

Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

<p>Investigating Department WICHITA POLICE DEPARTMENT</p> <p>Investigating Officer Name A W KLUMPP</p>				<p>Reviewed by SO 3rd 1984</p> <p>Local Case No. 20C002974</p>			Page of 1 / 4																																																															
							<input checked="" type="checkbox"/> Amended Report																																																															
				<input type="checkbox"/> DUI																																																																		
<input type="checkbox"/> Hit & Run																																																																						
Milepost 3100	Block No E	Dir Pfx DOUGLAS	On Road Name AVE	Dir Sfx 35	SpdLmt 01/14/2020	Date of Crash (mm/dd/yyyy) 15:03	Day TU																																																															
From Dist 10	Ft/Mi F	From Dir <input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx S	Reference or At Road Name HILLSIDE	Road Type AVE	Dir Sfx 35	Date Notified (mm/dd/yyyy) 15:03																																																															
Narrative: Describe each traffic unit's pre-crash movement and direction of travel																																																																						
<p>V1 WAS NORTH ON HILLSIDE TO TURN WEST ONTO DOUGLAS.</p> <p>PED 2 NORTHBOUND IN THE WEST CROSSWALK, STRUCK BY V1.</p>																																																																						
<p>KDOT? Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone</p> <p><input type="checkbox"/></p> <p>Owner Last Name First Name Middle Name City State Zip Work Phone</p>																																																																						
<p>KDOT? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone</p> <p><input type="checkbox"/></p> <p>Owner Last Name First Name Middle Name City State Zip Work Phone</p>																																																																						
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE																																																																						
<p>01 LIGHT CONDITIONS</p> <p>01 Daylight 04 Dark: street lights on 02 Dawn 05 Dark: no street lights 03 Dusk 99 Unknown</p>				<p>13 CRASH LOCATION (of 1st Harmful Event)</p> <p><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</p> <p><u>OFF ROADWAY:</u> 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Rest area 88 Other: _____ 99 Unknown</p>		<p>02 CRASH CLASS (mark 1 box per side)</p> <p>02</p> <p>1st Harmful Event Most Harmful Event</p> <p>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</p>																																																																
<p>00 ADVERSE WEATHER CONDITIONS</p> <p>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</p>				<p>01 +INTERSECTION TYPE</p> <p>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</p>		<p>1st Harmful Event Most Harmful Event</p> <p>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</p>																																																																
<p>02 SURFACE TYPE</p> <p>ON AT</p> <p>01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: 04 Dirt 05 Brick 99 Unknown</p>				<p>ROAD SPECIAL FEATURES (up to 3)</p> <p>00 None <input type="checkbox"/> 00 <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03</p> <p>01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING _____ 05 Interchange 06 Ramp 99 Unknown</p>		<p>TRAFFIC CONTROLS</p> <p>(On / At Road) O/A</p> <table border="1"> <tr> <th></th> <th>Type Present</th> <th>OK/NF</th> </tr> <tr> <td>00 None</td> <td><input type="checkbox"/> O</td> <td><input type="checkbox"/> 02</td> <td><input type="checkbox"/> OK</td> </tr> <tr> <td>01 Officer, flagger</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/></td> </tr> <tr> <td>02 Traffic signal</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/></td> </tr> <tr> <td>03 Stop sign</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/></td> </tr> <tr> <td>04 Flasher</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/></td> </tr> <tr> <td>05 Yield sign</td> <td></td> <td></td> <td></td> </tr> <tr> <td>06 RR gates / signal</td> <td></td> <td></td> <td></td> </tr> <tr> <td>07 RR crossing signs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>08 No passing zone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>09 Center/Edge lines</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 Warning signs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 School zone signs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 Parking lines</td> <td></td> <td></td> <td></td> </tr> <tr> <td>88 Other: _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>99 Unknown</td> <td></td> <td></td> <td></td> </tr> </table>			Type Present	OK/NF	00 None	<input type="checkbox"/> O	<input type="checkbox"/> 02	<input type="checkbox"/> OK	01 Officer, flagger	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/>	02 Traffic signal	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/>	03 Stop sign	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/>	04 Flasher	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/>	05 Yield sign				06 RR gates / signal				07 RR crossing signs				08 No passing zone				09 Center/Edge lines				10 Warning signs				11 School zone signs				12 Parking lines				88 Other: _____				99 Unknown			
	Type Present	OK/NF																																																																				
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01 Officer, flagger	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/>																																																																			
02 Traffic signal	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/>																																																																			
03 Stop sign	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/>																																																																			
04 Flasher	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/>																																																																			
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12 Parking lines																																																																						
88 Other: _____																																																																						
99 Unknown																																																																						
<p>01 SURFACE CONDITIONS</p> <p>ON AT</p> <p>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</p>																																																																						

