

# Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

<p><b>Kansas Motor Vehicle Crash Report</b> KDOT Form 850A page 1 Rev. 2019</p>				Investigating Department <b>WICHITA POLICE DEPARTMENT</b>			Reviewed by <b>MORRIS S0276</b>			Local Case No. <b>26C021552</b>	Page of <b>1 / 4</b>	<input type="checkbox"/> Amended Report <input type="checkbox"/> DUI <input type="checkbox"/> Hit & Run					
				Investigating Officer Name <b>A.R. NAVE</b>			Badge Number <b>S0286</b>		County <b>SG</b>	City Name <b>WICHITA</b>							
				Milepost <b>390</b>	Block No <b>N</b>	Dir Pfx <b>TOPEKA</b>	On Road Name <b>AVE</b>	Dir Sfx <b>30</b>	Date of Crash (mm/dd/yyyy) <b>02/04/2026</b>		Date Occur. <b>10:53</b>	Day <b>WE</b>					
From Dist <b>10</b>	Ft/Mi <b>F</b>	From Dir <b>FROM</b>	Dir Pfx <b>O AT</b>	Dir Sfx <b>E</b>	Reference or At Road Name <b>3RD</b>	Road Type <b>ST</b>	Dir Sfx <b>N</b>	SpdLmt <b>30</b>	Date Notified (mm/dd/yyyy) <b>02/04/2026</b>	Time Notif. <b>10:54</b>	Day <b>WE</b>						
Narrative: Describe each traffic unit's pre-crash movement and direction of travel  V1 NORTH ON TOPEKA, P2 STANDING ALONG THE SOUTHEAST CORNER OF 3RD AND TOPEKA. AS V1 APPROACHED 3RD ST, P2 STUMBLED AND FELL DOWN INTO THE CROSSWALK AREA AND ROLLED OUT INTO THE LANE OF TRAFFIC. P2 WAS THEN RAN OVER BY V1.												Date Arrived (mm/dd/yyyy) <b>02/04/2026</b>	Time Arriv. <b>10:59</b>	Day <b>WE</b>			
												Latitude (AOI)	00 ON	WORK ZONE TYPE <b>AT</b>			
												Longitude (AOI)	00 None Apply				
												Photos by <b>A NAVÉ S0286</b>	01 Construction Zone - 02 Maintenance Zone - 03 Utility Zone - 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					
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE												- WORK ZONE CATEGORY					
<b>01 LIGHT CONDITIONS</b> 01 Daylight      04 Dark: street lights on 02 Dawn      05 Dark: no street lights 03 Dusk      99 Unknown				<b>13 CRASH LOCATION (of 1st Harmful Event)</b> <u>ON ROADWAY:</u> (within travel lanes) 11 Non-intersection 12 Intersection + 13 Intersection-related + 14 Access to Parking lot/Drwy 15 Interchange Area + 16 On Crossover 17 Toll Plaza <u>OFF ROADWAY:</u> 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Rest area 88 Other: _____ 99 Unknown			<b>02 CRASH CLASS</b> (mark 1 box per side) <b>02</b> <b>1<sup>st</sup> Harmful Event      Most Harmful Event</b> 00 Other non-collision 01 Overturned/Rollover <u>COLLISION WITH:</u> 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										
<b>00 ADVERSE WEATHER CONDITIONS</b> 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							<b>01 +INTERSECTION TYPE</b> 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			<b>1<sup>st</sup> Harmful Event      Most Harmful Event</b> 01 Bridge structure 02 Bridge rail 03 Crash cushion./Impact attenuator 04 Divider, median barrier 05 Overhead sign support 06 Utility devices: pole,meter,etc 07 Other post or pole 08 Building 09 Guardrail 10 Sign post 11 Culvert 12 Curb 13 Fence/Gate 14 Hydrant 15 Barricade 16 Mailbox 17 Ditch 18 Embankment 19 Wall 20 Tree 21 RR XING fixtures 88 Other: _____ 99 Unknown							
<b>02 SURFACE TYPE</b> 01 ON      AT 01 Concrete 02 Blacktop (Asphalt) 03 Gravel      88 Other: 04 Dirt 05 Brick      99 Unknown										<b>TRAFFIC CONTROLS</b> (On / At Road) O/A Type Present OK/NF 00 None 01 Officer, flagger 02 Traffic signal 03 Stop sign 04 Flasher 05 Yield sign 06 RR gates / signal 07 RR crossing signs 08 No passing zone 09 Center/Edge lines 10 Warning signs 11 School zone signs 12 Parking lines 88 Other: _____ 99 Unknown							
<b>01 SURFACE CONDITIONS</b> ON      AT 01 Dry      88 Other: 02 Wet 03 Snow      99 Unknown 04 Ice 05 Mud/dirt/sand 06 Debris (oil, etc.) 07 Standing/ moving water 08 Slush				<b>ROAD SPECIAL FEATURES</b> (up to 3) 00 None      1 00      2      3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RR XING 05 Interchange 06 Ramp 99 Unknown													

