

Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

Investigating Department WICHITA POLICE DEPT.				Reviewed by MORRIS S0276			Local Case No. 25C207491	Page of 1 / 3
Investigating Officer Name A.J. GREGERSON				Badge Number 2648	County SG	City Name WICHITA		

Milepost 800	Block No E	Dir Pfx DOUGLAS	On Road Name AVE	Dir Sfx 30	Date of Crash (mm/dd/yyyy) 11/07/2025	Time Occur. 22:48	Day FR	PO Crash Severity			
From Dist 20	Ft/Mi F	From Dir FROM O AT	Dir Pfx S	Reference or At Road Name ROCK ISLAND	Road Type AVE	Dir Sfx 30	Date Notified (mm/dd/yyyy) 11/07/2025	Time Notif. 22:49	Day FR		
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 TRAVELING WESTBOUND ON DOUGLAS REAR ENDED V2 THAT WAS TRAVELING WESTBOUND ON DOUGLAS IN THE OUTSIDE LANE.								Date Arrived (mm/dd/yyyy) 11/07/2025	Time Arriv. 22:51	Day FR	
								Latitude (AOI)	00 ON	WORK ZONE TYPE	AT
								Longitude (AOI)	00 None Apply		
								Photos by	01 Construction Zone - 02 Maintenance Zone - 03 Utility Zone - 99 Unknown		
								- LOCATION IN WORK ZONE (AOI)			
								01 Before first warning sign 02 Advance warning area 03 Transition area 04 Activity area 05 Termination area			
								99 Unknown			
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE								- WORK ZONE CATEGORY			
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		ON ROADWAY: (within travel lanes)		1 st Harmful Event		Most Harmful Event			
02 Dawn		05 Dark: no street lights		11 Non-intersection		00 Other non-collision					
03 Dusk		99 Unknown		12 Intersection +		01 Overturned/Rollover					
OFF ROADWAY:								COLLISION WITH:			
00 ADVERSE WEATHER CONDITIONS		01 Rain, mist, drizzle		20 Shoulder		02 Pedestrian					
02 Sleet, hail		03 Snow		21 Roadside (not shoulder)		03 Motor vehicle in-transport*					
03 Fog		04 Smoke		22 Median		04 Legally Parked Vehicle					
05 Strong wind		06 Strong wind		23 Rest area		05 Railway train					
07 Blowing dust, sand, etc.		08 Freezing rain, mist, drizzle		88 Other:		06 Pedal cyclist					
14 Rain & fog		16 Rain & wind		99 Unknown		07 Animal Type: _____					
16 Rain & wind		88 Other:		+INTERSECTION TYPE		08 Fixed object**					
24 Sleet & fog		36 Snow & wind		01 Four-way intersection		09 Other object: _____					
36 Snow & wind		99 Unknown		02 Five-way or more		99 Unknown					
01 SURFACE TYPE				03 T - intersection		**FIXED OBJECT TYPE					
01 ON		04 Y - intersection		04 L - intersection		(mark 1 box per side if applicable)					
02 Blacktop (Asphalt)		05 Roundabout		05 Overhead sign support		1 st Harmful Event		Most Harmful Event			
03 Gravel		06 Roundabout		06 Utility devices: pole,meter,etc		01 Bridge structure					
04 Dirt		07 Traffic Circle		07 Other post or pole		02 Bridge rail					
05 Brick		08 Part of an interchange		08 Building		03 Crash cush./Impact attenuator					
01 SURFACE CONDITIONS				99 Unknown		09 Guardrail					
01 ON		02 Bridge		10 Sign post		11 Culvert					
02 Wet		02 Bridge Overhead		12 Curb		13 Fence/Gate					
03 Snow		03 Railroad Bridge		14 Hydrant		15 Barricade					
04 Ice		04 RRXING		16 Mailbox		17 Ditch					
05 Mud/dirt/sand		05 Interchange		18 Embankment		19 Wall					
06 Debris (oil, etc.)		06 Ramp		20 Tree		21 RRXING fixtures					
07 Standing/ moving water		99 Unknown		88 Other: _____		88 Other: _____					
08 Slush		99 Unknown		99 Unknown		99 Unknown					

Crash Diagram

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SPECIAL EVENT**SPECIAL DATA**

Local Case No.

