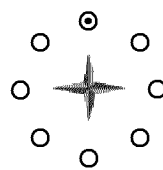

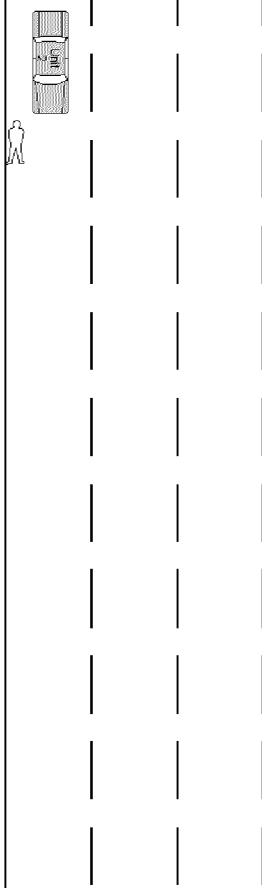


Kansas Motor Vehicle Crash Report KDOT Form 850A page 1 Rev. 2019				Investigating Department WICHITA POLICE				Reviewed by				Local Case No. 26C029375		Page of 1 / 3		<input type="checkbox"/> Amended Report																																							
				Investigating Officer Name J Sironel 3016				Badge Number 3016		County SG		City Name WICHITA				<input type="checkbox"/> DUI																																							
Milepost		Block No		Dir Pfx		On Road Name				Road Type		Dir Sfx		SpdLmt		Date of Crash (mm/dd/yyyy)				Time Occur.		Day		Crash Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000																															
3500		N		RIDGE				RD				40		02/16/2026				04:25		MO																																			
From Dist		Ft/Mi		From Dir		<input type="radio"/> FROM <input type="radio"/> AT		Reference or At Road Name				Road Type		Dir Sfx		SpdLmt		Date Notified (mm/dd/yyyy)				Time Notif.				Day																													
								34th				ST						02/16/2026				04:27		MO																															
Narrative: Describe each traffic unit's pre-crash movement and direction of travel																Date Arrived (mm/dd/yyyy)				Time Arriv.		Day		<div>WORK ZONE TYPE</div> <div>00 None Apply</div> <div>01 Construction Zone -</div> <div>02 Maintenance Zone -</div> <div>03 Utility Zone -</div> <div>99 Unknown</div> <div>LOCATION IN WORK ZONE (AOI)</div> <div>01 Before first warning sign</div> <div>02 Advance warning area</div> <div>03 Transition area</div> <div>04 Activity area</div> <div>05 Termination area</div> <div>99 Unknown</div> <div>WORK ZONE CATEGORY</div> <div>01 Lane closure</div> <div>02 Lane shift / crossover</div> <div>03 Work on shoulder / median</div> <div>04 Intermittent or moving vehicle</div> <div>88 Other:</div> <div>99 Unknown</div> <div>*COLLISION WITH VEHICLE</div> <div>(mark 1 box per side if applicable)</div> <div>1st Harmful Event Most Harmful Event</div> <div>01 Head on</div> <div>02 Rear end</div> <div>03 Angle - side impact</div> <div>04 Sideswipe: opposite direction</div> <div>05 Sideswipe: Same direction</div> <div>06 Backed into</div> <div>88 Other:</div> <div>99 Unknown</div> <div>TRAFFIC CONTROLS</div> <div>(On / At Road) O/A</div> <div>Type Present OK/NF</div> <table><tr><td>1</td><td>0</td><td>1</td><td>00</td><td>1</td><td>OK</td></tr><tr><td>2</td><td>2</td><td>2</td><td></td><td>2</td><td></td></tr><tr><td>3</td><td>3</td><td>3</td><td></td><td>3</td><td></td></tr><tr><td>4</td><td>4</td><td>4</td><td></td><td>4</td><td></td></tr><tr><td>5</td><td>5</td><td>5</td><td></td><td>5</td><td></td></tr></table>		1	0	1	00	1	OK	2	2	2		2		3	3	3		3		4	4	4		4		5	5	5		5	
1	0	1	00	1	OK																																																		
2	2	2		2																																																			
3	3	3		3																																																			
4	4	4		4																																																			
5	5	5		5																																																			
P1 IN ROADWAY ON RIGHT SHOULDER. D1 DRIVING SOUTH ON RIDGE RD.																Latitude (AOI)				00		ON		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)				02 CRASH CLASS (mark 1 box per side)				02																																											
01 Daylight 04 Dark: street lights on				ON ROADWAY: (within travel lanes)				1st 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																																															
				13 Intersection-related +				COLLISION WITH:																																															
00 ADVERSE WEATHER CONDITIONS				14 Access to Parking lot/Drwvy				02 Pedestrian																																															
00 No adverse conditions				15 Interchange Area +				03 Motor vehicle in-transport*																																															
01 Rain, mist, drizzle				16 On Crossover				04 Legally Parked Vehicle																																															
02 Sleet, hail				17 Toll Plaza				05 Railway train																																															
03 Snow				OFF ROADWAY:				06 Pedal cyclist																																															
04 Fog				20 Shoulder				07 Animal Type:																																															
05 Smoke				21 Roadside (not shoulder)				08 Fixed object**																																															
06 Strong wind				22 Median				09 Other object:																																															
07 Blowing dust, sand, etc.				23 Rest area				99 Unknown																																															
08 Freezing rain, mist, drizzle				88 Other:																																																			
14 Rain & fog																																																							
16 Rain & wind 88 Other:																																																							
24 Sleet & fog																																																							
36 Snow & wind 99 Unknown																																																							
02 SURFACE TYPE								+INTERSECTION TYPE																																															
01 Concrete								01 Four-way intersection																																															
02 Blacktop (Asphalt)								02 Five-way or more																																															
03 Gravel 88 Other:								03 T - intersection																																															
04 Dirt								04 Y - intersection																																															
05 Brick 99 Unknown								05 L - intersection																																															
01 SURFACE CONDITIONS								06 Roundabout (See Manual for Definitions)																																															
01 Dry 88 Other:								07 Traffic Circle																																															
02 Wet								08 Part of an interchange																																															
03 Snow 99 Unknown								99 Unknown																																															
04 Ice																																																							
05 Mud/dirt/sand								ROAD SPECIAL FEATURES (up to 3)																																															
06 Debris (oil, etc.)								00 None 1 00 2 3																																															
07 Standing/ moving water								01 Bridge																																															
08 Slush								02 Bridge Overhead																																															
								03 Railroad Bridge																																															
								04 RRXING																																															

