

<b>Kansas Motor Vehicle Crash Report</b> KDOT Form 850A page 1 Rev. 2019				Investigating Department WICHITA POLICE DEPARTMENT		Reviewed by MORRIS S0276		Local Case No. 26C021552		Page of 1 / 4		<input type="checkbox"/> Amended Report <input type="checkbox"/> DUI <input type="checkbox"/> Hit & Run									
				Investigating Officer Name A.R. NAVE		Badge Number S0286		County SG		City Name WICHITA											
Milepost		Block No		Dir Pfx		On Road Name		Road Type		Dir Sfx		SpdLmt		Date of Crash (mm/dd/yyyy)		Time Occur.		Day		Crash Severity	
		390		N		TOPEKA		AVE				30		02/04/2026		10:53		WE		<input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> PDO >= \$1,000 <input type="checkbox"/> PDO < \$1,000	
From Dist		Ft/Mi		From Dir		Dir Pfx		Reference or At Road Name		Road Type		Dir Sfx		SpdLmt		Date Notified (mm/dd/yyyy)		Time Notif.		Day	
10		F		S		E		3RD		ST		N		30		02/04/2026		10:54		WE	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel  V1 NORTH ON TOPEKA, P2 STANDING ALONG THE SOUTHEAST CORNER OF 3RD AND TOPEKA. AS V1 APPROACHED 3RD ST, P2 STUMBLED AND FELL DOWN INTO THE CROSSWALK AREA AND ROLLED OUT INTO THE LANE OF TRAFFIC. P2 WAS THEN RAN OVER BY V1.														Date Arrived (mm/dd/yyyy)		Time Arriv.		Day		WORK ZONE TYPE <input type="checkbox"/> 00 None Apply <input type="checkbox"/> 01 Construction Zone - <input type="checkbox"/> 02 Maintenance Zone - <input type="checkbox"/> 03 Utility Zone - <input type="checkbox"/> 99 Unknown - LOCATION IN WORK ZONE (AOI) <input type="checkbox"/> 01 Before first warning sign <input type="checkbox"/> 02 Advance warning area <input type="checkbox"/> 03 Transition area <input type="checkbox"/> 04 Activity area <input type="checkbox"/> 05 Termination area <input type="checkbox"/> 99 Unknown	
														Latitude (AOI)		00		ON			
														Longitude (AOI)							
														Photos by		A NAVE S0286					
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																					
01 LIGHT CONDITIONS				13 CRASH LOCATION (of 1st Harmful Event)				02 CRASH CLASS (mark 1 box per side)				02									
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				1 <sup>st</sup> 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) 1 <sup>st</sup> 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									
00 ADVERSE WEATHER CONDITIONS				01 +INTERSECTION TYPE																	
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 Four-way intersection 02 Five-way or more 03 T - intersection 04 Y - intersection 05 L - intersection 06 Roundabout (See Manual for Definitions) 07 Traffic Circle 08 Part of an interchange 99 Unknown																	
02 SURFACE TYPE																					
01 Concrete 02 Blacktop (Asphalt) 03 Gravel      88 Other: _____ 04 Dirt 05 Brick      99 Unknown																					
01 SURFACE CONDITIONS				ROAD SPECIAL FEATURES (up to 3)																	
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				00 None    1 00    2    3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING 05 Interchange 06 Ramp 99 Unknown																	
*COLLISION WITH VEHICLE (mark 1 box per side if applicable) 1 <sup>st</sup> 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 <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">           ↓ Type Present            1 0    09    1 OK            2    2    2            3    3    3            4    4    4            5    5    5         </div> <div>           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         </div> </div>																					

