
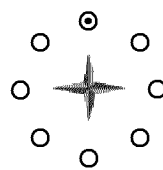
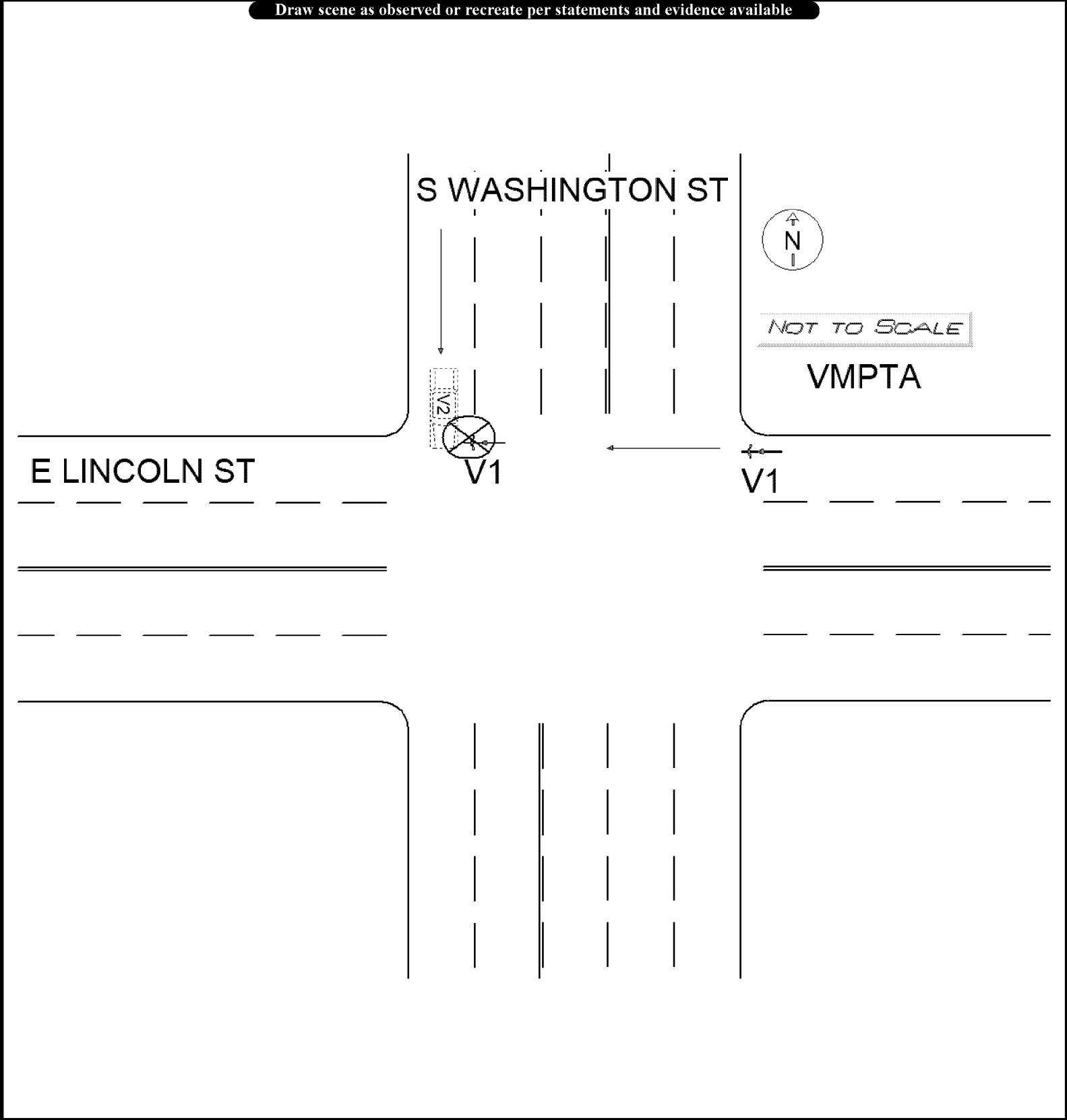


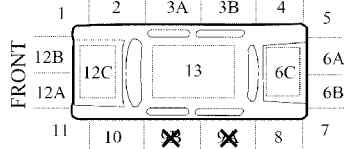
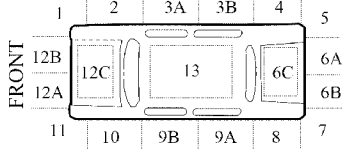
<b>Kansas Motor Vehicle Crash Report</b> KDOT Form 850A page 1 Rev. 2019				Investigating Department WICHITA POLICE DEPARTMENT				Reviewed by				Local Case No. 26C028557		Page of 1 / 4		<input type="checkbox"/> Amended Report							
				Investigating Officer Name Rood				Badge Number 2927		County SG		City Name WICHITA				<input type="checkbox"/> DUI							
Milepost		Block No		Dir Pfx S		On Road Name WASHINGTON		Road Type ST		Dir Sfx		SpdLmt 35		Date of Crash (mm/dd/yyyy) 02/14/2026		Time Occur. 18:00		Day SA		PO Crash Severity  Fatal Injury PDO >= \$1,000 PDO < \$1,000			
From Dist		Ft/Mi		From Dir <input type="radio"/> FROM <input checked="" type="radio"/> AT		Dir Pfx E		Reference or At Road Name LINCOLN		Road Type ST		Dir Sfx		SpdLmt 35		Date Notified (mm/dd/yyyy) 02/14/2026		Time Notif. 18:02				Day SA	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel  V2 WAS SB ON S WASHINGTON ACCELERATING FROM A STOP AT A GREEN LIGHT. V1 BICYCLE RAN THE RED LIGHT AND STRUCK V2. V1 LEFT THE SCENE.														Date Arrived (mm/dd/yyyy) 02/14/2026		Time Arriv. 18:04		Day SA		<div><div>This report has not been reviewed; there may be errors.</div><div><div><div>WORK ZONE TYPE</div><div>00 ON AT 00</div><div>00 None Apply</div><div>01 Construction Zone - </div><div>02 Maintenance Zone -</div><div>03 Utility Zone -</div><div>99 Unknown</div><div>- LOCATION IN WORK ZONE (AOI)</div><div>01 Before first warning sign</div><div>02 Advance warning area</div><div>03 Transition area</div><div>04 Activity area</div><div>05 Termination area</div><div>99 Unknown</div><div>- WORK ZONE CATEGORY</div><div>01 Lane closure</div><div>02 Lane shift / crossover</div><div>03 Work on shoulder / median</div><div>04 Intermittent or moving vehicle</div><div>88 Other:</div><div>99 Unknown</div><div>*COLLISION WITH VEHICLE</div><div>(mark 1 box per side if applicable)</div><div>1st Harmful Event Most Harmful Event</div><div>01 Head on</div><div>02 Rear end</div><div>03 