Crash Diagram 850A page 2		SPECIAL EVENT		SPECIAL DATA		Local Case No. 26C029375	Page of 1 / 3
04 ON	ROADWAY NUMBER OF LANES AT	01 ON	ROAD CHARACTER AT	00 ON	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>Indicate North Direction</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



3500 N Ridge Rd

NOT TO SCALE

Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019			DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)			Investigating Officer / Badge No. J Sironel 3016 3016			Local Case No. 26C029375		Page of 2 / 3		
TU#		VIOLATIONS CHARGED			CITATION#		TU#		VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/> CITATION#	
02		no proof insurance			26X001837								
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)													
Unit #		DRIVER Last Name		Middle Name		DRIVER ADDRESS (Number, Street, Suffix, etc.)		Personal Phone Number		Gender		SE Used	
Seat Type		DRIVER First Name		Date of Birth		City State Zip		Work Phone Number		Age		Eject/Trap	
TU		02 LOVE		MN L		2659 N IVA		New address? <input type="checkbox"/> Personal (316) 365-2864		F		S N	
ST		01 JOVON		DOB 07/20/1976		WICHITA KS 67208		Work		49		N	
TU				MN		New address? <input type="checkbox"/> Personal							
ST				DOB		Work							
TRAFFIC UNIT# 02 (01, 03, N3, X3, 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	
KS		KO1-92-2311		C						DL State		Driver's License Number	
01		DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS		DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS	
00 Not licensed		Restrictions? <input type="checkbox"/> N		Complied? <input type="checkbox"/> Y		1 2 3 4		00 Not licensed		Restrictions? <input type="checkbox"/>		Complied? <input type="checkbox"/> Y	
01 Valid License		Driver's Lic Restrictions		Complied? Y N		Z - None		01 Valid License		Driver's Lic Restrictions		Complied? Y N	
02 Suspended		1				T - Double/Triple Trailer		02 Suspended		1			
03 Revoked		2				P - Passenger Vehicle		03 Revoked		2			
04 Expired		3				N - Tank Vehicle		04 Expired		3			
05 Cancl'd or Denied		4				H - Placarded Haz. Material		05 Cancl'd or Denied		4			
06 Disqualified						X - Combination Tank/HazMat		06 Disqualified					
07 Restricted						S - School Bus		07 Restricted					
99 Unknown						U - Unknown		99 Unknown					
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													
METHOD OF DETERMINATION (mark all that apply)													
ALCOHOL DRUGS													
<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"/> 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													
Tests: HGN, walk-and-turn, one leg stand, etc.													
<input type="checkbox"/> 04 Passive Alcohol Sensor <input type="checkbox"/> RP - Results pending													
(detects alcohol from driver's mouth)													
<input type="checkbox"/> 05 Observed <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid													
(Odor, staggering, slurred speech, etc)													
<input type="checkbox"/> 06 Other (e.g. saliva test) <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other													
Drug screen result													
IMPAIRED TEST (mark all that apply)													
ALCOHOL DRUGS													
<input type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> NG - No Test given													
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> TR - Test Refused (Alcohol/Drug)													
<input type="checkbox"/> 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													
Tests: HGN, walk-and-turn, one leg stand, etc.													
<input type="checkbox"/> 04 Passive Alcohol Sensor <input type="checkbox"/> RP - Results pending													
(detects alcohol from driver's mouth)													
<input type="checkbox"/> 05 Observed <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid													
(Odor, staggering, slurred speech, etc)													
<input type="checkbox"/> 06 Other (e.g. saliva test) <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other													
Drug screen result													
Unit #		PASSENGER Last Name		Middle Name		PASSENGER ADDRESS (Number, Street, Sfx, etc.)		Personal Phone Number		Gender		SE Used	