**Crash Diagram**

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SPECIAL EVENT

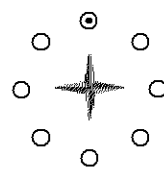
SPECIAL DATA

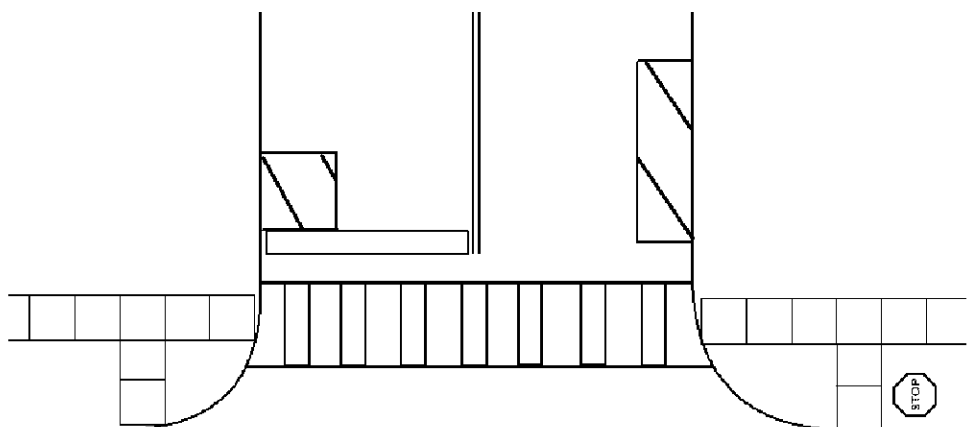
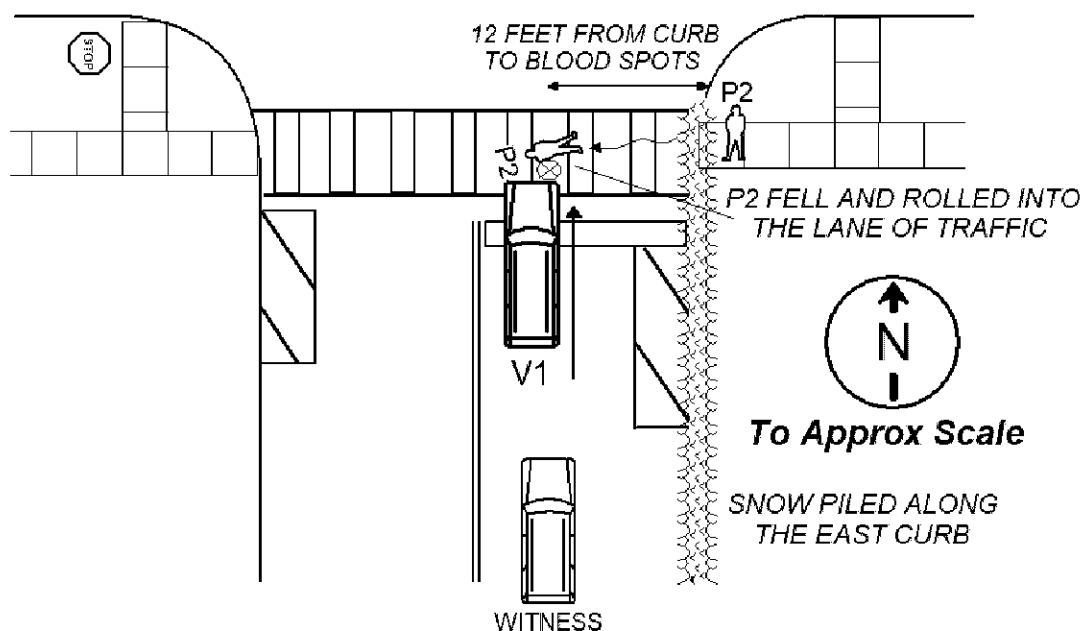
Local Case No.

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<b>02</b> ON	<b>ROADWAY</b> NUMBER OF LANES	<b>01</b> ON	<b>ROAD CHARACTER</b> ON	<b>00</b> ON	<b>SPECIAL JURISDICTION</b>	<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> 
	AT	AT	AT	AT		
01 One		01 Straight & Level		00 Normal Jurisdiction (Not Special)		
02 Two		02 Straight on grade/slope		01 National Park Service		
03 Three		03 Straight on hillcrest		02 Military		
04 Four to Six		04 Curved & level		03 Indian Reservation		
05 Seven or more		05 Curved on grade/slope		04 College / University Campus		
88 Other: _____		06 Curved on hillcrest		05 Other Federal property		
99 Unknown		88 Other: _____		88 Other: _____		
		99 Unknown		99 Unknown		