**Crash Diagram**

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**SPECIAL EVENT****SPECIAL DATA**

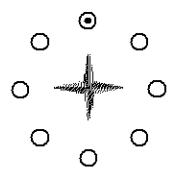
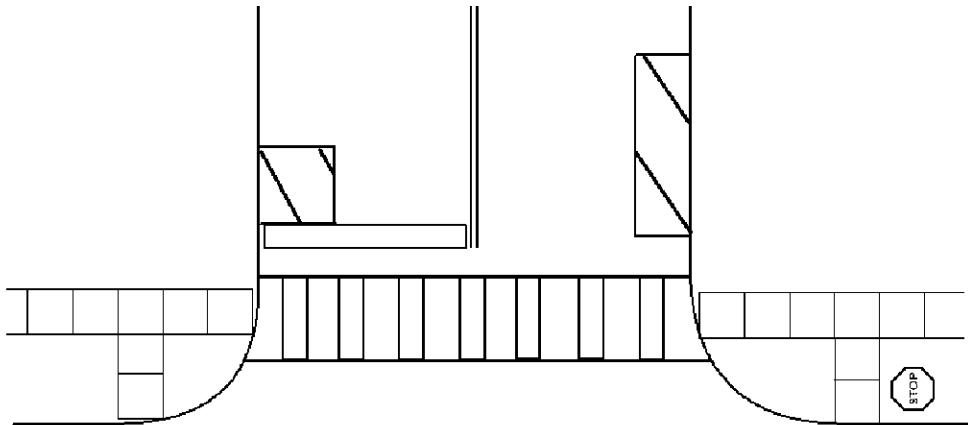
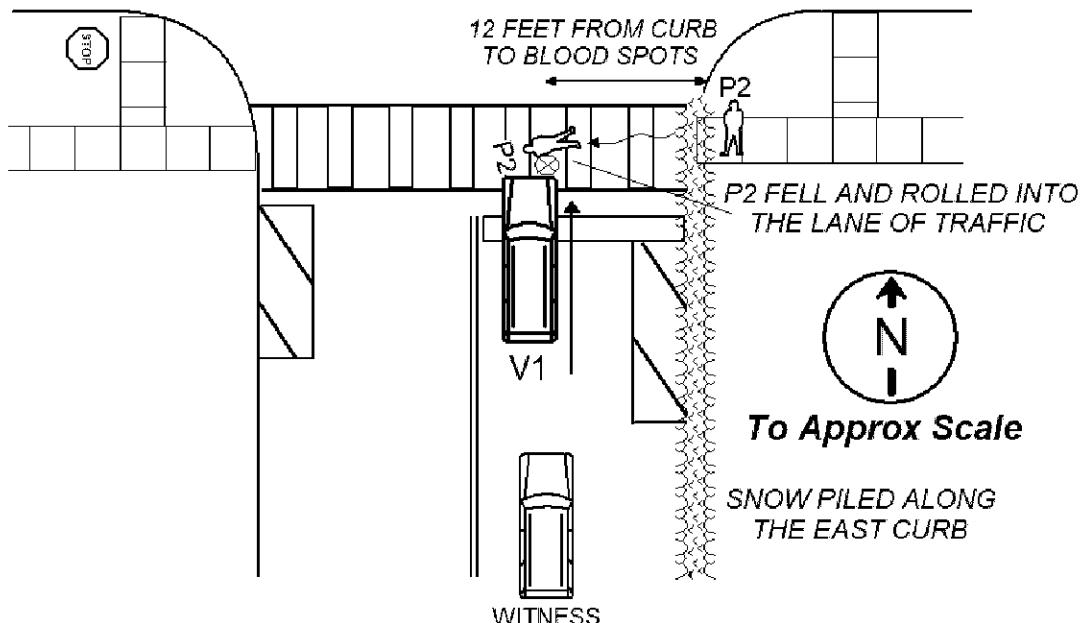
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02 ON	ROADWAY NUMBER OF LANES	AT	01 ON	ROAD CHARACTER	AT	00	SPECIAL JURISDICTION	
							00 Normal Jurisdiction (Not Special)	
	01 One			01 Straight & Level			01 National Park Service	A basic diagram is required for all state reportable
	02 Two			02 Straight on grade/slope			02 Military	crashes showing movements, direction, and positions
	03 Three			03 Straight on hillcrest			03 Indian Reservation	of all traffic units in relationship to the trafficway.
	04 Four to Six			04 Curved & level			04 College / University Campus	Identify (label) the street(s) and traffic unit(s) along
	05 Seven or more			05 Curved on grade/slope			05 Other Federal property	with the area of impact (AOI) where possible. Refer
	88 Other: _____			06 Curved on hillcrest			88 Other: _____	to vehicles and pedestrians by unique numbers
	99 Unknown			88 Other: _____			99 Unknown	assigned in this report.

