

# Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

Investigating Department WICHITA POLICE DEPARTMENT				Reviewed by			Local Case No.	Page of
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Investigating Officer Name Rood				Badge Number 2927	County SG	City Name WICHITA		

Milepost	Block No	Dir Pfx	On Road Name WASHINGTON	Road Type ST	Dir Sfx	SpdLmt 35	Date of Crash (mm/dd/yyyy) 02/14/2026	Time Occur. 18:00	Day SA
From Dist	Ft/Mi	From Dir <input type="radio"/> FROM <input checked="" type="radio"/> AT	Dir Pfx E	Reference or At Road Name LINCOLN	Road Type ST	Dir Sfx	SpdLmt 35	Date Notified (mm/dd/yyyy) 02/14/2026	Time Notif. 18:02
Date Arrived (mm/dd/yyyy) 02/14/2026									
Latitude (AOI)									
Longitude (AOI)									
Photos by									

This report has not been reviewed;  
there may be errors.

KDOT?	Object 1 Damaged & Nature of Damage (show in diagram) <input type="checkbox"/>	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) <input type="checkbox"/>	Owner Street Address	Personal Phone			
Owner Last Name	First Name	Middle Name	City	State	Zip	Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

01	LIGHT CONDITIONS	12	CRASH LOCATION (of 1st Harmful Event)	06	CRASH CLASS (mark 1 box per side)	06
01 Daylight	04 Dark: street lights on	ON ROADWAY:	(within travel lanes)	1 <sup>st</sup>	<u>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			
00	ADVERSE WEATHER CONDITIONS	13 Intersection-related +	COLLISION WITH:			
00 No adverse conditions	01 Rain, mist, drizzle	14 Access to Parking lot/Drvwy	02 Pedestrian			
01 Rain, mist, drizzle	02 Sleet, hail	15 Interchange Area +	03 Motor vehicle in-transport*			
02 Sleet, hail	03 Snow	16 On Crossover	04 Legally Parked Vehicle			
03 Snow	04 Fog	17 Toll Plaza	05 Railway train			
04 Fog	05 Smoke	OFF ROADWAY:	06 Pedal cyclist			
05 Smoke	06 Strong wind	20 Shoulder	07 Animal Type: _____			
06 Strong wind	07 Blowing dust, sand, etc.	21 Roadside (not shoulder)	08 Fixed object**			
07 Blowing dust, sand, etc.	08 Freezing rain, mist, drizzle	22 Median	09 Other object: _____			
08 Freezing rain, mist, drizzle	14 Rain & fog	23 Rest area	99 Unknown			
14 Rain & fog	16 Rain & wind	88 Other: _____	**FIXED OBJECT TYPE			
16 Rain & wind	88 Other: _____	99 Unknown	(mark 1 box per side if applicable)			
24 Sleet & fog	36 Snow & wind	01	+INTERSECTION TYPE			
36 Snow & wind	99 Unknown	01 Four-way intersection	01 Bridge structure			
01	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			
01	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"/> 01 <input checked="" type="checkbox"/> 02 <input type="checkbox"/> 03 <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			

- 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)

1<sup>st</sup> 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	1	2	3	4	5
01 Officer, flagger	0	0	0	0	0
02 Traffic signal	A	A	A	A	A
03 Stop sign	2	2	2	2	2
04 Flasher	3	3	3	3	3
05 Yield sign	4	4	4	4	4
06 RR gates / signal	5	5	5	5	5

- 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

Amended Report  
 DUI  
 Hit & Run

PO Crash Severity  
Fatal Injury  
PDO >= \$1,000  
PDO < \$1,000

KDOT?

## Crash Diagram

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SPECIAL EVENT

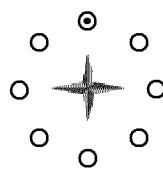
SPECIAL DATA

Local Case No.