Angle - side impact</div><div>04 Sideswipe: opposite direction</div><div>05 Sideswipe: Same direction</div><div>06 Backed into</div><div>88 Other:</div><div>99 Unknown</div><div>TRAFFIC CONTROLS</div><div>(On / At Road) O/A</div><div><div>Type Present OK/NF</div><div><div>1 O 1 02 1 OK</div><div>2 O 2 09 2 OK</div><div>3 A 3 02 3 OK</div><div>4 A 4 09 4 OK</div><div>5 5 5</div></div></div></div></div></div>			
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				12 CRASH LOCATION (of 1st Harmful Event)				06 CRASH CLASS (mark 1 box per side)				06											
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/Drwvy 15 Interchange Area + 16 On Crossover 17 Toll Plaza OFF ROADWAY: 20 Shoulder 21 Roadside (not shoulder) 22 Median 23 Rest area 88 Other: 99 Unknown				1st Harmful Event Most Harmful Event 00 Other non-collision 01 Overturned/Rollover COLLISION WITH: 02 Pedestrian 03 Motor vehicle in-transport* 04 Legally Parked Vehicle 05 Railway train 06 Pedal cyclist 07 Animal Type: 08 Fixed object** 09 Other object: 99 Unknown				01 Lane closure 02 Lane shift / crossover 03 Work on shoulder / median 04 Intermittent or moving vehicle 88 Other: 99 Unknown											
00 ADVERSE WEATHER CONDITIONS 00 No adverse conditions 01 Rain, mist, drizzle 02 Sleet, hail 03 Snow 04 Fog 05 Smoke 06 Strong wind 07 Blowing dust, sand, etc. 08 Freezing rain, mist, drizzle 14 Rain & fog 16 Rain & wind 88 Other: 24 Sleet & fog 36 Snow & wind 99 Unknown				01 +INTERSECTION TYPE 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				**FIXED OBJECT TYPE (mark 1 box per side if applicable) 1st Harmful Event Most Harmful Event 01 Bridge structure 02 Bridge rail 03 Crash cush./Impact attenuator 04 Divider, median barrier 05 Overhead sign support 06 Utility devices: pole, meter, etc 07 Other post or pole 08 Building 09 Guardrail 10 Sign post 11 Culvert 12 Curb 13 Fence/Gate 14 Hydrant 15 Barricade 16 Mailbox 17 Ditch 18 Embankment 19 Wall 20 Tree 21 RRXING fixtures 88 Other: 99 Unknown				*COLLISION WITH VEHICLE (mark 1 box per side if applicable) 1st Harmful Event Most Harmful Event 01 Head on 02 Rear end 03 Angle - side impact 04 Sideswipe: opposite direction 05 Sideswipe: Same direction 06 Backed into 88 Other: 99 Unknown											
