

# Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

<p><b>Kansas Motor Vehicle Crash Report</b> KDOD Form 850A page 1 Rev. 2019</p>				Investigating Department <b>WICHITA POLICE DEPARTMENT</b>			Reviewed by		Local Case No. <b>26C002368</b>	Page of <b>1 / 4</b>		
				Investigating Officer Name <b>E SCHILD</b>			Badge Number <b>S0258</b>	County <b>SG</b>	City Name <b>WICHITA</b>			
				Milepost	Block No	Dir Pfx <b>S</b>	On Road Name <b>HILLSIDE</b>	Road Type <b>AVE</b>	Dir Sfx <b>35</b>	SpdLmt <b>35</b>	Date of Crash (mm/dd/yyyy) <b>01/04/2026</b>	Time Occur. <b>19:35</b>
From Dist	Ft/Mi	From Dir <input checked="" type="radio"/> FROM <input type="radio"/> AT	Dir Pfx <b>E</b>	Reference or At Road Name <b>OAKLAND</b>	Road Type <b>AVE</b>	Dir Sfx <b>30</b>	SpdLmt <b>30</b>	Date Notified (mm/dd/yyyy) <b>01/04/2026</b>	Time Notif. <b>19:39</b>	Day <b>SU</b>		
Narrative: Describe each traffic unit's pre-crash movement and direction of travel <b>V1 NB ON HILLSIDE AVE. WHEN 02 (PED) CROSSES HILLSIDE AVE. ON FOOT AND IS HIT BY V1.</b>										Date Arrived (mm/dd/yyyy) <b>01/04/2026</b>	Time Arriv. <b>19:49</b>	Day <b>SU</b>
<b>This report has not been reviewed may contain errors.</b>										Latitude (AOI)	00 ON	WORK ZONE TYPE AT 00
										Longitude (AOI)	00 None Apply	
										Photos by <b>C2734</b>	01 Construction Zone - 02 Maintenance Zone - 03 Utility Zone - 99 Unknown	
										KDOD?		
KDOD? 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		
KDOD? 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										- WORK ZONE CATEGORY		
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				ON ROADWAY: (within travel lanes)			1 <sup>st</sup> 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					
				13 Intersection-related +			COLLISION WITH:					
				14 Access to Parking lot/Drvwy			02 Pedestrian					
				15 Interchange Area +			03 Motor vehicle in-transport*					
				16 On Crossover			04 Legally Parked Vehicle					
				17 Toll Plaza			05 Railway train					
				OFF ROADWAY:			06 Pedal cyclist					
				20 Shoulder			07 Animal Type: _____					
				21 Roadside (not shoulder)			08 Fixed object**					
				22 Median			09 Other object: _____					
				23 Rest area			99 Unknown					
				88 Other: _____			**FIXED OBJECT TYPE (mark 1 box per side if applicable)					
				99 Unknown			1 <sup>st</sup> Harmful Event      Most Harmful Event					
				01 +INTERSECTION TYPE			01 Bridge structure					
				01 Four-way intersection			02 Bridge rail					
				02 Five-way or more			03 Crash cush./Impact attenuator					
				03 T - intersection			04 Divider, median barrier					
				04 Y - intersection			05 Overhead sign support					
				05 L - intersection			06 Utility devices: pole,meter,etc					
				06 Roundabout (See Manual for Definitions)			07 Other post or pole					
				07 Traffic Circle			08 Building					
				08 Part of an interchange			09 Guardrail					
				99 Unknown			10 Sign post					
				01 SURFACE TYPE AT 01			11 Culvert					
01 ON				01 Concrete			12 Curb					
02 Blacktop (Asphalt)				02 Bridge			13 Fence/Gate					
03 Gravel				02 Bridge Overhead			14 Hydrant					
04 Dirt				03 Railroad Bridge			15 Barricade					
05 Brick				04 RRXING			16 Mailbox					
				05 Interchange			17 Ditch					
				06 Ramp			18 Embankment					
				99 Unknown			19 Wall					
				01 SURFACE CONDITIONS AT 01			20 Tree					
01 ON				01 Dry			21 RRXING fixtures					
02 Wet				88 Other:			88 Other: _____					
03 Snow				99 Unknown			99 Unknown					
04 Ice												
05 Mud/dirt/sand												
06 Debris (oil, etc.)												
07 Standing/ moving water												
08 Slush												

## Crash Diagram

850A page 2

SPECIAL EVENT

SPECIAL DATA

Local Case No.