**Draw scene as observed or recreate per statements and evidence available****N Topeka Ave****E 3rd St N**

<b>Occupants &amp; Vehicles</b> KDOT Form 850B page 1 - Rev. 2019			<b>DRIVER &amp; PASSENGER INFORMATION</b> (record pedestrians on supplemental form 854)			Investigating Officer / Badge No. A.R. NAVE S0286		Local Case No. 26C021552		Page of 2 / 4	
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 30 P2 28											
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	CAMACHO-SILVA		MN	2625 S CAPRI LN			Personal (316) 208-6386	M	S	N	
ST 01	CARLOS		DOB 03/10/1984	WICHITA	KS	67210	Work	41	N		<input type="checkbox"/>
TU			MN				Personal				
ST			DOB				Work				<input type="checkbox"/>
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)											
DL State	Driver's License Number			DL Class	Driving for Employer?	CDL?					
KS	K02953059			C	<input type="checkbox"/>	<input type="checkbox"/>					
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"/>		Z - None					
01 Valid License		Driver's Lic Restrictions		Complied? Y <input type="checkbox"/> N <input type="checkbox"/>		T - Double/Triple Trailer					
02 Suspended		1 <input type="checkbox"/>		<input type="checkbox"/>		P - Passenger Vehicle					
03 Revoked		2 <input type="checkbox"/>		<input type="checkbox"/>		N - Tank Vehicle					
04 Expired		3 <input type="checkbox"/>		<input type="checkbox"/>		H - Placarded Haz. Material					
05 Cancl'd or Denied		4 <input type="checkbox"/>		<input type="checkbox"/>		X - Combination Tank/HazMat					
06 Disqualified						S - School Bus					
07 Restricted						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			ALCOHOL			DRUGS		
<input checked="" type="checkbox"/> 00 No evidence of impairment			<input checked="" type="checkbox"/>			<input type="checkbox"/> 00 No evidence of impairment			<input type="checkbox"/>		
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)			<input type="checkbox"/>			<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)			<input type="checkbox"/>		
<input type="checkbox"/> 02 Preliminary Breath Test PBT			<input type="checkbox"/>			<input type="checkbox"/> 02 Preliminary Breath Test PBT			<input type="checkbox"/>		
<input type="checkbox"/> 03 Behavioral			<input type="checkbox"/>			<input type="checkbox"/> 03 Behavioral			<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			<input type="checkbox"/>			<input type="checkbox"/> 04 Passive Alcohol Sensor			<input type="checkbox"/>		
(detects alcohol from driver's mouth)						(detects alcohol from driver's mouth)					
<input type="checkbox"/> 05 Observed			<input type="checkbox"/>			<input type="checkbox"/> 05 Observed			<input type="checkbox"/>		
(Odor, staggering, slurred speech, etc)						(Odor, staggering, slurred speech, etc)					
<input type="checkbox"/> 06 Other (e.g. saliva test)			<input type="checkbox"/>			<input type="checkbox"/> 06 Other (e.g. saliva test)			<input type="checkbox"/>		
IMPAIRMENT TEST (mark all that apply)											
<input checked="" type="checkbox"/> NG - No Test given			<input type="checkbox"/>			<input checked="" type="checkbox"/> NG - No Test given			<input type="checkbox"/>		
<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)			<input type="checkbox"/>			<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)			<input type="checkbox"/>		
<input type="checkbox"/> PT - Prelim Positive Test (PBT)			<input type="checkbox"/>			<input type="checkbox"/> PT - Prelim Positive Test (PBT)			<input type="checkbox"/>		
<input type="checkbox"/> TG - Evidentiary Test given			<input type="checkbox"/>			<input type="checkbox"/> TG - Evidentiary Test given			<input type="checkbox"/>		
<input type="checkbox"/> RP - Results pending			<input type="checkbox"/>			<input type="checkbox"/> RP - Results pending			<input type="checkbox"/>		
<input type="checkbox"/> Evidentiary Breath			<input type="checkbox"/>			<input type="checkbox"/> Evidentiary Breath			<input type="checkbox"/>		
<input type="checkbox"/> Eye Fluid			<input type="checkbox"/>			<input type="checkbox"/> Eye Fluid			<input type="checkbox"/>		
<input type="checkbox"/> Blood (BAC)			<input type="checkbox"/>			<input type="checkbox"/> Blood (BAC)			<input type="checkbox"/>		
<input type="checkbox"/> Other			<input type="checkbox"/>			<input type="checkbox"/> Other			<input type="checkbox"/>		
<input type="checkbox"/> Drug screen result			<input type="checkbox"/>			<input type="checkbox"/> Drug screen result			<input type="checkbox"/>		
TRAFFIC UNIT# (02, 04, N2, X4, etc)											
DL State	Driver's License Number			DL Class	Driving for Employer?	CDL?					
					<input type="checkbox"/>	<input type="checkbox"/>					
	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"/>		Z - None					
01 Valid License		Driver's Lic Restrictions		Complied? Y <input type="checkbox"/> N <input type="checkbox"/>		T - Double/Triple Trailer					
02 Suspended		1 <input type="checkbox"/>		<input type="checkbox"/>		P - Passenger Vehicle					
03 Revoked		2 <input type="checkbox"/>		<input type="checkbox"/>		N - Tank Vehicle					
04 Expired		3 <input type="checkbox"/>		<input type="checkbox"/>		H - Placarded Haz. Material					
05 Cancl'd or Denied		4 <input type="checkbox"/>		<input type="checkbox"/>		X - Combination Tank/HazMat					
06 Disqualified						S - School Bus					
07 Restricted						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			ALCOHOL			DRUGS		
<input type="checkbox"/> 00 No evidence of impairment			<input type="checkbox"/>			<input type="checkbox"/> 00 No evidence of impairment			<input type="checkbox"/>		
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)			<input type="checkbox"/>			<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)			<input type="checkbox"/>		
<input type="checkbox"/> 02 Preliminary Breath Test PBT			<input type="checkbox"/>			<input type="checkbox"/> 02 Preliminary Breath Test PBT			<input type="checkbox"/>		
<input type="checkbox"/> 03 Behavioral			<input type="checkbox"/>			<input type="checkbox"/> 03 Behavioral			<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			<input type="checkbox"/>			<input type="checkbox"/> 04 Passive Alcohol Sensor			<input type="checkbox"/>		
(detects alcohol from driver's mouth)						(detects alcohol from driver's mouth)					
<input type="checkbox"/> 05 Observed			<input type="checkbox"/>			<input type="checkbox"/> 05 Observed			<input type="checkbox"/>		
(Odor, staggering, slurred speech, etc)						(Odor, staggering, slurred speech, etc)					
