# Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

| Investigating Department | Reviewed by | Local Case No. | Page of |
|---|---|---|---|
| WICHITA POLICE DEPT. | MORRIS S0276 | 25C210102 | 1 / 4 |

| Investigating Officer Name | Badge Number | County | City Name |
|---|---|---|---|
| A.J. GREGERSON | 2648 | SG | WICHITA |

☐ Amended Report
☐ DUI
☒ Hit & Run

| Milepost | Block No | Dir Pfx | On Road Name | Road Type | Dir Sfx | SpdLmt | Date of Crash (mm/dd/yyyy) | Time Occur. | Day |
|---|---|---|---|---|---|---|---|---|---|
| | 600 | E | DOUGLAS | AVE | | 30 | 11/07/2025 | 22:48 | FR |

| From Dist | Ft/Mi | From Dir | ◉ FROM ○ AT | Dir Pfx | Reference or At Road Name | Road Type | Dir Sfx | SpdLmt | Date Notified (mm/dd/yyyy) | Time Notif. | Day |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 30 | F | E | | N | SAINT FRANCIS | AVE | | 30 | 11/07/2025 | 22:49 | FR |

| Date Arrived (mm/dd/yyyy) | Time Arriv. | Day |
|---|---|---|
| 11/07/2025 | 22:51 | FR |

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 WESTBOUND ON DOUGLAS RAN RED LIGHT STRIKING P2 WHO WAS SOUTHBOUND IN THE CROSSWALK.

Latitude (AOI)

Longitude (AOI)

Photos by

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

**WORK ZONE TYPE** — 00 ON ___ AT ___
- 00 None Apply
- 01 Construction Zone -
- 02 Maintenance Zone - (KDOT? ☐)
- 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

**04 LIGHT CONDITIONS**
- 01 Daylight
- 02 Dawn
- 03 Dusk
- 04 Dark: street lights on
- 05 Dark: no street lights
- 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 SURFACE TYPE** — ON ___ AT ___
- 01 Concrete
- 02 Blacktop (Asphalt)
- 03 Gravel
- 04 Dirt
- 05 Brick
- 88 Other: ___
- 99 Unknown

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

**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/Drvwy
- 15 Interchange Area +
- 16 On Crossover
- 17 Toll Plaza

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

**01 +INTERSECTION TYPE**
- 01 Four-way intersection
- 02 Five-way or more
- 03 T - intersection
- 04 Y - intersection
- 05 L - intersection
- 06 Roundabout
- 07 Traffic Circle
- 08 Part of an interchange
- 99 Unknown

(See Manual for Definitions)

**ROAD SPECIAL FEATURES** (up to 3)

| 1 | 2 | 3 |
|---|---|---|
| 00 | | |

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

**02 CRASH CLASS** (mark 1 box per side) — 02

| 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 | | |
| 01 Officer, flagger | 1 O | 1 OK |
| 02 Traffic signal | 2 O | 2 OK |
| 03 Stop sign | 02 | |
| 04 Flasher | 09 | |
| 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<br>850A page 2 | SPECIAL EVENT | SPECIAL DATA | Local Case No.<br>25C210102 | Page of<br>1 / 4 |
|---|---|---|---|---|

**04 ROADWAY NUMBER OF LANES** (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

**01 ROAD CHARACTER** (ON / AT)

01 Straight & Level
02 Straight on grade/slope
03 Straight on hillcrest
04 Curved & level
05 Curved on grade/slope
06 Curved on hillcrest
88 Other: _____
99 Unknown