Crash Diagram

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SPECIAL EVENT**SPECIAL DATA**

Local Case No.

20C002974

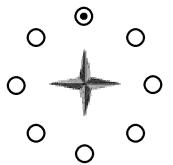
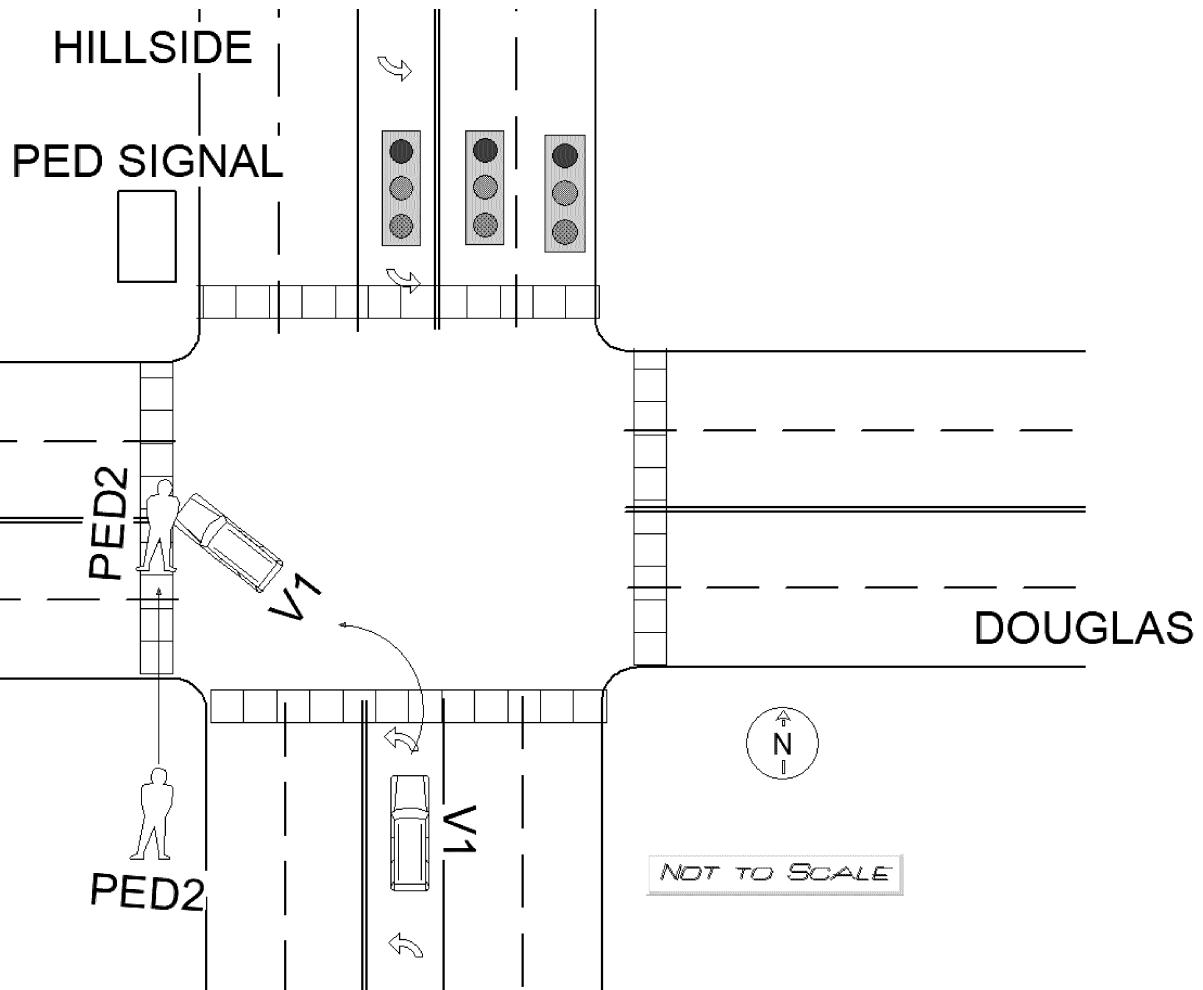
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04 ON	ROADWAY NUMBER OF LANES	AT	01 ON	ROAD CHARACTER	AT	00	SPECIAL JURISDICTION	
							00 Normal Jurisdiction (Not Special)	
							01 National Park Service	
							02 Military	
							03 Indian Reservation	
							04 College / University Campus	
							05 Other Federal property	
							88 Other: _____	
							99 Unknown	