Indicate North Direction**Draw scene as observed or recreate per statements and evidence available****N Topeka Ave****E 3rd St N**

## Occupants &amp; Vehicles

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## DRIVER &amp; PASSENGER INFORMATION

(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

A.R. NAV

S0286

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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	30	P2	28												
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	CAMACHO-SILVA		MN	2625 S CAPRI LN				New address? <input type="checkbox"/>	Personal (316) 208-6386	M	S	N			
ST 01	CARLOS		DOB 03/10/1984	WICHITA	KS	67210		Work		41	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	K02953059			C		<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 Restrictions	Z - None	T - Double/Triple Trailer	P - Passenger Vehicle	N - Tank Vehicle	01 Valid License	Driver's Lic Restrictions	Z - None	T - Double/Triple Trailer	P - Passenger Vehicle	N - Tank Vehicle			
02 Suspended		Complied? Y <input type="checkbox"/> N					02 Suspended	Complied? Y <input type="checkbox"/> N							
03 Revoked		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		03 Revoked	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>				
04 Expired							04 Expired								
05 Cancl or Denied							05 Cancl or Denied								
06 Disqualified							06 Disqualified								
07 Restricted							07 Restricted								
99 Unknown							99 Unknown								
SUBSTANCE USE (mark all that apply)				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"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
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		<input checked="" type="checkbox"/> NG - No Test given		<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)		ALCOHOL		DRUGS		<input type="checkbox"/> NG - No Test given		<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	
<input checked="" type="checkbox"/> 00 No evidence of impairment		<input checked="" type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)		<input type="checkbox"/> PT - Prelim Positive Test (PBT)		<input type="checkbox"/> TG - Evidentiary Test given		<input type="checkbox"/> 00 No evidence of impairment		<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)		<input type="checkbox"/> PT - Prelim Positive Test (PBT)		<input type="checkbox"/> TG - Evidentiary Test given	
<input type="checkbox"/> 02 Preliminary Breath Test PBT		<input type="checkbox"/> 03 Behavioral		<input type="checkbox"/> RP - Results pending		<input type="checkbox"/> 04 Passive Alcohol Sensor		<input type="checkbox"/> 05 Observed		<input type="checkbox"/> 06 Other (e.g. saliva test)		<input type="checkbox"/> 04 Passive Alcohol Sensor		<input type="checkbox"/> 05 Observed	
Tests: HGN, walk-and-turn, one leg stand, etc.						(detects alcohol from driver's mouth)		(Odor, staggering, slurred speech, etc)				(detects alcohol from driver's mouth)		(Odor, staggering, slurred speech, etc)	
<input type="checkbox"/> 04 Passive Alcohol Sensor		<input type="checkbox"/> 05 Observed		<input type="checkbox"/> 06 Other (e.g. saliva test)		<input type="checkbox"/> Evidentiary Breath 0.0.		<input type="checkbox"/> Blood (BAC) 0.0.		<input type="checkbox"/> Eye Fluid 0.0.		<input type="checkbox"/> Evidentiary Breath 0.0.		<input type="checkbox"/> Blood (BAC) 0.0.	
(detects alcohol from driver's mouth)		(Odor, staggering, slurred speech, etc)													
						Drug screen result								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 01	CAMACHO		MN	2625 S CAPRI LN				New address? <input type="checkbox"/>	Personal	F	I	N			
ST 04	ALIA		DOB 09/02/2022	WICHITA	KS	67210		Work		03	N		<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**