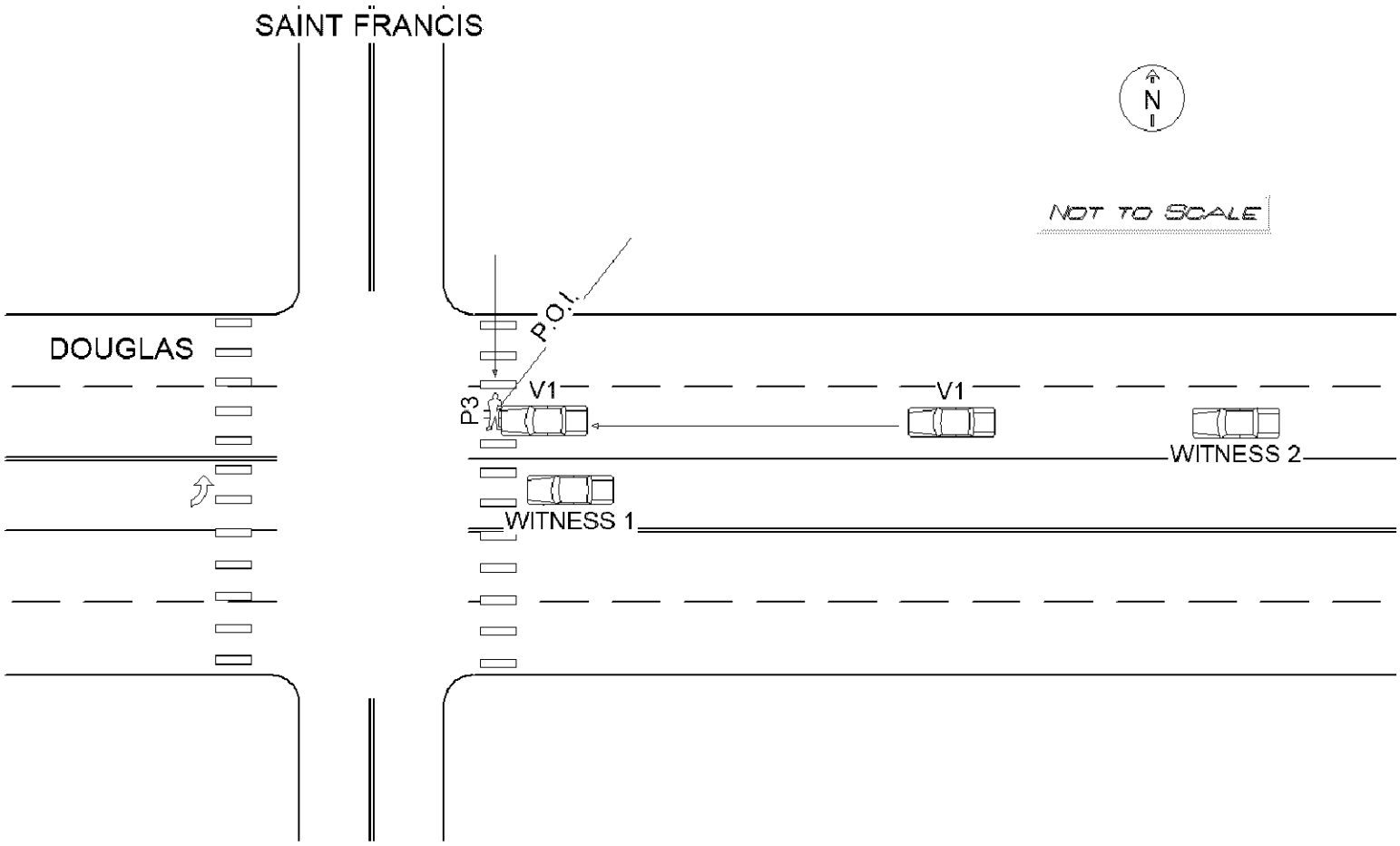
**00 SPECIAL JURISDICTION**

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

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

KDOT Form 850B page 1 - Rev. 2019

## DRIVER & PASSENGER INFORMATION

(record pedestrians on supplemental form 854)

Investigating Officer / Badge No.: A.J. GREGERSON 2648

Local Case No.: 25C210102

Page of: 2 / 4

| TU# | VIOLATIONS CHARGED | CITATION# | TU# | VIOLATIONS CHARGED (More violations in narrative ☐) | CITATION# |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)

D1 | 32 | P2 | 00

| Unit # / Seat Type | DRIVER Last Name / First Name | Middle Name / Date of Birth | DRIVER ADDRESS (Number, Street, Suffix, etc.) / City / State / Zip | Personal Phone / Work Phone | Gender / Age | SE Used / Eject/Trap | Inj Severity / Eject Path | Transpt Unit / Extrication? |
|---|---|---|---|---|---|---|---|---|
| TU 01 | UNKNOWN | MN | New address? ☐ | Personal | U | U | U | |
| ST 01 | | DOB 99/99/9999 | | Work | 00 | N | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |

## TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

| DL State | Driver's License Number | DL Class | Driving for Employer? | CDL? |
|---|---|---|---|---|
| | | | ☐ | ☐ |

99 **DR LICENSE COMPLY**

00 Not licensed
01 Valid License
02 Suspended
03 Revoked
04 Expired
05 Cancld or Denied
06 Disqualified
07 Restricted
99 Unknown

**RESTRICT COMPLY**

Restrictions? ☐

| Driver's Lic Restrictions | Complied? Y | N |
|---|---|---|
| 1 | ☐ | ☐ |
| 2 | ☐ | ☐ |
| 3 | ☐ | ☐ |
| 4 | ☐ | ☐ |

**COMMERCIAL ENDORSEMENTS**

1 | 2 | 3 | 4

Z - None
T - Double/Triple Trailer
P - Passenger Vehicle
N - Tank Vehicle
H - Placarded Haz. Material
X - Combination Tank/HazMat
S - School Bus
U - Unknown

**SUBSTANCE USE** (mark all that apply)

☐ AP - Alcohol ingested
☐ AC - Alcohol contributed
☐ DP - Illegal drugs ingested
☐ DC - Illegal drugs contributed
☐ MP - Medication ingested
☐ MC - Medication contributed

**METHOD OF DETERMINATION** (mark all that apply)

| ALCOHOL | DRUGS |
|---|---|
| ☒ 00 No evidence of impairment | ☒ |
| ☐ 01 Evidential Test (Breath,Blood,etc) | ☐ |
| ☐ 02 Preliminary Breath Test PBT | |
| ☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.) | ☐ |
| ☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) | |
| ☐ 05 Observed (Odor, staggering, slurred speech, etc) | ☐ |
| ☐ 06 Other (e.g. saliva test) | ☐ |

**IMPAIRMENT TEST** (mark all that apply)

☒ NG - No Test given
☐ TR - Test Refused (Alcohol/Drug)
☐ PT - Prelim Positive Test (PBT)
☐ TG - Evidentiary Test given
☐ RP - Results pending

ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result ☐

## TRAFFIC UNIT# (02, 04, N2, X4, etc)

| DL State | Driver's License Number | DL Class | Driving for Employer? | CDL? |
|---|---|---|---|---|
| | | | ☐ | ☐ |

**DR LICENSE COMPLY**

00 Not licensed
01 Valid License
02 Suspended
03 Revoked
04 Expired
05 Cancld or Denied
06 Disqualified
07 Restricted
99 Unknown

**RESTRICT COMPLY**

Restrictions? ☐

| Driver's Lic Restrictions | Complied? Y | N |
|---|---|---|
| 1 | ☐ | ☐ |
| 2 | ☐ | ☐ |
| 3 | ☐ | ☐ |
| 4 | ☐ | ☐ |

**COMMERCIAL ENDORSEMENTS**

1 | 2 | 3 | 4

Z - None
T - Double/Triple Trailer
P - Passenger Vehicle
N - Tank Vehicle
H - Placarded Haz. Material
X - Combination Tank/HazMat
S - School Bus
U - Unknown

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| ☐ 02 Preliminary Breath Test PBT | |
| ☐ 03 Behavioral (Tests: HGN, walk-and-turn, one leg stand, etc.) | ☐ |
| ☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) | |
| ☐ 05 Observed (Odor, staggering, slurred speech, etc) | ☐ |
| ☐ 06 Other (e.g. saliva test) | ☐ |

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ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result ☐

| Unit # / Seat Type | PASSENGER Last Name / First Name | Middle Name / Date of Birth | PASSENGER ADDRESS (Number, Street, Sfx, etc.) / City / State / Zip | Personal Phone / Work Phone | Gender / Age | SE Used / Eject/Trap | Inj Severity / Eject Path | Transpt Unit / Extrication? |
|---|---|---|---|---|---|---|---|---|
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |

| Transport Unit | EMS Time Notified | Injured taken by: |
|---|---|---|
| EMS Arrived | EMS Time@Hosp | Injured taken to: |

| Transport Unit | EMS Time Notified | Injured taken by: |
|---|---|---|
| EMS Arrived | EMS Time@Hosp | Injured taken to: |

