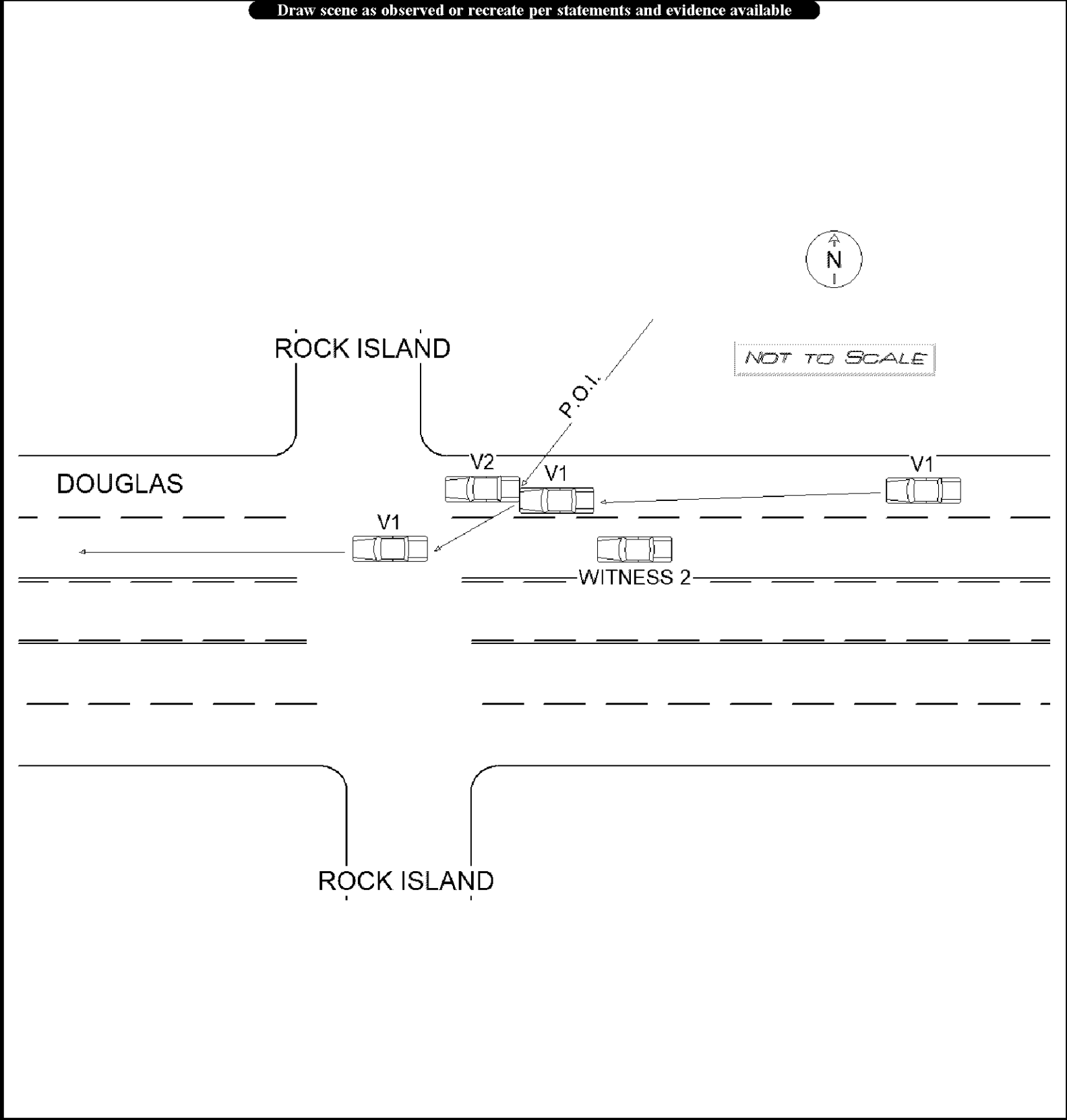


<div>Kansas Motor Vehicle Crash Report</div> <div>KDOT Form 850A page 1 Rev. 2019</div>										Investigating Department WICHITA POLICE DEPT.				Reviewed by MORRIS S0276			Local Case No. 25C207491		Page of 1 / 3		<input type="checkbox"/> Amended Report	
Investigating Officer Name A.J. GREGERSON										Badge Number 2648		County SG		City Name WICHITA			<input type="checkbox"/> DUI					
														<input checked="" type="checkbox"/> Hit & Run								
Milepost		Block No 800		Dir Pfx E	On Road Name DOUGLAS			Road Type AVE	Dir Sfx	SpdLmt 30	Date of Crash (mm/dd/yyyy) 11/07/2025		Time Occur. 22:48	Day FR	<div>PO</div> Crash Severity							
From Dist 20	Ft/Mi F	From Dir E	<div>FROM</div> <div>AT</div>	Dir Pfx S	Reference or At Road Name ROCK ISLAND			Road Type AVE	Dir Sfx	SpdLmt 30	Date Notified (mm/dd/yyyy) 11/07/2025		Time Notif. 22:49	Day FR	Fatal Injury PDO >= \$1,000 PDO < \$1,000							
Narrative: Describe each traffic unit's pre-crash movement and direction of travel										Date Arrived (mm/dd/yyyy) 11/07/2025		Time Arriv. 22:51	Day FR									
										Latitude (AOI)		00	ON	WORK ZONE TYPE			AT					
										Longitude (AOI)												
										Photos by												
KDOT: <input type="checkbox"/> Object 1 Damaged & Nature of Damage (show in diagram)										Owner Street Address				Personal Phone								
Owner Last Name										First Name		Middle Name		City		State		Zip		Work Phone		
KDOT: <input type="checkbox"/> Object 2 Damaged & Nature of Damage (show in diagram)										Owner Street Address				Personal Phone								
Owner Last Name										First Name		Middle Name		City		State		Zip		Work Phone		
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE																						
04 LIGHT CONDITIONS				11 CRASH LOCATION (of 1st Harmful Event)				03 CRASH CLASS (mark 1 box per side)				03										
01 Daylight 04 Dark: street lights on 02 Dawn 05 Dark: no street lights 03 Dusk 99 Unknown				ON ROADWAY: (within travel lanes) 11 Non-intersection 12 Intersection + 13 Intersection-related + 14 Access to Parking lot/Drvwy 15 Interchange Area + 16 On Crossover 17 Toll Plaza OFF ROADWAY: 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Rest area 88 Other: 99 Unknown				1st Harmful Event Most Harmful Event 00 Other non-collision 01 Overturned/Rollover COLLISION WITH: 02 Pedestrian 03 Motor vehicle in-transport* 04 Legally Parked Vehicle 05 Railway train 06 Pedal cyclist 07 Animal Type: 08 Fixed object** 09 Other object: 99 Unknown														
