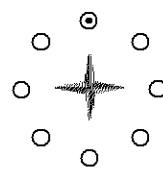
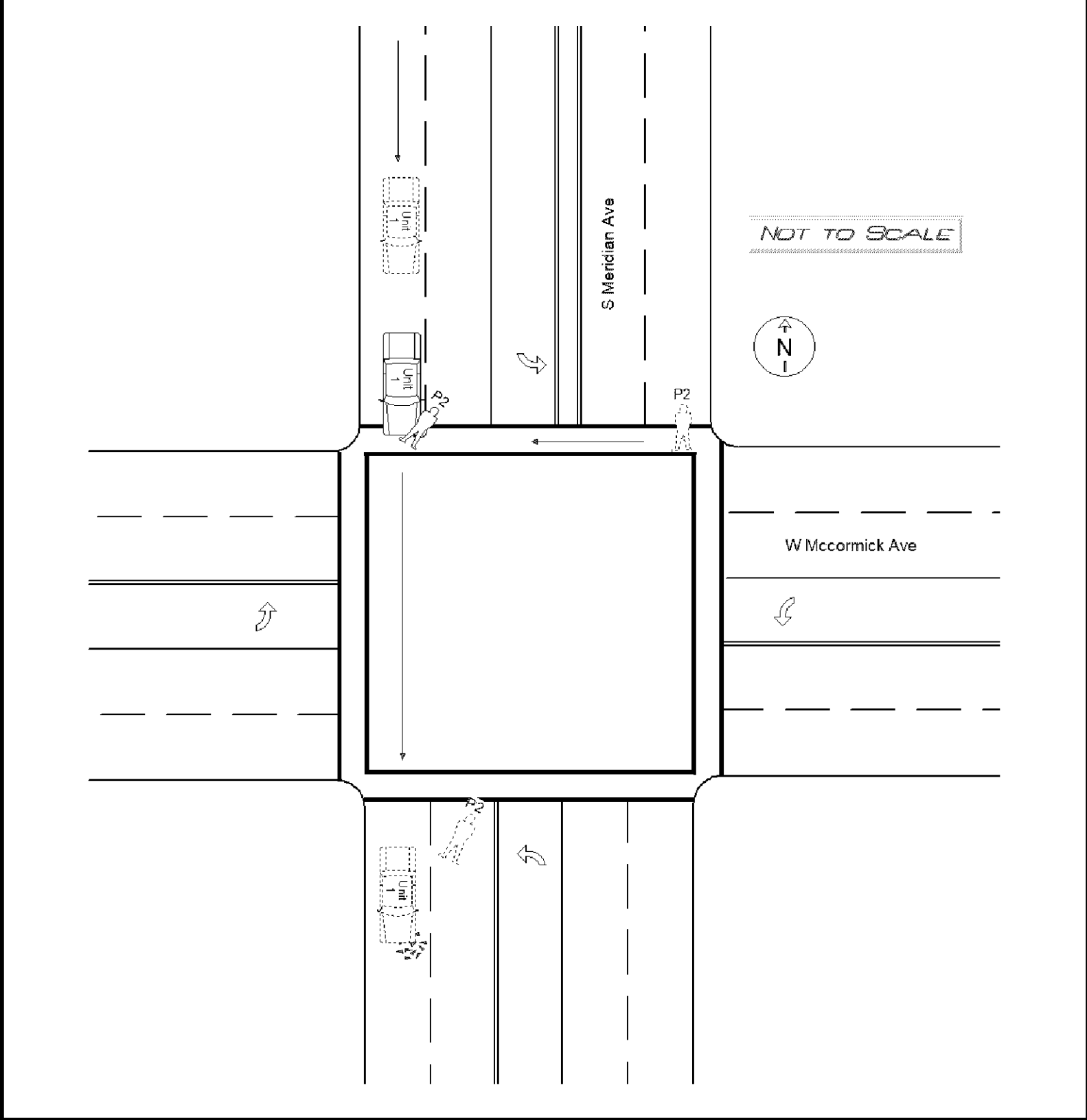


