

Kansas Motor Vehicle Crash Report

KDOT Form 850A Rev. 2019

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	SpdLmt	Date of Crash	(mm/dd/yyyy)	Time Occur.	Day	F Crash Severity	
	4900	S	MERIDIAN	AVE		40	10/10/2024		19:26	TH		
mi Dist	Ft/Mi	From Dir	<input checked="" type="checkbox"/> FROM <input type="radio"/> AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	Date Notified (mm/dd/yyyy)	Time Notif.	Day	Fatal	
20	Mi	S		W	47TH	ST	S	10/10/2024	19:28	TH	Injury	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel												
is a supplemental report to the Accident												
OT?	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					
OT?	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												
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)				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						
ADVERSE WEATHER CONDITIONS												
0 No adverse conditions												
1 Rain, mist, drizzle		13 Intersection-related +				COLLISION WITH:						
2 Sleet, hail		14 Access to Parking lot/Drvwy				02 Pedestrian						
3 Snow		15 Interchange Area +				03 Motor vehicle in-transport*						
4 Fog		16 On Crossover				04 Legally Parked Vehicle						
5 Smoke		17 Toll Plaza				05 Railway train						
6 Strong wind		OFF ROADWAY:				06 Pedal cyclist						
7 Blowing dust, sand, etc.		20 Shoulder				07 Animal Type: _____						
8 Freezing rain, mist, drizzle		21 Roadside (not shoulder)				08 Fixed object**						
9 Rain & fog	88 Other: _____	22 Median				09 Other object: _____						
10 Rain & wind		23 Rest area				99 Unknown						
11 Sleet & fog		88 Other: _____				**FIXED OBJECT TYPE						
12 Snow & wind	99 Unknown	99 Unknown				(mark 1 box per side if applicable)						
ON	SURFACE TYPE	AT	+INTERSECTION TYPE				1 st Harmful Event Most Harmful Event					
1 Concrete			01 Four-way intersection				01 Bridge structure					
2 Blacktop (Asphalt)			02 Five-way or more				02 Bridge rail					
3 Gravel	88 Other: _____		03 T - intersection				03 Crash cush./Impact attenuator					
4 Dirt			04 Y - intersection				04 Divider, median barrier					
5 Brick	99 Unknown		05 L - intersection				05 Overhead sign support					
ON	SURFACE CONDITIONS	AT	06 Roundabout (See Manual for Definitions)				06 Utility devices: pole,meter,etc					
1 Dry	88 Other: _____		07 Traffic Circle				07 Other post or pole					
2 Wet			08 Part of an interchange				08 Building					
3 Snow	99 Unknown		99 Unknown				09 Guardrail					
4 Ice			ROAD SPECIAL FEATURES (up to 3)				10 Sign post					
5 Mud/dirt/sand			00 None	00	2	3	11 Culvert					
6 Debris (oil, etc.)			01 Bridge				12 Curb					
7 Standing/ moving water			02 Bridge Overhead				13 Fence/Gate					
8 Slush			03 Railroad Bridge				14 Hydrant					
			04 RRXING				15 Barricade					
			05 Interchange				16 Mailbox					
			06 Ramp				17 Ditch					
			99 Unknown				18 Embankment					
							19 Wall					
							20 Tree					
							21 RRXING fixtures					
							88 Other: _____					
							99 Unknown					

Crash Diagram

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SPECIAL EVENT

SPECIAL DATA

Local Case No.

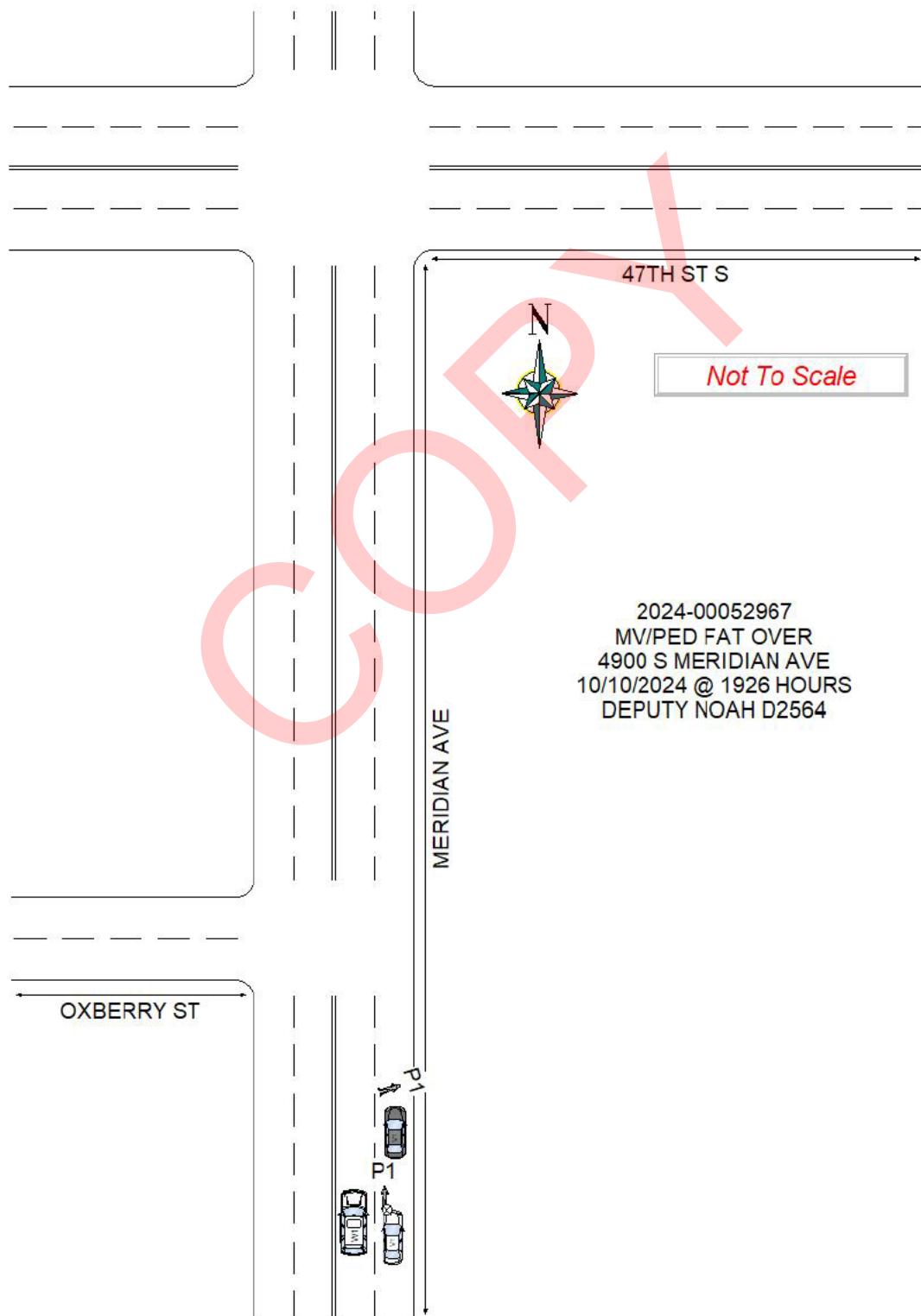
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04 ON	ROADWAY NUMBER OF LANES	01 AT	ROAD CHARACTER ON	00 AT	SPECIAL JURISDICTION	
			01 Straight & Level		00 Normal Jurisdiction (Not Special)	A basic diagram is required for all state reportable crashes showing movements, direction, and positions 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.
			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: _____	<u>Indicate North Direction</u>
			99 Unknown		99 Unknown	

