

Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

Investigating Department
WICHITA POLICE

Reviewed by

Local Case No.

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26C029375

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Investigating Officer Name
J Sironel 3016

Badge Number
3016

County
SG

City Name
WICHITA

- | | |
|--------------------------|----------------|
| <input type="checkbox"/> | Amended Report |
| <input type="checkbox"/> | DUI |
| <input type="checkbox"/> | Hit & Run |

Milepost 3500	Block No N	Dir Pfx RIDGE	On Road Name RD	Dir Sfx 40	SpdLmt 02/16/2026	Date of Crash (mm/dd/yyyy) 04:25	Day MO																																																												
From Dist Ft/Mi	From Dir O FROM O AT	Dir Pfx 34th	Reference or At Road Name ST	Dir Sfx SpdLmt	Date Notified (mm/dd/yyyy) 04:27	Time Notif. 02/16/2026	Day MO																																																												
Narrative: Describe each traffic unit's pre-crash movement and direction of travel																																																																			
P1 IN ROADWAY ON RIGHT SHOULDER. D1 DRIVING SOUTH ON RIDGE RD. <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p>This report has not been reviewed; there may be errors.</p> </div>																																																																			
KDOT? <input type="checkbox"/> Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone <input type="checkbox"/>																																																																			
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 <input type="checkbox"/>																																																																			
Owner Last Name First Name Middle Name City State Zip Work Phone																																																																			
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE																																																																			
04 LIGHT CONDITIONS 01 Daylight 04 Dark: street lights on 02 Dawn 05 Dark: no street lights 03 Dusk 99 Unknown			11 CRASH LOCATION (of 1st Harmful Event) ON ROADWAY: (within travel lanes) 11 Non-intersection 12 Intersection + 13 Intersection-related + 14 Access to Parking lot/Drwy 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		02 CRASH CLASS (mark 1 box per side) 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 **FIXED OBJECT TYPE (mark 1 box per side if applicable)																																																														
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			02 SURFACE TYPE ON AT 01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: 04 Dirt 05 Brick 99 Unknown		1st Harmful Event Most Harmful Event +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																																																														
01 SURFACE CONDITIONS ON AT 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			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		TRAFFIC CONTROLS (On/ At Road) O/A <div style="text-align: right; margin-right: 10px;"> Type Present OK/NF </div> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>00 None</td> <td>1 O</td> <td>1 00</td> <td>1 OK</td> </tr> <tr> <td>01 Officer, flagger</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>02 Traffic signal</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>03 Stop sign</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>04 Flasher</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>05 Yield sign</td> <td></td> <td></td> <td></td> </tr> <tr> <td>06 RR gates / signal</td> <td></td> <td></td> <td></td> </tr> <tr> <td>07 RR crossing signs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>08 No passing zone</td> <td></td> <td></td> <td></td> </tr> <tr> <td>09 Center/Edge lines</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10 Warning signs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>11 School zone signs</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12 Parking lines</td> <td></td> <td></td> <td></td> </tr> <tr> <td>88 Other:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>99 Unknown</td> <td></td> <td></td> <td></td> </tr> </table>			00 None	1 O	1 00	1 OK	01 Officer, flagger	2	2	2	02 Traffic signal	3	3	3	03 Stop sign	4	4	4	04 Flasher	5	5	5	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			
00 None	1 O	1 00	1 OK																																																																
01 Officer, flagger	2	2	2																																																																
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Crash Diagram

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SPECIAL EVENT

SPECIAL DATA

Local Case No.

