

Kansas Motor Vehicle Crash Report KDOT Form 850A Rev. 2019				Investigating Department Sedgwick County Sheriff				Reviewed by				Local Case No. 2024-00002326		Page of 1 / 5		<input type="checkbox"/> Amended Report							
				Investigating Officer Name Glen Norton				Badge Number 1940		County Sedg		City Name				<input type="checkbox"/> DUI <input type="checkbox"/> Hit & Run							
Milepost 6100		Block No S		Dir Pfx S		On Road Name MERIDIAN		Road Type AVE		Dir Sfx 40		Spd.Lmt 40		Date of Crash (mm/dd/yyyy) 01/17/2024		Time Occur. 07:39		Day WE					
From Dist 2617.		Ft/Mi N		Dir Pfx FROM AT		Reference or At Road Name 63RD		Road Type ST		Dir Sfx S		Spd.Lmt 40		Date Notified (mm/dd/yyyy) 01/17/2024		Time Notif. 07:41		Day WE					
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 south on Meridian. V2 North on Meridian. V2 crossed centerline and collided with V1.												Date Arrived (mm/dd/yyyy) 01/17/2024		Time Arriv. 07:45		Day WE		Fatal Injury PDO >= \$1,000 PDO < \$1,000					
												Latitude (AOI) 37.582150914		00		ON		WORK ZONE TYPE		AT			
												Longitude (AOI) -97.37050219						00 None Apply					
												Photos by EICHEN						01 Construction Zone -		KDOT			
																		02 Maintenance Zone -					
																		03 Utility Zone -					
																		99 Unknown					
KDOT? 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? 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																							
02 LIGHT CONDITIONS						11 CRASH LOCATION (of 1st Harmful Event)						03 CRASH CLASS (mark 1 box per side)											
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/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						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) 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											
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						+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																	
02 ON SURFACE TYPE AT						ROAD SPECIAL FEATURES (up to 3)																	
01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: 04 Dirt 05 Brick 99 Unknown						00 None 00 2 3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING 05 Interchange 06 Ramp 99 Unknown																	
01 ON SURFACE CONDITIONS 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																							
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.

Page of

2024-00002326

2 / 5

04 ON	ROADWAY NUMBER OF LANES	AT	01 ON	ROAD CHARACTER	AT	00	SPECIAL JURISDICTION
01 One			01 Straight & Level			00 Normal Jurisdiction (Not Special)	
02 Two			02 Straight on grade/slope			01 National Park Service	
03 Three			03 Straight on hillcrest			02 Military	
04 Four to Six			04 Curved & level			03 Indian Reservation	
05 Seven or more			05 Curved on grade/slope			04 College / University Campus	
88 Other: _____			06 Curved on hillcrest			05 Other Federal property	
99 Unknown			88 Other: _____			88 Other: _____	
			99 Unknown			99 Unknown	

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.