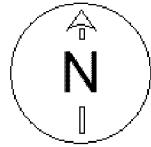
Page of

26C002368

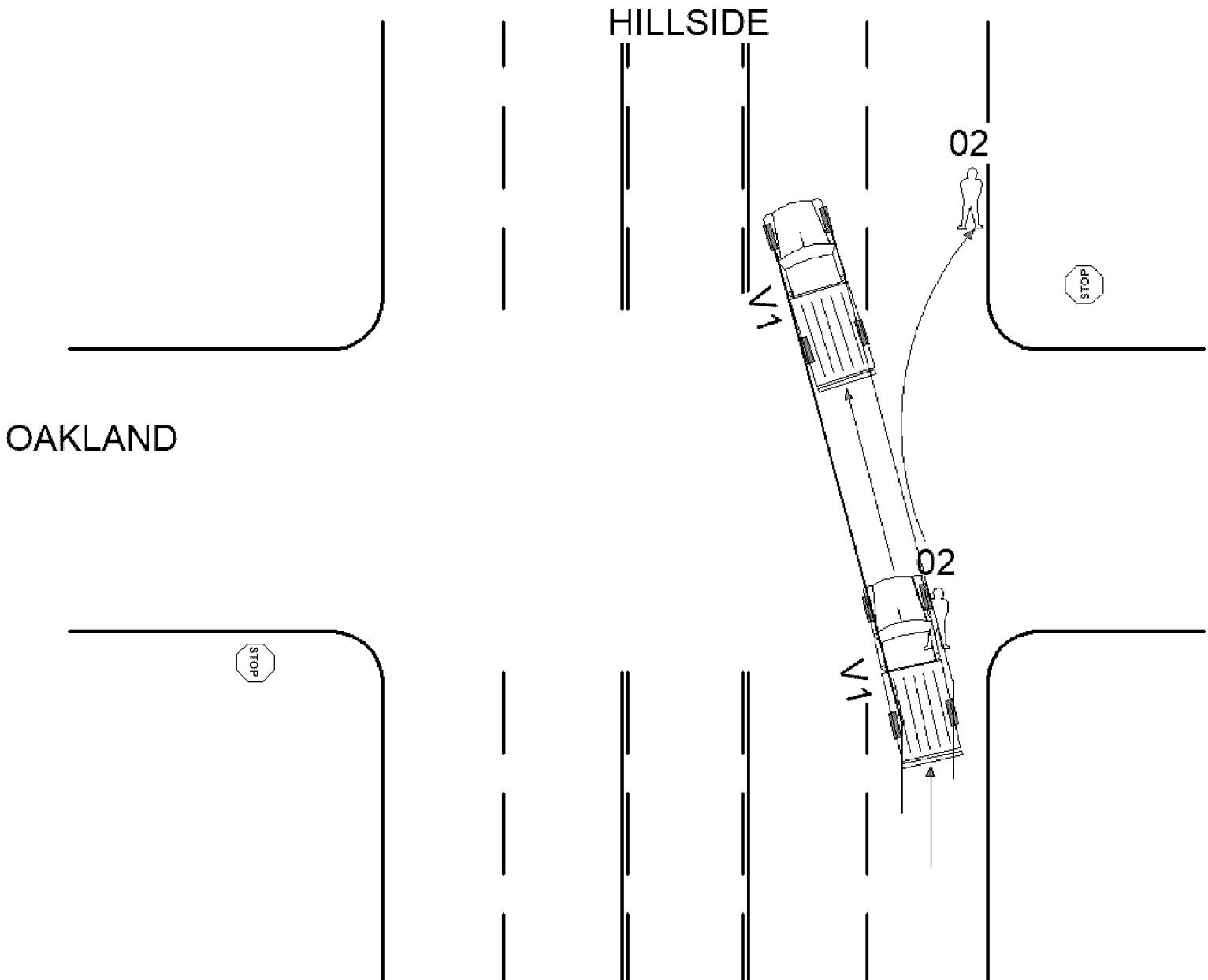
1 / 4

04 ON	ROADWAY NUMBER OF LANES	02 AT	01 ON	ROAD CHARACTER	AT	01 00	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: _____	Indicate North Direction
				99 Unknown			99 Unknown	

Draw scene as observed or recreate per statements and evidence available



NOT TO SCALE



**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.  
26C002368

Page of  
2 / 4

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)														
D1	00													
Unit #	DRIVER Last Name		Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity			
Seat Type	DRIVER First Name		Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Transpt Unit			
TU 01	FREIDENBERGER		MN L	349 S HILLSIDE			New address? <input type="checkbox"/>	Personal (316) 932-2030		M	S	N		
ST 01	DONN		DOB 10/03/1981	WICHITA	KS	67214	Work	44	N		<input type="checkbox"/>			
TU			MN				New address? <input type="checkbox"/>	Personal						
ST			DOB				Work				<input type="checkbox"/>			
<b>TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)</b>				<b>TRAFFIC UNIT# (02, 04, N2, X4, etc)</b>										
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	K00715013			C	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
<b>01 DR LICENSE COMPLY</b>	<b>RESTRICT COMPLY</b>	<b>COMMERCIAL ENDORSEMENTS</b>	<b>01 DR LICENSE COMPLY</b>	<b>RESTRICT COMPLY</b>	<b>COMMERCIAL ENDORSEMENTS</b>									
00 Not licensed	Restrictions? <input checked="" type="checkbox"/> N	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	00 Not licensed	Restrictions? <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									
01 Valid License	Driver's Lic	Complied? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	01 Valid License	Driver's Lic	Complied? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N									
02 Suspended	Restrictions	<input type="checkbox"/>	02 Suspended	Restrictions	<input type="checkbox"/>									
03 Revoked	1 <input type="checkbox"/>	<input type="checkbox"/>	03 Revoked	1 <input type="checkbox"/>	<input type="checkbox"/>									
04 Expired	2 <input type="checkbox"/>	<input type="checkbox"/>	04 Expired	2 <input type="checkbox"/>	<input type="checkbox"/>									
05 Cancl or Denied	3 <input type="checkbox"/>	<input type="checkbox"/>	05 Cancl or Denied	3 <input type="checkbox"/>	<input type="checkbox"/>									