<input type="checkbox"/> 06 Other (e.g. saliva test)			<input type="checkbox"/>			<input type="checkbox"/> 06 Other (e.g. saliva test)			<input type="checkbox"/>		
IMPAIRMENT TEST (mark all that apply)											
<input type="checkbox"/> NG - No Test given			<input type="checkbox"/>			<input type="checkbox"/> NG - No Test given			<input type="checkbox"/>		
<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)			<input type="checkbox"/>			<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)			<input type="checkbox"/>		
<input type="checkbox"/> PT - Prelim Positive Test (PBT)			<input type="checkbox"/>			<input type="checkbox"/> PT - Prelim Positive Test (PBT)			<input type="checkbox"/>		
<input type="checkbox"/> TG - Evidentiary Test given			<input type="checkbox"/>			<input type="checkbox"/> TG - Evidentiary Test given			<input type="checkbox"/>		
<input type="checkbox"/> RP - Results pending			<input type="checkbox"/>			<input type="checkbox"/> RP - Results pending			<input type="checkbox"/>		
<input type="checkbox"/> Evidentiary Breath			<input type="checkbox"/>			<input type="checkbox"/> Evidentiary Breath			<input type="checkbox"/>		
<input type="checkbox"/> Eye Fluid			<input type="checkbox"/>			<input type="checkbox"/> Eye Fluid			<input type="checkbox"/>		
<input type="checkbox"/> Blood (BAC)			<input type="checkbox"/>			<input type="checkbox"/> Blood (BAC)			<input type="checkbox"/>		
<input type="checkbox"/> Other			<input type="checkbox"/>			<input type="checkbox"/> Other			<input type="checkbox"/>		
<input type="checkbox"/> Drug screen result			<input type="checkbox"/>			<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 01	CAMACHO		MN	2625 S CAPRI LN			Personal	F	I	N	
ST 04	ALIA		DOB 09/02/2022	WICHITA	KS	67210	Work	03	N		<input type="checkbox"/>
TU			MN				Personal				
ST			DOB				Work				<input type="checkbox"/>
TU			MN				Personal				
ST			DOB				Work				<input type="checkbox"/>
TU			MN				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#</b> 01 (01, 03, N3, X3, etc)		SPECIAL DATA		<b>VEHICLE#</b> (02, 04, N2, X4, etc)		SPECIAL DATA		Local Case No. 26C021552		Page of 2 / 4																																																																																	
OWNER Last Name ("Same" if Driver) CAMACHO-SILVA				OWNER First Name CARLOS				Middle Name				OWNER Last Name ("Same" if Driver)				OWNER First Name				Middle Name																																																																											
OWNER ADDRESS (Number, Street) 2625 S CAPRI LN												New address? <input type="checkbox"/>		Personal Phone (316) 208-6386				OWNER ADDRESS (Number, Street)						New address? <input type="checkbox"/>		Personal Phone																																																																					
CITY WICHITA						ST KS		ZIP 67210		Work Phone				CITY				ST		ZIP		Work Phone																																																																									
COLOR BLK		YEAR 2015		MAKE CHEV		MODEL SUB		BODY STYLE LL		ST KS		COLOR		YEAR		MAKE		MODEL		BODY STYLE		ST																																																																									
LICENSE PLATE # G356				County SG		Exp YR 2026		Removed by: OWNER				MC CCs		LICENSE PLATE #				County		Exp YR		Removed by:				MC CCs																																																																					
VEHICLE IDENTIFICATION NUMBER 1GNSKJKC9FR598147								Dir of Travel N		# Occupants 2		VEHICLE IDENTIFICATION NUMBER								Dir of Travel		# Occupants																																																																									
Insurance Company STATE FARM						Policy Number 1249012E2616F						Insurance Company						Policy Number																																																																													
SPECIAL CONDITIONS FOR TRAFFIC UNITS				1		2		3		4		5		Odometer 165000				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				1 Hit & Run				2 Non-Contact				3 Stolen				7 Towed away due to damage																																																																			
4 Legally Parked				5 Pursued by LE				6 Driverless								4 Legally Parked				5 Pursued by LE				6 Driverless																																																																							
06		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										01 Automobile																																																																			
02 Motorcycle				11 Truck & trailer(s)										02 Motorcycle				11 Truck & trailer(s)										02 Motorcycle																																																																			
03 Motor scooter or Moped				12 Tractor-trailer(s)										03 Motor scooter or Moped				12 Tractor-trailer(s)										03 Motor scooter or Moped																																																																			
04 Van				13 Cross country bus										04 Van				13 Cross country bus										04 Van																																																																			
05 Pickup truck <10,001 lbs				14 School bus										05 Pickup truck <10,001 lbs				14 School bus										05 Pickup truck <10,001 lbs																																																																			
06 Sport utility veh - SUV				15 Transit (city) bus										06 Sport utility veh - SUV				15 Transit (city) bus										06 Sport utility veh - SUV																																																																			
07 Camper or RV				16 Other bus										07 Camper or RV				16 Other bus										07 Camper or RV																																																																			
08 Farm machinery				25 Train										08 Farm machinery				25 Train										08 Farm machinery																																																																			
09 All-terrain vehicle - ATV				88 Other: _____										09 All-terrain vehicle - ATV				88 Other: _____										09 All-terrain vehicle - ATV																																																																			
99 Unknown														99 Unknown														99 Unknown																																																																			
01		VEHICLE USE		00										VEHICLE DAMAGE				VEHICLE USE		00										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.				DAMAGE LOCATION AREA				01				VEH. MANU. BEFORE UNSTAB. SIT.				DAMAGE LOCATION AREA				01				VEH. MANU. BEFORE UNSTAB. SIT.																																																			
First Impact 01 Major Impact 02				01 Straight/ following road				11 Stopped awaiting turn				First Impact _____ Major Impact _____				01 Straight/ following road				11 Stopped awaiting turn				First Impact _____ Major Impact _____				01 Straight/ following road				11 Stopped awaiting turn				First Impact _____ Major Impact _____				01 Straight/ following road				11 Stopped awaiting turn																																																			