Indicate North Direction



Draw scene as observed or recreate per statements and evidence available

COPY

Occupants & Vehicles KDOT Form 850B page 1 - Rev. 2019			DRIVER & PASSENGER INFORMATION (record pedestrians on supplemental form 854)			Investigating Officer / Badge No. D1940 - Norton, Glen		Local Case No. 2024-00002326		Page of 3 / 5			
TU# VIOLATIONS CHARGED			CITATION#			TU# VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/> CITATION#				
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS ACCIDENT (FACTOR TYPE, TUA, CC CODE)													
D 01		00		D 02		05							
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	BEARD		MN FREDERIC	156 S PEACHWOOD DR			Personal	M	S	D	A		
ST 01	WARREN		DOB	HAYSVILLE KS 67060			Work	73	N		<input type="checkbox"/>		
TU 02	DIXON		MN JO	2014 W MACARTHUR 46			Personal (316) 730-3359	F	S	D	B		
ST 01	CASSIE		DOB	WICHITA KS 67217			Work	41	T		<input checked="" type="checkbox"/>		
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)						TRAFFIC UNIT# 02 (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				C	<input type="checkbox"/>	<input type="checkbox"/>	KS				C	<input type="checkbox"/>	<input type="checkbox"/>
01	DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS		01	DR LICENSE COMPLY		RESTRICT COMPLY		COMMERCIAL ENDORSEMENTS	
00 Not licensed	Restrictions? Y		1 2 3 4		Z - None		00 Not licensed	Restrictions? N		1 2 3 4		Z - None	
01 Valid License	Driver's Lic Restrictions Y N		Y N		T - Double/Triple Trailer		01 Valid License	Driver's Lic Restrictions Y N		Y N		T - Double/Triple Trailer	
02 Suspended	1 B Y				P - Passenger Vehicle		02 Suspended	1				P - Passenger Vehicle	
03 Revoked	2				N - Tank Vehicle		03 Revoked	2				N - Tank Vehicle	
04 Expired	3				H - Placarded Haz. Material		04 Expired	3				H - Placarded Haz. Material	
05 Cancl'd or Denied	4				X - Combination Tank/HazMat		05 Cancl'd or Denied	4				X - Combination Tank/HazMat	
06 Disqualified					S - School Bus		06 Disqualified					S - School Bus	
07 Restricted					U - Unknown		07 Restricted					U - Unknown	
99 Unknown							99 Unknown						
SUBSTANCE USE (mark all that apply)						SUBSTANCE USE (mark all that apply)							
<input type="checkbox"/> AP - Alcohol ingested						<input type="checkbox"/> DC - Illegal drugs contributed							
<input type="checkbox"/> AC - Alcohol contributed						<input type="checkbox"/> MP - Medication ingested							
<input type="checkbox"/> DP - Illegal drugs ingested						<input type="checkbox"/> MC - Medication contributed							
METHOD OF DETERMINATION (mark all that apply)						METHOD OF DETERMINATION (mark all that apply)							
ALCOHOL						ALCOHOL							
<input checked="" type="checkbox"/> 00 No evidence of impairment						<input checked="" type="checkbox"/> 00 No evidence of impairment							
<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)						<input type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)							
<input type="checkbox"/> 02 Preliminary Breath Test PBT						<input type="checkbox"/> 02 Preliminary Breath Test PBT							
<input type="checkbox"/> 03 Behavioral Tests HGN, walk-and-turn, one leg stand, etc.						<input type="checkbox"/> 03 Behavioral Tests HGN, walk-and-turn, one leg stand, etc.							
<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)						<input type="checkbox"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth)							
<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)						<input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc)							
<input type="checkbox"/> 06 Other (e.g. saliva test)						<input type="checkbox"/> 06 Other (e.g. saliva test)							
DRUGS						DRUGS							
<input checked="" type="checkbox"/> NG - No Test given						<input type="checkbox"/> NG - No Test given							
<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)						<input type="checkbox"/> TR - Test Refused (Alcohol/Drug)							
<input type="checkbox"/> PT - Prelim Positive Test (PBT)						<input type="checkbox"/> PT - Prelim Positive Test (PBT)							
<input type="checkbox"/> TG - Evidentiary Test given						<input type="checkbox"/> TG - Evidentiary Test given							
<input type="checkbox"/> RP - Results pending						<input checked="" type="checkbox"/> RP - Results pending							
Evidentiary Breath 0. Eye Fluid 0.						Evidentiary Breath 0. Eye Fluid 0.							
Blood (BAC) 0. Other 0.						Blood (BAC) 0. Other 0.							
Drug screen result						Drug screen result							
Unit #	PASSENGER Last Name		Middle Name	PASSENGER ADDRESS (Number, Street, Suffix, 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 01	BEARD		MN ANN	156 S PEACHWOOD DR			Personal	F	S	F	A		
ST 03	FLORENCE		DOB	HAYSVILLE KS 67060			Work	77	T		<input checked="" type="checkbox"/>		
TU			MN				Personal						
ST			DOB				Work				<input type="checkbox"/>		
TU			MN				Personal						
ST			DOB				Work				<input type="checkbox"/>		
TU			MN				Personal						
ST			DOB				Work				<input type="checkbox"/>		
Transport Unit A	EMS Time Notified	Injured taken by:				Transport Unit B	EMS Time Notified	Injured taken by:					
	07:39	Sedgwick County EMS #27					07:56	Sedgwick County EMS #32					
EMS Arrived	EMS Time @ Hosp	Injured taken to:				EMS Arrived	EMS Time @ Hosp	Injured taken to:					
07:49	08:10	St Francis				08:10	08:28	Wesley					