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.

D2564 - Noah, Brinttain

Local Case No.

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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 ACCIDENT (FACTOR TYPE, TU#, CC CODE)																	
D 01	00	P 01	15	P 01	27												
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	MCMURPHY			MN DAWN		11205 S BROADWAY ST			New address? <input type="checkbox"/>	Personal		F	X	I	A		
ST 01	SHILO			DOB 12/09/1998		PECK		KS	67120	Work		25	N		<input type="checkbox"/>		
TU				MN					New address? <input type="checkbox"/>	Personal							
ST				DOB						Work					<input type="checkbox"/>		
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)						TRAFFIC UNIT# (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?		
KS	K03565010			C		<input type="checkbox"/>								<input type="checkbox"/>			
01 DR LICENSE COMPLY	RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	DR LICENSE COMPLY	RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS				
00 Not licensed	Restrictions? <input type="checkbox"/> N		Z - None							00 Not licensed	Restrictions? <input type="checkbox"/>		Z - None				
01 Valid License	Driver's Lic. Restrictions		Complied? <input type="checkbox"/> Y <input type="checkbox"/> N		T - Double/Triple Trailer				01 Valid License	Driver's Lic. Restrictions		T - Double/Triple Trailer					
02 Suspended	1 <input type="checkbox"/>		<input type="checkbox"/>		P - Passenger Vehicle				02 Suspended	1 <input type="checkbox"/>		P - Passenger Vehicle					
03 Revoked	2 <input type="checkbox"/>		<input type="checkbox"/>		N - Tank Vehicle				03 Revoked	2 <input type="checkbox"/>		N - Tank Vehicle					
04 Expired	3 <input type="checkbox"/>		<input type="checkbox"/>		H - Placarded Haz. Material				04 Expired	3 <input type="checkbox"/>		H - Placarded Haz. Material					
05 Cancl or Denied	4 <input type="checkbox"/>		<input type="checkbox"/>		X - Combination Tank/HazMat				05 Cancl or Denied	4 <input type="checkbox"/>		X - Combination Tank/HazMat					
06 Disqualified					S - School Bus				06 Disqualified			S - School Bus					
07 Restricted					U - Unknown				07 Restricted			U - Unknown					
99 Unknown									99 Unknown								
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"/> DP - Illegal drugs ingested	<input type="checkbox"/> MC - Medication contributed		<input type="checkbox"/> AP - Alcohol ingested	<input type="checkbox"/> DC - Illegal drugs contributed		<input type="checkbox"/> AC - Alcohol contributed	<input type="checkbox"/> MP - Medication ingested		<input type="checkbox"/> DP - Illegal drugs ingested		
METHOD OF DETERMINATION (mark all that apply)						IMPAIRMENT TEST (mark all that apply)						METHOD OF DETERMINATION (mark all that apply)					
ALCOHOL			DRUGS			<input checked="" type="checkbox"/> NG - No Test given			ALCOHOL			DRUGS			<input type="checkbox"/> NG - No Test given		
<input checked="" type="checkbox"/> 00 No evidence of impairment			<input checked="" type="checkbox"/> TR - Test Refused (Alcohol/Drug)			<input type="checkbox"/> PT - Prelim Positive Test (PBT)			<input type="checkbox"/> 00 No evidence of impairment			<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)			<input type="checkbox"/> PT - Prelim Positive Test (PBT)		
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)			<input type="checkbox"/> TG - Evidentiary Test given			<input type="checkbox"/> RP - Results pending			<input type="checkbox"/> 02 Preliminary Breath Test PBT			<input type="checkbox"/> TG - Evidentiary Test given			<input type="checkbox"/> RP - Results pending		
<input type="checkbox"/> 02 Preliminary Breath Test PBT			<input type="checkbox"/> Evidentiary Breath			<input type="checkbox"/> Eye Fluid			<input type="checkbox"/> 03 Behavioral			<input type="checkbox"/> Evidentiary Breath			<input type="checkbox"/> Eye Fluid		
<input type="checkbox"/> 03 Behavioral			<input type="checkbox"/> 0. _____ 0.			<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other			<input type="checkbox"/> Tests: HGN, walk-and-turn, one leg stand, etc.			<input type="checkbox"/> 04 Passive Alcohol Sensor			<input type="checkbox"/> 0. _____ 0.		
Tests: HGN, walk-and-turn, one leg stand, etc.			<input type="checkbox"/> 0. _____ 0.			<input type="checkbox"/> 0. _____ 0.						<input type="checkbox"/> (detects alcohol from driver's mouth)			<input type="checkbox"/> 0. _____ 0.		
<input type="checkbox"/> 04 Passive Alcohol Sensor			<input type="checkbox"/> Blood (BAC)			<input type="checkbox"/> Other			<input type="checkbox"/> 05 Observed			<input type="checkbox"/> Blood (BAC)			<input type="checkbox"/> Other		
(detects alcohol from driver's mouth)			<input type="checkbox"/> 0. _____ 0.			<input type="checkbox"/> 0. _____ 0.			<input type="checkbox"/> (Odor, staggering, slurred speech, etc)			<input type="checkbox"/> 0. _____ 0.			<input type="checkbox"/> 0. _____ 0.		
<input type="checkbox"/> 05 Observed			<input type="checkbox"/> Drug screen result			<input type="checkbox"/> Drug screen result			<input type="checkbox"/> 06 Other (e.g. saliva test)			<input type="checkbox"/> Drug screen result			<input type="checkbox"/> Drug screen result		
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		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"/>		
Transport Unit A	EMS Time Notified	Injured taken by:						Transport Unit	EMS Time Notified	Injured taken by:							
EMS Arrived	EMS Time@Hosp	Injured taken to:						EMS Arrived	EMS Time@Hosp	Injured taken to:							