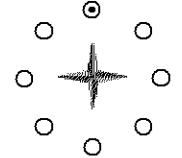
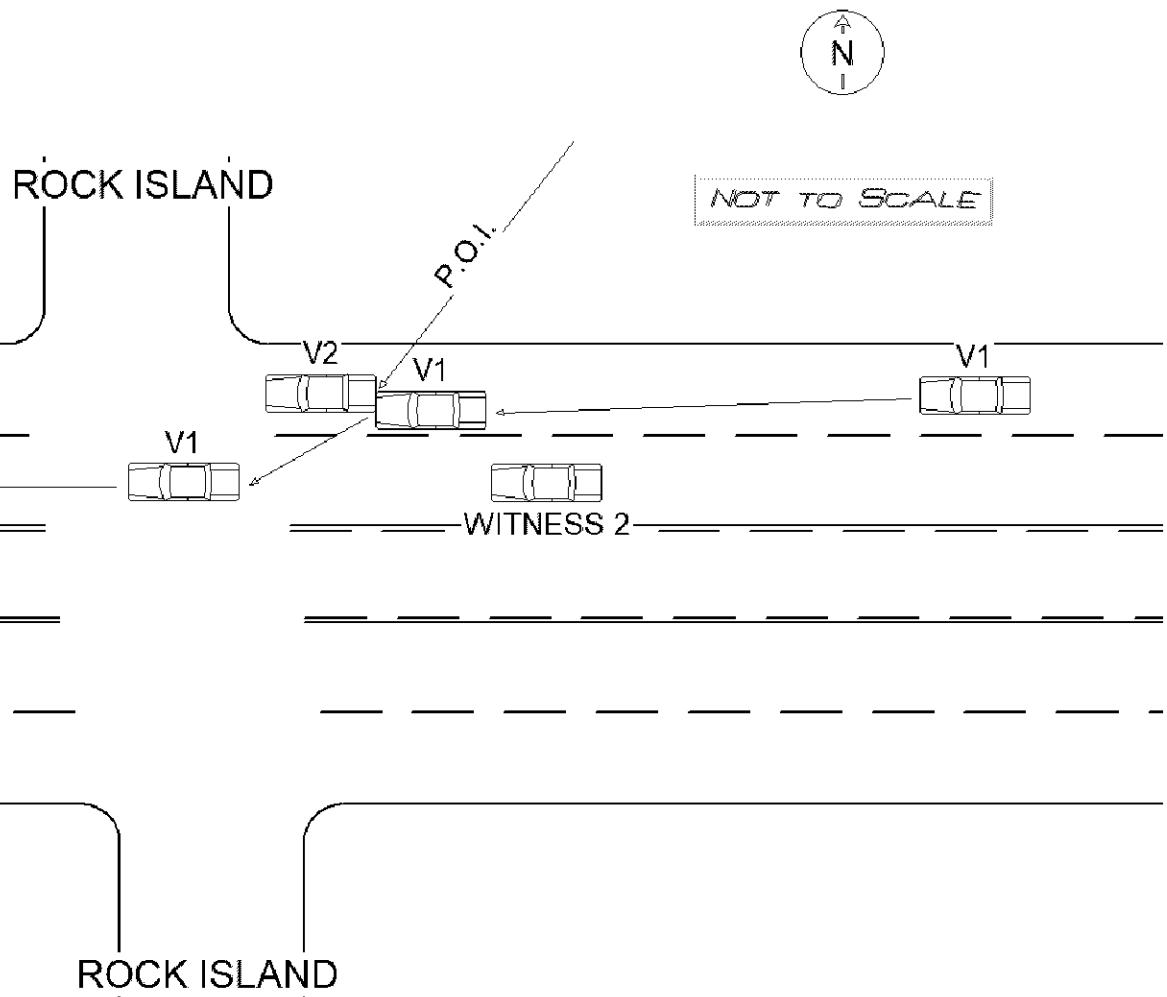
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04 ON	ROADWAY NUMBER OF LANES	AT	01 ON	ROAD CHARACTER AT	00	SPECIAL JURISDICTION	
				01 Straight & Level	00 Normal Jurisdiction (Not Special)		
				02 Straight on grade/slope	01 National Park Service		
				03 Straight on hillcrest	02 Military		
				04 Curved & level	03 Indian Reservation		
				05 Curved on grade/slope	04 College / University Campus		
				06 Curved on hillcrest	05 Other Federal property		
				88 Other: _____	88 Other: _____		
				99 Unknown	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.J. GREGERSON 2648