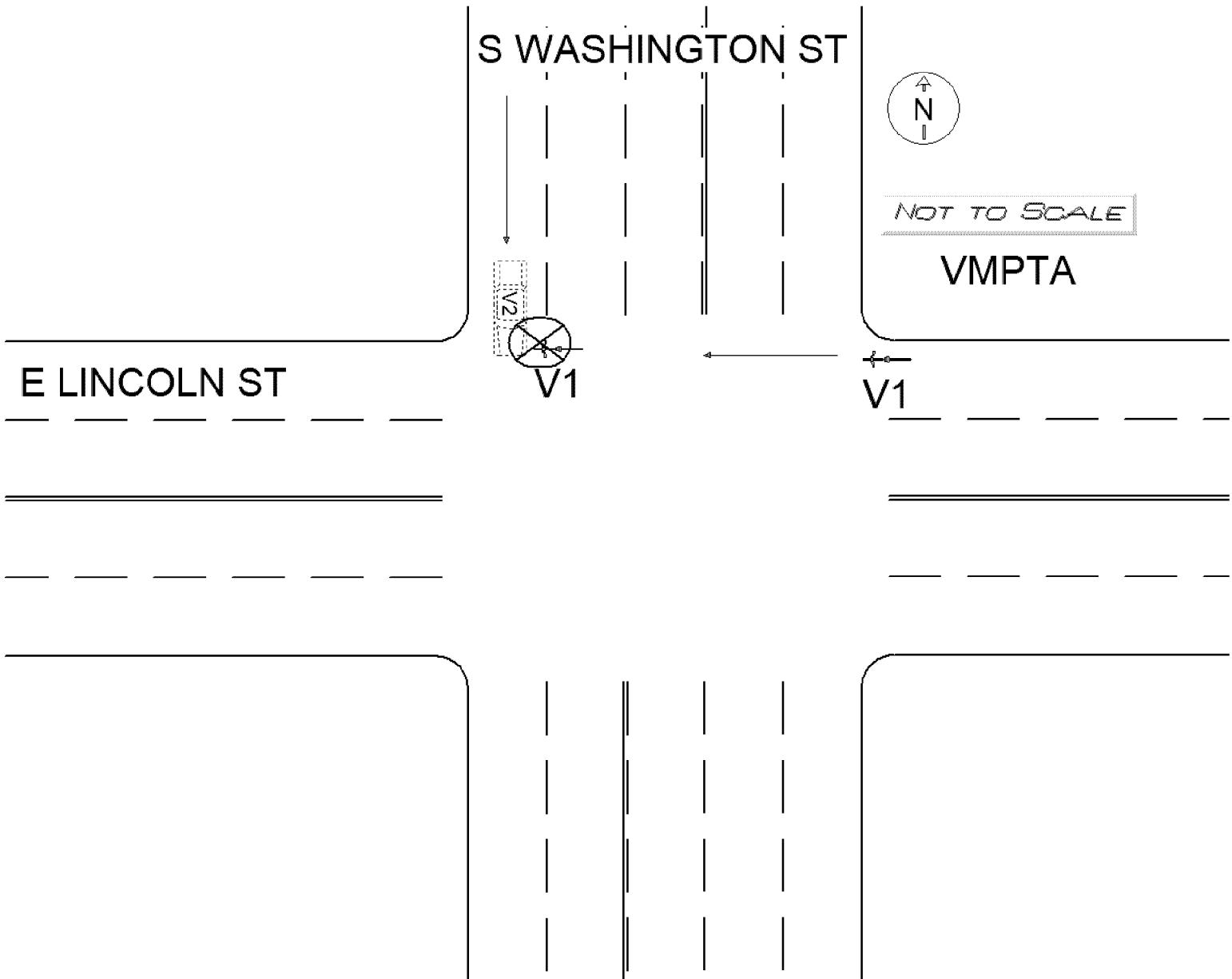
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04 ON	ROADWAY NUMBER OF LANES	04 AT	01 ON	ROAD CHARACTER	AT	01 00	SPECIAL JURISDICTION	
							00 Normal Jurisdiction (Not Special)	A basic diagram is required for all state reportable crashes showing movements, direction, and positions of all traffic units in relationship to the trafficway. Identify (label) the street(s) and traffic unit(s) along with the area of impact (AOI) where possible. Refer to vehicles and pedestrians by unique numbers assigned in this report.
							01 National Park Service	
							02 Military	
							03 Indian Reservation	
							04 College / University Campus	
							05 Other Federal property	
							88 Other:	
							99 Unknown	
								Indicate North Direction
								