<div>Kansas Motor Vehicle Crash Report</div> <div>KDOT Form 850A page 1 Rev. 2019</div>										Investigating Department Wichita Police Department				Reviewed by MORRIS S0276			Local Case No. 25C230805		Page of 1 / 4		<input type="checkbox"/> Amended Report				
Investigating Officer Name B. Warner										Badge Number C2988		County SG		City Name WICHITA				<input type="checkbox"/> DUI							
														<input type="checkbox"/> Hit & Run											
Milepost		Block No 800		Dir Pfx S		On Road Name Meridian		Road Type AVE		Dir Sfx		SpdLmt 35		Date of Crash (mm/dd/yyyy) 12/15/2025		Time Occur. 05:46		Day MO		F Crash Severity					
From Dist 12		Ft/Mi F		From Dir N		<input checked="" type="radio"/> FROM <input type="radio"/> AT		Dir Pfx W		Reference or At Road Name McCormick		Road Type AVE		Dir Sfx		SpdLmt 35		Date Notified (mm/dd/yyyy) 12/15/2025		Time Notif. 05:48		Day MO		Fatal Injury PDO >= \$1,000 PDO < \$1,000	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 traveling southbound on S Meridian in the right lane. P2 was westbound on the north side of W McCormick. P2 disobeyed the crosswalk signal by entering the crosswalk and was struck by V1 at the intersection.										Date Arrived (mm/dd/yyyy) 12/15/2025		Time Arriv. 05:51		Day MO											
										Latitude (AOI)		00		ON		WORK ZONE TYPE		AT							
										Longitude (AOI)															
										Photos by BEAM C2981															
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																									
04 LIGHT CONDITIONS						13 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 OFF ROADWAY: 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Rest area 88 Other: _____ 99 Unknown						1st Harmful Event Most Harmful Event 00 Other non-collision 01 Overturned/Rollover COLLISION WITH: 02 Pedestrian 03 Motor vehicle in-transport* 04 Legally Parked Vehicle 05 Railway train 06 Pedal cyclist 07 Animal Type: _____ 08 Fixed object** 09 Other object: _____ 99 Unknown													
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																									
01 ON SURFACE TYPE AT						01 +INTERSECTION TYPE						**FIXED OBJECT TYPE (mark 1 box per side if applicable)													
01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: _____ 04 Dirt 05 Brick 99 Unknown						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 Bridge structure 02 Bridge rail 03 Crash cush./Impact attenuator 04 Divider, median barrier 05 Overhead sign support 06 Utility devices: pole, meter, etc 07 Other post or pole 08 Building 09 Guardrail 10 Sign post 11 Culvert 12 Curb 13 Fence/Gate 14 Hydrant 15 Barricade 16 Mailbox 17 Ditch 18 Embankment 19 Wall 20 Tree 21 RRXING fixtures 88 Other: _____ 99 Unknown													
01 ON SURFACE CONDITIONS AT						ROAD SPECIAL FEATURES (up to 3)																			
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						00 None 1 00 2 3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING 05 Interchange 06 Ramp 99 Unknown																			
																				- LOCATION IN WORK ZONE (AOI)					
																				01 Before first warning sign 02 Advance warning area 03 Transition area 04 Activity area 05 Termination area 99 Unknown					
																				- WORK ZONE CATEGORY					
																				01 Lane closure 02 Lane shift / crossover 03 Work on shoulder / median 04 Intermittent or moving vehicle 88 Other: _____ 99 Unknown					
																				*COLLISION WITH VEHICLE (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 0 2 OK			
																				01 Officer, flagger		2 0 9 OK			
																				02 Traffic signal		3 3 3			
																				03 Stop sign		4 4 4			
																				04 Flasher		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 Diagram 850A page 2		SPECIAL EVENT		SPECIAL DATA		Local Case No. 25C230805	Page of 1 / 4	
04 ON	ROADWAY NUMBER OF LANES AT	01 ON	ROAD CHARACTER ON AT	00	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><u>Indicate North Direction</u></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. B. Warner C2988		Local Case No. 25C230805		Page of 2 / 4					
TU# VIOLATIONS CHARGED			CITATION#			TU# VIOLATIONS CHARGED			CITATION#						
01 OPERATE VEH W/OUT REQ'D INTERL			25X015104												
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)															
P2 26 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	1 Phommachanh		MN	2003 N Cheryl PL			Personal (316) 259-6820	M	S	N					
ST	01 Andrew		DOB 06/29/2006	Wichita	KS	67212	Work	19	N		<input type="checkbox"/>				
TU			MN				Personal								
ST			DOB				Work				<input type="checkbox"/>				
TRAFFIC UNIT# 1 (01, 03, N3, X3, etc)						TRAFFIC UNIT# (02, 04, N2, X4, etc)									
DL State	Driver's License Number			DL Class	Driving for Employer?	CDL?	DL State	Driver's License Number			DL Class	Driving for Employer?	CDL?		
KS	K04413916			C	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>		
07 DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS				DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS			
00 Not licensed		Restrictions? <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				00 Not licensed		Restrictions? <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
01 Valid License		Driver's Lic Restrictions		Z - None				01 Valid License		Driver's Lic Restrictions		Z - None			
02 Suspended		Complied? Y N		T - Double/Triple Trailer				02 Suspended		Complied? Y N		T - Double/Triple Trailer			
03 Revoked		1 <input type="checkbox"/>		P - Passenger Vehicle				03 Revoked		1 <input type="checkbox"/>		P - Passenger Vehicle			
04 Expired		2 <input type="checkbox"/>		N - Tank Vehicle				04 Expired		2 <input type="checkbox"/>		N - Tank Vehicle			
05 Cancl'd or Denied		3 <input type="checkbox"/>		H - Placarded Haz. Material				05 Cancl'd or Denied		3 <input type="checkbox"/>		H - Placarded Haz. Material			
06 Disqualified		4 <input type="checkbox"/>		X - Combination Tank/HazMat				06 Disqualified		4 <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)									
<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 <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. <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)				DRUGS <input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending ALCOHOL <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/>				ALCOHOL <input type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. <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)				DRUGS <input type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending ALCOHOL <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/>			
Unit #	PASSENGER Last Name		Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit				
Seat Type	PASSENGER First Name		Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?				
TU			MN				Personal								
ST			DOB				Work				<input type="checkbox"/>				
TU			MN				Personal								
ST			DOB				Work				<input type="checkbox"/>				