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VEHICLE#

01

SPECIAL DATA

VEHICLE#

(02, 04, N2, X4, etc)

SPECIAL DATA

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OWNER Last Name ("Same" if Driver) CAMACHO-SILVA		OWNER First Name CARLOS		Middle Name		OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name							
OWNER ADDRESS (Number, Street) 2625 S CAPRI LN				New address? <input type="checkbox"/>		Personal Phone (316) 208-6386		OWNER ADDRESS (Number, Street)				New address? <input type="checkbox"/>		Personal Phone			
CITY WICHITA		ST KS	ZIP 67210	Work Phone		CITY		ST	ZIP	Work Phone							
COLOR BLK	YEAR 2015	MAKE CHEV	MODEL SUB	BODY STYLE LL	ST KS	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST						
LICENSE PLATE # G356	County SG	Exp YR 2026	Removed by: OWNER	MC CCS		LICENSE PLATE #	County	Exp YR	Removed by:	MC CCS							
VEHICLE IDENTIFICATION NUMBER 1GNSKJKC9FR598147				Dir of Travel N	# Occupants 2	VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants						
Insurance Company STATE FARM		Policy Number 1249012E2616F				Insurance Company		Policy Number									
SPECIAL CONDITIONS FOR TRAFFIC UNITS		1	2	3	4	5	Odometer 165000	Fire?		SPECIAL CONDITIONS FOR TRAFFIC UNITS	1	2	3	4	5	Odometer	Fire?
1 Hit & Run		2 Non-Contact		3 Stolen		7 Towed away			1 Hit & Run		2 Non-Contact		3 Stolen		7 Towed away		
4 Legally Parked		5 Pursued by LE		6 Driverless		due to damage			4 Legally Parked		5 Pursued by LE		6 Driverless		due to damage		
06	VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)						06	VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)					
01 Automobile	10 Single heavy truck >10,000 lbs						01 Automobile	10 Single heavy truck >10,000 lbs									
02 Motorcycle	11 Truck & trailer(s)						02 Motorcycle	11 Truck & trailer(s)									
03 Motor scooter or Moped	12 Tractor-trailer(s)						03 Motor scooter or Moped	12 Tractor-trailer(s)									
04 Van	13 Cross country bus						04 Van	13 Cross country bus									
05 Pickup truck <10,001 lbs	14 School bus						05 Pickup truck <10,001 lbs	14 School bus									
06 Sport utility veh - SUV	15 Transit (city) bus						06 Sport utility veh - SUV	15 Transit (city) bus									
07 Camper or RV	16 Other bus						07 Camper or RV	16 Other bus									
08 Farm machinery	25 Train						08 Farm machinery	25 Train									
09 All-terrain vehicle - ATV	Power Source F						09 All-terrain vehicle - ATV	Power Source									
88 Other:	99 Unknown						88 Other:	99 Unknown									
01	VEHICLE USE		00	VEHICLE DAMAGE			VEHICLE USE			VEHICLE DAMAGE							
01 No special use	06 Police		00 None	04 Destroyed			01 No special use	06 Police		00 None	04 Destroyed						
02 Taxi / Limo	07 Ambulance		01 Damage (minor)	88 Other:			02 Taxi / Limo	07 Ambulance		01 Damage (minor)	88 Other:						
03 School bus	08 Fire		02 Functional				03 School bus	08 Fire		02 Functional							
04 Other bus	09 Mail/Parcel		03 Disabling	99 Unknown			04 Other bus	09 Mail/Parcel		03 Disabling	99 Unknown						
05 Military	99 Unknown						05 Military	99 Unknown									
DAMAGE LOCATION AREA				01	VEH. MANU. BEFORE UNSTAB. SIT.		DAMAGE LOCATION AREA				01	VEH. MANU. BEFORE UNSTAB. SIT.					
First Impact	01	Major Impact		02	01 Straight/ following road	11 Stopped awaiting turn	01 Straight/ following road	Major Impact		02	01 Straight/ following road	11 Stopped awaiting turn					
F	1	2	3A	3B	4	5	1	2	3A	3B	4	5					
FRONT	12B	12C	13	6C	6A	6B	12B	12A	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"/> 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:					
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)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)													
<input type="checkbox"/> 21 <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		21 Pedestrian		21 Pedestrian											
02 Ran off road left		11 Trailer swing		22 Motor veh in-transport		22 Motor veh in-transport											
03 Crossed centerline		12 Separation of units		23 Legally Parked Vehicle		23 Legally Parked Vehicle											
04 Overturn/Rollover		13 Jackknife		24 Train		24 Train											
05 Crossed median		14 Fire		25 Pedal cycle (bike, etc)		25 Pedal cycle (bike, etc)											
06 Fell/Jumped from veh		15 Explosion		26 Animal		26 Animal											
07 Thrown or falling object		16 Immersion in water		27 Fixed Object		27 Fixed Object											
08 Cargo loss or shift		88 Other event:		28 Other moveable object		28 Other moveable object											
09 Equipment failure (tire, brakes, etc.)				99 Unknown object		99 Unknown object											
98 Unknown non-coll.				98 Unknown non-coll.													