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

Occupants & Vehicles

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VEHICLE# 01

(01, 03, N3, X3, etc)

SPECIAL DATA

VEHICLE#

(02, 04, N2, X4, etc)

SPECIAL DATA

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OWNER Last Name ("Same" if Driver) SAME			OWNER First Name			Middle Name			OWNER Last Name ("Same" if Driver)			OWNER First Name			Middle Name														
OWNER ADDRESS (Number, Street)			New address? <input type="checkbox"/>		Personal Phone			OWNER ADDRESS (Number, Street)			New address? <input type="checkbox"/>		Personal Phone																
CITY		ST	ZIP	Work Phone			CITY		ST	ZIP	Work Phone																		
COLOR SIL	YEAR 2017	MAKE Hyundai	MODEL Accent	BODY STYLE 4D	ST KS	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST																		
LICENSE PLATE # 655RYF	County SG	Exp YR 2025	Removed by: Kidd's Towing	MC CCS		LICENSE PLATE #	County	Exp YR	Removed by:	MC CCS																			
VEHICLE IDENTIFICATION NUMBER KMHCT5AEXHU336833				Dir of Travel N	# Occupants 1	VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants																		
Insurance Company TRADERS INSURANCE			Policy Number TM15254049-02			Insurance Company			Policy Number																				
SPECIAL CONDITIONS FOR TRAFFIC UNITS			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Odometer	Fire? <input type="checkbox"/>	SPECIAL CONDITIONS FOR TRAFFIC UNITS			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	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	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		Power Source F												09	All-terrain vehicle - ATV		Power Source											
	88 Other:		99 Unknown													88 Other:		99 Unknown											
01	VEHICLE USE		03	VEHICLE DAMAGE					VEHICLE USE						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															VEH. MANU. BEFORE UNSTAB. SIT.														
First Impact <input type="checkbox"/> 12 Major Impact <input type="checkbox"/> 15															DAMAGE LOCATION AREA														
 <input type="checkbox"/> 14 Undercarriage <input checked="" type="checkbox"/> 15 Windshield <input type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other:															 <input type="checkbox"/> 14 Undercarriage <input type="checkbox"/> 15 Windshield <input type="checkbox"/> 16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/> 17 Entire vehicle damaged <input type="checkbox"/> 88 Other:														
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)														
<input type="checkbox"/> 21				<input type="checkbox"/> 2				<input type="checkbox"/> 3				<input type="checkbox"/> 4				<input type="checkbox"/> The exact sequence is unknown													
NON-COLLISION															COLLISION WITH														
01 Ran off road right					10 Downhill runaway					21 Pedestrian					22 Motor veh in-transport					23 Legally Parked Vehicle									
02 Ran off road left					11 Trailer swing					22 Motor veh in-transport					23 Legally Parked Vehicle					24 Train									
03 Crossed centerline					12 Separation of units					23 Legally Parked Vehicle					24 Train					25 Pedal cycle (bike, etc)									
04 Overturn/Rollover					13 Jackknife					24 Train					25 Pedal cycle (bike, etc)					26 Animal									
05 Crossed median					14 Fire					25 Pedal cycle (bike, etc)					26 Animal					27 Fixed Object									
06 Fell/Jumped from veh					15 Explosion					26 Animal					27 Fixed Object					28 Other moveable object									
07 Thrown or falling object					16 Immersion in water					27 Fixed Object					28 Other moveable object					99 Unknown object									
08 Cargo loss or shift					18 Other event:					28 Other moveable object					99 Unknown object					99 Unknown object									
09 Equipment failure (tire, brakes, etc.)					98 Unknown non-coll.					99 Unknown object					98 Unknown non-coll.					99 Unknown object									

V1 Driver Shilo Mcmurphy (W/F 12/09/1998) Statement - Shilo gave a verbal statement to Deputy Jones, see Deputy Jone's additional for V1's statement.

