

Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

Investigating Department Wichita Police Department				Reviewed by MORRIS S0276			Local Case No. 25C230805	Page of 1 / 4				
Investigating Officer Name B.Warner				Badge Number C2988	County SG	City Name WICHITA						
From Dist 12		Ft/Mi F	From Dir N	Dir Pfx S	On Road Name Meridian	Road Type AVE	Dir Sfx 35	Date of Crash (mm/dd/yyyy) 12/15/2025	Time Occur. 05:46	Day MO		
To Dist 800		Block No 800	To Dir O FROM AT	Dir Pfx W	Reference or At Road Name McCormick	Road Type AVE	Dir Sfx 35	Date Notified (mm/dd/yyyy) 12/15/2025	Time Notif. 05:48	Day MO		
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

Amended Report

DUI

Hit & Run

Crash Severity

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.

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

KDOT? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

04 LIGHT CONDITIONS

- 01 Daylight
- 04 Dark: street lights on
- 02 Dawn
- 05 Dark: no street lights
- 03 Dusk
- 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
- 24 Sleet & fog
- 36 Snow & wind
- 88 Other:
- 99 Unknown

01 ON SURFACE TYPE AT

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

01 ON SURFACE CONDITIONS AT

- 01 Dry
- 88 Other:
- 02 Wet
- 99 Unknown
- 03 Snow
- 04 Ice
- 05 Mud/dirt/sand
- 06 Debris (oil, etc.)
- 07 Standing/ moving water
- 08 Slush

13 CRASH LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)

- 11 Non-intersection
- 12 Intersection +
- 13 Intersection-related +
- 14 Access to Parking lot/Drwy
- 15 Interchange Area +
- 16 On Crossover
- 17 Toll Plaza

OFF ROADWAY:

- 20 Shoulder
- 21 Roadside (not shoulder)
- 22 Median
- 23 Rest area
- 88 Other: _____
- 99 Unknown

01 +INTERSECTION TYPE

- 01 Four-way intersection
- 02 Five-way or more
- 03 T - intersection
- 04 Y - intersection
- 05 L - intersection
- 06 Roundabout (See Manual for Definitions)
- 08 Part of an interchange
- 99 Unknown

ROAD SPECIAL FEATURES (up to 3)

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

02 CRASH CLASS (mark 1 box per side)

1st Harmful Event Most Harmful Event

- 00 Other non-collision
- 01 Overturned/Rollover
- COLLISION WITH:
- 02 Pedestrian
- 03 Motor vehicle in-transport*
- 04 Legally Parked Vehicle
- 05 Railway train
- 06 Pedal cyclist
- 07 Animal Type: _____
- 08 Fixed object**
- 09 Other object: _____
- 99 Unknown

**FIXED OBJECT TYPE (mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

- 01 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

- 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 O	1 OK
01	Officer, flagger	2 O	2 09 OK
02	Traffic signal	3	3
03	Stop sign	4	4
04	Flasher	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

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SPECIAL EVENT**SPECIAL DATA**