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

# Occupants & Vehicles

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VEHICLE# 01 (01, 03, N3, X3, etc) | SPECIAL DATA | VEHICLE# (02, 04, N2, X4, etc) | SPECIAL DATA | Local Case No. 25C210102 | Page of 2 / 4

## Vehicle 01

| OWNER Last Name ("Same" if Driver) | OWNER First Name | Middle Name |
|---|---|---|
| STARK | BLAKE | ANDREW |

OWNER ADDRESS (Number, Street): 2840 N CLARENCE AVE | New address? ☐ | Personal Phone:

CITY: WICHITA | ST: KS | ZIP: 67204 | Work Phone:

| COLOR | YEAR | MAKE | MODEL | BODY STYLE | ST |
|---|---|---|---|---|---|
| GRY | 2003 | CHEV | MOC | 2D | KS |

| LICENSE PLATE # | County | Exp YR | Removed by: | MC CCs |
|---|---|---|---|---|
| 3767AJX | SG | 2025 | | |

VEHICLE IDENTIFICATION NUMBER: 2G1WW12E139410414 | Dir of Travel: W | # Occupants: 1

Insurance Company: NOT INSURED | Policy Number:

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5 | Odometer | Fire? ☐

1 Hit & Run; 2 Non-Contact; 3 Stolen; 4 Legally Parked; 5 Pursued by LE; 6 Driverless; 7 Towed away due to damage

**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

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

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

Bus Seat Capacity _____

Power Source F

**01 VEHICLE USE**

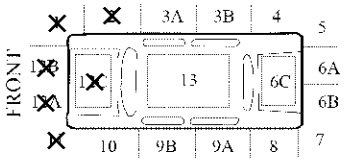
01 No special use; 02 Taxi / Limo; 03 School bus; 04 Other bus; 05 Military; 06 Police; 07 Ambulance; 08 Fire; 09 Mail/Parcel; 99 Unknown

**02 VEHICLE DAMAGE**

00 None; 01 Damage (minor); 02 Functional; 03 Disabling; 04 Destroyed; 88 Other: _____; 99 Unknown

**DAMAGE LOCATION AREA**

First Impact 12 Major Impact 12




☐ 14 Undercarriage ☒ 15 Windshield ☐ 16 Other windows ☐ 99 Unknown ☐ 17 Entire vehicle damaged ☐ 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; 11 Stopped awaiting turn; 12 Stopped in traf; 13 Illegally parked; 14 Disabled in roadway; 15 Slowing or stopping; 16 Negotiating a curve; 88 Other: _____; 99 Unknown

**VEHICLE SEQUENCE OF EVENTS** (List up to 4 per unit in the order of occurence)

1: 21 | 2 | 3 | 4 | ☐ The exact sequence is unknown

**NON-COLLISION**

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.

**COLLISION WITH**

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

## Vehicle 02

| OWNER Last Name ("Same" if Driver) | OWNER First Name | Middle Name |
|---|---|---|
| | | |

OWNER ADDRESS (Number, Street): | New address? ☐ | Personal Phone:

CITY: | ST: | ZIP: | Work Phone:

| COLOR | YEAR | MAKE | MODEL | BODY STYLE | ST |
|---|---|---|---|---|---|
| | | | | | |

| LICENSE PLATE # | County | Exp YR | Removed by: | MC CCs |
|---|---|---|---|---|
| | | | | |

VEHICLE IDENTIFICATION NUMBER: | Dir of Travel: | # Occupants:

Insurance Company: | Policy Number:

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5 | Odometer | Fire? ☐

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Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

**VEHICLE USE**

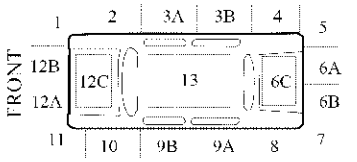
01 No special use; 02 Taxi / Limo; 03 School bus; 04 Other bus; 05 Military; 06 Police; 07 Ambulance; 08 Fire; 09 Mail/Parcel; 99 Unknown