Witness 1 Meagan Rosson (W/F 08/31/1989) Statement - Between 7:15pm and 7:30pm I saw feet crossing the street (on Meridian). I thought there were two people crossing. The car ahead of me either did not see them crossing or did not have time to react and hit them. If there was another person I have no idea where they went. Unless I saw wrong and there was only one person crossing the street.

Deputy's Opinion - I believe that P1 was crossing the road (not at a pedestrian cross way) while on the phone with her sister. V1 was driving north bound in the outer lane and could not see P1 then hit P1.

P1 was triaged black (deceased) at 1931 hours by Squad 12. Photos were taken by Deputy Jackson. Coroner arrived on scene and collected P1, family wanted Heavenly Gates Mortuary contacted. V1 was towed by Kidds Towing (Zach #731) to building 13.

After Deputy Jackson talked to Taylor Patterson (B/F 01/07/1998) and other family members on scene we found out that P1 was walking across the street east bound while on facetime with her sister (Taylor Patterson). Shilo was taken to the hospital due to being pregnant and hyperventilating.

Crash team came out and took measurements and do their own case.

Axon recorded.

This is all I have to report on this case at this time. Deputy Noah D2564. On 10/10/2024 at approximately 1943 hours, I, Deputy Jones, D2764, was dispatched to assist with an injury accident at the intersection of W. Oxberry St. and S. Meridian Ave. in Wichita, Sedgwick County, KS.

While en route, Sgt. Manning asked me to go to the hospital and get information for the victim and driver. Before arriving on scene, the victim was pronounced Code Black. I went to Wesley Medical Center located at 550 N. Hillside St.

Upon arrival, Wesley Staffing led me from the Trauma to Labor and Delivery.

The driver was identified as Shilo McMurphy (W/F 12/09/1998). She explained that she delivers pizzas for Pizza Hut off of 47th and Broadway and was headed back there from a delivery. She was headed Northbound on Meridian in the far Right lane. She had looked left because she was trying to get in the left but there was a car in the way, that's when she noticed the individual that she hit.

Shilo said that she was going 40-43mph.

Shilo said that since she's pregnant she did not have the belly portion of her seatbelt on but the shoulder portion.

Shilo stated that she only saw one individual walking straight across, left-right, across the road. She thought that this person may have been looking down.

Shilo said that both her headlights work and they were on.

Shilo said that she doesn't take any medication beside prenatals. She doesn't drink or do drugs. She does not have any medical condition, concussions, etc that would affect her driving.

Shilo had injuries on her Left hand, chin was scraped, and bruising along her neck on the left side.

Nothing further to report.

Deputy Jones D2764 On October 10th, 2024 while on patrol for the Sedgwick County Sheriff's Office, I was driving marked patrol unit #3328, and I was wearing a properly marked Sheriff uniform. I was dispatched to 5000 S Meridian in Sedgwick County Kansas to the report of an injury accident vehicle vs. Pedestrian.

Upon my arrival I observed medics on scene working on a subject laying on the ground, and I saw a small silver vehicle that had significant damage, and a white female sitting on the curb behind the vehicle, she had blood on her arms, and she was crying and visibly upset. I approached the female and identified her as McMurphy, Shiloh Dawn (W/F DOB:12/09/1998). I informed her we had medics on the way to check on her and I asked her what happened. Shiloh stated she was driving North on Meridian headed back to the Pizza Hut where she worked at 47th and Broadway as she was a pizza delivery driver, and she did not even see the person walk out in front of her and the next thing she knew she hit the person. Shiloh was visibly upset, and not able to provide a clear statement at this exact moment, so I continued to talk with her to help regulate her breathing. Shiloh reported being seven months pregnant, and I remained with her until medics arrived to her. Medics triaged Shiloh Code yellow and transported her to Wesley medical Center.

I then observed a black male trying to enter our scene and I stopped him from entering the scene and he was visibly upset, and he was saying that his sister lying on the ground, so I got him out of the scene and I identified him as Evans, Treyvon (B/M DOB:08/27/1993) and he reported that his sister was pregnant and stated she had seven children at home and he identified his sister as Marjorielle Evans. I had him stand to the side, and I contacted SGT Manning and we confirmed Marjorielle was indeed the victim, and then SGT Manning went to talk with Treyvon.

I observed multiple bystanders on the scene so I remained on scene and provided scene security, and identified who needed to be at the scene and cleared everyone else a safe distance from the scene and I identified those that needed identified. I talked with Shiloh 's dad and identified him as McMurphy, Donnie J (W/M DOB:07/27/1970). Donnie was inquiring about Shiloh's personal belongings in her vehicle, and I informed him that he could leave and I would call him at the conclusion of the on scene investigation, and let him know if any of her property could be released. I identified a bystander as Releford, Angela (B/F DOB:07/31/1977) she reported she was driving north on Meridian but she did not see the accident she just rolled up on it so I collected her information and allowed her to leave the scene.