Occupants & Vehicles 850B page 2				VEHICLE# 01 (01, 03, N3, X3, etc)		SPECIAL DATA		VEHICLE# 02 (02, 04, N2, X4, etc)		SPECIAL DATA		Local Case No. 2024-00002326		Page of 4 / 5	
OWNER Last Name ("Same" if Driver) SAME				OWNER First Name		Middle Name		OWNER Last Name ("Same" if Driver) SAME				OWNER First Name		Middle Name	
OWNER ADDRESS (Number, Street)				New address? <input type="checkbox"/>		Personal Phone		OWNER ADDRESS (Number, Street)				New address? <input type="checkbox"/>		Personal Phone	
CITY		ST		ZIP		Work Phone		CITY		ST		ZIP		Work Phone	
COLOR SIL	YEAR 2011	MAKE Ford	MODEL ESCAPE	BODY STYLE SUV	ST KS			COLOR BLK	YEAR 2006	MAKE Jeep (after	MODEL COMMAND	BODY STYLE SUV	ST KS		
LICENSE PLATE # 894BLA		County Sedg	Exp YR	Removed by: Ken's Auto		MC CCs		LICENSE PLATE # 937KRW		County Sedg	Exp YR 2024	Removed by: Ken's Auto		MC CCs	
VEHICLE IDENTIFICATION NUMBER 1FMCU0E75BKA54887				Dir of Travel S		# Occupants 2		VEHICLE IDENTIFICATION NUMBER 1J8HG58N16C365752				Dir of Travel N		# Occupants 1	
Insurance Company WESTERN AGRICULTURAL				Policy Number 8050878				Insurance Company				Policy Number			
SPECIAL CONDITIONS FOR TRAFFIC UNITS		7		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)						06 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 F	
09 All-terrain vehicle - ATV		88 Other:				99 Unknown		09 All-terrain vehicle - ATV		88 Other:				99 Unknown	
01 VEHICLE USE				04 VEHICLE DAMAGE				01 VEHICLE USE				04 VEHICLE DAMAGE			
01 No special use		06 Police		00 None		04 Destroyed		01 No special use		06 Police		00 None		04 Destroyed	
02 Taxi / Limo		07 Ambulance		01 Damage (minor)		88 Other:		02 Taxi / Limo		07 Ambulance		01 Damage (minor)		88 Other:	
03 School bus		08 Fire		02 Functional				03 School bus		08 Fire		02 Functional			
04 Other bus		09 Mail/Parcel		03 Disabling		99 Unknown		04 Other bus		09 Mail/Parcel		03 Disabling		99 Unknown	
05 Military		99 Unknown						05 Military		99 Unknown					
DAMAGE LOCATION AREA				01 VEH. MANU. BEFORE UNSTAB. SIT.				DAMAGE LOCATION AREA				01 VEH. MANU. BEFORE UNSTAB. SIT.			
First Impact 12A Major Impact 12A				01 Straight/ following road		11 Stopped awaiting turn		First Impact 12A Major Impact 12A				01 Straight/ following road		11 Stopped awaiting turn	
X X 3A 3B 4 5				02 Left Turn		12 Stopped in traf		X X 2 3A 3B 4 5				02 Left Turn		12 Stopped in traf	
FRONT X 13 6A 6B				03 Right Turn		13 Illegally parked		FRONT X 13 6A 6B				03 Right Turn		13 Illegally parked	
X 9B 9A 8 7				04 U Turn		14 Disabled in roadway		X X X 8 7				04 U Turn		14 Disabled in roadway	
<input type="checkbox"/> 14 Undercarriage		<input type="checkbox"/> 15 Windshield		05 Passing		15 Slowing or stopping		<input type="checkbox"/> 14 Undercarriage		<input type="checkbox"/> 15 Windshield		05 Passing		15 Slowing or stopping	
<input type="checkbox"/> 16 Other windows		<input type="checkbox"/> 99 Unknown		06 Changing lanes		16 Negotiating a curve		<input type="checkbox"/> 16 Other windows		<input type="checkbox"/> 99 Unknown		06 Changing lanes		16 Negotiating a curve	
<input type="checkbox"/> 17 Entire vehicle damaged				07 Avoidance man.				<input type="checkbox"/> 17 Entire vehicle damaged				07 Avoidance man.			
<input type="checkbox"/> 88 Other:				08 Merging		88 Other:		<input type="checkbox"/> 88 Other:				08 Merging		88 Other:	
Trailer: Present / Damaged				09 Parking				Trailer: Present / Damaged				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)				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)			
122 2 3 4 <input type="checkbox"/> The exact sequence is unknown				103 222 3 4 <input type="checkbox"/> The exact sequence is unknown				103 222 3 4 <input type="checkbox"/> The exact sequence is unknown				103 222 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. D1940 - Norton, Glen	Local Case No. 2024-00002326	Page of 5 / 5
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On the 17th of January, 2024 I was dispatched to the area of 6100 south Meridian street for a two vehicle accident. 911 Dispatch advised that two vehicles were involved and that many people were standing around on scene. I arrived in the area and located the vehicles midway between 63rd street south and 55th street south on Meridian street. Sedgwick County Fire units were on scene and were attempting to extricate a passenger from V1 and the driver from V2. I observed that V1, a Ford Escape, was resting on Meridian in the northbound lanes facing west. This vehicle sustained substantial damage to the front end. This vehicle was occupied by a driver and front right passenger. I was able to briefly interview the driver of V1 who explained that he was traveling south on Meridian street when V2, a Jeep Commander, crossed the centerline while traveling north and collided with V1. The driver and passenger of this vehicle were transported by Sedgwick County EMS unit #27 to St Francis hospital. The driver was triaged code yellow and the passenger was triaged code red. V1 was later towed from the scene by Ken's Towing, Josh #35. V2 was overturned on the driver's side in the southbound lanes of Meridian street. V2 was occupied only by the driver who was later transported by Sedgwick County EMS unit #32 code yellow to Wesley Hospital. Sedgwick County Fire had to extricate this driver by cutting through the vehicle's roof. I was not able to speak to this driver, though she was later contacted at this hospital by Deputy Ojeda. V2 also sustained substantial front end damage. V2 was later towed from the scene by Ken's Towing, Kenny #33. Witness Shawn Jones remained on scene after witnessing the accident. He provided a statement form which explained that V2 was traveling north on Meridian prior to impact. Shawn witnessed V2 cross the centerline and impact V1. This accident was caused by V2 crossing the centerline and impacting V1. Deputy Calvin briefly interviewed the driver of V2. During this interview the driver of V2 stated that she had taken multiple over the counter sleep aid medications the night before. V2 stated that she may have fallen asleep prior to impact. I completed citation #147540 for the driver of V2, though it has not been issued pending further investigation. Deputy Eichen assisted with measurements for the diagram and photographed the scene. Diagram attached as PDF file. That is all I have to report. Reported updated on 01/18/2024. The passenger of V1, Florence Beard, is now deceased as a result of the injuries sustained during this motor vehicle collision. She passed away on 01/18/2024 at a local hospital. Reported updated to reflect new information. That is all I have to report.