				02 Left Turn				12 Stopped in traf								02 Left Turn				12 Stopped in traf								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								03 Right Turn				13 Illegally parked								03 Right Turn				13 Illegally parked																																																			
				04 U Turn				14 Disabled in roadway								04 U Turn				14 Disabled in roadway								04 U Turn				14 Disabled in roadway								04 U Turn				14 Disabled in roadway																																																			
				05 Passing				15 Slowing or stopping								05 Passing				15 Slowing or stopping								05 Passing				15 Slowing or stopping								05 Passing				15 Slowing or stopping																																																			
				06 Changing lanes				16 Negotiating a curve								06 Changing lanes				16 Negotiating a curve								06 Changing lanes				16 Negotiating a curve								06 Changing lanes				16 Negotiating a curve																																																			
				07 Avoidance man.				88 Other: _____								07 Avoidance man.				88 Other: _____								07 Avoidance man.				88 Other: _____								07 Avoidance man.				88 Other: _____																																																			
				08 Merging												08 Merging												08 Merging												08 Merging																																																							
				09 Parking												09 Parking												09 Parking												09 Parking																																																							
				10 Backing				99 Unknown								10 Backing				99 Unknown								10 Backing				99 Unknown								10 Backing				99 Unknown																																																			
14 Undercarriage				15 Windshield												14 Undercarriage				15 Windshield												14 Undercarriage				15 Windshield												14 Undercarriage				15 Windshield																																											
16 Other windows				99 Unknown												16 Other windows				99 Unknown												16 Other windows				99 Unknown												16 Other windows				99 Unknown																																											
17 Entire vehicle damaged																17 Entire vehicle damaged																17 Entire vehicle damaged																17 Entire vehicle damaged																																															
88 Other: _____																88 Other: _____																88 Other: _____																88 Other: _____																																															
Trailer: Present / Damaged																Trailer: Present / Damaged																Trailer: Present / Damaged																Trailer: Present / Damaged																																															
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)																VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)																VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)																VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)																																															
1 21				2				3				4				The exact sequence is unknown				1 2				3				4				The exact sequence is unknown				1 2				3				4				The exact sequence is unknown				1 2				3				4				The exact sequence is unknown																															
NON-COLLISION								COLLISION WITH								NON-COLLISION								COLLISION WITH								NON-COLLISION								COLLISION WITH								NON-COLLISION								COLLISION WITH								NON-COLLISION								COLLISION WITH																							
01 Ran off road right								10 Downhill runaway								21 Pedestrian								01 Ran off road right								10 Downhill runaway								21 Pedestrian								01 Ran off road right								10 Downhill runaway								21 Pedestrian								01 Ran off road right								10 Downhill runaway								21 Pedestrian							
02 Ran off road left								11 Trailer swing								22 Motor veh in-transport								02 Ran off road left								11 Trailer swing								22 Motor veh in-transport								02 Ran off road left								11 Trailer swing								22 Motor veh in-transport								02 Ran off road left								11 Trailer swing								22 Motor veh in-transport							
03 Crossed centerline								12 Separation of units								23 Legally Parked Vehicle								03 Crossed centerline								12 Separation of units								23 Legally Parked Vehicle								03 Crossed centerline								12 Separation of units								23 Legally Parked Vehicle								03 Crossed centerline								12 Separation of units								23 Legally Parked Vehicle							
04 Overturn/Rollover								13 Jackknife								24 Train								04 Overturn/Rollover								13 Jackknife								24 Train								04 Overturn/Rollover								13 Jackknife								24 Train								04 Overturn/Rollover								13 Jackknife								24 Train							
05 Crossed median								14 Fire								25 Pedal cycle (bike, etc)								05 Crossed median								14 Fire								25 Pedal cycle (bike, etc)								05 Crossed median								14 Fire								25 Pedal cycle (bike, etc)								05 Crossed median								14 Fire								25 Pedal cycle (bike, etc)							
06 Fell/Jumped from veh								15 Explosion								26 Animal								06 Fell/Jumped from veh								15 Explosion								26 Animal								06 Fell/Jumped from veh								15 Explosion								26 Animal								06 Fell/Jumped from veh								15 Explosion								26 Animal							
07 Thrown or falling object								16 Immersion in water								27 Fixed Object								07 Thrown or falling object								16 Immersion in water								27 Fixed Object								07 Thrown or falling object								16 Immersion in water								27 Fixed Object								07 Thrown or falling object								16 Immersion in water								27 Fixed Object							
08 Cargo loss or shift								88 Other event:								28 Other moveable object								08 Cargo loss or shift								88 Other event:								28 Other moveable object								08 Cargo loss or shift								88 Other event:								28 Other moveable object								08 Cargo loss or shift								88 Other event:								28 Other moveable object							
09 Equipment failure (tire, brakes, etc.)								98 Unknown non-coll.								99 Unknown object								09 Equipment failure (tire, brakes, etc.)								98 Unknown non-coll.								99 Unknown object								09 Equipment failure (tire, brakes, etc.)								98 Unknown non-coll.								99 Unknown object								09 Equipment failure (tire, brakes, etc.)								98 Unknown non-coll.								99 Unknown object							