I identified the victims sister as Patterson, Taylor, and I asked her if she knew where her sister was walking to. Taylor reported that her sister was going to be walking to QuikTrip at Macarthur and Meridian and she was on the phone Face timing Marjorielle while she was walking because she was going to CASHAPP her some money when she arrived at the QuikTrip to get some food, and she reported Marjorielle called her via FaceTime and she was walking and Marjorielle asked her to remain on the phone until she got to QT. Taylor reports talking to her sister and she was walking then the next thing she knew the phone call abruptly ended.

I remained on scene and provided scene security, and assisted the crash reconstruction team when necessary and remained on scene until Morgan from the coroner 's office arrived on the scene, and I assisted in provided protection for the victim while she worked her portion of the scene. A short time later preferred Mortuary arrived on scene to transport the body to the regional forensic science center and they departed with the body at 2220hrs.

After Preferred Mortuary cleared the scene I went to 5111 S. Meridian lot #217 to talk with Donnie, and I informed him that Shiloh's vehicle and all contents was going to evidence, and I provided him with Shiloh's Driver's license, I then cleared the scene.

All events occurred in Sedgwick County Kansas

Medic 27 triaged code Black at 1945hrs

No evidence of impairment was detected while talking with Shiloh

Crash reconstruction on site to work the accident

Police Chaplain came to the scene to talk with the victim 's family as there were several family members on scene

Family reported the victims children were at the residence with another family member and they were safe and cared for

I have nothing else to report regarding my involvement in this accident

Deputy Daniel A. Jackson D2575

COPY

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

(Please print)

LAW ENFORCEMENT INSTRUCTIONS

Upon requesting evidence of insurance as required by K.S.A. 8-1604 or K.S.A. 40-3104 and such evidence is not furnished, a traffic citation is to be issued and the information in Sections A, B and D completed and attached to the citation being forwarded to the court.

COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer, the vehicle owner or driver is required to present to the court designated on the citation within ten (10) days either (1) a policy of motor vehicle liability insurance, (2) a policy identification card or certificate of insurance, or (3) a certificate of self-insurance signed by the Commissioner of Insurance which shows the (a) name of the insurance company, (b) policy number covering the vehicle at the time the citation was issued, and (c) the effective and expiration dates of the policy. Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within ten (10) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form completed by the court where evidence of insurance was presented and mailed to: **Driver Services, P.O. Box 12021, Topeka, Kansas 66601-2021. Or fax to: 785-296-6851.**

FOR INSURANCE COMPANY USE ONLY

If a policy was NOT in effect on the date cited in Section D, please return this form within thirty (30) days to: **Driver Services, P.O. Box 12021, Topeka, Kansas, 66601-2021. Or fax to: 785-296-6851.**

- This policy was not in effect by the company cited in Section C on the date cited in Section D.**

Comments: _____

Signature of Authorized Insurance Representative

Date

Citation Number (if issued for no insurance): _____

Case Number: _____

A. DRIVER'S INFORMATION:

MCMURPHY	SHILO	D
Driver's Last Name	First Name	Middle Initial
K03565010	KS	12/09/1998
Driver's License Number	State Licensed	Date of Birth
11205 S BROADWAY ST	PECK	KS 67120
Driver's Address	City	State Zip Code

B. VEHICLE INFORMATION:

SAME	First Name	Middle Initial
Owner's Last Name		
Owner's Address	City	State Zip Code
2017	Hyundai	Accent
Vehicle Year	Vehicle Make	Vehicle Model
KMHCT5AEXHU336833	KS	2025
VIN	License Plate State	License Plate Year
		<input type="checkbox"/> Temporary Tag
		<input type="checkbox"/> Dealers Tag

C. INSURANCE INFORMATION OBTAINED:

TRADERS INSURANCE	TM15254049-02
Insurance Company	Policy Number

D. RESULT OF AN ACCIDENT? YES NO

DATE/TIME INSURANCE IS TO BE VERIFIED AS IN EFFECT (time of traffic stop or accident):

07:26	PM	10	10	2024
Time	a.m/p.m	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM:

141 W ELM ST	WICHITA	Sedgwick County Sheriff	D2564
Address	City	Agency Name	Officer ID#
		KS	67203
		State	Zip

F. COURT COMPLETING THIS FORM: _____

Court Name

Address	City	State	Zip
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ACCIDENT WITNESS REPORT ONLY
Confidential

Classification Injury Case No. 2024-00052967

Location 417th & Meridian

Name Rosson (Last) Meagan (First) Sara (Middle) 316-350-5610 (Phone)

Address 4910 S. Mount Carmel (Street) Wichita (City) KS (State) 67217 (Zip)

Date of Birth 08/31/1989 Age 35 Race White Sex Female

Social Security Number [REDACTED]

Place of Employment Eye Care Associates Business Address 321 S. Hillsid Phone 316-785-1898

WRITTEN STATEMENT

Between 7:15 & 7:30 pm I saw feet crossing the street (meridian) I thought there were two people crossing. The car ahead of me either did not see them crossing or did not have time to react and hit them. If there was another person I have no idea where they went. unless I saw wrong and there was only one person crossing the street.

Signature of Person Making Report Meagan Rosson Date 10/10/24 Time 7:50 A.M.

Deputy Receiving Report 12564 Date 10-10-24 Time 2336 A.M.