01 SURFACE TYPE AT 01 01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: 04 Dirt 05 Brick 99 Unknown				ROAD SPECIAL FEATURES (up to 3) 00 None 1 00 2 3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING 05 Interchange 06 Ramp 99 Unknown																			
01 SURFACE CONDITIONS AT 01 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																							

<b>Crash Diagram</b> 850A page 2		SPECIAL EVENT		SPECIAL DATA		Local Case No. 26C028557	Page of 1 / 4
<b>04</b> ON	ROADWAY NUMBER OF LANES	<b>04</b> AT	<b>01</b> ON	ROAD CHARACTER AT	<b>01</b> AT	<b>00</b> ON	SPECIAL JURISDICTION
01 One			01 Straight & Level			00 Normal Jurisdiction (Not Special)	<p>A basic diagram is required for all state reportable crashes showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.</p> <p>Indicate North Direction</p> 
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



Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019						DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)						Investigating Officer / Badge No. <b>Rood 2927</b>		Local Case No. <b>26C028557</b>		Page of <b>2 / 4</b>																			
TU# VIOLATIONS CHARGED				CITATION#				TU# VIOLATIONS CHARGED				More violations in narrative <input type="checkbox"/> CITATION#																							
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)																																			
Unit # Seat Type		DRIVER Last Name DRIVER First Name		Middle Name Date of Birth		DRIVER ADDRESS (Number, Street, Suffix, etc.) City State Zip				Personal Phone Number Work Phone Number		Gender Age	SE Used Eject/Trap	Inj Severity Eject Path	Transpt Unit Extraction?																				
TU	01	BRADLEY		MN	DYLAN	10705 W DALLAS ST				New address? <input type="checkbox"/> Personal		M	S	N																					
ST	01	JUSTIN		DOB	06/28/1997	WICHITA KS 67215				Work		28	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?		CDL?		DL State		Driver's License Number				DL Class		Driving for Employer?		CDL?													