**VEHICLE DAMAGE**

00 None; 01 Damage (minor); 02 Functional; 03 Disabling; 04 Destroyed; 88 Other: _____; 99 Unknown

**DAMAGE LOCATION AREA**

First Impact _____ Major Impact _____

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**COLLISION WITH**

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.: A.J. GREGERSON 2648

Local Case No.: 25C210102



| Unit # / Seat Type | PASSENGER Last Name / First Name | Middle Name / Date of Birth | PASSENGER ADDRESS (Number, Street, Sfx, etc.) / City / State / Zip / New address? | Personal Phone Number / Work Phone Number | Gender / Age | SE Used / Eject/Trap | Inj Severity / Eject Path | Transpt Unit / Extrication? |
|---|---|---|---|---|---|---|---|---|
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |

| 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

## PEDESTRIAN INFORMATION

Investigating Officer / Badge No.: A.J. GREGERSON 2648

Local Case No.: 25C210102



| Unit # / Ped Type | PEDESTRIAN Last Name / First Name | Middle Name / Date of Birth | PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) / City State Zip | Personal Phone Number / Work Phone Number | Gender / Age | SE Used / Eject/Trap | Inj Severity / Eject Path | Transpt Unit / Extrication? |
|---|---|---|---|---|---|---|---|---|
| TU 02 | WHITE | MN CHRISTOPHER | 3027 S 145TH ST E (New address? ☐) | Personal (208) 406-7089 | M | N | D | A |
| PT 21 | JOHN | DOB 07/19/1971 | WICHITA KS 67232 | Work | 54 | | | ☐ |
| TU | | MN | (New address? ☐) | Personal | | | | |
| PT | | DOB | | Work | | | | ☐ |

| Transport Unit | EMS Time Notified | Injured taken by: |
|---|---|---|
| A | 22:48 | M28 |
| **EMS Arrived** | **EMS Time@Hosp** | **Injured taken to:** |
| 22:51 | 23:04 | SAINT FRANCIS HOSPITAL |

| Transport Unit | EMS Time Notified | Injured taken by: |
|---|---|---|
| | | |
| **EMS Arrived** | **EMS Time@Hosp** | **Injured taken to:** |
| | | |

| TU# | DirTrvl | DL State | Driver's License Number | Special Data |
|---|---|---|---|---|
| 02 | S | KS | K04521022 | |

| TU# | DirTrvl | DL State | Driver's License Number | Special Data |
|---|---|---|---|---|
| | | | | |

### 01 PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

00 NOT in roadway (driving lanes)

| IN or AT INTERSECTION | NOT IN or AT INTERSECTION |
|---|---|
| 01 In crosswalk or bikeway | 11 In crosswalk or bikeway |
| 02 NOT in crosswalk or bikeway | 12 NOT in crosswalk or bikeway |
| 03 In intersection without a crosswalk or bikeway | 13 In area without a crosswalk or bikeway |

88 Other: _____ 99 Unknown

### PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT

00 NOT in roadway (driving lanes)

| IN or AT INTERSECTION | NOT IN or AT INTERSECTION |
|---|---|
| 01 In crosswalk or bikeway | 11 In crosswalk or bikeway |
| 02 NOT in crosswalk or bikeway | 12 NOT in crosswalk or bikeway |
| 03 In intersection without a crosswalk or bikeway | 13 In area without a crosswalk or bikeway |

88 Other: _____ 99 Unknown

### OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)

| | |
|---|---|
| 01 Within a work zone | 08 Driveway access crosswalk |
| 02 In median (not shoulder) | 09 Dedicated bike lane |
| 03 On Island | 10 Shared-use path or trails |
| 04 Road shoulder (not ditch or median) | 11 Inside building |
| 05 Roadside (not on shoulder) | 12 In legally parked vehicle |
| 06 Sidewalk | 88 Other: _____ |
| 07 Outside trafficway | 99 Unknown |

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| 01 Within a work zone | 08 Driveway access crosswalk |
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| 05 Roadside (not on shoulder) | 12 In legally parked vehicle |
| 06 Sidewalk | 88 Other: _____ |
| 07 Outside trafficway | 99 Unknown |