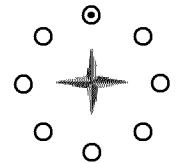
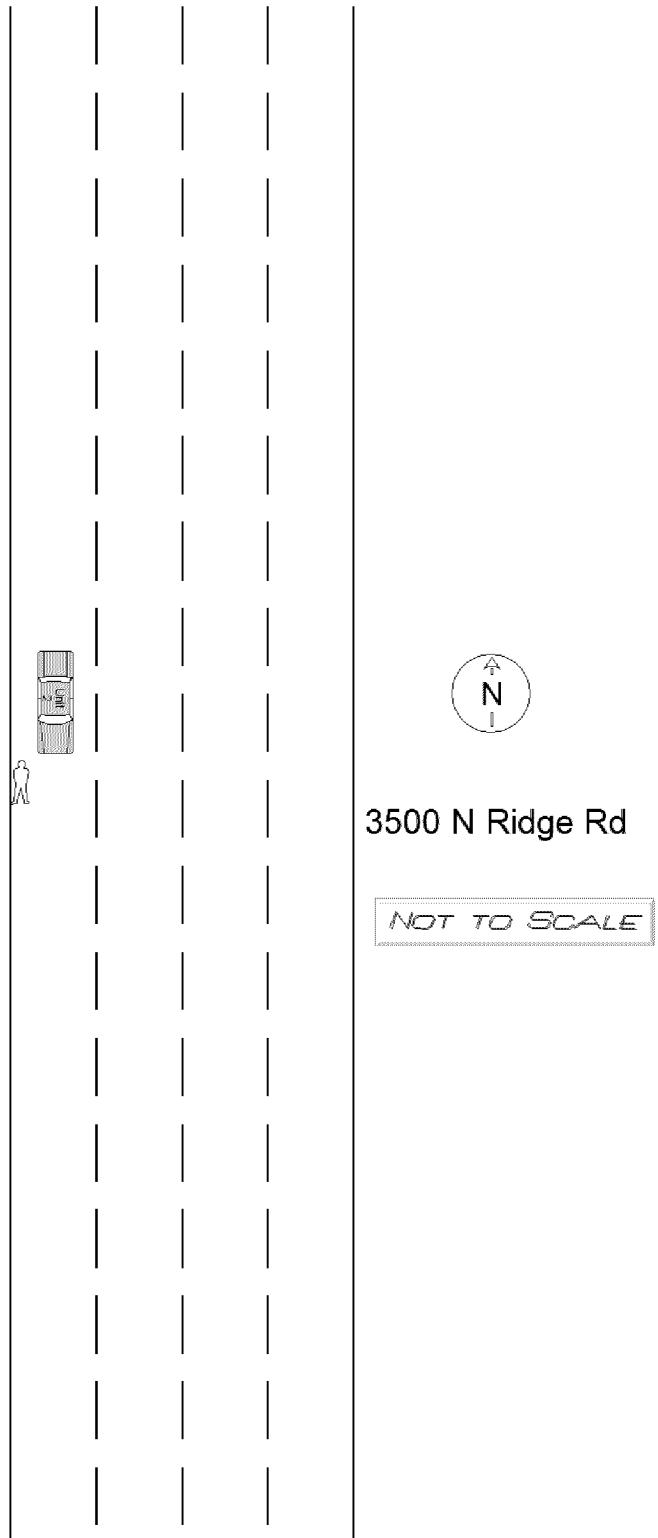
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04 ON	ROADWAY NUMBER OF LANES	01 ON	ROAD CHARACTER AT	00	SPECIAL JURISDICTION	
					00 Normal Jurisdiction (Not Special)	A basic diagram is required for all state reportable crashes showing movements, direction, and positions of all traffic units in 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.
					01 National Park Service	
					02 Military	
					03 Indian Reservation	
					04 College / University Campus	
					05 Other Federal property	
					88 Other: _____	<u>Indicate North Direction</u>
					99 Unknown	

Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED			CITATION#	TU#	VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/>		CITATION#				
02	no proof insurance			26X001837											
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)															
Unit #	DRIVER Last Name		Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number		Gender	SE Used	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 02	LOVE		MN L	2659 N IVA			New address? <input type="checkbox"/>	Personal (316) 365-2864		F	S	N			
ST 01	JOVON		DOB 07/20/1976	WICHITA	KS	67208	Work	49	N			<input type="checkbox"/>			
TU			MN				New address? <input type="checkbox"/>	Personal							
ST			DOB				Work					<input type="checkbox"/>			
TRAFFIC UNIT# 02 (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?	CDL?	
KS	KO1-92-2311			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 type="checkbox"/> N		1	2	3	4	Z - None	00 Not licensed	Restrictions? <input type="checkbox"/>		1	2	3	4	
01 Valid License	Driver's Lic		Complied? <input type="checkbox"/> Y <input type="checkbox"/> N	T - Double/Triple Trailer			P - Passenger Vehicle	01 Valid License	Driver's Lic		Complied? <input type="checkbox"/> Y <input type="checkbox"/> N	Z - None			
02 Suspended	Restrictions		1 <input type="checkbox"/> <input type="checkbox"/>	P - Passenger Vehicle			N - Tank Vehicle	02 Suspended	Restrictions		1 <input type="checkbox"/> <input type="checkbox"/>	T - Double/Triple Trailer			
03 Revoked	2 <input type="checkbox"/> <input type="checkbox"/>		H - Placarded Haz. Material			X - Combination Tank/HazMat	03 Revoked	2 <input type="checkbox"/> <input type="checkbox"/>		P - Passenger Vehicle					
04 Expired	3 <input type="checkbox"/> <input type="checkbox"/>		S - School Bus			U - Unknown	04 Expired	3 <input type="checkbox"/> <input type="checkbox"/>		N - Tank Vehicle					
05 Cancl or Denied	4 <input type="checkbox"/> <input type="checkbox"/>						05 Cancl or Denied	4 <input type="checkbox"/> <input type="checkbox"/>		H - Placarded Haz. Material					
06 Disqualified							06 Disqualified			X - Combination Tank/HazMat					
07 Restricted							07 Restricted			S - School Bus					
99 Unknown							99 Unknown			U - Unknown					
SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)				SUBSTANCE USE (mark all that apply)			
<input type="checkbox"/> AP - Alcohol ingested				<input type="checkbox"/> DC - Illegal drugs contributed				<input type="checkbox"/> 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"/> 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"/> DP - Illegal drugs ingested				<input type="checkbox"/> MC - Medication contributed			
METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)			
ALCOHOL				DRUGS				ALCOHOL				DRUGS			
<input checked="" type="checkbox"/> 00 No evidence of impairment				<input checked="" type="checkbox"/> NG - No Test given				<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"/> 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"/> 02 Preliminary Breath Test PBT				<input type="checkbox"/> PT - Prelim Positive Test (PBT)			
<input type="checkbox"/> 03 Behavioral				<input type="checkbox"/> TG - Evidentiary Test given				<input type="checkbox"/> 03 Behavioral				<input type="checkbox"/> TG - Evidentiary Test given			
Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> RP - Results pending				Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> RP - Results pending			
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0.				<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0.			
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0.				<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0.			
<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Drug screen result <input type="checkbox"/>				<input type="checkbox"/> 06 Other (e.g. saliva test)				<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			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					EMS Arrived	EMS Time@Hosp								
Injured taken to:								Injured taken to:							

Occupants & Vehicles

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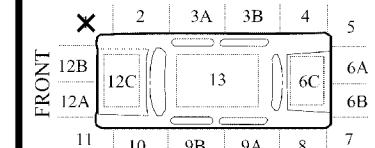
VEHICLE# 02
(01, 03, N3, X3, etc)

SPECIAL DATA

VEHICLE#
(02, 04, N2, X4, etc)