TU			MN				Personal								
ST			DOB				Work				<input type="checkbox"/>				
TU			MN				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 and Vehicles 850B page 2										SPECIAL DATA VEHICLE# 1 (01, 03, N3, X3, etc)										SPECIAL DATA VEHICLE# (02, 04, N2, X4, etc)										Local Case No. 25C230805										Page of 2 / 4																																																																																																																																																																																																																																																									
OWNER Last Name ("Same" if Driver) Phommachanh										OWNER First Name Andrew										Middle Name J										OWNER Last Name ("Same" if Driver)										OWNER First Name										Middle Name																																																																																																																																																																																																																																															
OWNER ADDRESS (Number, Street) 2003 N Cheryl PL										New address? <input type="checkbox"/>										Personal Phone (316) 259-6820										OWNER ADDRESS (Number, Street)										New address? <input type="checkbox"/>										Personal Phone																																																																																																																																																																																																																																															
CITY Wichita										ST KS										ZIP 67212										Work Phone										CITY										ST										ZIP										Work Phone																																																																																																																																																																																																																											
COLOR GRY										YEAR 2019										MAKE INFI										MODEL Q60										BODY STYLE 2D										ST MO										COLOR										YEAR										MAKE										MODEL										BODY STYLE										ST																																																																																																																																																																																			
LICENSE PLATE # 008AQJ6										County										Exp YR 2026										Removed by: Tow All										MC CCs										LICENSE PLATE #										County										Exp YR										Removed by:										MC CCs																																																																																																																																																																																																							
VEHICLE IDENTIFICATION NUMBER JN1FV7ELXKM440989										Dir of Travel S										# Occupants 1										VEHICLE IDENTIFICATION NUMBER										Dir of Travel										# Occupants																																																																																																																																																																																																																																															
Insurance Company Progressive										Policy Number 962133881										SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 7 2 3 4 5										Odometer										Fire? <input type="checkbox"/>										Insurance Company										Policy Number										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																																																																																																																																																																																																																																					
01 VEHICLE BODY TYPE										LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)										01 Automobile										10 Single heavy truck >10,000 lbs										01 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										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										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										88 Other:										99 Unknown										08 Farm machinery										25 Train										09 All-terrain vehicle - ATV										88 Other:										99 Unknown																																																																																																																																																																																																							
01 VEHICLE USE										03 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										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																																																																															
DAMAGE LOCATION AREA										01 VEH. MANU. BEFORE UNSTAB. SIT.										First Impact 11										Major Impact 11										DAMAGE LOCATION AREA										VEH. MANU. BEFORE UNSTAB. SIT.										First Impact										Major Impact																																																																																																																																																																																																																											
14 Undercarriage										15 Windshield										16 Other windows										99 Unknown										17 Entire vehicle damaged										88 Other:										14 Undercarriage										15 Windshield										16 Other windows										99 Unknown										17 Entire vehicle damaged										88 Other:																																																																																																																																																																																			
Trailer: Present / Damaged										10 Backing										99 Unknown										Trailer: Present / Damaged										10 Backing										99 Unknown																																																																																																																																																																																																																																															
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)										1 21 2 3 4										The exact sequence is unknown										VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)										1 2 3 4										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										88 Other event:										09 Equipment failure (tire, brakes, etc.)										98 Unknown non-coll.										21 Pedestrian										22 Motor veh in-transport										23 Legally Parked Vehicle										24 Train										25 Pedal cycle (bike, etc)										26 Animal										27 Fixed Object										28 Other moveable object										99 Unknown object									
01 Ran off road right										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										88 Other event:										09 Equipment failure (tire, brakes, etc.)										98 Unknown non-coll.										21 Pedestrian										22 Motor veh in-transport										23 Legally Parked Vehicle										24 Train										25 Pedal cycle (bike, etc)										26 Animal										27 Fixed Object										28 Other moveable object										99 Unknown object																													