- 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

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.

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.

A W KLUMPP 1868

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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)															
P2	26														
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	COX		MN A	118 N ERIE			New address? <input type="checkbox"/>	Personal (316) 440-3597		M S N					
ST 01	MARK		DOB 07/20/1972	WICHITA	KS	67214	Work	47	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	K00876651			C	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
01 DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS			DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS								
00 Not licensed	Restrictions? <input checked="" type="checkbox"/> N	1	2	3	4	00 Not licensed	Restrictions? <input type="checkbox"/>	1	2	3	4				
01 Valid License	Driver's Lic	Complied? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Z - None			01 Valid License	Driver's Lic	Complied? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Z - None						
02 Suspended	Restrictions	1 <input type="checkbox"/> <input checked="" type="checkbox"/>	T - Double/Triple Trailer			02 Suspended	Restrictions	1 <input type="checkbox"/> <input checked="" type="checkbox"/>	T - Double/Triple Trailer						
03 Revoked		2 <input type="checkbox"/> <input checked="" type="checkbox"/>	P - Passenger Vehicle			03 Revoked		2 <input type="checkbox"/> <input checked="" type="checkbox"/>	P - Passenger Vehicle						
04 Expired		3 <input type="checkbox"/> <input checked="" type="checkbox"/>	N - Tank Vehicle			04 Expired		3 <input type="checkbox"/> <input checked="" type="checkbox"/>	N - Tank Vehicle						
05 Cancl or Denied		4 <input type="checkbox"/> <input checked="" type="checkbox"/>	H - Placarded Haz. Material			05 Cancl or Denied		4 <input type="checkbox"/> <input checked="" type="checkbox"/>	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)				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"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed				
METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)							
ALCOHOL	DRUGS	<input checked="" type="checkbox"/> NG - No Test given			ALCOHOL	DRUGS	<input checked="" type="checkbox"/> NG - No Test given								
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/> NG - No Test given	<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)	<input checked="" type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)	<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)				
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> RP - Results pending	<input type="checkbox"/> 04 Passive Alcohol Sensor	<input type="checkbox"/> PT - Prelim Positive Test (PBT)	<input type="checkbox"/> 05 Observed	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> RP - Results pending				
<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"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____	<input type="checkbox"/> 05 Observed	<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor	<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____				
<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	<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor	<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"/> 05 Observed	(Odor, staggering, slurred speech, etc)	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Drug screen result <input type="checkbox"/>	<input type="checkbox"/> 04 Passive Alcohol Sensor	<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"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Drug screen result <input type="checkbox"/>	<input type="checkbox"/> 05 Observed	<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor	<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____						
<input type="checkbox"/> 06 Other (e.g. saliva test)		<input type="checkbox"/> Drug screen result <input type="checkbox"/>		<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Drug screen result <input type="checkbox"/>	<input type="checkbox"/> 06 Other (e.g. saliva test)	<input type="checkbox"/> Drug screen result <input type="checkbox"/>	<input type="checkbox"/> 04 Passive Alcohol Sensor	<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____						
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 A	EMS Time Notified 15:04	Injured taken by: MED 33			Transport Unit	EMS Time Notified	Injured taken by:								
EMS Arrived 15:08	EMS Time@Hosp 15:18	Injured taken to: WESLEY			EMS Arrived	EMS Time@Hosp	Injured taken to:								