SPECIAL DATA

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OWNER Last Name ("Same" if Driver) LOVE		OWNER First Name JOVON		Middle Name L		OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name					
OWNER ADDRESS (Number, Street) 2659 N IVA		New address? <input type="checkbox"/>		Personal Phone (316) 365-2864		OWNER ADDRESS (Number, Street)		New address? <input type="checkbox"/>		Personal Phone					
CITY WICHITA		ST KS	ZIP 67208	Work Phone		CITY		ST	ZIP	Work Phone					
COLOR SIL	YEAR 2011	MAKE CHEV	MODEL EQX	BODY STYLE 4D	ST KS	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST				
LICENSE PLATE # 466PGN		County SG	Exp YR 2026	Removed by:		MC CCS		LICENSE PLATE #		County	Exp YR	Removed by:	MC CCS		
VEHICLE IDENTIFICATION NUMBER 2GNALDEC1B1180710				Dir of Travel S	# Occupants 1	VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants				
Insurance Company				Policy Number				Insurance Company				Policy Number			
SPECIAL CONDITIONS FOR TRAFFIC UNITS		1	2	3	4	5	Odometer	Fire?	1	2	3	4	5	Odometer	Fire?
1 Hit & Run		2 Non-Contact		3 Stolen		7 Towed away		1 Hit & Run		2 Non-Contact		3 Stolen		7 Towed away	
4 Legally Parked		5 Pursued by LE		6 Driverless		due to damage		4 Legally Parked		5 Pursued by LE		6 Driverless		due to damage	
01 VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)													
01 Automobile		10 Single heavy truck >10,000 lbs													
02 Motorcycle		11 Truck & trailer(s)													
03 Motor scooter or Moped		12 Tractor-trailer(s)													
04 Van		13 Cross country bus													
05 Pickup truck <10,001 lbs		14 School bus													
06 Sport utility veh - SUV		15 Transit (city) bus													
07 Camper or RV		16 Other bus													
08 Farm machinery		25 Train													
09 All-terrain vehicle - ATV		Power Source F													
88 Other:		99 Unknown													
01 VEHICLE USE		01 VEHICLE DAMAGE													
01 No special use		00 None 04 Destroyed													
02 Taxi / Limo		01 Damage (minor) 88 Other:													
03 School bus		02 Functional													
04 Other bus		03 Disabling													
05 Military		99 Unknown													
01 VEH. MANU. BEFORE UNSTAB. SIT.		DAMAGE LOCATION AREA													
01 Straight/ following road		11 Stopped awaiting turn													
02 Left Turn		12 Stopped in traf													
03 Right Turn		13 Illegally parked													
04 U Turn		14 Disabled in roadway													
05 Passing		15 Slowing or stopping													
06 Changing lanes		16 Negotiating a curve													
07 Avoidance man.		88 Other:													
08 Merging		09 Parking													
09 Parking		10 Backing													
14 Undercarriage		99 Unknown													
15 Windshield															
16 Other windows		14 Undercarriage													
17 Entire vehicle damaged		15 Windshield													
88 Other:		16 Other windows													
Trailer: Present / Damaged		17 Entire vehicle damaged													
18 Other:		18 Other:													
01 DAMAGE LOCATION AREA		01 VEH. MANU. BEFORE UNSTAB. SIT.													
First Impact 01 Major Impact 01		01 Straight/ following road													
		11 Stopped awaiting turn													
14 Undercarriage		02 Left Turn													
15 Windshield		03 Right Turn													
16 Other windows		04 U Turn													
99 Unknown		05 Passing													
17 Entire vehicle damaged		06 Changing lanes													
88 Other:		07 Avoidance man.													
Trailer: Present / Damaged		08 Merging													
18 Other:		09 Parking													
01 NON-COLLISION		01 COLLISION WITH													
01 Ran off road right		21 Pedestrian													
02 Ran off road left		22 Motor veh in-transport													
03 Crossed centerline		23 Legally Parked Vehicle													
04 Overturn/Rollover		24 Train													
05 Crossed median		25 Pedal cycle (bike, etc)													
06 Fell/Jumped from veh		26 Animal													
07 Thrown or falling object		27 Fixed Object													
08 Cargo loss or shift		28 Other moveable object													
09 Equipment failure (tire, brakes, etc.)		99 Unknown object													
10 Downhill runaway		01 Ran off road right													
11 Trailer swing		10 Downhill runaway													
12 Separation of units		02 Ran off road left													
13 Jackknife		11 Trailer swing													
14 Fire		03 Crossed centerline													
15 Explosion		12 Separation of units													
16 Immersion in water		04 Overturn/Rollover													
88 Other event:		13 Jackknife													
98 Unknown non-coll.		05 Crossed median													
09 Equipment failure (tire, brakes, etc.)		14 Fire													
98 Unknown non-coll.		06 Fell/Jumped from veh													
09 Equipment failure (tire, brakes, etc.)		15 Explosion													
98 Unknown non-coll.		07 Thrown or falling object													
09 Equipment failure (tire, brakes, etc.)		16 Immersion in water													
98 Unknown non-coll.		08 Cargo loss or shift													
09 Equipment failure (tire, brakes, etc.)		88 Other event:													
98 Unknown non-coll.		09 Equipment failure (tire, brakes, etc.)													
09 Equipment failure (tire, brakes, etc.)		98 Unknown non-coll.													
09 Equipment failure (tire, brakes, etc.)		99 Unknown object													
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98 Unknown non-coll.		07 Thrown or falling object													
09 Equipment failure (tire, brakes, etc.)		16 Immersion in water													
98 Unknown non-coll.		08 Cargo loss or shift													
09 Equipment failure (tire, brakes, etc.)		88 Other event:													
98 Unknown non-coll.		09 Equipment failure (tire, brakes, etc.)													
09 Equipment failure (tire, brakes, etc.)		98 Unknown non-coll.													
09 Equipment failure (tire, brakes, etc.)		99 Unknown object													