Passengers & Pedestrians		LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT			Investigating Officer / Badge No.		Local Case No.		Page of	
KDOT Form 854 page 1 - Rev. 2019					B. Warner C2988		25C230805		3 / 4	
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"/>
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:			

Passengers & Pedestrians 854 page 2				PEDESTRIAN INFORMATION				Investigating Officer / Badge No. B. Warner C2988		Local Case No. 25C230805		Page of 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 2	Hundley	MN Earl	2732 S Seneca ST APT B7 New address? <input type="checkbox"/>			Personal (316) 300-7824	M	N	F	A			
PT 21	Phillip	DOB 04/16/1956	Wichita	KS	67217	Work	69			<input type="checkbox"/>			
TU		MN	New address? <input type="checkbox"/>			Personal							
PT		DOB				Work				<input type="checkbox"/>			
Transport Unit A	EMS Time Notified 05:48	Injured taken by: Medic 31				Transport Unit	EMS Time Notified	Injured taken by:					
EMS Arrived 05:52	EMS Time@Hosp 06:03	Injured taken to: Via Christi Saint Francis				EMS Arrived	EMS Time@Hosp	Injured taken to:					
TU#	DirTrvl	DL State	Driver's License Number		Special Data								
2	W	KS	K00336805										
01	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT												
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)													
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									
10	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									
02	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)													
<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)							
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 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"/> 05 Observed (Odor, staggering, slurred speech, etc)						<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Evidentiary Breath 0. _____ </div> <div> <input type="checkbox"/> Eye Fluid 0. _____ </div> </div>							
<input type="checkbox"/> 06 Other (e.g. saliva test)						<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Blood (BAC) 0. _____ </div> <div> <input type="checkbox"/> Other 0. _____ </div> </div>							
						Drug screen result <input type="checkbox"/>							
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)							
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 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"/> 05 Observed (Odor, staggering, slurred speech, etc)						<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Evidentiary Breath 0. _____ </div> <div> <input type="checkbox"/> Eye Fluid 0. _____ </div> </div>							
<input type="checkbox"/> 06 Other (e.g. saliva test)						<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Blood (BAC) 0. _____ </div> <div> <input type="checkbox"/> Other 0. _____ </div> </div>							
						Drug screen result <input type="checkbox"/>							

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Investigating Officer / Badge No.		Local Case No.	Page of
		B. Warner	C2988	25C230805	4 / 4

AREA OF IMPACT: (AOI)

Motor vehicle vs pedestrian crash at the intersection of W McCormick Avenue and S Meridian Ave, Wichita, Kansas. Prior to arrival, Fire Engine 4 arrived on scene and advised they located an unconscious male (who was later identified by Officer Beam C2981 as P2/Phillip Hundley) in the middle of the street on the south end of the intersection in the southbound lanes of Meridian Ave.