00 ADVERSE WEATHER CONDITIONS																						
00 No adverse conditions 01 Rain, mist, drizzle 02 Sleet, hail 03 Snow 04 Fog 05 Smoke 06 Strong wind 07 Blowing dust, sand, etc. 08 Freezing rain, mist, drizzle 14 Rain & fog 16 Rain & wind 88 Other: 24 Sleet & fog 36 Snow & wind 99 Unknown																						
01 ON SURFACE TYPE AT																						
01 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 03 Snow 99 Unknown 04 Ice 05 Mud/dirt/sand 06 Debris (oil, etc.) 07 Standing/ moving water 08 Slush																						
				ROAD SPECIAL FEATURES (up to 3) 00 None 1 00 2 3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRRXING 05 Interchange 06 Ramp 99 Unknown																		
03 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 RRRXING 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																						
02 *COLLISION WITH VEHICLE 02 (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 02 Traffic signal 03 Stop sign 04 Flasher 05 Yield sign 06 RR gates / signal 07 RR crossing signs 08 No passing zone 09 Center/Edge lines 10 Warning signs 11 School zone signs 12 Parking lines 88 Other: 99 Unknown																						

<b>Crash Diagram</b> 850A page 2		SPECIAL EVENT		SPECIAL DATA		Local Case No. 25C207491	Page of 1 / 3	
04 ON	ROADWAY NUMBER OF LANES AT	01 ON	ROAD CHARACTER AT	00	SPECIAL JURISDICTION			<p>A basic diagram is required for all state reportable crashes showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.</p> <p><u>Indicate North Direction</u></p>
01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 88 Other: _____ 99 Unknown	01 Straight & Level 02 Straight on grade/slope 03 Straight on hillcrest 04 Curved & level 05 Curved on grade/slope 06 Curved on hillcrest 88 Other: _____ 99 Unknown	00 Normal Jurisdiction (Not Special) 01 National Park Service 02 Military 03 Indian Reservation 04 College / University Campus 05 Other Federal property 88 Other: _____ 99 Unknown						