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

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

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

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

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

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

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

Axon available. Photos submitted.

Blank

Passengers & Pedestrians
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LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT

Investigating Officer / Badge No.
J Sironel 3016 3016

Local Case No.
26C029375

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Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.) City State Zip			Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit	
Seat Type	PASSENGER First Name	Date of Birth				Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?	
TU 01	LEWIS	MN L				New address? <input type="checkbox"/>	Personal	M	N	I	1
ST	RANDY	DOB 11/01/1982	WICHITA	KS			Work	43			<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
TU		MN				New address? <input type="checkbox"/>	Personal				
ST		DOB					Work				<input type="checkbox"/>
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 <u>1</u>	EMS Time Notified 04:29	Injured taken by: Medic 26				Transport Unit <u> </u>	EMS Time Notified	Injured taken by:			
EMS Arrived	EMS Time@Hosp	Injured taken to: St Francis				EMS Arrived	EMS Time@Hosp	Injured taken to:			
Transport Unit <u> </u>	EMS Time Notified	Injured taken by:				Transport Unit <u> </u>	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.		Local Case No.		Page of			
Ped Type	PEDESTRIAN Last Name	Middle Name	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	J Sironel 3016 3016	26C029375	/					
Unit #	PEDESTRIAN First Name	Date of Birth	City	State Zip	Work Phone Number	Age	Eject/Trap								
TU 01	LEWIS	MN L		New address? <input type="checkbox"/>	Personal	M	N	I	1						
PT	RANDY	DOB 11/01/1982	WICHITA	KS	Work	43				<input type="checkbox"/>					
TU		MN		New address? <input type="checkbox"/>	Personal										
PT		DOB			Work					<input type="checkbox"/>					
Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:										
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:										
TU#	DirTrvl	DL State	Driver's License Number	Special Data	TU#	DirTrvl	DL State	Driver's License Number	Special Data						
01	U														
13	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT														
00 NOT in roadway (driving lanes)															
IN or AT INTERSECTION				NOT IN or AT INTERSECTION				PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT							
01 In crosswalk or bikeway				11 In crosswalk or bikeway				00 NOT in roadway (driving lanes)							
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				IN or AT INTERSECTION							
01 In crosswalk or bikeway				11 In crosswalk or bikeway				NOT IN or AT INTERSECTION							
02 NOT in crosswalk or bikeway				12 NOT in crosswalk or bikeway				01 In crosswalk or bikeway							
03 In intersection without a crosswalk or bikeway				13 In area without a crosswalk or bikeway				12 NOT in crosswalk or bikeway							
88 Other: _____				99 Unknown				13 In area without a crosswalk or bikeway							
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)															
01 Within a work zone				08 Driveway access crosswalk				OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)							
02 In median (not shoulder)				09 Dedicated bike lane				01 Within a work zone							
03 On Island				10 Shared-use path or trails				08 Driveway access crosswalk							
04 Road shoulder (not ditch or median)				11 Inside building				02 In median (not shoulder)							