## **Passengers & Pedestrians**

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**LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT**

Investigating Officer / Badge No.  
A.R. NAVE S02

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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"/>

<b>Transport Unit</b> _____	EMS Time Notified	Injured taken by:	<b>Transport Unit</b> _____	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:
<b>Transport Unit</b> _____	EMS Time Notified	Injured taken by:	<b>Transport Unit</b> _____	EMS Time Notified	Injured taken by:
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:

**Passengers & Pedestrians**  
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**PEDESTRIAN INFORMATION**

Investigating Officer / Badge No.

A.R. NAVÉ S0286

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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	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?	
TU 02	GOTTA	MN JOSEPH	402 E 2ND ST N	New address? <input checked="" type="checkbox"/>	Personal (316) 518-5357	M	N	D A	
PT 21	NICHOLAS	DOB 07/02/1982	WICHITA KS 167202	New address? <input type="checkbox"/>	Work	43	N	<input type="checkbox"/>	
TU		MN		New address? <input type="checkbox"/>	Personal				
PT		DOB			Work			<input type="checkbox"/>	
Transport Unit <u>A</u>	EMS Time Notified 10:55	Injured taken by: MEDIC 31	Transport Unit _____	EMS Time Notified	Injured taken by:				
EMS Arrived 10:57	EMS Time@Hosp 11:12	Injured taken to: ST FRANCIS MEDICAL CENTER	EMS Arrived	EMS Time@Hosp	Injured taken to:				
TU# 02	DirTrvl W	DL State CO	Driver's License Number 111810944	Special Data	TU#	DirTrvl	DL State	Driver's License Number	Special Data
<b>01 PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT</b>									
00 NOT in roadway (driving lanes)					00 NOT in roadway (driving lanes)				
IN or AT INTERSECTION			NOT IN or AT INTERSECTION		IN or AT INTERSECTION			NOT IN or AT INTERSECTION	
01 In crosswalk or bikeway			11 In crosswalk or bikeway		01 In crosswalk or bikeway			11 In crosswalk or bikeway	
02 NOT in crosswalk or bikeway			12 NOT 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		03 In intersection without a crosswalk or bikeway			13 In area without a crosswalk or bikeway	
88 Other: _____			99 Unknown		88 Other: _____			99 Unknown	
<b>02 OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)</b>									
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				
<b>03 PEDESTRIAN ACTION BEFORE CRASH</b>									
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				
<b>04 PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL</b>									
00 No pedestrian signal					03 Ped signal malfunction				
01 Obeyed pedestrian signal					04 Not applicable				
02 Disobeyed pedestrian signal					99 Unknown				
<b>05 SUBSTANCE USE</b>									
<input type="checkbox"/> AP - Alcohol ingested <input type="checkbox"/> AC - Alcohol contributed <input checked="" 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				
<b>METHOD OF DETERMINATION</b> (mark all that apply)					<b>IMPAIRMENT TEST</b> (mark all that apply)				
<u>ALCOHOL</u>					<u>DRUGS</u>				
<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)					<input type="checkbox"/> Evidentiary Breath 0._____				
<input type="checkbox"/> 06 Other (e.g. saliva test)					<input type="checkbox"/> Eye Fluid 0._____				
<input type="checkbox"/> ALCOHOL					<input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed				
<input type="checkbox"/> ALCOHOL					<input type="checkbox"/> 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)					<input type="checkbox"/> Evidentiary Breath 0._____				
<input type="checkbox"/> 06 Other (e.g. saliva test)					<input type="checkbox"/> Eye Fluid 0._____				
<input type="checkbox"/> ALCOHOL					<input type="checkbox"/> ALCOHOL				
<input type="checkbox"/> ALCOHOL					<input type="checkbox"/> 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)					<input type="checkbox"/> Evidentiary Breath 0._____				
<input type="checkbox"/> 06 Other (e.g. saliva test)					<input type="checkbox"/> Eye Fluid 0._____				
<b>06 DRUG SCREENING</b>									
<input type="checkbox"/> Drug screen result					<input type="checkbox"/> Drug screen result				