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

Occupants & Vehicles

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VEHICLE# 1
(01, 03, N3, X3, etc)

SPECIAL DATA

VEHICLE#
(02, 04, N2, X4, etc)

SPECIAL DATA

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OWNER Last Name ("Same" if Driver) COX			OWNER First Name MARK			Middle Name A			OWNER Last Name ("Same" if Driver)			OWNER First Name			Middle Name														
OWNER ADDRESS (Number, Street) 118 N ERIE			New address? <input type="checkbox"/>			Personal Phone (316) 440-3597			OWNER ADDRESS (Number, Street)			New address? <input type="checkbox"/>			Personal Phone														
CITY WICHITA			ST KS	ZIP 67214	Work Phone			CITY			ST	ZIP	Work Phone																
COLOR BLU	YEAR 2012	MAKE SUZI	MODEL GVT	BODY STYLE 4D	ST KS	COLOR	YEAR	MAKE	MODEL	BODY STYLE		ST																	
LICENSE PLATE # 808CNG	County SG	Exp YR 2020	Removed by: OWNER			LICENSE PLATE #	County	Exp YR	Removed by:			MC CCS																	
VEHICLE IDENTIFICATION NUMBER JS3TE0D61C4100281						Dir of Travel N	# Occupants 1	VEHICLE IDENTIFICATION NUMBER						Dir of Travel	# Occupants														
Insurance Company FARM BUREAU			Policy Number 7960755						Insurance Company			Policy Number																	
SPECIAL CONDITIONS FOR TRAFFIC UNITS			1	2	3	4	5	Odometer	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			01	VEHICLE DAMAGE			VEHICLE USE			VEHICLE DAMAGE																		
01 No special use	06 Police	00 None	04 Destroyed	01 No special use	06 Police	00 None	04 Destroyed																						
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						02	VEH. MANU. BEFORE UNSTAB. SIT.			DAMAGE LOCATION AREA						02	VEH. MANU. BEFORE UNSTAB. SIT.												
First Impact 12	Major Impact 12	01 Straight/ following road	11 Stopped awaiting turn	First Impact _____	Major Impact _____	01 Straight/ following road	11 Stopped awaiting turn																						
FRONT	1 2 3A 3B 4 5 12B 12C 13 6C 6A 6B 11 10 9B 9A 8 7	02 Left Turn	12 Stopped in traf	FRONT	1 2 3A 3B 4 5 12B 12A 13 6C 6A 6B 11 10 9B 9A 8 7	02 Left Turn	12 Stopped in traf																						
14 Undercarriage	15 Windshield	03 Right Turn	13 Illegally parked	14 Undercarriage	15 Windshield	03 Right Turn	13 Illegally parked																						
16 Other windows	99 Unknown	04 U Turn	14 Disabled in roadway	16 Other windows	99 Unknown	04 U Turn	14 Disabled in roadway																						
17 Entire vehicle damaged	88 Other:	05 Passing	15 Slowing or stopping	17 Entire vehicle damaged	88 Other:	05 Passing	15 Slowing or stopping																						
		06 Changing lanes	16 Negotiating a curve	88 Other:		06 Changing lanes	16 Negotiating a curve																						
		07 Avoidance man.	17 Negotiating a curve			07 Avoidance man.	17 Negotiating a curve																						
		08 Merging	18 Other:			08 Merging	18 Other:																						
		09 Parking	99 Unknown			09 Parking	99 Unknown																						
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)																							
1 21 3 4				<input type="checkbox"/> The exact sequence is unknown				1 2 3 4				<input type="checkbox"/> The exact sequence is unknown																	
NON-COLLISION						COLLISION WITH						NON-COLLISION						COLLISION WITH											
01 Ran off road right			10 Downhill runaway			21 Pedestrian			01 Ran off road right			10 Downhill runaway			21 Pedestrian														
02 Ran off road left			11 Trailer swing			22 Motor veh in-transport			02 Ran off road left			11 Trailer swing			22 Motor veh in-transport														
03 Crossed centerline			12 Separation of units			23 Legally Parked Vehicle			03 Crossed centerline			12 Separation of units			23 Legally Parked Vehicle														
04 Overturn/Rollover			13 Jackknife			24 Train			04 Overturn/Rollover			13 Jackknife			24 Train														
05 Crossed median			14 Fire			25 Pedal cycle (bike, etc)			05 Crossed median			14 Fire			25 Pedal cycle (bike, etc)														
06 Fell/Jumped from veh			15 Explosion			26 Animal			06 Fell/Jumped from veh			15 Explosion			26 Animal														
07 Thrown or falling object			16 Immersion in water			27 Fixed Object			07 Thrown or falling object			16 Immersion in water			27 Fixed Object														
08 Cargo loss or shift			17 Equipment failure			28 Other moveable object			08 Cargo loss or shift			17 Equipment failure			28 Other moveable object														
09 Equipment failure (tire, brakes, etc.)			18 Other event:			99 Unknown object			09 Equipment failure (tire, brakes, etc.)			18 Other event:			99 Unknown object														
98 Unknown non-coll.						99 Unknown non-coll.						98 Unknown non-coll.						99 Unknown non-coll.											