On January 17, 2024 I was dispatched to the scene of an injury accident located at 6300 S Meridian. I arrived on scene observing a black SUV resting on the driver side with passenger side facing up and bottom side of the vehicle facing south. The black SUV was facing eastbound. I observed the fire department attending to the occupant of the black SUV. I decided to make contact with the occupants of the blue Ford Escape. I made contact with Warren Beard, who identified as the driver of a blue Ford Escape bearing KS tag 894BLA who identified his front passenger as Warren's wife Florence. Warren stated he was headed southbound on Meridian. Warren stated the black SUV was northbound came into his lane. Warren was alert and so was Florence. Florence was unable to get out on her own and was removed from the vehicle by the fire department. I took on scene photos but was limited due to the temperature my camera stopped working. I assisted in taking on scene measurements. This is all I have to report at this time. K. Eischen D2268

On 01/17/2024, at approximately 0759 hours, I Sgt Robertson D1276 arrived on scene to an injury accident located approximately 6100 South Meridian. When I arrived, several emergency personnel working on getting a driver out of a black Jeep Commander and were assisting the other driver. Deputies on scene advised me they were talking to a witness. The driver of the gray SUV, Warren Beard W/M, [REDACTED] stated he was southbound on Meridian when the other vehicle crossed the centerlines and struck him. Warren said his wife Florence Beard W/, [REDACTED] was in the front passenger seat. Warren was transported to the hospital code yellow and Florence had to be extricated from the vehicle and went code Red to the hospital. The driver of the Jeep Commander had to be extricated from the vehicle, which was laying on the driver's side. Once the driver was taken to the ambulance, I went into the ambulance to get a statement from her. Cassie Jo Dixon W/F, [REDACTED] was the driver. I asked Cassie what had happened. Cassie stated she had just dropped her kids off at school. She was driving North on Meridian to go home, when she said she must have falling to sleep. I asked Cassie why she thought she fell asleep. Cassie stated she had not sleep very good all week and she had been taking medication to go to sleep. Cassie said she was taking [REDACTED] and [REDACTED] to fall asleep. With information, I advised the deputies a blood draw would be taking from Cassie at the hospital due to admittance of taking over the counter medication and could still be impaired from taking that medication. A crash team member was on scene and assisted with the crash scene. County yards responded to the scene for the photographs. The traffic ADA was notified and the information for the accident. Photographs were taken and submitted. Cassie consented to a blood draw at the hospital with Deputy Ojeda.