06 Disqualified	4 <input type="checkbox"/>	<input type="checkbox"/>	06 Disqualified	4 <input type="checkbox"/>	<input type="checkbox"/>									
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"/> 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)						
<b>ALCOHOL</b>	<b>DRUGS</b>	<b>ALCOHOL</b>	<b>DRUGS</b>	<b>ALCOHOL</b>	<b>DRUGS</b>	<b>ALCOHOL</b>	<b>DRUGS</b>	<b>ALCOHOL</b>	<b>DRUGS</b>	<b>ALCOHOL</b>	<b>DRUGS</b>			
<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"/> 00 No evidence of impairment	<input type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input type="checkbox"/> NG - No Test given	<input type="checkbox"/> 00 No evidence of impairment	<input 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"/> 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"/> 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"/> 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"/> 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	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given	<input type="checkbox"/> 03 Behavioral	<input type="checkbox"/> TG - Evidentiary Test given	<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	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	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. _____ 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____ 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____ 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____ 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____ 0. _____	<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)	<input type="checkbox"/> Evidentiary Breath 0. _____ 0. _____			
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Blood (BAC) 0. _____ 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Blood (BAC) 0. _____ 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Blood (BAC) 0. _____ 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Blood (BAC) 0. _____ 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Blood (BAC) 0. _____ 0. _____	<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)	<input type="checkbox"/> Blood (BAC) 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"/>	<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"/>	<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 &amp; Vehicles