Passengers & Pedestrians		LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT			Investigating Officer / Badge No.		Local Case No.		Page of	
KDOT Form 854 page 1 - Rev. 2019					A.R. NAVE S0286		26C021552		3 / 4	
Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
TU		MN			New address? <input type="checkbox"/>	Personal				
ST		DOB				Work				<input type="checkbox"/>
Transport Unit _____		EMS Time Notified	Injured taken by:			Transport Unit _____	EMS Time Notified	Injured taken by:		
EMS Arrived		EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:		
Transport Unit _____		EMS Time Notified	Injured taken by:			Transport Unit _____	EMS Time Notified	Injured taken by:		
EMS Arrived		EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:		

Passengers & Pedestrians 854 page 2				PEDESTRIAN INFORMATION				Investigating Officer / Badge No. A.R. NAVE S0286		Local Case No. 26C021552		Page of 3 / 4	
Unit # Ped Type	PEDESTRIAN Last Name PEDESTRIAN First Name		Middle Name Date of Birth	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) City State Zip		Personal Phone Number Work Phone Number		Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extrication?		
TU 02	GOTTA		MN JOSEPH	402 E 2ND ST N New address? <input checked="" type="checkbox"/>		(316) 518-5357		M 43	N	D	A		
PT 21	NICHOLAS		DOB 07/02/1982	WICHITA KS 67202		Work		43	N		<input type="checkbox"/>		
TU			MN	New address? <input type="checkbox"/>		Personal							
PT			DOB			Work					<input type="checkbox"/>		
Transport Unit A	EMS Time Notified 10:55		Injured taken by: MEDIC 31		Transport Unit	EMS Time Notified		Injured taken by:					
EMS Arrived 10:57	EMS Time@Hosp 11:12		Injured taken to: ST FRANCIS MEDICAL CENTER		EMS Arrived	EMS Time@Hosp		Injured taken to:					
TU#	DirTrvl	DL State	Driver's License Number		Special Data								
02	W	CO	111810944										
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									
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)													
<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 checked="" 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)							
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 Tests: HGN, walk-and-turn, one leg stand, etc.						<input type="checkbox"/> TG - Evidentiary Test given							
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)						<input type="checkbox"/> RP - Results pending							
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)						<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Evidentiary Breath 0. _____ </div> <div> <input type="checkbox"/> Eye Fluid 0. _____ </div> </div>							
<input type="checkbox"/> 06 Other (e.g. saliva test)						<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Blood (BAC) 0. _____ </div> <div> <input type="checkbox"/> Other 0. _____ </div> </div>							
						Drug screen result <input type="checkbox"/>							
METHOD OF DETERMINATION (mark all that apply)						IMPAIRMENT 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 Tests: HGN, walk-and-turn, one leg stand, etc.						<input type="checkbox"/> TG - Evidentiary Test given							
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)						<input type="checkbox"/> RP - Results pending							
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)						<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Evidentiary Breath 0. _____ </div> <div> <input type="checkbox"/> Eye Fluid 0. _____ </div> </div>							
<input type="checkbox"/> 06 Other (e.g. saliva test)						<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Blood (BAC) 0. _____ </div> <div> <input type="checkbox"/> Other 0. _____ </div> </div>							
						Drug screen result <input type="checkbox"/>							

AREA OF IMPACT

AOI established by blood spots to be in the northbound lane of Topeka within the southern crosswalk of 3rd St.

DRIVER CARLOS CAMACHO-SILVA STATEMENT

Carlos stated he was driving north on Topeka with his 3 y/o daughter Alia headed to to attend Catholic Mass service at the Cathedral of the Immaculate Conception (430 N Broadway) located just one more block up the road along Central Ave. As Carlos approached 3rd St a man standing on the southeast corner of the intersection suddenly stepped forward and Carlos had no time to react and could feel his front passenger tire go up and over the pedestrian. Carlos immediately pulled over and called 911 about what had happened, and also checked to his if his daughter was okay.

WITNESS EBONI ROGERS STATEMENT (PHONE: 214-282-0338; 2756 E 45TH ST N, WICHITA, KS 67219)

Eboni stated she was driving north on Topeka and was driving directly behind a black Chevy Suburban. As the Suburban approached the 3rd St intersection, a man standing on the southeast corner of the intersection stumbled and fell out into the street and rolled into the middle of the northbound lane of traffic. The Suburban then caught the rolling man with its back right side tire. Eboni said she doubted the driver of the Suburban even knew the man was in the lane of traffic until it was too late because of the way he had fallen and rolled rather than walked upright into the crosswalk, and it all had happened very fast as well as the Suburban was about to pass through the intersection. The pedestrian had sort of rolled underneath the Suburban when they were struck.

INJURIES

D1 Carlos Camacho-Silva and his 3 y/o daughter had no injuries.

P2 Nicholas Gotta had sustained major head trauma including a laceration to his head, an open bone fracture, and was experiencing a possible seizure. Nicholas was triaged code red trauma alert GCS 8 by Medic Commander 3 and was transported by Medic 31 with the EMS commander riding on board to St Francis Medical Center where Nicholas was taken in for potential surgery. Hospital staff advised it was unclear at the time of the initial crash investigation if Nicholas would survive his injuries.

DAMAGES

V1 Chevy Suburban had no visible damage done to it, I had the owner Carlos look over the vehicle and note any new or possible damage and he also said there was none. There were also no visible fresh marks to the vehicle such as handprints or swiping that would have indicated the pedestrian was standing or had tried to grab or push away from the vehicle prior to impact.