On today's date and time I was patrolling Sedgwick County Kansas in a properly marked Sheriff unit and dressed in the proper uniform of the day when I assisted with the injury accident. Once I arrived on scene I asked what need to be done and I was informed that then needed an info block on D2. Fire was still trying to extract D1 from the vehicle. Once she was out of the car she was taken to med 39 unit. As she was in the ambulance we asked her what had happened and she stated she she thinks she fell asleep while driving. She also stated that she had been taking over the counter medication to help her sleep. We asked her when she last slept was and she said it had been a few days. all events above were recorded on axon.

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

Local Case No	Page of
	/

(Please print)

A. DRIVER INFORMATION:

BEARD	WARREN	F
Last Name	First Name	Middle Initial
[REDACTED]	KS	[REDACTED]
Driver License Number	State Licensed	Date of Birth

B. VEHICLE INFORMATION:

BEARD	WARREN	F
Owner's Last Name	First Name	Middle Initial
2011 / Ford	894BLA	
Model Year	Vehicle Make	License Plate Number
KS	1FMCU0E75BKA54887	
State	Year	VIN

C. INSURANCE INFORMATION OBTAINED:

WESTERN AGRICULTURAL	8050878
Insurance Company Name	Policy Number

D. RESULT OF AN ACCIDENT? YES ☒ NO ☐

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

07:39	AM	1	17	2024
Time	a.m/p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM: Sedgwick County Sheriff

141 W ELM ST	WICHITA	KS	67203
Address	City	State	Zip

F. COURT COMPLETING THIS FORM:

Address	Court Name
City	State
State	Zip

Citation number (if issued for no insurance): _____

COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer; the vehicle owner or driver is required to present to the court designated on the citation within ten (10) days either (1) a policy of motor vehicle liability insurance, (2) a policy identification card or certificate of insurance, or (3) a certificate of self-insurance signed by the Commissioner of Insurance which shows the (a) name of the insurance company, (b) policy number covering the vehicle at the time the citation was issued, and (c) the effective and expiration dates of the policy. Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within ten (10) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form by the court where evidence of insurance was presented and mailed to: Driver Control Bureau, P. O. Box 12021, Topeka, Kansas 66612-2021.

LAW ENFORCEMENT INSTRUCTIONS

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

FOR INSURANCE COMPANY USE ONLY

If a policy was NOT in effect on the date cited in Section D, please return this form within thirty (30) days to: Driver Control Bureau, P.O. Box 12021, Topeka, Kansas 66612-2021.

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

Comments: _____

Signature of Authorized Insurance Representative

Date

Kansas Motor Vehicle Crash Report

KDOT Form 850A Rev. 2019

Investigating Department
Sedgwick Co. SO

Investigating Officer Name
Eischen, Kallyn

Reviewed by

Badge Number
D2268

Local Case No.

2024-00002326

Page of

1 / 3

☐ Amended Report

☐ DUI

☐ Hit & Run

Crash Severity

Fatal
Injury
PDO >= \$1,000
PDO < \$1,000

Milepost	Block No	Dir Pfx	On Road Name	Road Type	Dir Sfx	Spd Lmt	Date of Crash (mm/dd/yyyy)	Time Occur.	Day
							01/17/2024	07:45	WE
From Dist	Ft/Mi	From Dir	<input type="radio"/> FROM <input type="radio"/> AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	Spd Lmt	Date of Crash (mm/dd/yyyy)
									01/17/2024
Narrative: Describe each traffic unit's pre-crash movement and direction of travel							Date Arrived (mm/dd/yyyy)	Time Arriv.	Day
Latitude (AOI)							WORK ZONE TYPE		
Longitude (AOI)							ON AT		
Photos by							00 None Apply		
							01 Construction Zone -		
							02 Maintenance Zone -		
							03 Utility Zone -		
							99 Unknown		

KDOT? ☐ 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? ☐ Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

