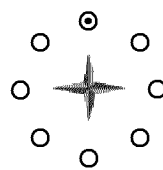
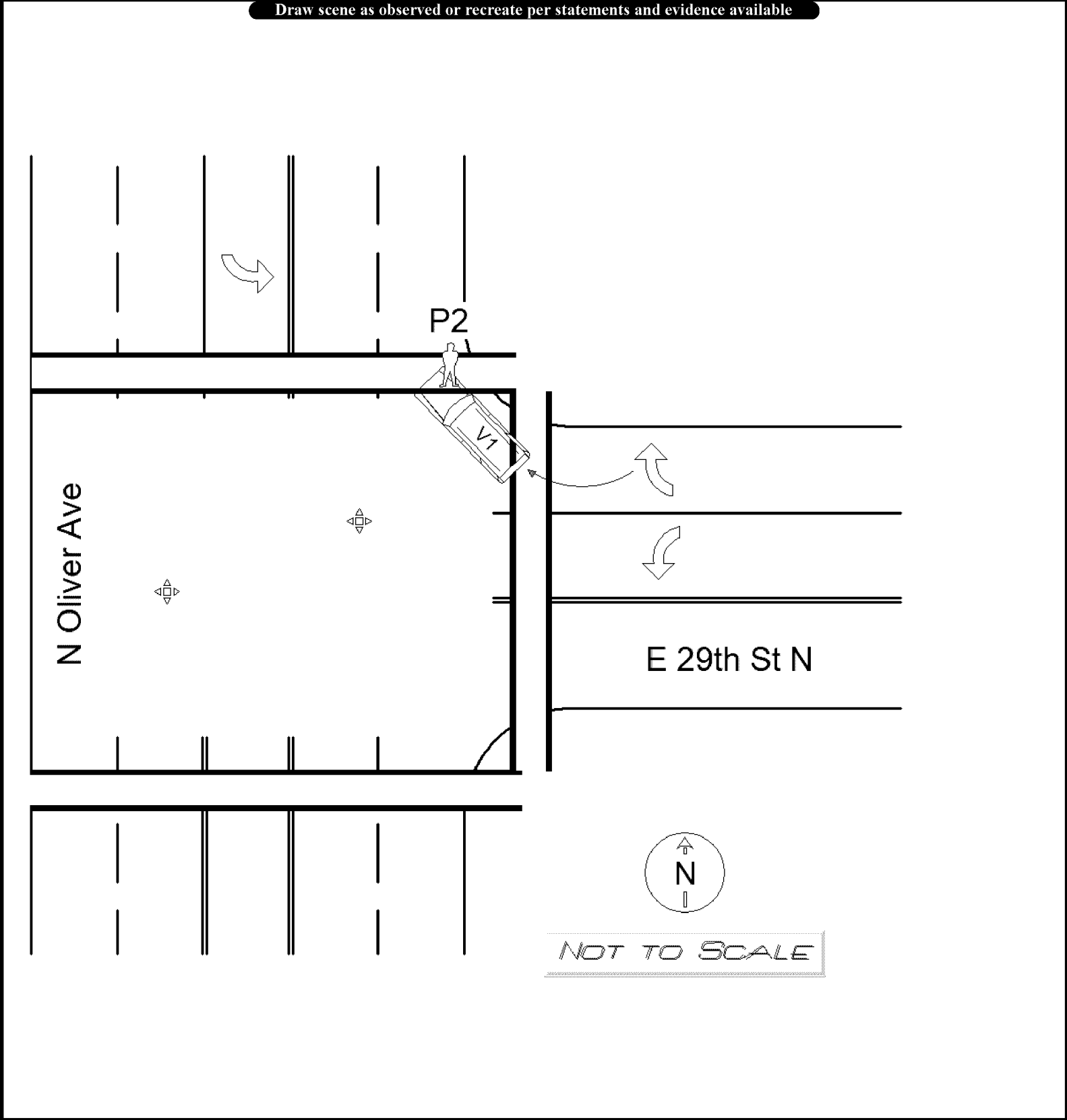