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TU# VIOLATIONS CHARGED				CITATION#	TU# VIOLATIONS CHARGED				More violations in narrative <input type="checkbox"/>				CITATION#		
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)															
D1	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				
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			New address? <input type="checkbox"/>	Personal (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?	DL State	Driver's License Number			DL Class	Driving for Employer?	<input type="checkbox"/>	CDL?
						<input type="checkbox"/>		KS	K04011435			C		<input type="checkbox"/>	
99	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS			1	2	3	4	01	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS		
00 Not licensed		Restrictions? <input type="checkbox"/>	Z - None			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00 Not licensed		Restrictions? <input type="checkbox"/> N	Z - None		
01 Valid License		Driver's Lic Restrictions	Complied? Y N	T - Double/Triple Trailer		<input type="checkbox"/>				01 Valid License		Driver's Lic Restrictions	T - Double/Triple Trailer		
02 Suspended			<input type="checkbox"/> Y <input type="checkbox"/> N	P - Passenger Vehicle		<input type="checkbox"/>				02 Suspended			P - Passenger Vehicle		
03 Revoked		1 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle		<input type="checkbox"/>				03 Revoked			N - Tank Vehicle		
04 Expired		2 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material		<input type="checkbox"/>				04 Expired			H - Placarded Haz. Material		
05 Cancl or Denied		3 <input type="checkbox"/>	<input type="checkbox"/>	X - Combination Tank/HazMat		<input type="checkbox"/>				05 Cancl or Denied			X - Combination Tank/HazMat		
06 Disqualified		4 <input type="checkbox"/>	<input type="checkbox"/>	S - School Bus		<input type="checkbox"/>				06 Disqualified			S - School Bus		
07 Restricted				U - Unknown		<input type="checkbox"/>				07 Restricted			U - Unknown		
99 Unknown										99 Unknown					
SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/> DP - Illegal drugs ingested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed	<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested	<input type="checkbox"/> MC - Medication contributed	<input type="checkbox"/>	<input type="checkbox"/>	
METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)			
ALCOHOL	DRUGS	<input checked="" type="checkbox"/> NG - No Test given			<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)			ALCOHOL	DRUGS	<input checked="" type="checkbox"/> NG - No Test given			<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)		
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)			<input type="checkbox"/> TG - Evidentiary Test given			<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/>	<input type="checkbox"/> PT - Prelim Positive Test (PBT)			<input type="checkbox"/> TG - Evidentiary Test given		
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending			<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____			<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)	<input type="checkbox"/>	<input type="checkbox"/> RP - Results pending			<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____		
<input type="checkbox"/> 02 Preliminary Breath Test PBT		<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____			<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____			<input type="checkbox"/> 02 Preliminary Breath Test PBT		<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____			<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____		
03 Behavioral		<input type="checkbox"/> Drug screen result <input type="checkbox"/>			<input type="checkbox"/> Drug screen result <input type="checkbox"/>			03 Behavioral		<input type="checkbox"/> Drug screen result <input type="checkbox"/>			<input type="checkbox"/> Drug screen result <input type="checkbox"/>		
Tests: HGN, walk-and-turn, one leg stand, etc.								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"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)							
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)								<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)							
<input type="checkbox"/> 06 Other (e.g. saliva test)								<input type="checkbox"/> 06 Other (e.g. saliva test)							
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				
TU 02	DEGOLLADO		MN J	832 N SULLIVAN ST			New address? <input type="checkbox"/>	Personal (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:							

Occupants & Vehicles

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VEHICLE# 01

(01, 03, N3, X3, etc)

SPECIAL DATA

VEHICLE# 02

(02, 04, N2, X4, etc)

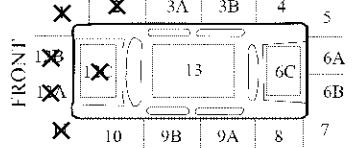
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OWNER Last Name ("Same" if Driver) STARK		OWNER First Name BLAKE		Middle Name ANDREW		OWNER Last Name ("Same" if Driver) EDDIE		OWNER First Name WILHAMINA		Middle Name									
OWNER ADDRESS (Number, Street) 2840 N CLARENCE AVE			New address? <input 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 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Odometer	Fire? <input type="checkbox"/>	SPECIAL CONDITIONS FOR TRAFFIC UNITS		1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	Odometer	Fire? <input type="checkbox"/>		
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					
01 VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)																	
01 Automobile		10 Single heavy truck >10,000 lbs																	
02 Motorcycle		11 Truck & trailer(s)																	
03 Motor scooter or Moped		12 Tractor-trailer(s)																	
04 Van		13 Cross country bus																	
05 Pickup truck <10,001 lbs		14 School bus																	
06 Sport utility veh - SUV		15 Transit (city) bus																	
07 Camper or RV		16 Other bus																	
08 Farm machinery		25 Train																	
09 All-terrain vehicle - ATV		Power Source <input checked="" type="checkbox"/> F																	
88 Other:		99 Unknown																	
01 VEHICLE USE		02 VEHICLE DAMAGE																	
01 No special use		06 Police		00 None															
02 Taxi / Limo		07 Ambulance		04 Destroyed															
03 School bus		08 Fire		01 Damage (minor)															
04 Other bus		09 Mail/Parcel		88 Other:															
05 Military		99 Unknown		02 Functional															
03 Disabling		99 Unknown		03 Disabling															
DAMAGE LOCATION AREA		06 VEH. MANU. BEFORE UNSTAB. SIT.		DAMAGE LOCATION AREA															
First Impact <input checked="" type="checkbox"/> 01 Major Impact <input checked="" type="checkbox"/> 01		01 Straight/ following road		11 Stopped awaiting turn															
		02 Left Turn		12 Stopped in traf															
<input type="checkbox"/> 14 Undercarriage		03 Right Turn		13 Illegally parked															
<input type="checkbox"/> 16 Other windows		04 U Turn		14 Disabled in roadway															
<input type="checkbox"/> 17 Entire vehicle damaged		05 Passing		15 Slowing or stopping															
<input type="checkbox"/> 88 Other:		06 Changing lanes		07 Avoidance man.															
Trailer: Present / Damaged		07 Negotiating a curve		16 Negotiating a curve															
10 Backing		08 Merging		88 Other:															
99 Unknown		09 Parking		09 Parking															
11 Stopped		10 Backing		99 Unknown															
awaiting turn		99 Unknown		11 Stopped															
turn		11 Stopped		12 awaiting turn															
in traf		12 Stopped		13 in															
13 Illegally parked		13 Illegally parked		14 Disabled															
14 Disabled in		14 Disabled		15 Slowing															
roadway		15 Slowing		16 Negotiating															
15 Slowing or		16 Negotiating		17 Negotiating a															
stopping		17 Negotiating		18 Negotiating a															
16 Negotiating		18 Negotiating		19 Negotiating a															
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Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Investigating Officer / Badge No. A.J. GREGERSON 2648	Local Case No. 25C207491	Page of 3 / 3
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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.