Draw scene as observed or recreate per statements and evidence available



Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019				DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)				Investigating Officer / Badge No. A.J. GREGERSON 2648		Local Case No. 25C207491		Page of 2 / 3			
TU# VIOLATIONS CHARGED				CITATION#				TU# VIOLATIONS CHARGED				CITATION#			
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)															
D1		41		D2		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 01	UNKNOWN		MN	New address? <input type="checkbox"/>			Personal		U	U	U				
ST 01			DOB 99/99/9999				Work		00	N		<input type="checkbox"/>			
TU 02	CHAVEZ-EDDIE		MN D	110 N 127TH ST E APT 1017			(620) 952-9335		F	S	N				
ST 01	ISABELLA		DOB 07/12/2004	WICHITA	KS	67206	Work		21	N		<input type="checkbox"/>			
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)				TRAFFIC UNIT# 02 (02, 04, N2, X4, etc)											
DL State	Driver's License Number			DL Class	Driving for Employer? <input type="checkbox"/>		CDL? <input type="checkbox"/>	DL State	Driver's License Number			DL Class	Driving for Employer? <input type="checkbox"/>		
99								KS	K04011435			C			
99 DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS				01 DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS			
00 Not licensed		Restrictions? <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>				00 Not licensed		Restrictions? <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
01 Valid License		Driver's Lic Restrictions Y N		Z - None				01 Valid License		Driver's Lic Restrictions Y N		Z - None			
02 Suspended		1 <input type="checkbox"/>		T - Double/Triple Trailer				02 Suspended		1 <input type="checkbox"/>		T - Double/Triple Trailer			
03 Revoked		2 <input type="checkbox"/>		P - Passenger Vehicle				03 Revoked		2 <input type="checkbox"/>		P - Passenger Vehicle			
04 Expired		3 <input type="checkbox"/>		N - Tank Vehicle				04 Expired		3 <input type="checkbox"/>		N - Tank Vehicle			
05 Cancl'd or Denied		4 <input type="checkbox"/>		H - Placarded Haz. Material				05 Cancl'd or Denied		4 <input 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)				SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested				<input type="checkbox"/> DC - Illegal drugs 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"/> 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"/> 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)				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 checked="" type="checkbox"/> 00 No evidence of impairment				<input checked="" type="checkbox"/> NG - No Test given			
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)				<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)				<input type="checkbox"/> 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				<input type="checkbox"/> Evidentiary Breath				<input type="checkbox"/> 04 Passive Alcohol Sensor				<input type="checkbox"/> Evidentiary Breath			
(detects alcohol from driver's mouth)				0. _____				(detects alcohol from driver's mouth)				0. _____			
<input type="checkbox"/> 05 Observed				<input type="checkbox"/> Blood (BAC)				<input type="checkbox"/> 05 Observed				<input type="checkbox"/> Blood (BAC)			
(Odor, staggering, slurred speech, etc)				0. _____				(Odor, staggering, slurred speech, etc)				0. _____			
<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Other				<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Other			
				Drug screen result <input type="checkbox"/>								Drug screen result <input type="checkbox"/>			
Unit #	PASSENGER Last Name		Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit			
Seat Type	PASSENGER First Name		Date of Birth	City	State	Zip	Work Phone Number		Age	Eject/Trap	Eject Path	Extrication?			
TU 02	DEGOLLADO		MN J	832 N SULLIVAN ST			(620) 952-3072		M	S	N				
ST 03	JUSTIN		DOB 11/03/2004	WICHITA	KS	67880	Work		21	N		<input type="checkbox"/>			
TU			MN	New address? <input type="checkbox"/>			Personal								
ST			DOB				Work					<input type="checkbox"/>			
TU			MN	New address? <input type="checkbox"/>			Personal								
ST			DOB				Work					<input type="checkbox"/>			
TU			MN	New address? <input type="checkbox"/>			Personal								
ST			DOB				Work					<input type="checkbox"/>			
Transport Unit	EMS Time Notified	Injured taken by:		Transport Unit	EMS Time Notified	Injured taken by:									
EMS Arrived	EMS Time@Hosp	Injured taken to:		EMS Arrived	EMS Time@Hosp	Injured taken to:									