COPY

S71NGP

Mazda CX-5 2016

Gray

JM3KE4DVS60907779



SEDGWICK COUNTY SHERIFF

MAJOR CRASH INVESTIGATION UNIT

INVESTIGATIVE REPORT

CASE NUMBER: 2024-00052967

SECTION I: SYNOPSIS

Introduction-

On 10/10/2024 at approximately 1926 hours, Sedgwick County Emergency Communications Dispatch received reports of a traffic crash involving a single vehicle and a pedestrian in the 4900 block of south Meridian in Sedgwick County Kansas.

Deputies arrived to the scene to find a gray 2017 Hyundai Accent, herein referred to as "V1" (KS tag: 655RYF VIN: KMHCT5AEXHU336833), which was driven by Shilo D. McMurphy. Near V1, EMS/Fire responders were providing emergency aid to a pedestrian, identified as Majorielle L. Evans. It was apparent to on-scene deputies that Evans had been struck by V1. Evans was pronounced deceased on scene by medical personnel. McMurphy was transported by EMS to Wesley hospital due to pregnancy with potentially serious injuries sustained in the crash.

I was called in to investigate the circumstances of the collision.

SECTION II – ENVIRONMENTAL FACTORS



Figure 1: Bing Maps aerial view of crash area

Roadway Characteristics-

The collision occurred in the 4900 block of south Meridian. This area of Meridian is a relatively straight and level four-lane roadway, two north bound lanes and two south bound lanes. The speed limit on this section of Meridian was posted at 45 miles per hour. This area of Meridian had been recently re-paved with asphalt and featured roadway marking lines, including edge and center lines. There were no traffic control signals in the area of the collision. The west side of this area of Meridian did not feature a pedestrian sidewalk or crosswalk location. The east side of this area of Meridian had a pedestrian sidewalk.

Sight Obstructions-

The west side of Meridian in the area of the collision is a residential mobile home park. No crosswalk was present from the mobile home park to the pedestrian sidewalk on the east side of the roadway. The mobile home park had some trees along the west side of the roadway. The east side of the roadway was an open agricultural field with no sight obstructions observed.

Weather and Visibility-

When I arrived to the scene of the collision, at approximately 2026 hours, the weather was as follows:

Temperatures of approximately 75 degrees Fahrenheit, clear skies with no precipitation, darkness. According to the National Weather Service, sunset was at 1859 hours on 10/10/2024. The direct areas of roadway to the north and south of the crash location did not have street lamps.

SECTION III – MECHANICAL FACTORS

Vehicle Inspections and Damage Analysis-



Figure 2: "V1" photographed at scene post-crash

Vehicle #1-

Using NHTSA's Vin decoder and Canadian Vehicle Specifications data, the following is known about the vehicle:

2017 Hyundai Accent (KS tag: 655RYF VIN: KMHCT5AEXHU336833)

- 4-cylinder 1.6 liter gasoline engine producing 138 horsepower
- 1st and 2nd row airbags (including curtain airbags)
 - No airbags were deployed during the crash
- 2-row seating - 5 door hatchback
- 101.2 inch wheel base
- 14 inch wheel diameter

SECTION IV – HUMAN FACTORS

Driver/Witness Statements-

Driver #1 – Shilo D. McMurphy

McMurphy had a valid Kansas Class C Driver's license, with no restrictions, at the time of the crash. Following the crash, McMurphy was transported to Wesley hospital with potentially serious injuries involving her pregnancy and physical injuries sustained in the crash. Deputy C. Jones responded to the hospital to interview McMurphy. Deputy C. Jones' full field interview was recorded and is available via Axon body camera. The following are excerpts/summations from that interview:

- McMurphy stated she was returning to work while driving north bound on Meridian, heading toward 47th St. S.
- McMurphy stated she looked over to her left in preparation for a right to left lane change.
- McMurphy stated she did not have time to react by the time she perceived the presence of a pedestrian in the roadway.
- McMurphy stated she was not speeding and was driving at 40-43 miles per hour in the right lane.
- McMurphy stated she perceived a single pedestrian walking from her left to right (east bound from the west side of the street.)
- McMurphy stated she believed the pedestrian was looking downward when she saw her.
- McMurphy stated she was not distracted at the time by any electronic devices in the car or her phone.
- McMurphy denied consuming any drugs or alcohol.

Pedestrian #1 – Majorielle L. Evans

Evans was pronounced deceased at the scene. Deputy D. Jackson spoke to some of Evans' family members who had arrived at the scene. Treyvon Evans, Majorielle's brother, reported to Deputy Jackson of Majorielle being pregnant. I attended Majorielle's autopsy, during which it was found she was not pregnant. Deputy Jackson also spoke with Majorielle's sister, Taylor Patterson. Patterson reported being on "Facetime" (a video chatting application,) with Majorielle at the time of the collision. Patterson said Majorielle was on her way to the Quik Trip convenience store at the intersection of MacArthur and Meridian.

Witness #1 – Meagan Rosson

Rosson reported witnessing the collision. Rosson was the registered owner of another vehicle which I identified at the scene, a gray 2016 Mazda CX-5 (KS tag: 571NGP VIN: JM3KE4DY5G0907779). Rosson's vehicle was positioned in the left, north bound lane. Rosson stated she saw a pedestrian crossing the roadway and was able to stop in time. Rosson reported potentially seeing two pedestrians, but was unsure. Rosson said the vehicle ahead of her, McMurphy, either did not see the pedestrian or did not have time to react.

Alcohol and Drug Testing-

On scene Deputies did not observe any indicators of impairment for McMurphy. No alcohol/drug testing was performed.

SECTION V – SCENE INVESTIGATION

Documentation-

The scene was mapped using photos as well as a Total Station. The Sokkia SRX5 reflector-less robotic total station, serial number 101753, as well as the Sokkia SCH6000 Data Collector, serial number 344539, were utilized during the forensic mapping of the scene.