## AREA OF IMPACT

AOI established by blood spots to be in the northbound lane of Topeka within the southern crosswalk of 3rd St.

## DRIVER CARLOS CAMACHO-SILVA STATEMENT

Carlos stated he was driving north on Topeka with his 3 y/o daughter Alia headed to attend Catholic Mass service at the Cathedral of the Immaculate Conception (430 N Broadway) located just one more block up the road along Central Ave. As Carlos approached 3rd St a man standing on the southeast corner of the intersection suddenly stepped forward and Carlos had no time to react and could feel his front passenger tire go up and over the pedestrian. Carlos immediately pulled over and called 911 about what had happened, and also checked to his if his daughter was okay.

## WITNESS EBONI ROGERS STATEMENT (PHONE: 214-282-0338; 2756 E 45TH ST N, WICHITA, KS 67219)

Eboni stated she was driving north on Topeka and was driving directly behind a black Chevy Suburban. As the Suburban approached the 3rd St intersection, a man standing on the southeast corner of the intersection stumbled and fell out into the street and rolled into the middle of the northbound lane of traffic. The Suburban then caught the rolling man with its back right side tire. Eboni said she doubted the driver of the Suburban even knew the man was in the lane of traffic until it was too late because of the way he had fallen and rolled rather than walked upright into the crosswalk, and it all had happened very fast as well as the Suburban was about to pass through the intersection. The pedestrian had sort of rolled underneath the Suburban when they were struck.

## INJURIES

D1 Carlos Camacho-Silva and his 3 y/o daughter had no injuries.

P2 Nicholas Gotta had sustained major head trauma including a laceration to his head, an open bone fracture, and was experiencing a possible seizure. Nicholas was triaged code red trauma alert GCS 8 by Medic Commander 3 and was transported by Medic 31 with the EMS commander riding on board to St Francis Medical Center where Nicholas was taken in for potential surgery. Hospital staff advised it was unclear at the time of the initial crash investigation if Nicholas would survive his injuries.

## DAMAGES

V1 Chevy Suburban had no visible damage done to it, I had the owner Carlos look over the vehicle and note any new or possible damage and he also said there was none. There were also no visible fresh marks to the vehicle such as handprints or swiping that would have indicated the pedestrian was standing or had tried to grab or push away from the vehicle prior to impact.