LIGHT CONDITIONS	CRASH LOCATION (of 1st Harmful Event)	CRASH CLASS (mark 1 box per side)
01 Daylight 04 Dark: street lights on	<u>ON ROADWAY:</u> (within travel lanes)	<u>1st Harmful Event</u> <u>Most Harmful Event</u>
02 Dawn 05 Dark: no street lights	11 Non-intersection	00 Other non-collision
03 Dusk 99 Unknown	12 Intersection +	01 Overturned/Rollover
ADVERSE WEATHER CONDITIONS	13 Intersection-related +	COLLISION WITH:
00 No adverse conditions	14 Access to Parking lot/Drivwy	02 Pedestrian
01 Rain, mist, drizzle	15 Interchange Area +	03 Motor vehicle in-transport*
02 Sleet, hail	16 On Crossover	04 Legally Parked Vehicle
03 Snow	17 Toll Plaza	05 Railway train
04 Fog	<u>OFF ROADWAY:</u>	06 Pedal cyclist
05 Smoke	20 Shoulder	07 Animal Type: _____
06 Strong wind	21 Roadside (not shoulder)	08 Fixed object**
07 Blowing dust, sand, etc.	22 Median	09 Other object: _____
08 Freezing rain, mist, drizzle	23 Rest area	99 Unknown
14 Rain & fog	88 Other: _____	**FIXED OBJECT TYPE
16 Rain & wind 88 Other: _____	99 Unknown	(mark 1 box per side if applicable)
24 Sleet & fog	+INTERSECTION TYPE	<u>1st Harmful Event</u> <u>Most Harmful Event</u>
36 Snow & wind 99 Unknown	01 Four-way intersection	01 Bridge structure
SURFACE TYPE	02 Five-way or more	02 Bridge rail
ON AT	03 T - intersection	03 Crash cush./Impact attenuator
01 Concrete	04 Y - intersection	04 Divider, median barrier
02 Blacktop (Asphalt)	05 L - intersection	05 Overhead sign support
03 Gravel 88 Other: _____	06 Roundabout (See Manual for Definitions)	06 Utility devices: pole, meter, etc
04 Dirt	07 Traffic Circle	07 Other post or pole
05 Brick 99 Unknown	08 Part of an interchange	08 Building
SURFACE CONDITIONS	99 Unknown	09 Guardrail
ON AT	ROAD SPECIAL FEATURES (up to 3)	10 Sign post
01 Dry 88 Other: _____	00 None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11 Culvert
02 Wet	01 Bridge	12 Curb
03 Snow 99 Unknown	02 Bridge Overhead	13 Fence/Gate
04 Ice	03 Railroad Bridge	14 Hydrant
05 Mud/dirt/sand	04 RRXING	15 Barricade
06 Debris (oil, etc.)	05 Interchange	16 Mailbox
07 Standing/ moving water	06 Ramp	17 Ditch
08 Slush	99 Unknown	18 Embankment
		19 Wall
		20 Tree
		21 RRXING fixtures
		88 Other: _____
		99 Unknown

WORK ZONE TYPE

00 None Apply

01 Construction Zone -

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure

02 Lane shift / crossover

03 Work on shoulder / median

04 Intermittent or moving vehicle

88 Other: _____

99 Unknown

*COLLISION WITH VEHICLE

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on

02 Rear end

03 Angle - side impact

04 Sideswipe: opposite direction

05 Sideswipe: Same direction

06 Backed into

88 Other: _____

99 Unknown

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

On January 17, 2024 I was dispatched to the scene of an injury accident located at 6300 S Meridian. I arrived on scene observing a black SUV resting on the driver side with passenger side facing up and bottom side of the vehicle facing south. The black SUV was facing eastbound. I observed the fire department attending to the occupant of the black SUV. I decided to make contact with the occupants of the blue Ford Escape. I made contact with Warren Beard, who identified as the driver of a blue Ford Escape bearing KS tag 894BLA who identified his front passenger as Warren's wife Florence.

Warren stated he was headed southbound on Meridian. Warren stated the black SUV was northbound came into his lane. Warren was alert and so was Florence. Florence was unable to get out on her own and was removed from the vehicle by the fire department.

I took on scene photos but was limited due to the temperature my camera stopped working. I assisted in taking on scene measurements.

This is all I have to report at this time.