DRIVERS STATEMENTS:

D1/Andrew Phommachanh contacted in the back of Sgt. Schell's patrol vehicle. I interviewed Andrew and he reported he was heading to work, and just exited off of west Kellogg and began traveling southbound on S Meridian Ave. Andrew reported he had the green light at the intersection of W McCormick Ave and S Meridian Ave. Andrew reported P2 Phillip Hundley walked out in front of him and he did not see him till it was too late.

Andrew filled out an MVAR. Andrew wrote in his narrative of the incident "I was coming off of south meridian headed to work then I turned right on McCormick on a green light when a guy walked in front of my car. I didn't see him and slowed down but not fast enough"

WITNESS STATEMENTS:

Officer Schmidt C2892 and Officer Schraeder C2928 contacted Joshua Williams (316) 833-0281 who was sitting in his vehicle in the southbound lanes of S Meridian Ave and had him fill out a witness form. I received Joshua's witness form. Joshua Williams reported, "I was driving south on meridian & moving into the west turn lane to head west. I seen a guy on the hood of a vehicle then fall off. Person that hit the pedestrian jump out of his car asking me to call 911. I called 911 & got out of my truck and checked on the pedestrian at that time he was not breathing. Guy that hit the pedestrian was very shaken up & freaking out."

INJURIES:

Fire Engine 4 triaged P2 code blue. Medic 31 began transport of P2 Phillip Hundley code blue to Via Christi Saint Francis Medical Center at 06:03hrs. Officer Beam advised P2 Phillip Hundley was triaged code black at 06:21 hrs by Doctor Shapiro at Via Christi Saint Francis.

DAMAGE:

V1/2019 gray Infiniti Q60S (bearing Missouri tag 008AQJ6 with a VIN of JN1FV7ELXKM440989) had left front end damage. The front left headlight/bumper was caved in. Additionally, the driver side of the windshield was smashed in where P2's body struck.

SPIDER confirmed V1 was not stolen and registered. The return came back under a different name (Chebanenko, Maxim) and tag (LM7V0S, MO). However, I was advised Missouri DMV had not transferred the registration to D1. The Missouri temporary tag of 008AQJ6 matched the VIN on the vehicle and belongs to D1. Tow All arrived on scene and privately towed V1.

ROAD CONDITIONS:

Street lights in this area were working and dry roads.

OPINION: UPON INVESTIGATION, CRASH WAS CAUSED BY

P2 disobeying the crosswalk signal by entering the intersection crosswalk and consequently being struck by V1. No citation for fault. D1 issued citation# 25X015104 for Operate Vehicle Without Required Interlock Device.

NOTE:

Photos and video taken. Evidence and property collected. Video footage collected. Sgt. Schell on scene. Sgt. Lloyd on scene. Lt. Lenzi on scene. Notifications made. Axon available.

Collected the car parts from the Infiniti and the personal property left on scene from P2. Officer Schmidt submitted the damaged car parts and the personal property.

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Local Case No.	Page of
		25C230805	4 / 4