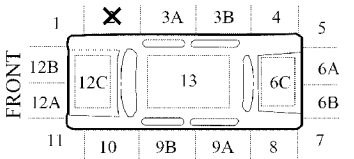
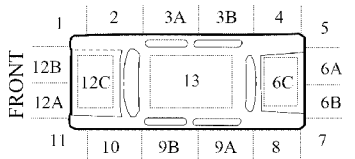
Kansas Motor Vehicle Crash Report				Investigating Department WICHITA POLICE DEPARTMENT				Reviewed by				Local Case No. 26C029823		Page of 1 / 4		<input type="checkbox"/> Amended Report					
KDOT Form 850A page 1 Rev. 2019				Investigating Officer Name E SCHILD				Badge Number S0258		County SG		City Name WICHITA				<input type="checkbox"/> DUI					
Milepost		Block No		Dir Pfx E		On Road Name 29TH		Road Type ST		Dir Sfx N		SpdLmt 40		Date of Crash (mm/dd/yyyy) 02/16/2026		Time Occur. 19:30		Day MO		I Crash Severity	
From Dist		Ft/Mi		From Dir <input checked="" type="radio"/> FROM <input type="radio"/> AT		Dir Pfx N		Reference or At Road Name OLIVER		Road Type AVE		Dir Sfx		SpdLmt 40		Date Notified (mm/dd/yyyy) 02/16/2026		Time Notif. 19:38		Day MO	
Narrative: Describe each traffic unit's pre-crash movement and direction of travel														Date Arrived (mm/dd/yyyy) 02/16/2026		Time Arriv. 19:40		Day MO		Fatal Injury PDO >= \$1,000 PDO < \$1,000	
V1 EB ON 29TH ST. AND TURNS RIGHT AT OLIVER AND HITS 02 IN THE CROSS WALK.														Latitude (AOI)		00		ON WORK ZONE TYPE		AT 00	
														Longitude (AOI)				00 None Apply			
														Photos by C2919				01 Construction Zone - 02 Maintenance Zone - 03 Utility Zone - 99 Unknown			
KDOT? <input type="checkbox"/>		Object 1 Damaged & Nature of Damage (show in diagram)				Owner Street Address				Personal Phone											
Owner Last Name		First Name		Middle Name		City		State		Zip		Work Phone									
KDOT? <input type="checkbox"/>		Object 2 Damaged & Nature of Damage (show in diagram)				Owner Street Address				Personal Phone											
Owner Last Name		First Name		Middle Name		City		State		Zip		Work Phone									
ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE																					
04 LIGHT CONDITIONS				12 CRASH LOCATION (of 1st Harmful Event)				02 CRASH CLASS (mark 1 box per side)				02									
01 Daylight 04 Dark: street lights on 02 Dawn 05 Dark: no street lights 03 Dusk 99 Unknown				ON ROADWAY: (within travel lanes) 11 Non-intersection 12 Intersection + 13 Intersection-related + 14 Access to Parking lot/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													
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				03 +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													
01 SURFACE TYPE AT 01																					
01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: _____ 04 Dirt 05 Brick 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																					
TRAFFIC CONTROLS (On / At Road) O/A																					
Type Present OK/NF																					
00 None																					
01 Officer, flagger																					
02 Traffic signal																					
03 Stop sign																					
04 Flasher																					
05 Yield sign																					
06 RR gates / signal																					
07 RR crossing signs																					
08 No passing zone																					
09 Center/Edge lines																					
10 Warning signs																					
11 School zone signs																					
12 Parking lines																					
88 Other: _____																					
99 Unknown																					

Crash Diagram 850A page 2		SPECIAL EVENT		SPECIAL DATA		Local Case No. 26C029823	Page of 1 / 4
03 ON	ROADWAY NUMBER OF LANES	04 AT	01 ON	ROAD CHARACTER AT	01 ON	00 SPECIAL JURISDICTION	<p>A basic diagram is required for all state reportable crashes showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.</p> <p>Indicate North Direction</p> 
	01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 88 Other: _____ 99 Unknown			01 Straight & Level 02 Straight on grade/slope 03 Straight on hillcrest 04 Curved & level 05 Curved on grade/slope 06 Curved on hillcrest 88 Other: _____ 99 Unknown		00 Normal Jurisdiction (Not Special) 01 National Park Service 02 Military 03 Indian Reservation 04 College / University Campus 05 Other Federal property 88 Other: _____ 99 Unknown	