Draw scene as observed or recreate per statements and evidence available



TU#	VIOLATIONS CHARGED			CITATION#	TU#	VIOLATIONS CHARGED			More violations in narrative <input type="checkbox"/>		CITATION#				
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)															
Unit #	DRIVER Last Name		Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)			Personal Phone Number		Gender	SE Used	Inj Severity	Transpt Unit			
Seat Type	DRIVER First Name		Date of Birth	City	State	Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?				
TU 01	BRADLEY		MN DYLAN	10705 W DALLAS ST			New address? <input type="checkbox"/>	Personal	M	S	N				
ST 01	JUSTIN		DOB 06/28/1997	WICHITA	KS	67215	Work	28	N		<input type="checkbox"/>				
TU			MN				New address? <input type="checkbox"/>	Personal							
ST			DOB				Work				<input type="checkbox"/>				
<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	K00863183			C	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	
<b>01</b>	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS			<b>01</b>	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS						
00 Not licensed		Restrictions? <input type="checkbox"/> N	1	2	3	4	00 Not licensed		Restrictions? <input type="checkbox"/>	1	2	3	4		
01 Valid License		Driver's Lic	Complied? <input type="checkbox"/> Y <input type="checkbox"/> N	Z - None			01 Valid License		Driver's Lic	Complied? <input type="checkbox"/> Y <input type="checkbox"/> N	Z - None				
02 Suspended		Restrictions		T - Double/Triple Trailer			02 Suspended		Restrictions		T - Double/Triple Trailer				
03 Revoked		1 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle			03 Revoked		1 <input type="checkbox"/>	<input type="checkbox"/>	P - Passenger Vehicle				
04 Expired		2 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle			04 Expired		2 <input type="checkbox"/>	<input type="checkbox"/>	N - Tank Vehicle				
05 Cancl or Denied		3 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material			05 Cancl or Denied		3 <input type="checkbox"/>	<input type="checkbox"/>	H - Placarded Haz. Material				
06 Disqualified		4 <input type="checkbox"/>	<input type="checkbox"/>	X - Combination Tank/HazMat			06 Disqualified		4 <input type="checkbox"/>	<input type="checkbox"/>	X - Combination Tank/HazMat				
07 Restricted				S - School Bus			07 Restricted				S - School Bus				
99 Unknown				U - Unknown			99 Unknown				U - Unknown				
SUBSTANCE USE <input type="checkbox"/> AP - Alcohol ingested (mark all that apply) <input type="checkbox"/> AC - Alcohol contributed <input type="checkbox"/> DP - Illegal drugs ingested				SUBSTANCE USE <input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed				SUBSTANCE USE <input type="checkbox"/> AP - Alcohol ingested (mark all that apply) <input type="checkbox"/> AC - Alcohol contributed <input type="checkbox"/> DP - Illegal drugs ingested				SUBSTANCE USE <input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed			
METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)				METHOD OF DETERMINATION (mark all that apply)				IMPAIRMENT TEST (mark all that apply)			
ALCOHOL		DRUGS		<input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending				ALCOHOL		DRUGS		<input type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending			
<input checked="" type="checkbox"/> 00 No evidence of impairment		<input checked="" type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)		<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0.				<input type="checkbox"/> 00 No evidence of impairment		<input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc)		<input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0.			
<input type="checkbox"/> 02 Preliminary Breath Test PBT		<input type="checkbox"/> 03 Behavioral		<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0.				<input type="checkbox"/> 02 Preliminary Breath Test PBT		<input type="checkbox"/> 03 Behavioral		<input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0.			
<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"/> Drug screen result <input type="checkbox"/>				<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"/> Drug screen result <input type="checkbox"/>			
<input type="checkbox"/> 06 Other (e.g. saliva test)								<input type="checkbox"/> 06 Other (e.g. saliva test)							
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