Page		Data Entered		Beat	Watch	WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT		Incident Number	
1 of 1		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13	4th			25C 280805	
Code 0126		Classification Vehicle Fatality		Code 7020		Classification MV - Pedestrian		Agency Wichita Police	
<input checked="" type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Private Property		<input type="checkbox"/> Hit & Run <input type="checkbox"/> Property Damage Only OVER \$1000		<input type="checkbox"/> Property Damage Only UNDER \$1000		Officer at Scene		Connecting Case	
Date of Acc 12-15-2025		Time of Acc 05:47		Location of Acc W McColmick Ave - Smotherman Ave		Speed Limit		Werner C2988	
Last Name (Please Print) Phommachanh				First Name Andrew				M I	
Home Street Address 2003 N Cheryl Place 67112				Apt / Lot / Suite #		City Wichita		State KS Zip Code 67112	
Race Asian		Ethnic N		Sex M		Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Home Phone Number 3116215916181210	
DL State KS		DL Number K04413916		DL Class C		DL Restrictions Interlock		Safety Equipment <input checked="" type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Eye Protection <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder Belt Only	
Work Name/School & Grade LTC		Address 2003 N Cheryl Pl		City Wichita		State KS Zip Code 67112		Work Phone Number	
Year 19		Make Infiniti		Model Q60S		Body Style 2 Dr		Color Grey	
Lic Plate State MO		Lic Plate Number 008A056		Lic Plate Expires (mm.yy) 01/12/16		Number of Miles on Vehicle		Mark areas where your vehicle is Damaged	
Vehicle Identification Number (VIN) JIN1FV7E1XKIM440191819		Total number of Occupants 1		Insurance Company		Insurance Policy Number		Agent's Name	
Agent's Phone Number		Airbag Deployed <input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side <input type="checkbox"/> Side airbag(s)		Front		3 4 5 6 7 8 2 18 19 16 15 14 13 12 11			
Last Name (Same if Driver) Same				First Name				Home Phone Number	
Home Street Address				Apt / Lot / Suite #		City		State Zip Code	
Social Security Number (Optional)		Date of Birth		Age		Race		Ethnic Sex Cell Phone Number	
Last Name				First Name				M.I. Date of Birth Age	
Home Street Address				Apt / Lot / Suite #		City		State ZIP Code	
Race		Ethnic Sex		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number Cell Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Driver's Side <input type="checkbox"/> Rear Center <input type="checkbox"/> Rear Passenger		Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only		Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat					
Last Name				First Name				M I Date of Birth Age	
Home Street Address				Apt / Lot / Suite #		City		State ZIP Code	
Race		Ethnic Sex		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number Cell Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Driver's Side <input type="checkbox"/> Rear Center <input type="checkbox"/> Rear Passenger		Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only		Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat					
Last Name				First Name				M I Date of Birth Age	
Home Street Address				Apt / Lot / Suite #		City		State ZIP Code	
Race		Ethnic Sex		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number Cell Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Driver's Side <input type="checkbox"/> Rear Center <input type="checkbox"/> Rear Passenger		Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only		Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat					
Last Name				First Name				M I Date of Birth Age	
Home Street Address				Apt / Lot / Suite #		City		State ZIP Code	
Race		Ethnic Sex		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number Cell Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Driver's Side <input type="checkbox"/> Rear Center <input type="checkbox"/> Rear Passenger		Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only		Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat					

Driver's Narrative

Describe the accident in detail

Your direction of travel:

Your Speed:

I was coming off of South meadow headed to work then I turned right on McCormick Dr a green light when a guy backed in front of my car I didn't see him a slowed down but not fast enough

Driver's Diagram (Optional)

North

"I declare under penalty of perjury that the foregoing is true and correct,"

Signature

Andrew Proum

Date

12-15-2025**Officer's Narrative**

Time Occurred

05:46

Time Disp

05:48

Time Arrived

05:51

Towed by

TOW all

Injured Removed by

Taken To

Officer

C29888

Date / Time

12-15-25 08:02

Supervisor

David S. Howard #2366

Date

12-15-25

Page / of / pages		WICHITA POLICE DEPARTMENT WITNESS STATEMENT		Incident Number <u>25C230805</u>	
Last Name (Please Print) <u>Williams</u>		First Name <u>Joshua</u>		M.I. <u>L</u>	DOB <u>8-3-1984</u>
Home Street Address <u>1955 S Saint Clair Ave</u>		Apt / Lot / Suite Number	City <u>Wichita</u>	State <u>KS</u>	Zip Code <u>67213</u>
Race <u>white</u>	Ethnic	Sex <u>male</u>	Home Phone # <u>316-833-0281</u>	Cell Phone # <u>same</u>	Work Phone # <u>316-941-9591</u>
Work Name / School & Grade <u>SB manufacturing</u>		Street Address <u>3707 W McCormick</u>		City <u>Wichita</u>	State <u>KS</u>
Time of Incident <u>5:45</u>		Date of Incident <u>12-15-25</u>		Location of Incident <u>McCormick & Meridian</u>	
Narrative					

I was driving south on meridian & moving into the west turn lane to head west. I seen a guy on the hood of a vehicle then fall off. Person that hit the pedestrian jump out of his car asking me to call 911. I called 911 & got out of my truck and checked on the pedestrian at that time he was not breathing. Guy that hit the pedestrian was very shaken up & freaking out

Signature Joshua Williams
Officer and ID Williams 02988

Date 12-15-25 Time 6:15
Date 12-15-25 Time 07:54