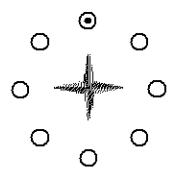
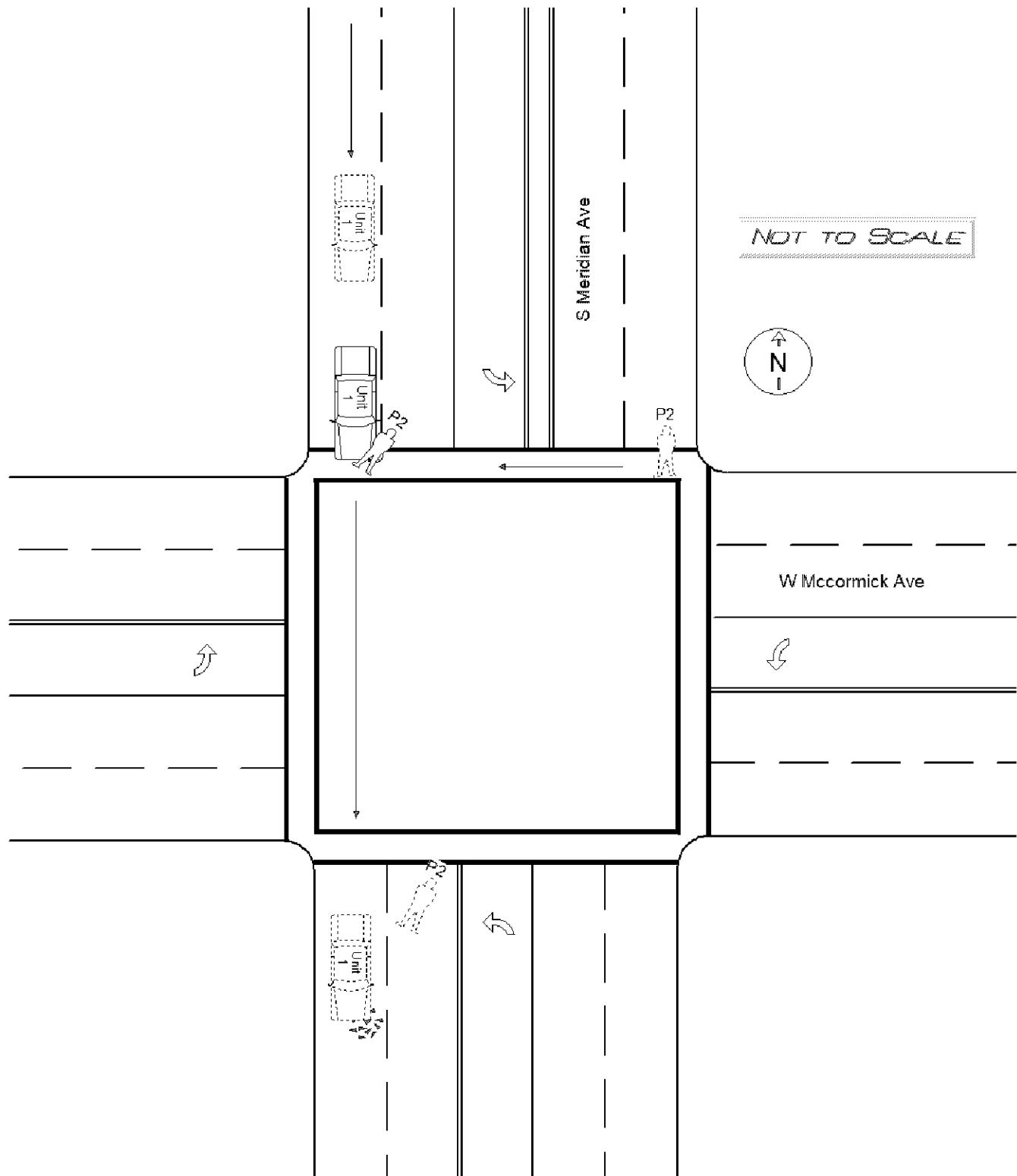
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04 ON	ROADWAY NUMBER OF LANES	AT	01 ON	ROAD CHARACTER AT	00	SPECIAL JURISDICTION	
	01 One		01 Straight & Level		00 Normal Jurisdiction (Not Special)		A basic diagram is required for all state reportable crashes showing movements, direction, and positions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

Indicate North Direction**Draw scene as observed or recreate per statements and evidence available**

Occupants & Vehicles

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DRIVER & PASSENGER INFORMATION

(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

B.Warner

Local Case No.