K. Eischen D2268

COPY

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

Local Case No.	Page of
2024-00002326	3 /3

(Please print)

A. DRIVER INFORMATION:

Last Name	First Name	Middle Initial
Driver License Number	State Licensed	Date of Birth

B. VEHICLE INFORMATION:

Owner's Last Name	First Name	Middle Initial
Model Year	Vehicle Make	License Plate Number
State	Year	VIN

C. INSURANCE INFORMATION OBTAINED:

Insurance Company Name	Policy Number
------------------------	---------------

D. RESULT OF AN ACCIDENT? YES X NO

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

07:45	AM	01	17	2024
Time	a.m/p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM:

Agency Name			
Address	City	State	Zip

F. COURT COMPLETING THIS FORM:

Court Name			
Address	City	State	Zip

Citation number (if issued for no insurance):

COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer; the vehicle owner or driver is required to present to the court designated on the citation within ten (10) days either (1) a policy of motor vehicle liability insurance, (2) a policy identification card or certificate of insurance, or (3) a certificate of self-insurance signed by the Commissioner of Insurance which shows the (a) name of the insurance company, (b) policy number covering the vehicle at the time the citation was issued, and (c) the effective and expiration dates of the policy. Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within ten (10) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form by the court where evidence of insurance was presented and mailed to: Driver Control Bureau, P. O. Box 12021, Topeka, Kansas 66612-2021.

LAW ENFORCEMENT INSTRUCTIONS

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

FOR INSURANCE COMPANY USE ONLY

If a policy was NOT in effect on the date cited in Section D, please return this form within thirty (30) days to: Driver Control Bureau, P.O. Box 12021, Topeka, Kansas 66612-2021.

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

Comments: _____

Signature of Authorized Insurance Representative

Date

On today's date and time I was patrolling Sedgwick County Kansas in a properly marked Sheriff unit and dressed in the proper uniform of the day when I assisted with the injury accident.

Once I arrived on scene I asked what need to be done and I was informed that then needed an info block on D2. Fire was still trying to extract D1 from the vehicle. Once she was out of the car she was taken to med 39 unit. As she was in he ambulance we asked her what had happened and she stated the she thinks she fell asleep while driving. She also stated that she had been taking over the counter medication to help her sleep. We asked her when she last slept was and she said it had been a few days.

all events above were recorded on axon.

COPY

INSURANCE VERIFICATION INFORMATION
Kansas Division of Vehicles

Local Case No. 2024-00002326	Page of 3 / 3
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(Please print)

A. DRIVER INFORMATION:

Last Name	First Name	Middle Initial
Driver License Number	State Licensed	Date of Birth

B. VEHICLE INFORMATION:

Owner's Last Name	First Name	Middle Initial
Model Year	Vehicle Make	License Plate Number
State	Year	VIN

C. INSURANCE INFORMATION OBTAINED:

Insurance Company Name	Policy Number
------------------------	---------------

D. RESULT OF AN ACCIDENT? YES ☒ NO ☐

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

07:46	AM	01	17	2024
Time	a.m/p.m.	Month	Day	Year

E. LAW ENFORCEMENT COMPLETING THIS FORM:

Agency Name			
Address	City	State	Zip

F. COURT COMPLETING THIS FORM:

Court Name			
Address	City	State	Zip

Citation number (If issued for no Insurance): _____

COURT INSTRUCTIONS

If insurance information was not furnished when requested by a law enforcement officer; the vehicle owner or driver is required to present to the court designated on the citation within ten (10) days either (1) a policy of motor vehicle liability insurance, (2) a policy identification card or certificate of insurance, or (3) a certificate of self-insurance signed by the Commissioner of Insurance which shows the (a) name of the insurance company, (b) policy number covering the vehicle at the time the citation was issued, and (c) the effective and expiration dates of the policy. Pursuant to K.S.A. 8-1604 or K.S.A. 40-3104, when the insurance information has been furnished within ten (10) days after the issuance of a citation, prosecution is to be stayed for 60 days and this form by the court where evidence of insurance was presented and mailed to: Driver Control Bureau, P. O. Box 12021, Topeka, Kansas 66612-2021.

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If a policy was NOT in effect on the date cited in Section D, please return this form within thirty (30) days to: Driver Control Bureau, P.O. Box 12021, Topeka, Kansas 66612-2021.

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

Comments: _____

Signature of Authorized Insurance Representative

Date

Kansas Motor Vehicle Crash Report

KDOT Form 850A Rev. 2019

Investigating Department

Sedgwick Co. SO

Reviewed by

Local Case No.