850B page 2

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

SPECIAL DATA

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

SPECIAL DATA

Local Case No.  
26C002368Page of  
2 / 4

OWNER Last Name ("Same" if Driver) <b>FREIDENBERGER</b>		OWNER First Name <b>DONN</b>		Middle Name <b>L</b>		OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name													
OWNER ADDRESS (Number, Street) <b>349 S HILLSIDE</b>		New address? <input type="checkbox"/>		Personal Phone <b>(316) 932-2030</b>		OWNER ADDRESS (Number, Street)		New address? <input type="checkbox"/>		Personal Phone													
CITY <b>WICHITA</b>		ST <b>KS</b>	ZIP <b>67214</b>	Work Phone		CITY		ST	ZIP	Work Phone													
COLOR <b>MAR</b>	YEAR <b>2000</b>	MAKE <b>CHEV</b>	MODEL <b>SLV</b>	BODY STYLE <b>PK</b>	ST <b>KS</b>	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST												
LICENSE PLATE # <b>513NJD</b>		County <b>SG</b>	Exp YR <b>2026</b>	Removed by: <b>DRIVER</b>		MC CCS		LICENSE PLATE #		County	Exp YR	Removed by:	MC CCS										
VEHICLE IDENTIFICATION NUMBER <b>2GCEK19T3Y1369793</b>				Dir of Travel <b>N</b>	# Occupants <b>1</b>	VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants												
Insurance Company <b>CHICAGO</b>				Policy Number <b>KSM113637208</b>				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									
<b>05</b>	VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)								<b>05</b>	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 <b>F</b>								09 All-terrain vehicle - ATV		Power Source _____											
88 Other: _____		99 Unknown								88 Other: _____		99 Unknown											
<b>01</b>	VEHICLE USE		<b>02</b>	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 <b>01</b>	Major Impact <b>01</b>	01 Straight/ following road	11 Stopped awaiting turn	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	99 Unknown	08 Merging	99 Unknown										
										09 Parking		09 Parking											
										10 Backing	99 Unknown	10 Backing	99 Unknown										
DAMAGE LOCATION AREA										VEH. MANU. BEFORE UNSTAB. SIT.													
First Impact <b>01</b>	Major Impact <b>01</b>	01 Straight/ following road	11 Stopped awaiting turn	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	99 Unknown	08 Merging	99 Unknown										
										09 Parking		09 Parking											
										10 Backing	99 Unknown	10 Backing	99 Unknown										
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)													
<b>1</b> <b>21</b> <b>3</b> <b>4</b>				<input type="checkbox"/> The exact sequence is unknown								<b>1</b> <b>2</b> <b>3</b> <b>4</b>				<input type="checkbox"/> The exact sequence is unknown							
NON-COLLISION										COLLISION WITH													
01 Ran off road right					10 Downhill runaway					21 Pedestrian					21 Pedestrian								
02 Ran off road left					11 Trailer swing					22 Motor veh in-transport					22 Motor veh in-transport								
03 Crossed centerline					12 Separation of units					23 Legally Parked Vehicle					23 Legally Parked Vehicle								
04 Overturn/Rollover					13 Jackknife					24 Train					24 Train								
05 Crossed median					14 Fire					25 Pedal cycle (bike, etc)					25 Pedal cycle (bike, etc)								
06 Fell/Jumped from veh					15 Explosion					26 Animal					26 Animal								
07 Thrown or falling object					16 Immersion in water					27 Fixed Object					27 Fixed Object								
08 Cargo loss or shift					18 Other event:					28 Other moveable object					28 Other moveable object								
09 Equipment failure (tire, brakes, etc.)					98 Unknown non-coll.					99 Unknown object					99 Unknown object								

**Passengers & Pedestrians**  
KDOT Form 854 page 1 - Rev. 2019

**LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT**

Investigating Officer / Badge No.