Draw scene as observed or recreate per statements and evidence available



Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019			DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)			Investigating Officer / Badge No. E SCHILD S0258		Local Case No. 26C029823		Page of 2 / 4					
TU# VIOLATIONS CHARGED			CITATION#			TU# VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/> CITATION#						
01 INATTENTIVE DRIVING			25M017707												
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)															
D1 24															
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 CLAIR		MN	5509 E MAINSGATE			Personal (316) 993-9137	F	S	N					
ST	01 ANAH		DOB 05/30/2002	WICHITA	KS	67220	Work	23	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	K03758014			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? N		1 2 3 4				00 Not licensed		Restrictions?		1 2 3 4			
01 Valid License		Driver's Lic Restrictions		Z - None				01 Valid License		Driver's Lic Restrictions		Z - None			
02 Suspended		Complied? Y N		T - Double/Triple Trailer				02 Suspended		Complied? Y N		T - Double/Triple Trailer			
03 Revoked		1		P - Passenger Vehicle				03 Revoked		1		P - Passenger Vehicle			
04 Expired		2		N - Tank Vehicle				04 Expired		2		N - Tank Vehicle			
05 Cancl'd or Denied		3		H - Placarded Haz. Material				05 Cancl'd or Denied		3		H - Placarded Haz. Material			
06 Disqualified		4		X - Combination Tank/HazMat				06 Disqualified		4		X - Combination Tank/HazMat			
07 Restricted				S - School Bus				07 Restricted				S - School Bus			
99 Unknown				U - Unknown				99 Unknown				U - 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									
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				<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)				<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid			
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				0. 0.				<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)				0. 0.			
<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other				<input type="checkbox"/> 06 Other (e.g. saliva test)				<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other			
				0. 0.								0. 0.			
				Drug screen result								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	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	Injured taken to:	EMS Arrived			EMS Time@Hosp	Injured taken to:								

Occupants & Vehicles 850B page 2				VEHICLE# 01 (01, 03, N3, X3, etc)		SPECIAL DATA		VEHICLE# (02, 04, N2, X4, etc)				SPECIAL DATA		Local Case No. 26C029823		Page of 2 / 4																							
OWNER Last Name ("Same" if Driver) CLAIR				OWNER First Name ANAH				Middle Name J				OWNER Last Name ("Same" if Driver)				OWNER First Name				Middle Name																			
OWNER ADDRESS (Number, Street) 5509 E MAINSGATE												New address? <input type="checkbox"/>		Personal Phone (316) 993-9137						OWNER ADDRESS (Number, Street)						New address? <input type="checkbox"/>		Personal Phone											
CITY WICHITA						ST KS		ZIP 67220				Work Phone						CITY				ST		ZIP				Work Phone											
COLOR BLK		YEAR 2020		MAKE ACUR		MODEL RDX		BODY STYLE 4D		ST KS		LICENSE PLATE # 606RCU				County SG		Exp YR 2026		Removed by: DRIVER				MC CCs		LICENSE PLATE #				County		Exp YR		Removed by:				MC CCs	
VEHICLE IDENTIFICATION NUMBER 5J8TC1H5XLL011506										Dir of Travel NW		# Occupants 1		VEHICLE IDENTIFICATION NUMBER										Dir of Travel		# Occupants													
Insurance Company USAA						Policy Number 0167737437102						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																					
02 Motorcycle		11 Truck & trailer(s)														02 Motorcycle		11 Truck & trailer(s)																					
03 Motor scooter or Moped		12 Tractor-trailer(s)				Calculated speed at impact										03 Motor scooter or Moped		12 Tractor-trailer(s)				Calculated speed at impact																	
04 Van		13 Cross country bus														04 Van		13 Cross country bus																					
05 Pickup truck <10,001 lbs		14 School bus				Bus Seat Capacity										05 Pickup truck <10,001 lbs		14 School bus				Bus Seat Capacity																	
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				Power Source F										08 Farm machinery		25 Train				Power Source																	
09 All-terrain vehicle - ATV		88 Other:				99 Unknown										09 All-terrain vehicle - ATV		88 Other:				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						03						VEH. MANU. BEFORE UNSTAB. SIT.						DAMAGE LOCATION AREA						VEH. MANU. BEFORE UNSTAB. SIT.															
First Impact 02 Major Impact 02						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 21 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																					

Crash Narrative

KDOT Form 851 - Rev. 2019

**Officer / Witness Statements / Description
Additional Information**

Investigating Officer / Badge No.

E SCHILD

S0258

Local Case No.

26C029823

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AOI
UNDETERMINED.

DRIVER'S STATEMENT

D1 CLAIR, ANAH REPORTS HEADING WEST ON 29TH STREET TURNING RIGHT ONTO OLIVER AND DIDN'T SEE P2. STRUCK P2 AND STOPPED.