2024-00002326

Page of

1 / 3

☐ Amended Report

☐ DUI

☐ Hit & Run

☐ Crash Severity

Fatal
Injury
PDO >= \$1,000
PDO < \$1,000

Milepost	Block No 6100	Dir Pfx S	On Road Name MERIDIAN	Road Type AVE	Dir Sfx	Spd Limt 45	Date of Crash (mm/dd/yyyy) 01/17/2024	Time Occur. 07:39	Day WE	
From Dist	Fr/Mi	From Dir FROM AT	Dir Pfx	Reference or At Road Name	Road Type	Dir Sfx	Spd Limt	Date Notified (mm/dd/yyyy) 01/17/2024	Time Notif. 07:39	Day WE

Narrative: Describe each traffic unit's pre-crash movement and direction of travel

Date Arrived (mm/dd/yyyy)
01/17/2024

Time Arriv.
07:59

Day
WE

Latitude (AOI)

00

ON WORK ZONE TYPE

AT

Longitude (AOI)

Photos by

00 None Apply

01 Construction Zone -

02 Maintenance Zone -

03 Utility Zone -

99 Unknown

- LOCATION IN WORK ZONE (AOI)

01 Before first warning sign

02 Advance warning area

03 Transition area

04 Activity area

05 Termination area 99 Unknown

- WORK ZONE CATEGORY

01 Lane closure

02 Lane shift / crossover

03 Work on shoulder / median

04 Intermittent or moving vehicle

88 Other:

99 Unknown

01 *COLLISION WITH VEHICLE 01

(mark 1 box per side if applicable)

1st Harmful Event Most Harmful Event

01 Head on

02 Rear end

03 Angle - side impact

04 Sideswipe: opposite direction

05 Sideswipe: Same direction

06 Backed into

88 Other:

99 Unknown

TRAFFIC CONTROLS

(On / At Road) O/A

Type Present OK/NP

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

1	1	1
O	09	OK
2	2	2
3	3	3
4	4	4
5	5	5

KDOT? 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? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone

Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01 LIGHT CONDITIONS
01 Daylight 04 Dark: street lights on
02 Dawn 05 Dark: no street lights
03 Dusk 99 Unknown

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 ON SURFACE TYPE AT

01 Concrete
02 Blacktop (Asphalt)
03 Gravel 88 Other:
04 Dirt
05 Brick 99 Unknown

01 ON SURFACE CONDITIONS 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

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

+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

ROAD SPECIAL FEATURES (up to 3)

00 None 1 2 3
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRXING
05 Interchange
06 Ramp
99 Unknown

03 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)

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

Crash Narrative KDOT Form 851 - Rev. 2019	Officer / Witness Statements / Description Additional Information	Investigating Officer / Badge No. Robertson, Douglas / D1276	Local Case No. 2024-00002326	Page of 2 / 3
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On 01/17/2024, at approximately 0759 hours, I Sgt Robertson D1276 arrived on scene to an injury accident located approximately 6100 South Meridian. When I arrived, several emergency personnel working on getting a driver out of a black Jeep Commander and were assisting the other driver. Deputies on scene advised me they were talking to a witness. The driver of the gray SUV, Warren Beard W/M,

██████████ stated he was southbound on Meridian when the other vehicle crossed the centerlines and struck him. Warren said his wife Florence Beard W/, ██████████ was in the front passenger seat. Warren was transported to the hospital code yellow and Florence had to be extricated from the vehicle and went code Red to the hospital.

The driver of the Jeep Commander had to be extricated from the vehicle, which was laying on the driver's side. Once the driver was taken to the ambulance, I went into the ambulance to get a statement from her. Cassie Jo Dixon W/F, ██████████ was the driver. I asked Cassie what had happened. Cassie stated she had just dropped her kids off at school. She was driving North on Meridian to go home, when she said she must have falling to sleep. I asked Cassie why she thought she fell asleep. Cassie stated she had not sleep very good all week and she had been taking medication to go to sleep. Cassie said she was taking ██████████ and ██████████ to fall asleep. With information, I advised the deputies a blood draw would be taking from Cassie at the hospital due to admittance of taking over the counter medication and could still be impaired from taking that medication.

A crash team member was on scene and assisted with the crash scene. County yards responded to the scene for the photographs. The traffic ADA was notified and the information for the accident. Photographs were taken and submitted. Cassie consented to a blood draw at the hospital with Deputy Ojeda.

COPY

Legend - North East

A. 88'4"	A. 37'7"
B. 90'6"	B. 45'1"
C. 81'6"	C. 41'6"
D. 86'8"	D. 48'6"
E. 68'3"	E. 11'9"
F. 66'6"	F. 1'8"



202400002326
01/17/2024
6100 S. Meridian
MV/MV/INJURY

6100 S Meridian