<b>Occupants &amp; Vehicles</b> 850B page 2				<b>VEHICLE# 01</b> (01, 03, N3, X3, etc)		SPECIAL DATA		<b>VEHICLE# 02</b> (02, 04, N2, X4, etc)				SPECIAL DATA		Local Case No. 25C207491		Page of 2 / 3																															
OWNER Last Name ("Same" if Driver) STARK				OWNER First Name BLAKE				Middle Name ANDREW				OWNER Last Name ("Same" if Driver) EDDIE				OWNER First Name WILHAMINA				Middle Name																											
OWNER ADDRESS (Number, Street) 2840 N CLARENCE AVE										New address? <input type="checkbox"/>		Personal Phone (316) 550-3713						OWNER ADDRESS (Number, Street) 210 S MAXWELL ST						New address? <input type="checkbox"/>		Personal Phone																					
CITY WICHITA				ST KS		ZIP 67204		Work Phone				CITY ULYSSES				ST KS		ZIP 67880		Work Phone																											
COLOR GRY		YEAR 2003		MAKE CHEV		MODEL MOC		BODY STYLE 2D		ST KS		COLOR WHI		YEAR 2023		MAKE KIA		MODEL K5		BODY STYLE 4D		ST KS																									
LICENSE PLATE # 3767AJX				County SG		Exp YR 2025		Removed by:				MC CCs		LICENSE PLATE # 111RWE				County GT		Exp YR 2026		Removed by: DRIVER				MC CCs																					
VEHICLE IDENTIFICATION NUMBER 2G1WW12E139410414										Dir of Travel W		# Occupants 1		VEHICLE IDENTIFICATION NUMBER 5XXG64J23PG189725										Dir of Travel W		# Occupants 2																					
Insurance Company NOT INSURED						Policy Number						Insurance Company PROGRESSIVE NORTHWESTERN						Policy Number 944728415																													
SPECIAL CONDITIONS FOR TRAFFIC UNITS										1		2		3		4		5		Odometer		Fire? <input type="checkbox"/>		SPECIAL CONDITIONS FOR TRAFFIC UNITS										1		2		3		4		5		Odometer		Fire? <input type="checkbox"/>	
1 Hit & Run		2 Non-Contact		3 Stolen		7 Towed away due to damage		4 Legally Parked		5 Pursued by LE		6 Driverless		1 Hit & Run		2 Non-Contact		3 Stolen		7 Towed away due to damage		4 Legally Parked		5 Pursued by LE		6 Driverless																					
01		VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)										01		VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)										01		VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)										01		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										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)										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)										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										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										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										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										07 Camper or RV		16 Other bus										07 Camper or RV		16 Other bus									
08 Farm machinery		25 Train										08 Farm machinery		25 Train										08 Farm machinery		25 Train										08 Farm machinery		25 Train									
09 All-terrain vehicle - ATV		88 Other: _____										09 All-terrain vehicle - ATV		88 Other: _____										09 All-terrain vehicle - ATV		88 Other: _____										09 All-terrain vehicle - ATV		88 Other: _____									
01		VEHICLE USE										02		VEHICLE DAMAGE										01		VEHICLE USE										02		VEHICLE DAMAGE									
01 No special use		06 Police										01 No special use		06 Police										01 No special use		06 Police										01 No special use		06 Police									
02 Taxi / Limo		07 Ambulance										02 Taxi / Limo		07 Ambulance										02 Taxi / Limo		07 Ambulance										02 Taxi / Limo		07 Ambulance									
03 School bus		08 Fire										03 School bus		08 Fire										03 School bus		08 Fire										03 School bus		08 Fire									
04 Other bus		09 Mail/Parcel										04 Other bus		09 Mail/Parcel										04 Other bus		09 Mail/Parcel										04 Other bus		09 Mail/Parcel									
05 Military		99 Unknown										05 Military		99 Unknown										05 Military		99 Unknown										05 Military		99 Unknown									
DAMAGE LOCATION AREA										06		VEH. MANU. BEFORE UNSTAB. SIT.										DAMAGE LOCATION AREA										01		VEH. MANU. BEFORE UNSTAB. SIT.													
First Impact 01 Major Impact 01										01 Straight/ following road		11 Stopped awaiting turn										First Impact 07 Major Impact 07										01 Straight/ following road		11 Stopped awaiting turn													

AREA OF IMPACT (AOI)

The area of impact for when V1 struck V2, was located in the 800 block of East Douglas Ave according to D2's statements. No debris or skid marks were located at that location due to the low severity of that portion of the incident.

DRIVERS STATEMENTS (LIST AS D1-LAST NAME, FIRST INIT.)

D1-Hit and run driver: Made no statements as they fled the scene.

D2-Chavez-Eddie, I.: Stated that she was in the outside lane of westbound traffic on Douglas Ave just East of the train bridge. This would be approximately the 700 block of East Douglas Ave, when a vehicle rear ended her vehicle in the rear driver's side corner of her vehicle, pushing her vehicle into the curb.

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 waiting at a red light when he saw V1 strike the pedestrian at the crosswalk (Connecting Case 25C210102) 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 V2. He then saw V1 continue to the crosswalk where he struck the pedestrian (Connecting Case 25C210102).

INJURIES (LIST POSITION IN VEHICLE WITH LAST NAME, FIRST INIT.)

No injuries reported.