Passengers & Pedestrians
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LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT

Investigating Officer / Badge No.
A W KLUMPP 1868

Local Case No.
20C002974

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

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

Passengers & Pedestrians
854 page 2

PEDESTRIAN INFORMATION

Investigating Officer / Badge No.
A W KLUMPP 1868

Local Case No.
20C002974

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	GREY	MN E	115 S RUTAN 8K	New address? <input type="checkbox"/> Personal (316) 688-0202	M	N	F	A	
PT 21	JIMMIE	DOB 07/03/1929	WICHITA KS 67214	Work	90			<input type="checkbox"/>	
TU		MN		New address? <input type="checkbox"/> Personal					
PT		DOB		Work				<input type="checkbox"/>	
Transport Unit	EMS Time Notified	Injured taken by:			Transport Unit	EMS Time Notified	Injured taken by:		
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:		
TU# 2	DirTrvl N	DL State KS	Driver's License Number K00230901	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	
02 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				
03 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				
04 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				
05 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				
06 METHOD OF DETERMINATION									
(mark all that apply)					(mark all that apply)				
<u>ALCOHOL</u> <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)					<u>DRUGS</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"/> Evidentiary Breath 0. <input type="checkbox"/> Blood (BAC) 0. <input type="checkbox"/> Drug screen result				
<u>ALCOHOL</u> <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)					<u>DRUGS</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>ALCOHOL</u> <input type="checkbox"/> Evidentiary Breath 0. <input type="checkbox"/> Blood (BAC) 0. <input type="checkbox"/> Drug screen result				
07 IMPAIRMENT TEST									
(mark all that apply)					(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"/> Evidentiary Breath 0. <input type="checkbox"/> Blood (BAC) 0. <input type="checkbox"/> Drug screen result					<u>DRUGS</u> <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)				

AREA OF IMPACT

THE AREA OF IMPACT (AOI) WAS APPROXIMATELY 25 FEET SOUTH OF NORTH CUB LINE OF DOUGLAS AND IN THE CROSSWALK OF THE WEST SIDE OF THE INTERSECTION.

VEHICLE

V1 IS A BLUE 2012 SUZUKI GRAND VITARA WITH KS TAG OF 808CNG. V1 WAS NORTH ON HILLSIDE TURNING WEST (LEFT) ONTO DOUGLAS.