Seat Type		PASSENGER First Name		Date of Birth		City State Zip		Work Phone Number		Age		Eject/Trap	
TU				MN		New address? <input type="checkbox"/> Personal							
ST				DOB		Work							
TU				MN		New address? <input type="checkbox"/> Personal							
ST				DOB		Work							
TU				MN		New address? <input type="checkbox"/> Personal							
ST				DOB		Work							
TU				MN		New address? <input type="checkbox"/> 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:			

Occupants & Vehicles				VEHICLE# 02		SPECIAL DATA		VEHICLE#		SPECIAL DATA		Local Case No.		Page of																																																	
850B page 2				(01, 03, N3, X3, etc)				(02, 04, N2, X4, etc)				26C029375		2 / 3																																																	
OWNER Last Name ("Same" if Driver)				OWNER First Name				Middle Name				OWNER Last Name ("Same" if Driver)				OWNER First Name				Middle Name																																											
LOVE				JOVON				L																																																							
OWNER ADDRESS (Number, Street)												New address?		<input type="checkbox"/>		Personal Phone				OWNER ADDRESS (Number, Street)				New address?		<input type="checkbox"/>		Personal Phone																																			
2659 N IVA																(316) 365-2864																																															
CITY				ST		ZIP		Work Phone				CITY				ST		ZIP		Work Phone																																											
WICHITA				KS		67208																																																									
COLOR		YEAR		MAKE		MODEL		BODY STYLE		ST		COLOR		YEAR		MAKE		MODEL		BODY STYLE		ST																																									
SIL		2011		CHEV		EQX		4D		KS																																																					
LICENSE PLATE #				County		Exp YR		Removed by:				MC CCs		LICENSE PLATE #				County		Exp YR		Removed by:				MC CCs																																					
466PGN				SG		2026																																																									
VEHICLE IDENTIFICATION NUMBER								Dir of Travel		# Occupants		VEHICLE IDENTIFICATION NUMBER								Dir of Travel		# Occupants																																									
2GNALDEC1B1180710								S		1																																																					
Insurance Company						Policy Number						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																					
01		VEHICLE BODY TYPE				LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)																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				88 Other: _____														09		All-terrain vehicle - ATV				88 Other: _____																																					
						99 Unknown																				99 Unknown																																					
01		VEHICLE USE				01														VEHICLE DAMAGE						VEHICLE USE				01														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				01														VEH. MANU. BEFORE UNSTAB. SIT.						DAMAGE LOCATION AREA				01														VEH. MANU. BEFORE UNSTAB. SIT.																			
First Impact		01				Major Impact														01		01 Straight/				11		Stopped				First Impact						Major Impact																01 Straight/				11		Stopped			
																						following road				awaiting turn																								following road				awaiting turn									
																						02 Left Turn				12		Stopped in traf																										02 Left Turn				12		Stopped in traf			
																						03 Right Turn				13		Illegally parked																										03 Right Turn				13		Illegally parked			
																						04 U Turn				14		Disabled in																										04 U Turn				14		Disabled in			
																						05 Passing				15		Slowing or																										05 Passing				15		Slowing or			
																						06 Changing lanes				16		Negotiating a																										06 Changing lanes				16		Negotiating a			
																						07 Avoidance man.				88		Other:																										07 Avoidance man.				88		Other:			
																						08 Merging																														08 Merging											
																						09 Parking																														09 Parking											
																						10 Backing				99		Unknown																										10 Backing				99		Unknown			