E SCHILD

S0258

Local Case No.

26C002368

Page of

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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"/>	
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:		

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

**Passengers & Pedestrians**  
854 page 2

**PEDESTRIAN INFORMATION**

Investigating Officer / Badge No.

E SCHILD

S0258

Local Case No.

26C002368

Page of

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	DAME	MN A	New address? <input type="checkbox"/>	Personal	F	N	I	A	
PT 21	KATHY	DOB 03/04/1963		Work	62	N		<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
PT		DOB		Work				<input type="checkbox"/>	
Transport Unit <b>A</b>	EMS Time Notified	Injured taken by: <b>EMS MEDIC 24</b>	Transport Unit	EMS Time Notified	Injured taken by:				
EMS Arrived	EMS Time@Hosp	Injured taken to: <b>WESLEY MEDICAL CENTER</b>	EMS Arrived	EMS Time@Hosp	Injured taken to:				
TU# 02	DirTrvl W	DL State	Driver's License Number	Special Data	TU#	DirTrvl	DL State	Driver's License Number	Special Data
<b>03</b>	<b>PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT</b>				<b>PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT</b>				
00 NOT in roadway (driving lanes)					00 NOT in roadway (driving lanes)				
IN or AT INTERSECTION		NOT IN or AT INTERSECTION		IN or AT INTERSECTION		NOT IN or AT INTERSECTION			
01 In crosswalk or bikeway		11 In crosswalk or bikeway		01 In crosswalk or bikeway		11 In crosswalk or bikeway			
02 NOT in crosswalk or bikeway		12 NOT 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		03 In intersection without a crosswalk or bikeway		13 In area without a crosswalk or bikeway			
88 Other: _____		99 Unknown		88 Other: _____		99 Unknown			
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)					OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)				
01 Within a work zone		08 Driveway access crosswalk		01 Within a work zone		08 Driveway access crosswalk			
02 In median (not shoulder)		09 Dedicated bike lane		02 In median (not shoulder)		09 Dedicated bike lane			
03 On Island		10 Shared-use path or trails		03 On Island		10 Shared-use path or trails			
04 Road shoulder (not ditch or median)		11 Inside building		04 Road shoulder (not ditch or median)		11 Inside building			
05 Roadside (not on shoulder)		12 In legally parked vehicle		05 Roadside (not on shoulder)		12 In legally parked vehicle			
06 Sidewalk		88 Other: _____		06 Sidewalk		88 Other: _____			
07 Outside trafficway		99 Unknown		07 Outside trafficway		99 Unknown			
<b>08</b>	<b>PEDESTRIAN ACTION BEFORE CRASH</b>				<b>PEDESTRIAN ACTION BEFORE CRASH</b>				
01 Walking / cycling to or from school		07 Standing, sitting, or lying		01 Walking / cycling to or from school		07 Standing, sitting, or lying			
02 Approaching or leaving bus		08 Playing, running, walking		02 Approaching or leaving bus		08 Playing, running, walking			
03 Approaching or leaving vehicle		09 Cycling		03 Approaching or leaving vehicle		09 Cycling			
04 Working (not on vehicle)		10 Entering or crossing		04 Working (not on vehicle)		10 Entering or crossing			
05 Working on vehicle		88 Other: _____		05 Working on vehicle		88 Other: _____			
06 Pushing motor vehicle		99 Unknown		06 Pushing motor vehicle		99 Unknown			
<b>00</b>	<b>PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL</b>				<b>PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL</b>				
00 No pedestrian signal		03 Ped signal malfunction		00 No pedestrian signal		03 Ped signal malfunction			
01 Obeyed pedestrian signal		04 Not applicable		01 Obeyed pedestrian signal		04 Not applicable			
02 Disobeyed pedestrian signal		99 Unknown		02 Disobeyed pedestrian signal		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"/> 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)			
<u>ALCOHOL</u>		<u>DRUGS</u>		<u>ALCOHOL</u>		<u>DRUGS</u>			
<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 Tests: HGN, walk-and-turn, one leg stand, etc.		<input type="checkbox"/> TG - Evidentiary Test given		<input type="checkbox"/> 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc.		<input type="checkbox"/> TG - Evidentiary Test given			
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)		<input type="checkbox"/> RP - Results pending		<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)		<input type="checkbox"/> RP - Results pending			
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)		<u>ALCOHOL</u>		<u>ALCOHOL</u>		<u>ALCOHOL</u>			
<input type="checkbox"/> 06 Other (e.g. saliva test)		<input type="checkbox"/> Evidentiary Breath 0._____		<input type="checkbox"/> Evidentiary Breath 0._____		<input type="checkbox"/> Evidentiary Breath 0._____			
		<input type="checkbox"/> Blood (BAC) 0._____		<input type="checkbox"/> Eye Fluid 0._____		<input type="checkbox"/> Eye Fluid 0._____			
		<input type="checkbox"/> Other 0._____				<input type="checkbox"/> Other 0._____			
		Drug screen result <input type="checkbox"/>				Drug screen result <input type="checkbox"/>			