STATEMENTS

D1 M. COX STATED THAT HE WAS NORTH ON HILLSIDE MAKING A LEFT TURN TO GO WEST ONTO DOUGLAS. AS HE PROCEEDED IN HIS TURN HE STATED THAT HE HAD A GREEN LEFT TURN ARROW AND STRUCK PED2 J. GREY IN THE CROSSWALK.

W1 KILEE BELL (316)339-9830 STATED THAT SHE WAS SOUTH ON HILLSIDE STOPPED FOR THE RED LIGHT. SHE SAW THE SB LIGHT TO TURN LEFT ONTO DOUGLAS TURN TO A GREEN ARROW AND SAW D1 M. COX MAKE HIS LEFT TURN AND STRUCK PED2 J. GREY IN THE CROSSWALK.

PED2 J. GREY TRANSPORTED TO WESLEY MEDICAL CENTER BY MED 33 CODE RED WITH CRITICAL INJURIES.

ROAD SURFACE

THE INTERSECTION OF DOUGLAS AND HILLSIDE IS A FOUR-WAY INTERSECTION. THE ROAD SURFACE IS CONSTRUCTED OF ASPHALT WHICH WAS FREE OF ANY DEFECTS OR SIGNIFICANT DEBRIS. THE INTERSECTION HAS A CLEARLY DEFINED CROSSWALKS CONSTRUCTED OF BRICKS. THE TRAVEL LANES ARE SEPARATED WITH PAINTED LINES WHICH WERE IN GOOD CONDITIONS AND IN CONTRAST WITH THE ROADWAY. VEHICLE AND PEDESTRIAN TRAFFIC IS CONTROLLED BY SIGNALS WHICH WERE FUNCTIONING PROPERLY.

WEATHER

AT THE TIME OF THE COLLISION IT WAS DAYLIGHT AND THERE WAS NOT ANY ADVERSE WEATHER CONDITIONS.

OPINION

IN MY OPINION THE COLLISION WAS CAUSED BY PED2 DISOBEDIING THE PEDESTRIAN WALK SIGNAL.

2/14/2020 MJH 1569

P2 Grey died from his injuries while in Wesley Medical Center on 1/18/2020. Notified by Lt Patton.

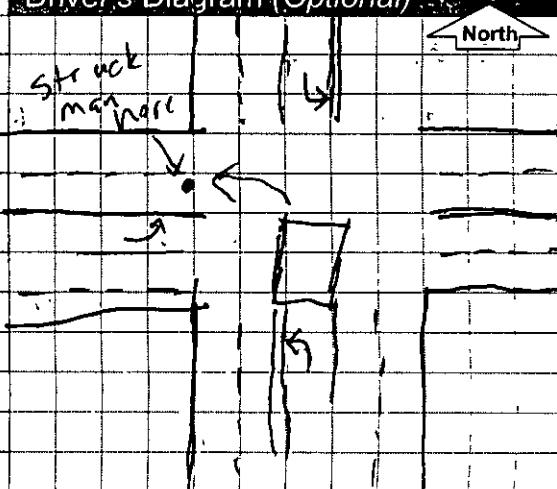
Page 1 of 1	Data Entered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Beat 31.	Watch 1	WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT				Incident Number 202002974			
Code 7020	Classification MV-PED	Code	Classification			Agency	Connecting Case				
<input type="checkbox"/> 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 1-14-2020	Time of Acc 1503	Location of Acc Douglas Hillside		Speed Limit 35	Officer at Scene Klump #1866						
Last Name (Please Print) Cox				First Name Mark	M.I. A	Date of Birth 07/20/72	Age 47				
Home Street Address 118 N. Erie				Apt / Lot / Suite # -	City Wichita	State KS	Zip Code 67214				
Race <input checked="" type="checkbox"/> C	Ethnic <input checked="" type="checkbox"/> W	Sex M	Social Security Number (Optional)	Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Home Phone Number 316-644-0359	Cell Phone Number 316-644-0359					
DL State KS	DL Number K00-87-6657	DL Class C	DL Restrictions N	Safety Equipment <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Eye Protection	Lap Belt Only <input type="checkbox"/> Shoulder Belt Only						
Work Name/School & Grade Kansas Star Casino		Address		City Mulvane	State KS	Zip Code 67110	Work Phone Number 316-671-9508				
Year 1-2	Make Suzuki	Model Grand Vtory	Body Style PR	Color Blue	Motorcycle CCs						
Lic. Plate State Key	Lic. Plate number 808 CNG	Lic. Plate Expires (mm.yr) 04.20	Number of Miles on Vehicle 107976		Mark areas where your vehicle is Damaged						
Vehicle Identification Number (VIN) 1S3TE0A69G4100281				Total number of Occupants 1	<input type="checkbox"/> Windshield	3	4	5	6	7	8
					<input type="checkbox"/> Windows	Front	2	17	18	19	9
					<input type="checkbox"/> Top		1				10
					<input type="checkbox"/> Under		16	15	14	13	12
					<input type="checkbox"/> Trailer present						
					<input type="checkbox"/> Trailer Damaged						
					Airbag Deployed			<input type="checkbox"/> Driver's side	Side airbag(s)		
								<input type="checkbox"/> Passenger's side			
Last Name (Same as Driver) Sam				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	Seatbelt Usage <input type="checkbox"/> Other <input type="checkbox"/> Lap Belt Only	<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		
2	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	Seatbelt Usage <input type="checkbox"/> Other <input type="checkbox"/> Lap Belt Only	<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		
3	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	Seatbelt Usage <input type="checkbox"/> Other <input type="checkbox"/> Lap Belt Only	<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		
4	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	Seatbelt Usage <input type="checkbox"/> Other <input type="checkbox"/> Lap Belt Only	<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