KS		K00863183				C		<input type="checkbox"/>		<input type="checkbox"/>										<input type="checkbox"/>		<input type="checkbox"/>													
01		DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS										DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS															
00 Not licensed		Restrictions? <input checked="" type="checkbox"/> N		Driver's Lic Restrictions		Complied? Y N		Z - None T - Double/Triple Trailer P - Passenger Vehicle N - Tank Vehicle H - Placarded Haz. Material X - Combination Tank/HazMat S - School Bus U - Unknown										00 Not licensed		Restrictions? <input type="checkbox"/>		Driver's Lic Restrictions		Complied? Y N		Z - None T - Double/Triple Trailer P - Passenger Vehicle N - Tank Vehicle H - Placarded Haz. Material X - Combination Tank/HazMat S - School Bus U - Unknown									
01 Valid License				1 <input type="checkbox"/>		<input type="checkbox"/>												01 Valid License				1 <input type="checkbox"/>		<input type="checkbox"/>											
02 Suspended				2 <input type="checkbox"/>		<input type="checkbox"/>												02 Suspended				2 <input type="checkbox"/>		<input type="checkbox"/>											
03 Revoked				3 <input type="checkbox"/>		<input type="checkbox"/>												03 Revoked				3 <input type="checkbox"/>		<input type="checkbox"/>											
04 Expired				4 <input type="checkbox"/>		<input type="checkbox"/>												04 Expired				4 <input type="checkbox"/>		<input type="checkbox"/>											
05 Cancl'd or Denied																		05 Cancl'd or Denied																	
06 Disqualified																		06 Disqualified																	
07 Restricted																		07 Restricted																	
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"/> AC - Alcohol contributed <input type="checkbox"/> DP - Illegal drugs ingested																<input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed																			
METHOD OF DETERMINATION (mark all that apply)																METHOD OF DETERMINATION (mark all that apply)																			
ALCOHOL DRUGS																ALCOHOL DRUGS																			
<input checked="" type="checkbox"/> 00 No evidence of impairment																<input type="checkbox"/> 00 No evidence of impairment																			
<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)																<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)																			
<input type="checkbox"/> 02 Preliminary Breath Test PBT																<input type="checkbox"/> 02 Preliminary Breath Test PBT																			
<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.																<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.																			
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)																<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)																			
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)																<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)																			
<input type="checkbox"/> 06 Other (e.g. saliva test)																<input type="checkbox"/> 06 Other (e.g. saliva test)																			
Drug screen result <input type="checkbox"/>																Drug screen result <input type="checkbox"/>																			
Unit # Seat Type		PASSENGER Last Name PASSENGER First Name		Middle Name Date of Birth		PASSENGER 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 Extraction?																				
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:															

<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		<b>Local Case No.</b> 26C028557		<b>Page of</b> 2 / 4																							
OWNER Last Name ("Same" if Driver) BRADLEY				OWNER First Name JUSTIN				Middle Name DYLAN				OWNER Last Name ("Same" if Driver)				OWNER First Name				Middle Name																			
OWNER ADDRESS (Number, Street) 10705 W DALLAS ST												New address? <input type="checkbox"/>		Personal Phone						OWNER ADDRESS (Number, Street)						New address? <input type="checkbox"/>		Personal Phone											
CITY WICHITA				ST KS		ZIP 67215		Work Phone						CITY				ST		ZIP		Work Phone																	
COLOR BRO		YEAR 2025		MAKE FORD		MODEL BRO		BODY STYLE 4D		ST KS		COLOR				YEAR		MAKE		MODEL		BODY STYLE		ST															
LICENSE PLATE # FULLTLT		County SG		Exp YR 2026		Removed by:				MC CCs		LICENSE PLATE #				County		Exp YR		Removed by:				MC CCs															
VEHICLE IDENTIFICATION NUMBER 1FMEE9BP1SLA46293								Dir of Travel S		# Occupants 1		VEHICLE IDENTIFICATION NUMBER								Dir of Travel		# Occupants																	
Insurance Company AMERICAN FAMILY INSURANCE						Policy Number 410816536585						Insurance Company						Policy Number																					
SPECIAL CONDITIONS FOR TRAFFIC UNITS				1		2		3		4		5		Odometer				Fire? <input type="checkbox"/>		SPECIAL CONDITIONS FOR TRAFFIC UNITS				1		2		3		4		5		Odometer				Fire? <input type="checkbox"/>	
1 Hit & Run				2 Non-Contact				3 Stolen				7 Towed away due to damage				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		01										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				01										VEH. MANU. BEFORE UNSTAB. SIT.		DAMAGE LOCATION AREA														VEH. MANU. BEFORE UNSTAB. SIT.									