On 02/16/2026 while riding 119 beat as a one officer unit, I was dispatched to a injury accident vehicle vs pedestrian at approximately 3500 N Ridge Rd in Wichita, Sedgwick County Kansas.

I arrived on scene and observed a white male on the ground who identified as Randy Lewis. Randy was lying on the ground holding his stomach and stated he was having pain in his guts after being hit by a car. Randy stated he was sitting in his wheelchair to the right of the white lane divider between the outside lane and the shoulder. Randy stated he did not see the vehicle which hit him because he was leaning forward hunched over talking to his angel.

Randy did not have any visible injuries and there was no damage to the wheelchair. There was no debris located on the roadway or on the side of the road.

The calling party J Riedl stated he arrived on the scene and observed Randy laying on the ground. J stated there were no other people around and said there was only one vehicle to the south of the location. J Stated he could not make out the vehicle information. J stated he suspected Randy was intoxicated with some sort of drug. J stated when he asked Randy about drug use Randy stated he was hit by a car.

Medic 26 arrived on scene and Randy was accessed as code green and transported to St Francis.

Prior to leaving the scene I was contacted by Jovon Love who arrived on scene and stated she believed she hit something as she was driving south on Ridge. Jovon stated she was not sure if she hit something or not and continued to drive to her job at 8629 W 29th N. Jovon stated she sat at her employment in the parking lot for about 5 or 10 mins before returning to the scene to check and see if she had hit someone. Jovon stated she remained in her lane of travel and was not distracted while driving. Jovon could not provide any proof of insurance and was cited under 26X001837.

There was a large dent on the front passenger side of the vehicle which did not appear to be related to this incident. There was no other damage to the car.

Axon available. Photos submitted.

Blank

Passengers & Pedestrians			LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT			Investigating Officer / Badge No.		Local Case No.		Page of
KDOT Form 854 page 1 - Rev. 2019						J Sironel 3016 3016		26C029375		/
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 01	LEWIS	MN L	New address? <input type="checkbox"/>			Personal	M	N	I	1
ST	RANDY	DOB 11/01/1982	WICHITA	KS		Work	43			<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 1	EMS Time Notified 04:29	Injured taken by: Medic 26	Transport Unit	EMS Time Notified	Injured taken by:					
EMS Arrived	EMS Time@Hosp	Injured taken to: St Francis	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:					

Passengers & Pedestrians 854 page 2				PEDESTRIAN INFORMATION				Investigating Officer / Badge No. J Sironel 3016 3016		Local Case No. 26C029375		Page of /		
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 01	LEWIS		MN L	New address? <input type="checkbox"/>			Personal		M	N	I	1		
PT	RANDY		DOB 11/01/1982	WICHITA KS			Work		43			<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#	DirTrvl	DL State	Driver's License Number		Special Data			TU#	DirTrvl	DL State	Driver's License Number		Special Data	
01	U													
13	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														
07	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														
00	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL													
00 No pedestrian signal 03 Ped signal malfunction														
01 Obeyed pedestrian signal 04 Not applicable														
02 Disobeyed pedestrian signal 99 Unknown														
SUBSTANCE USE (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														
Evidentiary Breath Eye Fluid														
Blood (BAC) Other														
Drug screen result														
00	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL													
00 No pedestrian signal 03 Ped signal malfunction														
01 Obeyed pedestrian signal 04 Not applicable														
02 Disobeyed pedestrian signal 99 Unknown														
SUBSTANCE USE (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														
Evidentiary Breath Eye Fluid														
Blood (BAC) Other														
Drug screen result														