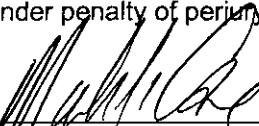
Your direction of travel: North Your Speed: 5 mph

I was facing north in the turn lane to turn west onto Douglas. The light was red at this point. The green arrow for me to turn no ~~left~~ came on. I proceeded through the intersection at 5 mph. Next thing I see is him looking at me just before I hit him. After coming to a stop I looked up to see that the don't walk was still showing it was. The path was clear before I proceeded.

Driver's Diagram (Optional)



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

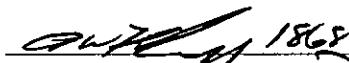
Signature 

Date 1-13-2020

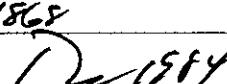
Officer's Narrative



Time Occurred	Time Disp	Time Arrived	Towed by	Injured Removed by	Taken To
1503	1503	1516	-	Mco 32	Wmc

Officer 

Date / Time 1-14-2020

Supervisor 

Date 1-15-20

Page 1 of 1 pages

WICHITA POLICE DEPARTMENT
WITNESS STATEMENTIncident Number
20 C002974

Last Name (Please Print)

Bell

First Name

Kilee

M.I.

E

DOB

08/3/2000

Age

19

Home Street Address

2881 S IDEA

Apt / Lot / Suite Number

City

Wichita

State

KS

Zip Code

67216

Race

W

Ethnic

White

Sex

F

Home Phone #

316-339-9800

Cell Phone #

→

Work Phone #

N/A

Work Name / School & Grade

Street Address

City

State

Zip Code

Time of Incident

APPROX 3:00pm

Date of Incident

01-14-20

Location of Incident

Douglas & Hillside

Narrative

I was driving my car and heading towards the highway on Hillside and when stopped at the red light on Hillside & Douglas I saw the turn signal turn green for traffic on Hillside to go and as the man was turning an elderly man was crossing the crosswalk and the man wasn't paying attention and hit him. I got my car parked where traffic wouldn't hit him and I got out to help until ambulance arrived.

Signature

Kilee Bell

Officer and ID

2020-01-14-1868

Date 1-14-20 Time 3:26 pm

Date 1-14-2020 Time 1825 hrs