First Impact 09 Major Impact 09				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									
				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									
				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									
				07 Avoidance man.										88 Other: _____						07 Avoidance man.										88 Other: _____									
				08 Merging																08 Merging																			
				09 Parking																09 Parking																			
				10 Backing										99 Unknown						10 Backing										99 Unknown									
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)																					
1 25 2 3 4 <input type="checkbox"/> The exact sequence is unknown																		1 2 3 4 <input type="checkbox"/> The exact sequence is unknown																					
NON-COLLISION									COLLISION WITH									NON-COLLISION									COLLISION WITH												
01 Ran off road right									10 Downhill runaway									01 Ran off road right									10 Downhill runaway												
02 Ran off road left									11 Trailer swing									02 Ran off road left									11 Trailer swing												
03 Crossed centerline									12 Separation of units									03 Crossed centerline									12 Separation of units												
04 Overturn/Rollover									13 Jackknife									04 Overturn/Rollover									13 Jackknife												
05 Crossed median									14 Fire									05 Crossed median									14 Fire												
06 Fell/Jumped from veh									15 Explosion									06 Fell/Jumped from veh									15 Explosion												
07 Thrown or falling object									16 Immersion in water									07 Thrown or falling object									16 Immersion in water												
08 Cargo loss or shift									88 Other event: _____									08 Cargo loss or shift									88 Other event: _____												
09 Equipment failure (tire, brakes, etc.)									98 Unknown non-coll.									09 Equipment failure (tire, brakes, etc.)									98 Unknown non-coll.												
21 Pedestrian									22 Motor veh in-transport									21 Pedestrian									22 Motor veh in-transport												
23 Legally Parked Vehicle									24 Train									23 Legally Parked Vehicle									24 Train												
25 Pedal cycle (bike, etc)									26 Animal									25 Pedal cycle (bike, etc)									26 Animal												
27 Fixed Object									28 Other moveable object									27 Fixed Object									28 Other moveable object												
99 Unknown object																		99 Unknown object																					

<div>Crash Narrative</div> <div>KDOT Form 851 - Rev. 2019</div>	<div>Officer / Witness Statements / Description</div> <div>Additional Information</div>	<div>Investigating Officer / Badge No.</div> <div>Rood2927</div>	<div>Local Case No.</div> <div>26C028557</div>	<div>Page of</div> <div>3 / 4</div>

<div>Crash Narrative</div> <div>KDOT Form 851 - Rev. 2019</div>	<div>Officer / Witness Statements / Description</div> <div>Additional Information</div>	<div>Local Case No.</div> <div>26C028557</div>	<div>Page of</div> <div>3 / 4</div>
<div>AREA OF IMPACT (AOI): Based on witness statement and statement from D2, the accident occurred in the outside lane of Southbound S. Washington inside the intersection of E. Lincoln. All vehicles moved prior to officer arrival.</div> <div>DRIVERS STATEMENTS</div> <div>D2 Bradley: Said he was SB on S. Washington, stopped at a red-light North of E. Lincoln in the outside lane. The light turned green and he accelerated and moved several feet forward when a older, white male, wearing all black on a bicycle struck the driver side of his vehicle. Black electric bicycle. The bicyclist left the scene. D2 was going straight following the roadway.