION (mark all that apply)						IMPAIRMENT TEST (mark all that apply)													
ALCOHOL						DRUGS						ALCOHOL						DRUGS													
<input checked="" type="checkbox"/> 00 No evidence of impairment						<input checked="" type="checkbox"/> NG - No Test given						<input type="checkbox"/> 00 No evidence of impairment						<input 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						<input type="checkbox"/> TG - Evidentiary Test given						<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						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 <input type="checkbox"/> Eye Fluid						<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)						<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid													
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)						<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other						<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)						<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other													
<input type="checkbox"/> 06 Other (e.g. saliva test)						<input type="checkbox"/> Drug screen result						<input type="checkbox"/> 06 Other (e.g. saliva test)						<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																					

Occupants & Vehicles 850B page 2				VEHICLE# 01 (01, 03, N3, X3, etc)		SPECIAL DATA		VEHICLE# (02, 04, N2, X4, etc)				SPECIAL DATA		Local Case No. 26C002368		Page of 2 / 4																																																			
OWNER Last Name ("Same" if Driver) FREIDENBERGER				OWNER First Name DONN				Middle Name L				OWNER Last Name ("Same" if Driver)				OWNER First Name				Middle Name																																															
OWNER ADDRESS (Number, Street) 349 S HILLSIDE												New address? <input type="checkbox"/>		Personal Phone (316) 932-2030						OWNER ADDRESS (Number, Street)						New address? <input type="checkbox"/>		Personal Phone																																							
CITY WICHITA						ST KS		ZIP 67214				Work Phone						CITY				ST		ZIP				Work Phone																																							
COLOR MAR		YEAR 2000		MAKE CHEV		MODEL SLV		BODY STYLE PK		ST KS		LICENSE PLATE # 513NJD				County SG		Exp YR 2026		Removed by: DRIVER				MC CCs				LICENSE PLATE #				County		Exp YR		Removed by:				MC CCs																											
VEHICLE IDENTIFICATION NUMBER 2GCEK19T3Y1369793										Dir of Travel N		# Occupants 1		VEHICLE IDENTIFICATION NUMBER										Dir of Travel		# Occupants																																									
Insurance Company CHICAGO						Policy Number KSM113637208						Insurance Company						Policy Number																																																	
SPECIAL CONDITIONS FOR TRAFFIC UNITS				1		2		3		4		5		Odometer				Fire? <input type="checkbox"/>		SPECIAL CONDITIONS FOR TRAFFIC UNITS				1		2		3		4		5		Odometer				Fire? <input type="checkbox"/>																													
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		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		99 Unknown		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		99 Unknown	
09 All-terrain vehicle - ATV		88 Other: _____		99 Unknown		Calculated speed at impact		Bus Seat Capacity _____		Power Source F		Calculated speed at impact		Bus Seat Capacity _____		Power Source _____		88 Other: _____		99 Unknown		Calculated speed at impact		Bus Seat Capacity _____		Power Source _____		88 Other: _____		99 Unknown		Calculated speed at impact		Bus Seat Capacity _____		Power Source _____																															
01		VEHICLE USE				02		VEHICLE DAMAGE						VEHICLE USE				02		VEHICLE DAMAGE						VEHICLE USE				02		VEHICLE DAMAGE																																			