C2988

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TU# VIOLATIONS CHARGED			CITATION#		TU# VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/>				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 J	2003 N Cheryl PL			New address? <input type="checkbox"/> 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				New address? <input type="checkbox"/> 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?	<input type="checkbox"/>	CDL?	DL State	Driver's License Number			DL Class	Driving for Employer?	<input type="checkbox"/>	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 checked="" type="checkbox"/> Y		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		Complied? <input checked="" type="checkbox"/> Y	Z - None			01 Valid License	Driver's Lic Restrictions		Complied? <input checked="" type="checkbox"/> Y	Z - None				
02 Suspended			N	T - Double/Triple Trailer			02 Suspended				T - Double/Triple Trailer				
03 Revoked				P - Passenger Vehicle			03 Revoked				P - Passenger Vehicle				
04 Expired				N - Tank Vehicle			04 Expired				N - Tank Vehicle				
05 Cancl or Denied				H - Placarded Haz. Material			05 Cancl or Denied				H - Placarded Haz. Material				
06 Disqualified				X - Combination Tank/HazMat			06 Disqualified				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"/> 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			<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"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested		
<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed											<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DC - Illegal drugs 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 0._____ 0._____				<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0._____ 0._____			
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0._____ 0._____				<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0._____ 0._____			
<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				<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#

1

SPECIAL DATA

VEHICLE#

(02, 04, N2, X4, etc)

SPECIAL DATA

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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				Insurance Company				Policy Number	
SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless				Odometer	Fire? <input type="checkbox"/>	SPECIAL CONDITIONS FOR TRAFFIC UNITS 1 Hit & Run 2 Non-Contact 3 Stolen 4 Legally Parked 5 Pursued by LE 6 Driverless				Odometer	Fire? <input type="checkbox"/>		
10 Single heavy truck >10,000 lbs 11 Truck & trailer(s) 12 Tractor-trailer(s) 13 Cross country bus 14 School bus 15 Transit (city) bus 16 Other bus 25 Train 88 Other: _____ 99 Unknown				Calculated speed at impact		10 Single heavy truck >10,000 lbs 11 Truck & trailer(s) 12 Tractor-trailer(s) 13 Cross country bus 14 School bus 15 Transit (city) bus 16 Other bus 25 Train 88 Other: _____ 99 Unknown				Bus Seat Capacity _____			
01 VEHICLE BODY TYPE 01 Automobile 02 Motorcycle 03 Motor scooter or Moped 04 Van 05 Pickup truck <10,001 lbs 06 Sport utility veh - SUV 07 Camper or RV 08 Farm machinery 09 All-terrain vehicle - ATV				Power Source F		01 VEHICLE BODY TYPE 01 Automobile 02 Motorcycle 03 Motor scooter or Moped 04 Van 05 Pickup truck <10,001 lbs 06 Sport utility veh - SUV 07 Camper or RV 08 Farm machinery 09 All-terrain vehicle - ATV				Power Source _____			
01 VEHICLE USE 01 No special use 02 Taxi / Limo 03 School bus 04 Other bus 05 Military		03 VEHICLE DAMAGE 00 None 01 Damage (minor) 02 Functional 03 Disabling		01 VEHICLE USE 01 No special use 02 Taxi / Limo 03 School bus 04 Other bus 05 Military		03 VEHICLE DAMAGE 00 None 01 Damage (minor) 02 Functional 03 Disabling							
01 VEHICLE USE 01 No special use 02 Taxi / Limo 03 School bus 04 Other bus 05 Military		03 VEHICLE DAMAGE 00 None 01 Damage (minor) 02 Functional 03 Disabling		01 VEHICLE USE 01 No special use 02 Taxi / Limo 03 School bus 04 Other bus 05 Military		03 VEHICLE DAMAGE 00 None 01 Damage (minor) 02 Functional 03 Disabling							
DAMAGE LOCATION AREA First Impact 11 Major Impact 11 FRONT 1 2 3A 3B 4 5 12B 13 6A 6B X X 9B 9A 8 7 14 Undercarriage <input type="checkbox"/> 15 Windshield <input checked="" 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		01 VEH. MANU. BEFORE UNSTAB. SIT. 01 Straight/ following road 02 Left Turn 03 Right Turn 04 U Turn 05 Passing 06 Changing lanes 07 Avoidance man. 08 Merging 09 Parking 10 Backing 99 Unknown		DAMAGE LOCATION AREA First Impact _____ Major Impact _____ FRONT 1 2 3A 3B 4 5 12B 13 6A 6B 11 10 9B 9A 8 7 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		VEH. MANU. BEFORE UNSTAB. SIT. 01 Straight/ following road 02 Left Turn 03 Right Turn 04 U Turn 05 Passing 06 Changing lanes 07 Avoidance man. 08 Merging 09 Parking 10 Backing 99 Unknown							
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							
01 Ran off road right 02 Ran off road left 03 Crossed centerline 04 Overturn/Rollover 05 Crossed median 06 Fell/Jumped from veh 07 Thrown or falling object 08 Cargo loss or shift 09 Equipment failure (tire, brakes, etc.)		10 Downhill runaway 11 Trailer swing 12 Separation of units 13 Jackknife 14 Fire 15 Explosion 16 Immersion in water 88 Other event: 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 02 Ran off road left 03 Crossed centerline 04 Overturn/Rollover 05 Crossed median 06 Fell/Jumped from veh 07 Thrown or falling object 08 Cargo loss or shift 09 Equipment failure (tire, brakes, etc.)		10 Downhill runaway 11 Trailer swing 12 Separation of units 13 Jackknife 14 Fire 15 Explosion 16 Immersion in water 88 Other event: 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
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LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT

Investigating Officer / Badge No.
B.Warner C2988

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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"/>
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"/>
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			
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TU		MN				New address? <input type="checkbox"/>	Personal			
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TU		MN				New address? <input type="checkbox"/>	Personal			
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TU		MN				New address? <input type="checkbox"/>	Personal			
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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"/>				

Passengers & Pedestrians
854 page 2

PEDESTRIAN INFORMATION

Investigating Officer / Badge No.

B.Warner

Local Case No.

C2988

Page of

25C230805

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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 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 167217	New address? <input type="checkbox"/>	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# 2	DirTrvl W	DL State KS	Driver's License Number K00336805	Special Data	TU#	DirTrvl	DL State	Driver's License Number	Special Data
01 PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT									
00 NOT in roadway (driving lanes)					PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT				
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	
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)					OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)				
01 Within a work zone			08 Driveway access crosswalk		01 Within a work zone			08 Driveway access crosswalk	
02 In median (not shoulder)			09 Dedicated bike lane		02 In median (not shoulder)			09 Dedicated bike lane	
03 On Island			10 Shared-use path or trails		03 On Island			10 Shared-use path or trails	
04 Road shoulder (not ditch or median)			11 Inside building		04 Road shoulder (not ditch or median)			11 Inside building	
05 Roadside (not on shoulder)			12 In legally parked vehicle		05 Roadside (not on shoulder)			12 In legally parked vehicle	
06 Sidewalk			88 Other: _____		06 Sidewalk			88 Other: _____	
07 Outside trafficway			99 Unknown		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									
<input type="checkbox"/> AP - Alcohol ingested <input type="checkbox"/> AC - Alcohol contributed <input type="checkbox"/> DP - Illegal drugs ingested			<input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed		<input type="checkbox"/> AP - Alcohol ingested <input type="checkbox"/> AC - Alcohol contributed <input type="checkbox"/> DP - Illegal drugs ingested			<input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed	
METHOD OF DETERMINATION (mark all that apply)			IMPAIRMENT TEST (mark all that apply)		METHOD OF DETERMINATION (mark all that apply)			IMPAIRMENT TEST (mark all that apply)	
<u>ALCOHOL</u>			<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		<u>ALCOHOL</u>			<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	
<u>DRUGS</u>			<input type="checkbox"/> Evidentiary Breath 0._____ Eye Fluid 0._____ <input type="checkbox"/> Blood (BAC) 0._____ Other 0._____		<u>ALCOHOL</u>			<input type="checkbox"/> Evidentiary Breath 0._____ Eye Fluid 0._____ <input type="checkbox"/> Blood (BAC) 0._____ Other 0._____	
<u>ALCOHOL</u>			<input type="checkbox"/> Drug screen result		<u>DRUGS</u>			<input type="checkbox"/> Drug screen result	

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.

WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT				Incident Number <i>25C 230805</i>				
Page 1 of 1	Data Entered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Beat <i>13</i>	Watch <i>4th</i>	Code <i>0126</i>	Classification <i>Vehicular fatality</i>	Code <i>7020</i>	Classification <i>MJ - Pedestrian</i>	
<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		Agency <i>Wichita Police</i>		
Date of Acc <i>12-15-2025</i>	Time of Acc <i>05:47</i>	Location of Acc <i>W mcmillan ave . smothman ave</i>			Speed Limit	Officer at Scene <i>Warner C2988</i>		
Last Name (Please Print) <i>Thomachant</i>				First Name <i>Andrew</i>	M I	Date of Birth <i>01/29/06</i>	Age <i>19</i>	
Home Street Address <i>2003 N Cheryl Place</i>				Apt / Lot / Suite #	City <i>Wichita</i>	State <i>KS</i>	Zip Code <i>67212</i>	
Race <i>Asian</i>	Ethnic <i>N</i>	Sex <i>M</i>	Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Home Phone Number <i>7162546820</i>		Cell Phone Number		
DL State <i>KS</i>	DL Number <i>KO4H13916</i>	DL Class <i>C</i>	DL Restrictions <i>interlock</i>	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 <i>LTC</i>		Address <i>2003 N Cheryl Pk</i>		City <i>Wichita</i>	State <i>KS</i>	Zip Code <i>67212</i>	Work Phone Number	
Year <i>14</i>	Make <i>infini</i>	Model <i>Q60S</i>	Body Style <i>2dr</i>	Color <i>gray</i>	Motorcycle CCs	Mark areas where your vehicle is Damaged		
Lic Plate State <i>MO</i>	Lic Plate number <i>008A056</i>	Lic Plate Expires (mm,yy) <i>01/26</i>	Number of Miles on Vehicle		<input checked="" type="checkbox"/> Windshield <input type="checkbox"/> Windows <input type="checkbox"/> Top <input type="checkbox"/> Under	Front <i>3 4 5 6 7 8 2 18 19 10 16 15 14 13 12 11</i>		
Vehicle Identification Number (VIN) <i>JN111FV17ELXK1M4409189</i>				Total number of Occupants <i>1</i>	<input type="checkbox"/> Trailer present <input type="checkbox"/> Trailer Damaged	Airbag Deployed <input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side		
Agent's Name <i>Same</i>				Agent's Phone Number				
Last Name (Same if Driver) <i>Same</i>				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	
1	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"/> Booster Seat
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 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"/> Booster Seat
Last Name				First Name	M.I.	Date of Birth	Age	
3	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"/> Booster Seat
Last Name				First Name	M.I.	Date of Birth	Age	
4	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"/> Booster Seat

Driver's Narrative Describe the accident in detail Your direction of travel: Your Speed:

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 a second down but not fast enough.

Driver's Diagram (Optional)



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

Signature Andrew Paarmann

Date 12-15-2025

Officer's Narrative

Time Occurred	Time Disp	Time Arrived	Towed by	Injured Removed by	Taken To
05:46	05:48	05:51	TOW all		

Officer

B. S. 2988

Date / Time 12-15-25 08:02

Supervisor

David J. Howard #2365

Date 12-15-25

Page 1 of 1 pages	WICHITA POLICE DEPARTMENT WITNESS STATEMENT			Incident Number <u>25C280805</u>		
Last Name (Please Print) <u>Williams</u>	First Name <u>Joshua</u>			M.I. <u>C</u>	DOB <u>8-3-1984</u>	Age <u>41</u>
Home Street Address <u>19555 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 <u>male</u>	Sex <u>[REDACTED]</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>	Zip Code <u>67213</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 WWR C2988

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