ROAD CONDITIONS

Weather was partly cloudy and approx 45 degrees, asphalt road surface along Topeka was generally dry, with some snow still visible off the roadway along the edges of the street. There was some snow that was piled onto the sloped sidewalk that led to the crosswalk that this collision occurred at. Blood spots found on the roadway were approx 12 feet west from the edge of the curb/sidewalk if a pedestrian was to be walking westbound from the southeast corner of the intersection. Traffic along Topeka was relatively light. The intersection of 3rd and Topeka is controlled by stop signs for east and westbound 3rd St and notably only center lane and edge lines for Topeka, so Topeka traffic generally has the right-of-way to proceed north and southbound when compared to east and westbound 3rd St traffic. There is a large amount of pedestrian traffic that frequently this general area, as the Open Door, a homeless resource center, is located at 402 E 2nd St N, which is directly south of the crash location on the northeast corner of 2nd and Topeka.

\*\*\*\*\*

In this officer's opinion, from initial witness statements it seemed that pedestrian Nicholas Gotta had lost his balance and fell down and rolled out into the lane of traffic just as a vehicle was able to pass by his location. Some other homeless individuals in the area had said that Nicholas was possibly under the influence of drugs based on his behavior earlier throughout the day. There was some piled snow at the crosswalk/sidewalk area that could create a slip hazard. Based on Nicholas's current condition and the circumstances surrounding this incident, any potential traffic charges were left pending an AFU investigation.

<b>Crash Narrative</b> KDOT Form 851 - Rev. 2019	<b>Officer / Witness Statements / Description</b> Additional Information	<b>Local Case No.</b>	<b>Page of</b>
		26C021552	4 / 4



Page 1 of 3	Date Entered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Beat 21	Watch 1 <sup>st</sup>	<b>WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT</b>		Incident Number 266021552		
Code 7020		Classification MV - Pedestrian		Code	Classification	Agency	Connecting Case	
<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Private Property		<input type="checkbox"/> Hit & Run		<input type="checkbox"/> Property Damage Only OVER \$1000		<input type="checkbox"/> Property Damage Only UNDER \$1000		
Date of Acc 2-4-26	Time of Acc 1053	Location of Acc 390 N Topeka Ave		Speed Limit 30	Officer at Scene A.R. Nave 50286			
Last Name (Please Print) Camacho-Silva				First Name Carlos		M I	Date of Birth 6/3/10/8/4/1	
Home Street Address 2625 S CAPRI LN				Apt / Lot / Suite #		City WICHITA	State KS Zip Code 67210	
Race Hispanic	Ethnic H	Sex M	Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Home Phone Number 31142086386		Cell Phone Number	
DL State KS	DL Number K02 953059	DL Class C	DL Restrictions N/A		Safety Equipment <input checked="" type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Eye Protection		<input checked="" type="checkbox"/> Lap Belt Only <input checked="" type="checkbox"/> Shoulder Belt Only	
Work Name/School & Grade		Address		City	State	Zip Code	Work Phone Number	
Year 15	Make CHEVY	Model SUBURBAN	Body Style SUV	Color BLACK	Motorcycle CCs			Mark areas where your vehicle is Damaged
Lic Plate State KS	Lic Plate number 6356	Lic. Plate Expires (mm.yy) 01/4/26	Number of Miles on Vehicle 165000		<input type="checkbox"/> Windshield <input type="checkbox"/> Windows <input type="checkbox"/> Top <input type="checkbox"/> Under			<div style="text-align: center;">Front 3 4 5 6 7 8 2 17 18 19 9 1 16 15 14 13 12 11</div> * NO VISIBLE DAMAGE *
Vehicle Identification Number (VIN) 1G1MS1K1K1C91F12579811417		Total number of Occupants 2		<input type="checkbox"/> Trailer present <input type="checkbox"/> Trailer Damaged				
Insurance Company STATE FARM		Insurance Policy Number 124 9012 E26 16F		Airbag Deployed <input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side <input type="checkbox"/> Side airbag(s)				
Agent's Name ANDRE HALE		Agent's Phone Number 316 6940509						
Last Name (Same if Driver) Same as Driver				First Name		Home Phone Number		
Home Street Address				Apt / Lot / Suite #		City	State Zip Code	
Social Security Number (Optional)		Date of Birth	Age	Race	Ethnic	Sex	Cell Phone Number	
Last Name ALIA CAMACHO				First Name ALIA		M.I.	Date of Birth 09/10/2023	
Home Street Address 2625 S CAPRI LN				Apt / Lot / Suite #		City WICHITA	State KS Zip Code 67210	
Race H	Ethnic H	Sex F	Social Security Number (Optional)		Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Home Phone Number	
Where Seated in Vehicle <input checked="" type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Center <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"/> Booster Seat	
Last Name				First Name		M I	Date of Birth	
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		Home Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Center <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"/> Booster Seat	
Last Name				First Name		M I	Date of Birth	
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		Home Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Center <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"/> Booster Seat	
Last Name				First Name		M I	Date of Birth	
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		Home Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side		<input type="checkbox"/> Front Center <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Center <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"/> Booster Seat	

**Driver's Narrative**

Describe the accident in detail

Your direction of travel:

N

Your Speed:

I WAS DRIVING NORTH AT 30-35 MPH GOING NORTH ON MY WAY TO CHURCH ON CATHARAL AT INTERSECTION OF 3RD AND TOPEKA A MAN AT SIDE WALK MAKE STEP TO THE STREET AND DINT HAD TIME TO STOP AND RAN OVER, IMMEDIATELY STOP AND CALL TO CALL 911, CHECKED ON MY DAUGHTER TO MAKE SURE WAS FINE

HE WAS WALKING EAST TO WEST CROSSING STREET.