P2 CONGER,CHRYSTAL SHE REPORTS SHE WAS WALKING HER DOG. SHE HIT THE BUTTON TO CROSS OLIVER AND WHEN IT CHANGED TO CROSS SHE BEGAN TO GO. SHE WAS ABOUT 3 OR 4 FEET INTO THE CROSSWALK WHEN WAS HIT BY V1. SHE REFUSED EMS.

INJURIES

P2 WAS COMPLAINING OF SHOULDER, ARM, LEG, AND FOOT PAIN. REFUSED EMS ON SCENE. CODE GREEN. P2'S DOG PAW RAN OVER.

NO WITNESS ON SCENE.

DAMAGES

V1 2020 BLACK ACURA RDX SUV SUSTAINED MINOR DAMAGE TO THE FRONT RIGHT FENDER (SCUFF MARKS). NO AIRBAGS DEPLOYED AND V1 WAS REMOVED BY D1.

ROADS

ROADS WERE DRY AND CLEAR. CENTER AND EDGE LINES VISIBLE AND SIGNAL LIGHTS AND CROSSWALK LIGHTS OPERATIONAL. WEATHER WAS DARK OUT WITH STREET LIGHTS ON. TRAFFIC FLOW WAS MODERATE.

OPINION

IT IS THIS OFFICER'S OPINION THAT THE COLLISION WAS CAUSED BY D1 CLAIR, ANAH INATTENTIVE DRIVING CAUSED HER TO HIT P2. D1 CLAIR, ANAH WAS ISSUED CIT#25M017707 FOR INATTENTIVE DRIVING.

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Local Case No.	Page of
		26C029823	/

Passengers & Pedestrians			LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT			Investigating Officer / Badge No.		Local Case No.		Page of
KDOT Form 854 page 1 - Rev. 2019						E SCHILD S0258		26C029823		/
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 Time Notified	Injured taken by:			
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:			
Transport Unit	EMS Time Notified	Injured taken by:			Transport Unit	EMS Time Notified	Injured taken by:			
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:			

Passengers & Pedestrians				PEDESTRIAN INFORMATION				Investigating Officer / Badge No.		Local Case No.		Page of	
854 page 2								E SCHILD S0258		26C029823		3 / 4	
Unit #	PEDESTRIAN Last Name		Middle Name	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit	
Ped Type	PEDESTRIAN First Name		Date of Birth	City State Zip			Work Phone Number		Age	Eject/Trap	Eject Path	Extrication?	
TU 02	CONGER		MN M	2869 N OLIVER			New address? <input type="checkbox"/> Personal (316) 297-6282		F	N	P		
PT 21	CHRYSTAL		DOB 02/22/1984	WICHITA KS 67220			Work		41	N		<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								
02	W												
01	PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT												
00 NOT in roadway (driving lanes)													
IN or AT INTERSECTION NOT IN or AT INTERSECTION													
01 In crosswalk or bikeway 02 NOT in crosswalk or bikeway 03 In intersection without a crosswalk or bikeway 88 Other: 99 Unknown													
11 In crosswalk or bikeway 12 NOT in crosswalk or bikeway 13 In area without a crosswalk or bikeway 99 Unknown													
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)													
01 Within a work zone 02 In median (not shoulder) 03 On Island 04 Road shoulder (not ditch or median) 05 Roadside (not on shoulder) 06 Sidewalk 07 Outside trafficway 08 Driveway access crosswalk 09 Dedicated bike lane 10 Shared-use path or trails 11 Inside building 12 In legally parked vehicle 88 Other: 99 Unknown													
08	PEDESTRIAN ACTION BEFORE CRASH												
01 Walking / cycling to or from school 02 Approaching or leaving bus 03 Approaching or leaving vehicle 04 Working (not on vehicle) 05 Working on vehicle 06 Pushing motor vehicle 07 Standing, sitting, or lying 08 Playing, running, walking 09 Cycling 10 Entering or crossing 88 Other: 99 Unknown													
01	PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL												
00 No pedestrian signal 01 Obeyed pedestrian signal 02 Disobeyed pedestrian signal 03 Ped signal malfunction 04 Not applicable 99 Unknown													
SUBSTANCE USE (mark all that apply)													
AP - Alcohol ingested AC - Alcohol contributed DP - Illegal drugs ingested DC - Illegal drugs contributed MP - Medication 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 0. 0. Blood (BAC) Other 0. 0. Drug screen result													