Page 1 of 1	Data Entered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Beat 21	Watch 4	WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT				Incident Number 25C207491		
Code 2510		Classification Hit & Run		Code 7030 & 7020	Classification MV in Trans / MVLped		Agency WPD		Connecting Case	
<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				<input type="checkbox"/> Property Damage Only UNDER \$1000				
Date of Acc 11/18/25		Time of Acc 2248		Location of Acc 600 E Douglas Ave		Speed Limit 30		Officer at Scene A. Gregerson #2648		
Last Name (Please Print) Eddie				First Name Bella		M I D		Date of Birth 07/12/2004	Age 6180	
Home Street Address 110 N 127 th St E Wichita, KS.				Apt / Lot / Suite # 1017	City Wichita		State KS		Zip Code 67201	
Race W		Ethnic N	Sex F	Social Security Number (Optional)	Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Home Phone Number 62095291315		Cell Phone Number		
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"/> Helmet <input type="checkbox"/> Eye Protection	<input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder Belt Only		
Work Name/School & Grade			Address		City		State 1		Zip Code	
Year 2013			Make kia		Model KS	Body Style 4dr	Color White	Motorcycle CCs		
Lic. Plate State KS		Lic. Plate number 111 RWE		Lic. Plate Expires (mm,yy) 1	Number of Miles on Vehicle 87048		Mark areas where your vehicle is Damaged			
Vehicle Identification Number (VIN) 5KXMG141J23PG189725				Total number of Occupants 2		<input type="checkbox"/> Windshield <input type="checkbox"/> Windows <input type="checkbox"/> Top <input checked="" type="checkbox"/> Under <input type="checkbox"/> Trailer present <input type="checkbox"/> Trailer Damaged			F 3 4 5 6 7 8 2 17 18 19 9 1 16 15 14 13 12 11	
Insurance Company Progressive Northwestern				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 Eddie				Agent's Phone Number						
Last Name (Same if Driver) Eddie				First Name Doshana Wilamina		Home Phone Number				
Home Street Address 210 S Maxwell St, Ulysses, KS				Apt / Lot / Suite #	City Ulysses		State KS		Zip Code 67818	
Social Security Number (Optional)		Date of Birth 07/21/82		Age 46	Race	Ethnic	Sex M	Cell Phone Number		
Last Name Degollado				First Name Justin		M.I. J		Date of Birth 11/03/2014	Age 21	
Home Street Address 832 N Sullivan St				Apt / Lot / Suite #	City Ulysses		State KS		ZIP Code 67818	
Race W		Ethnic H	Sex M	Social Security Number (Optional)	Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Home Phone Number		Cell Phone Number 6209523072		
Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input checked="" type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger	<input type="checkbox"/> Other	Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only	<input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Child Seat <input type="checkbox"/> Infant Seat <input type="checkbox"/> Booster Seat			
Last Name				First Name				M.I.	Date of Birth	Age
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Driver's Narrative

Describe the accident in detail

Your direction of travel:

Your Speed:

Driving down Douglas west, when someone turned here, 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 reversed me!

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

no one in my car was injured.

Driver's Diagram (Optional)



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

Signature

Date

Officer's Narrative

Time Occurred	Time Disp	Time Arrived	Towed by	Injured Removed by	Taken To
2248	2249	2251	N/A	N/A	
Officer	A. J. #2648			Date / Time	11/8/25 0742
Supervisor	C. S. 1547			Date	11/8/25