The site was documented using a forensic mapping system. The system utilized the Sokkia SRX5. The unit uses a laser and robotic motor tracking to follow a reflective prism carried by the operator. Using a laser, the SRX5 is able to accurately measure angles and distances to set points and calculate them trigonometrically to give positional coordinates. Each point of interest is measured in this way. The points are then assigned graphic attributes by way of map coding on the Sokkia SCH6000. The position coordinates are then displayed graphically in a map format from the collected data and assigned codes. The data is used to create a forensic map in EdgeFX CAD Software. The forensic map can be found as an attachment in this report.

Roadway Evidence-

I arrived to the scene of the crash to find V1 stopped in the right side north bound lane of Meridian. Majorielle Evans was laying to the front and left of V1. As I walked to the south, I observed Rosson's vehicle stopped in the left north bound lane of Meridian. Between Rosson's vehicle and V1, I observed debris in the roadway which was there as an apparent result of the collision. I also located an open pack of cigarettes, two socks, two shoes, and a cellular phone within the debris field. The socks and shoes belonged to Majorielle, which had been thrown from her person as a result of the impact. Likewise, the cellular phone was identified as Majorielle's by her family members on scene. The cellular phone was on the east side of the roadway and the cigarettes were near the center line between the north bound lanes of the roadway. At the time of the collision, Majorielle was likely holding her phone in her right hand and the pack of cigarettes in her left.

As I approached Rosson's vehicle, I observed footprints on the asphalt. The fresh asphalt allowed easy identification of dirt which had been deposited on the roadway by Majorielle's shoes. I found Majorielle had been walking from the west side of the road to the east side before taking 10-12 steps north bound,

near the center line of the north bound lanes. At the termination of these footprints, were Majorielle's socks. I used the area between the two socks at the end of the footprints to determine a point of impact.



Figure 3: Map of roadway evidence (EdgeFX)

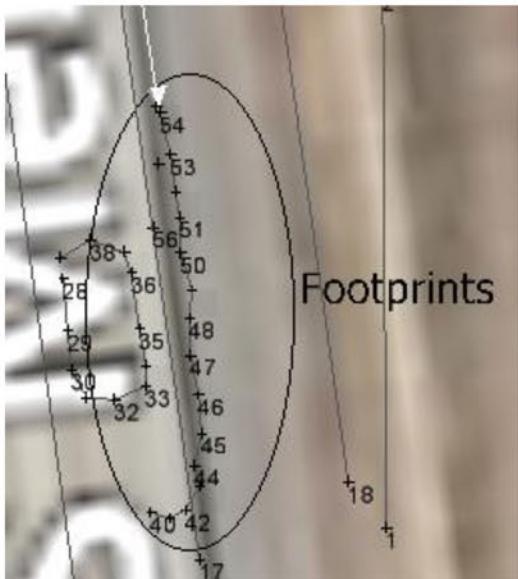


Figure 4: Map of footprints found on the roadway at scene (EdgeFX)

Using point data gathered on scene with EdgeFX CAD software, I determined the distance from the point of impact, to the final rest position of Majorielle's body to be 95.17ft.

As there were no skid marks produced by V1, I used the "Searle Method" to determine minimum, probable, and maximum speeds for V1 at the time of impact. The "Searle Method" is a formula derived by John Searle in 1983, which uses the distance of a pedestrian thrown by a collision with a coefficient of friction that accounts for landing, sliding, bouncing, tumbling etc. of the pedestrian post-impact.

Searle's formula:

$$V_{\min} = \sqrt{\frac{2 \mu g(S + \mu H)}{1 + \mu^2}}$$

V_{min} = Vehicle's minimum speed at impact (measured in feet per second)

μ = Coefficient of friction

g = force of gravity (Constant at 32.2 fps/s)

S = distance from impact to final rest

H = change in height

Using a coefficient of friction value of 0.7, the pedestrian throw distance of 95.17ft, and a pedestrian center of mass height change estimate of -3ft (the pedestrian was thrown from a standing position to a prone/supine position):

$$\boxed{V_{\min} = 53.18 \text{ feet per second} - \text{or } \boxed{36 \text{ miles per hour}}}$$

Searle suggests that a 20% adjustment can be made for adult pedestrians to obtain a probable speed at the time of impact

Vprobable = 43 miles per hour

Searle also derived a formula to give an upper bound to pedestrian projection speed:

$$V_{max} = \sqrt{2\mu g S}$$

Utilizing the Vmax formula with Searle's suggested 20% adjustment for adult pedestrians:

Vmax=53 miles per hour

The calculated Vprobable value of 43 miles per hour aligns with research and test data published by Professor Appel which gives an expected speed of approximately 46 miles per hour for throw distances near 98ft.

Video Evidence-

Axon body worn camera footage from on scene deputies responding to the collision is available. I used this footage to obtain witness and driver statements contained in this report. There is no known video recording of the crash itself.

Event Data Recorder Information-

On 10/21/2024 at 0800 hours, Trooper C. Presley of Kansas Highway Patrol attempted to download electronic data recorder/airbag control module data from vehicle #1. No events were recorded in the vehicle's airbag control module.

SECTION VI – INFERENCES AND CONCLUSIONS

Inferences and Conclusions-

Vehicle #1 was north bound on Meridian at the time of the crash. The involved pedestrian, Majorielle Evans, was crossing the roadway from west to east at the time of the crash. The time of the crash, approximately 1926 hours on 10/10/2024, was after sunset, which was at 1859 hours. The section of roadway in which the crash occurred did not have street lamps. Evans was crossing the roadway at an area not designated for pedestrian traffic (no crosswalk.)