DAMAGE (LIST AS V1-MODEL NAME)

V1: 2003 Silver Chevrolet Monte Carlo- Hood and front bumper damage, passenger side mirror broken off.

V2: 2023 Kia K5, had damage to the rear driver side body of the vehicle.

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 as well as the pedestrian crash (Connecting Case 25C210102) 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.

<b>Crash Narrative</b> KDOT Form 851 - Rev. 2019	<b>Officer / Witness Statements / Description</b> Additional Information	Local Case No.	Page of
		25C207491	3 / 3

Page 1 of 1		Data Entered		Beat 21 4		WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT		Incident Number 25C207491	
Code 2510		Classification Hit + Run		Code 7030 + 7020		Classification MV in Trans / MVL Ped		Agency WPD	
<input type="checkbox"/> Fatal		<input checked="" type="checkbox"/> Injury		<input type="checkbox"/> Private Property		<input checked="" type="checkbox"/> Hit & Run		<input type="checkbox"/> Property Damage Only OVER \$1000	
Date of Acc 11/12/25		Time of Acc 2248		Location of Acc 600 E Douglas Ave		Speed Limit 30		Officer at Scene A. Gregerson #264	
Last Name (Please Print) Eddie				First Name Bella				M I D	
Home Street Address 110 N 127th St E Wichita, KS				Apt / Lot / Suite # 1017		City Wichita		State KS Zip Code 67210	
Race W		Ethnic N		Sex F		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DL State KS		DL Number K04-01-1435		DL Class C		DL Restrictions		Safety Equipment <input checked="" type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder Belt Only	
Work Name/School & Grade		Address		City		State		Zip Code	
Year 213		Make Kia		Model K5		Body Style 4dr		Color White	
Lic. Plate State KS		Lic. Plate number 111 RWE		Lic. Plate Expires (mm,yy)		Number of Miles on Vehicle 87048		Motorcycle CCs	
Vehicle Identification Number (VIN) 5XKXG164J123P6189725				Total number of Occupants 2		Mark areas where your vehicle is Damaged			
Insurance Company Progressive Northbrook				Insurance Policy Number 944728415		Airbag Deployed <input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side <input type="checkbox"/> Side airbag(s)			
Agent's Name				Agent's Phone Number		Front 3 4 5 6 7 8 2 17 18 19 9 1 16 15 14 13 12 11			
Last Name (Same if Driver) Eddie				First Name Joshua Wilhamina				Home Phone Number	
Home Street Address 210 S Maxwell St, Ulysses KS				Apt / Lot / Suite #		City Ulysses		State KS Zip Code 67880	
Social Security Number (Optional)				Date of Birth 07/21/82		Age 46		Race Ethnic Sex	
Last Name Degollado				First Name Justin				M.I. J	
Home Street Address 832 N Sullivan St				Apt / Lot / Suite #		City Ulysses		State KS Zip Code 67880	
Race W		Ethnic H		Sex M		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input checked="" type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Center <input type="checkbox"/> Rear Passenger		Seatbelt Usage <input checked="" 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		Home Phone Number		Cell Phone Number 6209523072			
Last Name				First Name				M I	
Home Street Address				Apt / Lot / Suite #		City		State ZIP Code	
Race		Ethnic		Sex		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Center <input type="checkbox"/> Rear Passenger		Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat		Home Phone Number		Cell Phone Number			
Last Name				First Name				M I	
Home Street Address				Apt / Lot / Suite #		City		State ZIP Code	
Race		Ethnic		Sex		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Center <input type="checkbox"/> Rear Passenger		Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat		Home Phone Number		Cell Phone Number			
Last Name				First Name				M I	
Home Street Address				Apt / Lot / Suite #		City		State ZIP Code	
Race		Ethnic		Sex		Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Center <input type="checkbox"/> Rear Passenger		Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat		Home Phone Number		Cell Phone Number			

## Driver's Narrative

Describe the accident in detail

Your direction of travel:

Your Speed:

Driving down Douglas west, when someone ran red light. Blew us into the curb & took off. Which caused a hit & run. When we continued to go down the street we noticed a person hit by the same car that ran red light!

~~we~~ I didn't see any, plate number or anything.

no one in my car was injured.

## Driver's Diagram (Optional)

North

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

Signature

*Arshulak Eddie*

Date

11/07/25

## Officer's Narrative

Time Occurred

2248

Time Disp

2249

Time Arrived

2251

Towed by

N/A

Injured Removed by

N/A

Taken To

Officer

*A. J. #2648*

Date / Time

11/8/25 0742

Supervisor

*[Signature] 1547*

Date

11/8/25