**Driver's Diagram (Optional)**

North

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

Signature



Date

2-4-25

**Officer's Narrative**

KLER

see

Time Occurred

1053

Time Disp

1054

Time Arrived

1059

Towed by

—

Injured Removed by

—

Taken To

—

Officer

A.R. Nave 50286

50286

Date / Time

2-4-26

1130 L.

Supervisor

Date

Page 2 of 3		Data Entered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Beat 21		Watch 1*		<b>WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT</b>				Incident Number 260021552			
Code 7020		Classification mv - pedestrian				Code		Classification				Agency		Connecting Case	
<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Private Property				<input type="checkbox"/> Hit & Run				<input type="checkbox"/> Property Damage Only OVER \$1000				<input type="checkbox"/> Property Damage Only UNDER \$1000			
Date of Acc 2-4-26		Time of Acc 1053		Location of Acc 390 N Topeka Ave				Speed Limit 30		Officer at Scene A.R. Nave 50286					

Last Name (Please Print) Gotta						First Name Nicholas						M.I. J		Date of Birth 070282		Age 43	
Home Street Address 402 E 2nd St N						Apt / Lot / Suite #		City Wichita				State KS		Zip Code 67202			
Race W		Ethnic N		Sex M		Social Security Number (Optional)				Injured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number				Cell Phone Number	
DL State CO		DL Number 111810944				DL Class ID		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		Zip Code		Work Phone Number			

Year		Make		Model		Body Style		Color		Motorcycle CCs		Mark areas where your vehicle is Damaged <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> Windshield  <input type="checkbox"/> Windows  <input type="checkbox"/> Top  <input type="checkbox"/> Under  <input type="checkbox"/> Trailer present  <input type="checkbox"/> Trailer Damaged         </div> <div style="text-align: center;">           Front  </div> </div>									
Lic Plate State		Lic Plate number				Lic Plate Expires (mm.yy)		Number of Miles on Vehicle													
Vehicle Identification Number (VIN)						Total number of Occupants															
Insurance Company						Insurance Policy Number															
Agent's Name						Agent's Phone Number						Airbag Deployed <input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side <input type="checkbox"/> Side airbag(s)									

Last Name (Same if Driver)						First Name						Home Phone Number							
Home Street Address						Apt / Lot / Suite #		City				State		Zip Code					
Social Security Number (Optional)						Date of Birth		Age		Race		Ethnic		Sex		Cell Phone Number			

Last Name						First Name						M.I.		Date of Birth		Age	
Home Street Address						Apt / Lot / Suite #		City				State		ZIP Code			
Race		Ethnic		Sex		Social Security Number (Optional)				Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number				Cell Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input 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"/> Infant Seat		<input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat					

Last Name						First Name						M.I.		Date of Birth		Age	
Home Street Address						Apt / Lot / Suite #		City				State		ZIP Code			
Race		Ethnic		Sex		Social Security Number (Optional)				Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number				Cell Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input 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"/> Infant Seat		<input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat					

Last Name						First Name						M.I.		Date of Birth		Age	
Home Street Address						Apt / Lot / Suite #		City				State		ZIP Code			
Race		Ethnic		Sex		Social Security Number (Optional)				Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number				Cell Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input 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"/> Infant Seat		<input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat					

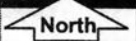
Last Name						First Name						M.I.		Date of Birth		Age	
Home Street Address						Apt / Lot / Suite #		City				State		ZIP Code			
Race		Ethnic		Sex		Social Security Number (Optional)				Injured <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone Number				Cell Phone Number	
Where Seated in Vehicle <input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center		<input 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"/> Infant Seat		<input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat					

**Driver's Narrative**

Describe the accident in detail

Your direction of travel:

Your Speed:

**Driver's Diagram (Optional)**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Officer's Narrative**

See KLER

Time Occurred	Time Disp	Time Arrived	Towed by	Injured Removed by	Taken To
1053	1054	1059	—	Medic 31	St Francis

Officer A.R. Nave 50286Date / Time 2-4-26 1130 hrs

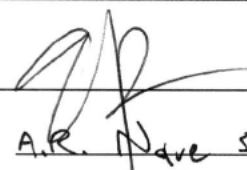
Supervisor \_\_\_\_\_

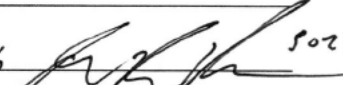
Date \_\_\_\_\_

Page 3 of 3 pages		<b>WICHITA POLICE DEPARTMENT WITNESS STATEMENT</b>		Incident Number 266021552	
Last Name (Please Print) Logers		First Name Eboni		M.I. C	DOB 03-26-97
Home Street Address 2756 E 45th CT N		Apt / Lot / Suite Number		City Wichita	State KS
Race Black		Ethnic		Sex F	Age 28
Home Phone #		Cell Phone # 214 282-0338		Work Phone #	
Work Name / School & Grade		Street Address 2756 E 45th CT N		City Wichita	State KS
Time of Incident 11:00		Date of Incident 02-04-26		Location of Incident Topeka & 3rd	

**Narrative**

A man fell into the street & rolled in the middle of the street. A Yukon in front of me caught him with his back right side tire. The man was unstable as he was falling & I doubt the car knew he was there b/c it happened so fast. The guy kind of rolled under the car.

Signature  Date 02-04-26 Time \_\_\_\_\_

Officer and ID A.R. Nave 50286  50286 Date 2-4-26 Time 1130 hrs