Evans' sister stated she was engaged in conversation with her at the time of the collision via a video chatting application. Evans' sister stated Evans was on her way to a convenience store located approximately 1.5 miles to the north. I believe Evans was attempting to cross to the east side of the street where a sidewalk was present. Evans was likely distracted by her phone and possibly attempting to light a cigarette at the time of the crash. Evans was not wearing bright colored nor reflective clothing. There were two vehicles north bound on Meridian in the area of Evans' crossing. I believe Evans perceived the first vehicle in the left side north bound lane. I was able to track Evans' movements crossing the street via footprints. These footprints suggested Evans, after crossing in front of the first vehicle, became aware of McMurphy's approach, prompting her to turn north bound at the center line between the north bound lanes. At this point, McMurphy did not have time to react to Evans' presence, resulting in a collision.

McMurphy was preparing to make a right to left lane change. McMurphy stated she had looked to the left, presumably to ensure she was clear to execute a lane change. Visibility of and reaction to pedestrians

would have already been reduced due to darkness. McMurphy's reaction time to her perception of Evans was further increased by looking left to clear the lane.

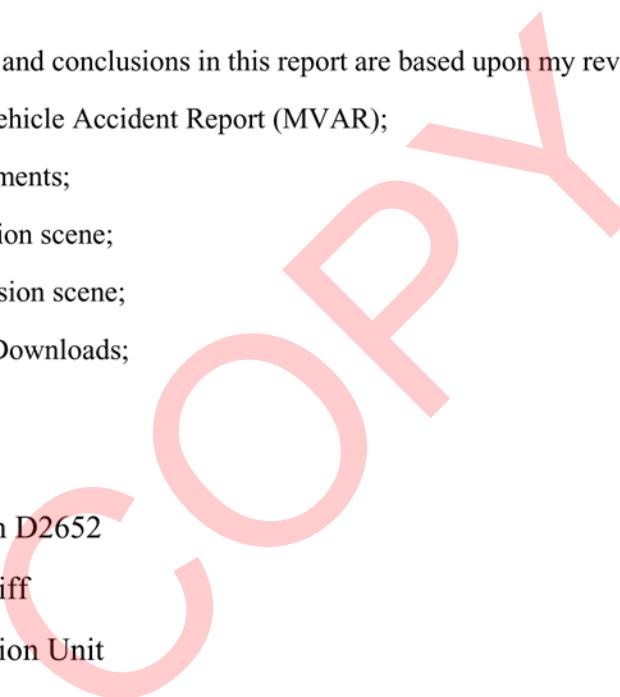
Using the Searle method, I have calculated McMurphy's minimum speed, probable speed, and maximum speed. These speeds are 36mph, 43mph and 53mph respectively. The speed limit for the section of roadway in which the collision occurred was 45mph. McMurphy was not operating her vehicle at a speed which would create an unreasonable risk to others. McMurphy's speeds, along with her motion to look left to ensure the lane in which she wished to move was clear, were consistent with a standard of care with which a reasonable person would operate. Further, the lack of a crosswalk or other marked pedestrian crossing zone made it reasonable for McMurphy to have been taken by surprise by any pedestrian traffic.

SECTION VII – SOURCES OF INFORMATION

Methodology-

The findings, inferences, and conclusions in this report are based upon my review, analysis, and study of:
State of Kansas Motor Vehicle Accident Report (MVAR);
Witness and Driver statements;
Photographs of the collision scene;
Forensic map of the collision scene;
Airbag Control Module Downloads;
Vehicle examinations.

Deputy Cody Mussman D2652
Sedgwick County Sheriff
Major Crash Investigation Unit
Wichita, Sedgwick County, Kansas



**SEDGWICK COUNTY SHERIFF'S OFFICE
CONSENT TO SEARCH**

10/21/2024
(DATE)

1015 W Stillwell, Wichita KS
(LOCATION)

I, Teresa L. Lankford, understanding that I do not have to permit a search of my residence, vehicle, computer, or other property hereinafter mentioned without a search warrant and understanding that I may refuse to consent to a search, hereby authorize

Deputy C. Nussman and _____ whom I understand to be law enforcement officers of Sedgwick County Sheriff's Office, to conduct a complete search of my:

- Residence: _____
- Vehicle: 2017 Hyundai Accent VIN: KMHCTSAEXHUS6833
- Computer: _____
- Other: _____

located at: 1015 W Stillwell, Wichita KS

premises or property located at _____

I understand that the officers are looking for evidence of a crime and that I<None>, accordingly, authorize them to remove any items, materials, papers, components, hardware, software, files, entire computer, property or effects relating thereto. This consent is being given by me to the officers voluntarily and without threats or promises of any kind.

Teresa Lankford
(SIGNED)

J. Jones 10/21/24
(WITNESS/DATE)

C. Nussman 10-21-24
(WITNESS/DATE)

Inventory and Receipt

18/21/2024
(DATE)

(DATE)

1015 W. Stullwell, Wichita KS
(LOCATION)

(LOCATION)

I hereby acknowledge that Deputy C. Blussman D2652

and _____ of Sedgwick County Sheriff's Office
(AGENCY NAME)

with my consent

~~2~~ seized the following items:

Electronic Data Recorder data.

or

seized nothing in connection with this search.

Teiva Landford
(SIGNED)

(SIGNED)

Witnesses:

2/26/83
(SEIZING OFFICER)

(SEIZING OFFICER)

(SEIZING OFFICER)