</div> <div>W1 Root: Said that a bicyclist ran the red light and struck D2. The bicyclist said that he was okay and left the scene. The bicyclist left WB on E. Lincoln. D2 was SB on S. Washington with a green light. There was a white male in a neon green reflective vest on a pedal bicycle WB on E. Lincoln that I saw. Root referenced that was the bicyclist.</div> <div>INJURIES: None reported.</div> <div>DAMAGE</div> <div>V1 Bronco: Had two linear dents through the back driver side door. There was a large scratch leading to a dent in the front driver door. Damage was estimated to be over \$1,000.00.</div> <div>ROAD CONDITIONS:</div> <div>Clear skies, nearing sunset but still daylight. All roads were paved. Traffic signals functioning properly. Raised curbs on either side. No dedicated bike lane.</div> <div>OPINION: Based on D2 and W1 statements, the collision was caused when the bicyclist operating as a vehicle in the roadway failed to obey a traffic control device and struck V2.</div> <div>NOTES:</div> <div>Officers checked the area but were unable to find the bicyclist.</div>			

Passengers & Pedestrians			LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT			Investigating Officer / Badge No.		Local Case No.		Page of
KDOT Form 854 page 1 - Rev. 2019						Road 2927		26C028557		4 / 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"/>
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 Arrived			EMS Time@Hosp			Injured taken to:			Transport Unit _____	
Transport Unit _____			EMS Time Notified			Injured taken by:			Transport Unit _____	
EMS Arrived			EMS Time@Hosp			Injured taken to:			Transport Unit _____	

Passengers & Pedestrians 854 page 2				PEDESTRIAN INFORMATION				Investigating Officer / Badge No. Road 2927		Local Case No. 26C028557		Page of 4 / 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	UNKNOWN		MN	New address? <input type="checkbox"/>		Personal		M	U	N			
PT 22			DOB 99/99/9999			Work		00			<input type="checkbox"/>		
TU			MN	New address? <input type="checkbox"/>		Personal							
PT			DOB			Work					<input type="checkbox"/>		
Transport Unit		EMS Time Notified		Injured taken by:		Transport Unit		EMS Time Notified		Injured taken by:			
EMS Arrived		EMS Time@Hosp		Injured taken to:		EMS Arrived		EMS Time@Hosp		Injured taken to:			
TU#	DirTrvl	DL State	Driver's License Number		Special Data		TU#	DirTrvl	DL State	Driver's License Number		Special Data	
02	W												
02	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													
99	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													
02	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL												
00 No pedestrian signal 03 Ped signal malfunction													
01 Obeyed pedestrian signal 04 Not applicable													
02 Disobeyed pedestrian signal 99 Unknown													
SUBSTANCE USE (mark all that apply)													
AP - Alcohol ingested DC - Illegal drugs contributed													
AC - Alcohol contributed MP - Medication ingested													
DP - Illegal drugs ingested MC - Medication contributed													
METHOD OF DETERMINATION (mark all that apply)													
ALCOHOL DRUGS													
00 No evidence of impairment 01 Evidential Test (Breath,Blood,etc)													
02 Preliminary Breath Test PBT													
03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.													
04 Passive Alcohol Sensor (detects alcohol from driver's mouth)													
05 Observed (Odor, staggering, slurred speech, etc)													
06 Other (e.g. saliva test)													
IMPAIRMENT TEST (mark all that apply)													
NG - No Test given													
TR - Test Refused (Alcohol/Drug)													
PT - Prelim Positive Test (PBT)													
TG - Evidentiary Test given													
RP - Results pending													
Evidentiary Breath Eye Fluid													
Blood (BAC) Other													
Drug screen result													
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