## ROAD CONDITIONS

Weather was partly cloudy and approx 45 degrees, asphalt road surface along Topeka was generally dry, with some snow still visible off the roadway along the edges of the street. There was some snow that was piled onto the sloped sidewalk that led to the crosswalk that this collision occurred at. Blood spots found on the roadway were approx 12 feet west from the edge of the curb/sidewalk if a pedestrian was to be walking westbound from the southeast corner of the intersection. Traffic along Topeka was relatively light. The intersection of 3rd and Topeka is controlled by stop signs for east and westbound 3rd St and notably only center lane and edge lines for Topeka, so Topeka traffic generally has the right-of-way to proceed north and southbound when compared to east and westbound 3rd St traffic. There is a large amount of pedestrian traffic that frequently this general area, as the Open Door, a homeless resource center, is located at 402 E 2nd St N, which is directly south of the crash location on the northeast corner of 2nd and Topeka.

\*\*\*\*\*

In this officer's opinion, from initial witness statements it seemed that pedestrian Nicholas Gotta had lost his balance and fell down and rolled out into the lane of traffic just as a vehicle was able to pass by his location. Some other homeless individuals in the area had said that Nicholas was possibly under the influence of drugs based on his behavior earlier throughout the day. There was some piled snow at the crosswalk/sidewalk area that could create a slip hazard. Based on Nicholas's current condition and the circumstances surrounding this incident, any potential traffic charges were left pending an AFU investigation.



Page 1 of 3	Data Entered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Beat 21	Watch 1 <sup>st</sup>	WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT					Incident Number 26021552		
Code 7020	Classification MV - Pedestrian	Code		Classification			Agency		Connecting Case		
<input type="checkbox"/> Fatal <input checked="" 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				
Date of Acc 2-4-26	Time of Acc 1053	Location of Acc 390 N Topeka Ave			Speed Limit 30	Officer at Scene A.R. Nave 502E6					
Last Name (Please Print) Camacho - Silva				First Name Carlos			M.I.	Date of Birth 6131108441	Age		
Home Street Address 2625 S CAPRI LN				Apt / Lot / Suite #	City WICHITA			State KS	Zip Code 6712110		
Race HISpanic	Ethnic H	Sex M	Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Home Phone Number 31152018631816		Cell Phone Number			
DL State KS	DL Number K02953059	DL Class C	DL Restrictions N/A		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 checked="" type="checkbox"/> Shoulder Belt Only				
Work Name/School & Grade		Address		City		State	Zip Code	Work Phone Number			
Year 115	Make CHEVY	Model SUBURBAN	Body Style SUV	Color BLACK	Motorcycle CCs						
Lic Plate State KS	Lic Plate number 6356	Lic. Plate Expires (mm.yr) 0141216	Number of Miles on Vehicle 165000		Mark areas where your vehicle is Damaged						
					<input type="checkbox"/> Windshield <input type="checkbox"/> Windows <input type="checkbox"/> Top <input type="checkbox"/> Under	3	4	5	6	7	8
					<input type="checkbox"/> Trailer present <input type="checkbox"/> Trailer Damaged	2	17	18	19	10	9
					Airbag Deployed	1	16	15	14	13	11
					*NO VISIBLE DAMAGE*						
Insurance Company STATE FARM					Insurance Policy Number 1249012 E26 16F					<input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side	<input type="checkbox"/> Side airbag(s)
Agent's Name ANDREE HALE					Agent's Phone Number 316 6840509						
Owner	Last Name (Same if Driver) Same as Driver				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 ALIA CAMACHO				First Name ALIA	M.I.	Date of Birth 019102223	Age			
1	Home Street Address 2625 S CAPRI LN				Apt / Lot / Suite #	City WICHITA			State KS	ZIP Code 6712110	
	Race H	Ethnic AF	Sex F	Social Security Number (Optional)	Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Home Phone Number		Cell Phone Number			
	Where Seated in Vehicle <input checked="" type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder Belt Only <input checked="" type="checkbox"/> Infant Seat	<input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat	
Passenger (Other than Driver)	Last Name				First Name				M.I.	Date of Birth	Age
2	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"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat	<input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat	
3	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"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat	<input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat	
4	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"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> 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:

N

Your Speed:

I WAS DRIVING NORTH AT 30-35 MPH GOING NORTH ON MY WAY TO CHURCH ON CATHEDRAL AT INTERSECTION OF 3RD AND TOPEKA A MAN AT SIDEWALK MADE STEP TO THE STREET AND DIDN'T HAD TIME TO STOP AND RAN OVER, IMMEDIATELY STOP AND CALL TO CALL 911, CHECKED ON MY DAUGHTER TO MAKE SURE SHE WAS FINE.