### 10 PEDESTRIAN ACTION BEFORE CRASH

| | |
|---|---|
| 01 Walking / cycling to or from school | 07 Standing, sitting, or lying |
| 02 Approaching or leaving bus | 08 Playing, running, walking |
| 03 Approaching or leaving vehicle | 09 Cycling |
| 04 Working (not on vehicle) | 10 Entering or crossing |
| 05 Working on vehicle | 88 Other: _____ |
| 06 Pushing motor vehicle | 99 Unknown |

### PEDESTRIAN ACTION BEFORE CRASH

| | |
|---|---|
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| 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 |

### 01 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 |

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| | |
|---|---|
| 00 No pedestrian signal | 03 Ped signal malfunction |
| 01 Obeyed pedestrian signal | 04 Not applicable |
| 02 Disobeyed pedestrian signal | 99 Unknown |

### SUBSTANCE USE (mark all that apply)

| | |
|---|---|
| ☐ AP - Alcohol ingested | ☐ DC - Illegal drugs contributed |
| ☐ AC - Alcohol contributed | ☐ MP - Medication ingested |
| ☐ DP - Illegal drugs ingested | ☐ MC - Medication contributed |

### SUBSTANCE USE (mark all that apply)

| | |
|---|---|
| ☐ AP - Alcohol ingested | ☐ DC - Illegal drugs contributed |
| ☐ AC - Alcohol contributed | ☐ MP - Medication ingested |
| ☐ DP - Illegal drugs ingested | ☐ MC - Medication contributed |

### METHOD OF DETERMINATION (mark all that apply)

| ALCOHOL | DRUGS |
|---|---|
| ☒ 00 No evidence of impairment | ☒ |
| ☐ 01 Evidential Test (Breath,Blood,etc) | ☐ |
| ☐ 02 Preliminary Breath Test PBT | |
| ☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. | ☐ |
| ☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) | |
| ☐ 05 Observed (Odor, staggering, slurred speech, etc) | ☐ |
| ☐ 06 Other (e.g. saliva test) | ☐ |

### IMPAIRMENT TEST (mark all that apply)

- ☒ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result ☐

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|---|---|
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Drug screen result ☐

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

AREA OF IMPACT (AOI)
The area of impact when V1 struck the pedestrian while fleeing a previous crash (Connecting Case 25C207491) was the inside lane of westbound Douglas Ave at the crosswalk on the East side of Saint Francis Ave, approximately 30 feet East of the intersection of Douglas and Saint Francis.

DRIVERS STATEMENTS (LIST AS D1-LAST NAME, FIRST INIT.)
D1-Hit and run driver: Made no statements as they fled the scene.

WITNESS STATEMENTS (LIST AS W1: LAST NAME, FIRST NAME, PHONE NUMBER)
W1-Nunez, Oscar (316) 730-4541: Stated he was westbound on Douglas Ave in the left turn lane wafting at a red light when he saw V1 strike the pedestrian at the crosswalk and continue driving off westbound.
W2-Kim, Hyung (316) 214-1634: Stated he was driving westbound on Douglas Ave in the inside lane when V1 passed him on the passenger side of his vehicle in the outside lane and cut in front of him while striking another vehicle (Connecting Case 25C207491). He then saw V1 continue to the crosswalk where he struck the pedestrian.

INJURIES (LIST POSITION IN VEHICLE WITH LAST NAME, FIRST INIT.)
P2-White, J. was transported to Saint Francis Hospital code yellow. He suffered road rash to both arms and hands. He had bruising to the abdomen and complained of stomach pain. He was found to have a minor brain bleed. He was being kept over night to be monitored.

DAMAGE (LIST AS V1-MODEL NAME)
V1: 2003 Silver Chevrolet Monte Carlo- Hood and front bumper damage, broken windshield, passenger side mirror broken off.

ROAD CONDITIONS
Road conditions were clear and dry. Center and edge lines visible. Properly operating traffic signals.

OPINION: UPON INVESTIGATION, CRASH WAS CAUSED BY
In this officer's opinion the driver of V1 was at fault for both the initial MV-MV in Transport crash (Connecting Case 25C207491) as well as the pedestrian crash that immediately followed. This Officer believes the driver was driving recklessly and attempted to weave through traffic at a high rate of speed and then in trying to flee the scene of the vehicle crash, D1 disregarded a red light, crashing into the pedestrian.