01 No special use		06 Police		02 Taxi / Limo		07 Ambulance		03 School bus		08 Fire		04 Other bus		09 Mail/Parcel		05 Military		99 Unknown		00 None		04 Destroyed		01 Damage (minor)		88 Other: _____		02 Functional		03 Disabling		99 Unknown		01 No special use		06 Police		02 Taxi / Limo		07 Ambulance		03 School bus		08 Fire		04 Other bus		09 Mail/Parcel		05 Military		99 Unknown															
01 Straight/ following road		11 Stopped awaiting turn		02 Left Turn		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.		88 Other: _____		09 Parking		10 Backing		99 Unknown		01 Straight/ following road		11 Stopped awaiting turn		02 Left Turn		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.		88 Other: _____		09 Parking		10 Backing		99 Unknown	
14 Undercarriage		15 Windshield		16 Other windows		99 Unknown		17 Entire vehicle damaged		88 Other: _____		Trailer: Present / Damaged		14 Undercarriage		15 Windshield		16 Other windows		99 Unknown		17 Entire vehicle damaged		88 Other: _____		Trailer: Present / Damaged		14 Undercarriage		15 Windshield		16 Other windows		99 Unknown		17 Entire vehicle damaged		88 Other: _____		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)																																																			
1 21 2 3 4 <input type="checkbox"/> The exact sequence is unknown																1 2 3 4 <input type="checkbox"/> The exact sequence is unknown																																																			
NON-COLLISION								COLLISION WITH								NON-COLLISION								COLLISION WITH																																											
01 Ran off road right								10 Downhill runaway								01 Ran off road right								10 Downhill runaway																																											
02 Ran off road left								11 Trailer swing								02 Ran off road left								11 Trailer swing																																											
03 Crossed centerline								12 Separation of units								03 Crossed centerline								12 Separation of units																																											
04 Overturn/Rollover								13 Jackknife								04 Overturn/Rollover								13 Jackknife																																											
05 Crossed median								14 Fire								05 Crossed median								14 Fire																																											
06 Fell/Jumped from veh								15 Explosion								06 Fell/Jumped from veh								15 Explosion																																											
07 Thrown or falling object								16 Immersion in water								07 Thrown or falling object								16 Immersion in water																																											
08 Cargo loss or shift								88 Other event:								08 Cargo loss or shift								88 Other event:																																											
09 Equipment failure (tire, brakes, etc.)								98 Unknown non-coll.								09 Equipment failure (tire, brakes, etc.)								98 Unknown non-coll.																																											
21 Pedestrian								22 Motor veh in-transport								21 Pedestrian								22 Motor veh in-transport																																											
23 Legally Parked Vehicle								24 Train								23 Legally Parked Vehicle								24 Train																																											
25 Pedal cycle (bike, etc)								26 Animal								25 Pedal cycle (bike, etc)								26 Animal																																											
27 Fixed Object								28 Other moveable object								27 Fixed Object								28 Other moveable object																																											
99 Unknown object																99 Unknown object																																																			