HE WAS WALKING EAST TO WEST CROSSING STREET.

## Driver's Diagram (Optional)



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

Signature

Date

2-4-25

## Officer's Narrative

Time Occurred	Time Disp	Time Arrived	Towed by	Injured Removed by	Taken To
1053	1054	1059	-	-	-

Officer A.R. Nave 50286

50286

Date / Time 2-4-26 1130 A.M.

Supervisor

Date

Page 2 of 3	Data Entered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Beat 21	Watch 1 <sup>st</sup>	WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT				Incident Number 26C021552			
Code 7020	Classification MV - Pedestrian	Code		Classification		Agency		Connecting Case			
<input type="checkbox"/> Fatal <input checked="" 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					
Date of Acc 7-4-26	Time of Acc 1053	Location of Acc 390 N Topeka Ave		Speed Limit 30	Officer at Scene A.R. Nase 50286						
Last Name (Please Print) Gotta				First Name Nicholas	M.I. J	Date of Birth 070282	Age 43				
Home Street Address 402 E 2nd St N				Apt / Lot / Suite #	City Wichita		State KS	Zip Code 67202			
Race W	Ethnic N	Sex M	Social Security Number (Optional)	Injured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number		Cell Phone Number				
DL State CO	DL Number 111810944		DL Class ID	DL Restrictions	Safety Equipment None	<input 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		Address		City		State	Zip Code	Work Phone Number			
Year	Make	Model	Body Style	Color	Motorcycle CCs	Mark areas where your vehicle is Damaged					
Lic Plate State	Lic Plate number		Lic Plate Expires (mm,yy)	Number of Miles on Vehicle							
Vehicle Identification Number (VIN)				Total number of Occupants							
Insurance Company				Insurance Policy Number							
Agent's Name				Agent's Phone Number							
Last Name (Same if Driver)				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 checked="" type="checkbox"/> No	Home Phone Number		Cell Phone Number				
Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center	<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> 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 checked="" type="checkbox"/> No	Home Phone Number		Cell Phone Number				
Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center	<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> 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 checked="" type="checkbox"/> No	Home Phone Number		Cell Phone Number				
Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center	<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> 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 checked="" type="checkbox"/> No	Home Phone Number		Cell Phone Number				
Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center	<input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage	<input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> 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:

## Driver's Diagram (Optional)



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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Officer's Narrative

KVER  
See

Time Occurred	Time Disp	Time Arrived	Towed by	Injured	Removed by	Taken To
1053	1054	1059	-	Medic 31		St Francis

Officer A.R. Nave 50286

A handwritten signature of "A.R. Nave" with the number "50286" written next to it.

Date / Time 2-4-26 1130 hrs

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Page 3 of 3 pages

WICHITA POLICE DEPARTMENT  
WITNESS STATEMENT

Incident Number

26021552

Last Name (Please Print)			First Name	M.I.	DOB	Age
<u>Rogers</u>			<u>Eboni</u>	<u>C</u>	<u>03 26 97</u>	<u>28</u>
Home Street Address			Apt / Lot / Suite Number	City	State	Zip Code
2756 E 45TH CT N				Wichita	KS	67219
Race	Ethnic	Sex		Home Phone #	Cell Phone #	Work Phone #
Black		F		214 282-0338		
Work Name / School & Grade		Street Address		City	State	Zip Code
		2756 E 45TH CT N		Wichita	KS	67219
Time of Incident	Date of Incident	Location of Incident				
11:00	02-04-26	Topeka at 3rd				

## Narrative

A man fell into the street & rolled in the middle of the street. A Yukon in front of me caught him with his back right side tire. The man was unstable as he was falling & I doubt the car knew he was there b/c it happened so fast. The guy kind of rolled under the car.

Signature

Officer and ID

A.R. Nave 50286

Date 02-04-26 Time \_\_\_\_\_

Date 2-4-26 Time 1130 hrs