## AOI

TIRE MARKS. 5 FEET WEST OF THE EAST CURB LINE HILLSIDE AVE. AND 0 FEET NORTH OF THE SOUTH CURB LINE OF OAKLAND.

## DRIVER'S STATEMENTS

D1 FREIDENBERGER, DONN REPORTS HEADING NORTH ON HILLSIDE IN THE CURB LANE WHEN 02 WALKED RIGHT OUT IN FRONT OF HIM. HE SWERVED TO THE LEFT BUT STILL HITS 02.

02 (PEDESTRIAN) DAME, KATHY WAS TAKEN TO HOSPITAL AND WAS UNABLE TO GET STATEMENT FROM HER.

02 WAS WEARING BLACK PANTS, A TEAL JACKET, HAD A BLACK/RED CHECKERED BLANKET, GREEN SHOES.

## INJURY

02 WAS TAKEN TO WESLEY MEDICAL CENTER CODE YELLOW VIA EMS MEDIC 24. 02 SUFFERED A HEAD INJURY AND A BROKEN PELVIS.

## WITNESS

W1 FERRIS, DOUGLAS (316) 640-1622 STATEMENT READS THAT V1 WAS HEADING NORTH ON HILLSIDE AND 02 JUST WALKED OUT IN FRONT OF THE TRUCK V1. D1 HAD VERY LITTLE TIME TO REACT.

W2 FERRIS, CHRISTINA (316) 619-3552 STATEMENT READS THAT A TRUCK V1 WAS HEADING NORTH AND 02 WALKED OUT IN FRONT OF THE TRUCK V1. D1 SLAMMED ON HIS BRAKES AND TRY TO CHANGE LANES BUT STILL HIT HER 02.

## DAMAGES

V1 2000 MAROON CHEVY SILVERADO P/U SUSTAINED FUNCTIONAL DAMAGE TO THE HEAD LIGHT, HOOD, AND FENDER. NO AIRBAGS DEPLOYED AND V1 WAS REMOVED BY D1.

## ROADS

ROADS WERE DRY AND CLEAR. CENTER AND EDGE LINES VISIBLE AND STOP SIGN 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 02 (PEDESTRIAN) DAME, KATHY WALKING OUT IN FRONT OF V1. NO CITATIONS ISSUED DUE TO INJURIES.