Passengers & Pedestrians			LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT			Investigating Officer / Badge No.		Local Case No.		Page of
KDOT Form 854 page 1 - Rev. 2019						E SCHILD S0258		26C002368		/
Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN	New address? <input type="checkbox"/>			Personal				
ST		DOB				Work				<input type="checkbox"/>
Transport Unit _____			EMS Time Notified			Injured taken by:			Transport Unit _____	
EMS Arrived			EMS Time@Hosp			Injured taken to:			Transport Unit _____	
Transport Unit _____			EMS Time Notified			Injured taken by:			Transport Unit _____	
EMS Arrived			EMS Time@Hosp			Injured taken to:			Transport Unit _____	

Passengers & Pedestrians				PEDESTRIAN INFORMATION				Investigating Officer / Badge No.		Local Case No.		Page of	
854 page 2								E SCHILD S0258		26C002368		3 / 4	
Unit # Ped Type	PEDESTRIAN Last Name PEDESTRIAN First Name		Middle Name Date of Birth	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) City State Zip		Personal Phone Number Work Phone Number		Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?		
TU 02	DAME		MN A			New address? <input type="checkbox"/> Personal		F	N	I	A		
PT 21	KATHY		DOB 03/04/1963			Work		62	N		<input type="checkbox"/>		
TU			MN			New address? <input type="checkbox"/> Personal							
PT			DOB			Work					<input type="checkbox"/>		
Transport Unit Unit A	EMS Time Notified		Injured taken by: EMS MEDIC 24				Transport Unit	EMS Time Notified		Injured taken by:			
EMS Arrived	EMS Time@Hosp		Injured taken to: WESLEY MEDICAL CENTER				EMS Arrived	EMS Time@Hosp		Injured taken to:			
TU#	DirTrvl	DL State	Driver's License Number		Special Data		TU#	DirTrvl	DL State	Driver's License Number		Special Data	
02	W												
03	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT							PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT					
00 NOT in roadway (driving lanes)						00 NOT in roadway (driving lanes)							
IN or AT INTERSECTION						NOT IN or AT INTERSECTION							
01 In crosswalk or bikeway						11 In crosswalk or bikeway							
02 NOT in crosswalk or bikeway						12 NOT in crosswalk or bikeway							
03 In intersection without a crosswalk or bikeway						13 In area without a crosswalk or bikeway							
88 Other: _____						99 Unknown							
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)						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							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							
00	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL							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 (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						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 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 <input type="checkbox"/> Eye Fluid							
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)						<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other							
<input type="checkbox"/> 06 Other (e.g. saliva test)						<input type="checkbox"/> Drug screen result <input type="checkbox"/>							
ALCOHOL						DRUGS							
<input type="checkbox"/> 00 No evidence of impairment						<input 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"/> 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 <input type="checkbox"/> Eye Fluid							
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)						<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other							
<input type="checkbox"/> 06 Other (e.g. saliva test)						<input type="checkbox"/> Drug screen result <input type="checkbox"/>							

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

Investigating Officer / Badge No.

Local Case No.

Page of

KDOT Form 851 - Rev. 2019

E SCHILD

S0258

26C002368

4 / 4

AOI

TIRE MARKS. 5 FEET WEST OF THE EAST CURB LINE HILLSIDE AVE. AND 0 FEET NORTH OF THE SOUTH CURB LINE OF OAKLAND.

DRIVER'S STATEMENTS

D1 FREIDENBERGER, DONN REPORTS HEADING NORTH ON HILLSIDE IN THE CURB LANE WHEN 02 WALKED RIGHT OUT IN FRONT OF HIM. HE SWERVED TO THE LEFT BUT STILL HITS 02.

02 (PEDESTRIAN) DAME, KATHY WAS TAKEN TO HOSPITAL AND WAS UNABLE TO GET STATEMENT FROM HER. 02 WAS WEARING BLACK PANTS, A TEAL JACKET, HAD A BLACK/RED CHECKERED BLANKET, GREEN SHOES.

INJURY

02 WAS TAKEN TO WESLEY MEDICAL CENTER CODE YELLOW VIA EMS MEDIC 24. 02 SUFFERED A HEAD INJURY AND A BROKEN PELVIS.

WITNESS

W1 FERRIS, DOUGLAS (316) 640-1622 STATEMENT READS THAT V1 WAS HEADING NORTH ON HILLSIDE AND 02 JUST WALKED OUT IN FRONT OF THE TRUCK V1. D1 HAD VERY LITTLE TIME TO REACT.

W2 FERRIS, CHRISTINA (316) 619-3552 STATEMENT READS THAT A TRUCK V1 WAS HEADING NORTH AND 02 WALKED OUT IN FRONT OF THE TRUCK V1. D1 SLAMMED ON HIS BRAKES AND TRY TO CHANGE LANES BUT STILL HIT HER 02.

DAMAGES

V1 2000 MAROON CHEVY SILVERADO P/U SUSTAINED FUNCTIONAL DAMAGE TO THE HEAD LIGHT, HOOD, AND FENDER. NO AIRBAGS DEPLOYED AND V1 WAS REMOVED BY D1.

ROADS

ROADS WERE DRY AND CLEAR. CENTER AND EDGE LINES VISIBLE AND STOP SIGN 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 02 (PEDESTRIAN) DAME, KATHY WALKING OUT IN FRONT OF V1. NO CITATIONS ISSUED DUE TO INJURIES.

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Local Case No.	Page of
		26C002368	/