05 Roadside (not on shoulder)				12 In legally parked vehicle				03 On Island							
06 Sidewalk				88 Other: _____				10 Shared-use path or trails							
07 Outside trafficway				99 Unknown				04 Road shoulder (not ditch or median)							
08 Other: _____				99 Unknown				11 Inside building							
09 Dedicated bike lane				00 Other: _____				12 In legally parked vehicle							
10 Shared-use path or trails				99 Unknown				05 Roadside (not on shoulder)							
11 Inside building				01 Other: _____				06 Sidewalk							
12 In legally parked vehicle				99 Unknown				07 Outside trafficway							
01 Other: _____				02 Other: _____				08 Other: _____							
99 Unknown				03 Other: _____				99 Unknown							
07	PEDESTRIAN ACTION BEFORE CRASH														
01 Walking / cycling to or from school				07 Standing, sitting, or lying				PEDESTRIAN ACTION BEFORE CRASH							
02 Approaching or leaving bus				08 Playing, running, walking				01 Walking / cycling to or from school							
03 Approaching or leaving vehicle				09 Cycling				07 Standing, sitting, or lying							
04 Working (not on vehicle)				10 Entering or crossing				02 Approaching or leaving bus							
05 Working on vehicle				88 Other: _____				03 Approaching or leaving vehicle							
06 Pushing motor vehicle				99 Unknown				10 Entering or crossing							
07 Outside trafficway				01 Other: _____				05 Working on vehicle							
08 Other: _____				99 Unknown				06 Pushing motor vehicle							
00	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL														
00 No pedestrian signal				03 Ped signal malfunction				PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL							
01 Obeyed pedestrian signal				04 Not applicable				00 No pedestrian signal							
02 Disobeyed pedestrian signal				99 Unknown				03 Ped signal malfunction							
SUBSTANCE USE															
<input type="checkbox"/> AP - Alcohol ingested (mark all that apply)				<input type="checkbox"/> DC - Illegal drugs contributed				<input type="checkbox"/> AP - Alcohol ingested (mark all that apply)				<input type="checkbox"/> DC - Illegal drugs contributed			
<input type="checkbox"/> AC - Alcohol contributed				<input type="checkbox"/> MP - Medication ingested				<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"/> DP - Illegal drugs ingested				<input type="checkbox"/> MC - Medication contributed			
METHOD OF DETERMINATION (mark all that apply)															
ALCOHOL				DRUGS				IMPAIRMENT TEST (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)			
<input checked="" type="checkbox"/> 00 No evidence of impairment				<input checked="" type="checkbox"/> NG - No Test given				<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"/> 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"/> 02 Preliminary Breath Test PBT				<input type="checkbox"/> PT - Prelim Positive Test (PBT)			
<input type="checkbox"/> 03 Behavioral				<input type="checkbox"/> TG - Evidentiary Test given				<input type="checkbox"/> 03 Behavioral				<input type="checkbox"/> TG - Evidentiary Test given			
Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> RP - Results pending				Tests: HGN, walk-and-turn, one leg stand, etc.				<input type="checkbox"/> RP - Results pending			
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath 0. _____ Eye Fluid 0. _____				<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath 0. _____ Eye Fluid 0. _____			
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) 0. _____ Other 0. _____				<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				<input type="checkbox"/> Blood (BAC) 0. _____ Other 0. _____			
<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Drug screen result _____				<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Drug screen result _____			