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

SPECIAL DATA

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

SPECIAL DATA

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OWNER Last Name ("Same" if Driver) <b>BRADLEY</b>		OWNER First Name <b>JUSTIN</b>		Middle Name <b>DYLAN</b>		OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name																
OWNER ADDRESS (Number, Street) <b>10705 W DALLAS ST</b>		New address? <input type="checkbox"/>		Personal Phone		OWNER ADDRESS (Number, Street)		New address? <input type="checkbox"/>		Personal Phone																
CITY <b>WICHITA</b>		ST <b>KS</b>	ZIP <b>67215</b>	Work Phone		CITY		ST	ZIP	Work Phone																
COLOR <b>BRO</b>	YEAR <b>2025</b>	MAKE <b>FORD</b>	MODEL <b>BRO</b>	BODY STYLE <b>4D</b>	ST <b>KS</b>	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST															
LICENSE PLATE # <b>FULLTLT</b>	County <b>SG</b>	Exp YR <b>2026</b>	Removed by:		MC CCS	LICENSE PLATE #	County	Exp YR	Removed by:		MC CCS															
VEHICLE IDENTIFICATION NUMBER <b>1FMEE9BP1SLA46293</b>				Dir of Travel <b>S</b>	# Occupants <b>1</b>	VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants															
Insurance Company <b>AMERICAN FAMILY INSURANCE</b>				Policy Number <b>410816536585</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>06</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>01</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>09</b>	Major Impact <b>09</b>	1	2	3A	3B	4	5	1	2	3A	3B	4	5	1	2	3A	3B	4	5	1	2	3A	3B	4	5	
FRONT		12B	12C	13	6C	6A	6B	12A	12B	12C	13	6C	6A	6B	12A	12B	12C	13	6C	6A	6B	12A	12B	12C	13	
11	10	X	X	8	7			11	10	9B	9A	8	7		11	10	9B	9A	8	7		11	10	9B	9A	8
<input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 15 Windshield	<input type="checkbox"/> 16 Other windows	<input type="checkbox"/> 99 Unknown	<input type="checkbox"/> 17 Entire vehicle damaged	<input type="checkbox"/> 88 Other:	<input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 15 Windshield	<input type="checkbox"/> 16 Other windows	<input type="checkbox"/> 99 Unknown	<input type="checkbox"/> 17 Entire vehicle damaged	<input type="checkbox"/> 88 Other:	<input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 15 Windshield	<input type="checkbox"/> 16 Other windows	<input type="checkbox"/> 99 Unknown	<input type="checkbox"/> 17 Entire vehicle damaged	<input type="checkbox"/> 88 Other:	<input type="checkbox"/> 14 Undercarriage	<input type="checkbox"/> 15 Windshield	<input type="checkbox"/> 16 Other windows	<input type="checkbox"/> 99 Unknown	<input type="checkbox"/> 17 Entire vehicle damaged	<input type="checkbox"/> 88 Other:			
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
First Impact _____ Major Impact _____												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
10 Backing												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
99 Unknown												01	VEH. MANU. BEFORE UNSTAB. SIT.	VEH. MANU. BEFORE UNSTAB. SIT.												
Trailer: Present / Damaged												01	VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA												
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**AREA OF IMPACT (AOI):** Based on witness statement and statement from D2, the accident occurred in the outside lane of Southbound S. Washington inside the intersection of E. Lincoln. All vehicles moved prior to officer arrival.

**DRIVERS STATEMENTS**

D2 Bradley: Said he was SB on S. Washington, stopped at a red-light North of E. Lincoln in the outside lane. The light turned green and he accelerated and moved several feet forward when a older, white male, wearing all black on a bicycle struck the driver side of his vehicle. Black electric bicycle. The bicyclist left the scene. D2 was going straight following the roadway.

W1 Root: Said that a bicyclist ran the red light and struck D2. The bicyclist said that he was okay and left the scene. The bicyclist left WB on E. Lincoln. D2 was SB on S. Washington with a green light. There was a white male in a neon green reflective vest on a pedal bicycle WB on E. Lincoln that I saw. Root referenced that was the bicyclist.

**INJURIES:** None reported.

**DAMAGE**

V1 Bronco: Had two linear dents through the back driver side door. There was a large scratch leading to a dent in the front driver door. Damage was estimated to be over \$1,000.00.

**ROAD CONDITIONS:**

Clear skies, nearing sunset but still daylight. All roads were paved. Traffic signals functioning properly. Raised curbs on either side. No dedicated bike lane.

**OPINION:** Based on D2 and W1 statements, the collision was caused when the bicyclist operating as a vehicle in the roadway failed to obey a traffic control device and struck V2.

**NOTES:**

Officers checked the area but were unable to find the bicyclist.



**Passengers & Pedestrians**  
854 page 2

**PEDESTRIAN INFORMATION**

Investigating Officer / Badge No.  
**Rood** 2927

Local Case No. 26C028557  
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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	UNKNOWN	MN	New address? <input type="checkbox"/>	Personal	M	U	N		
PT 22		DOB 99/99/9999		Work	00			<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
PT		DOB		Work				<input type="checkbox"/>	
Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:				
EMS Arrived	EMS Time@Hosp	Injured taken to:	EMS Arrived	EMS Time@Hosp	Injured taken to:				
TU# 02	DirTrvl W	DL State	Driver's License Number	Special Data	TU# 02	DirTrvl	DL State	Driver's License Number	Special Data
<b>PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT</b>									
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		12 NOT in crosswalk or bikeway		01 In crosswalk or bikeway		11 In crosswalk or bikeway	
02 NOT in crosswalk or bikeway		13 In area without a crosswalk or bikeway				02 NOT in crosswalk or bikeway		12 NOT in crosswalk or bikeway	
03 In intersection 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	
<b>OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)</b>									
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>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>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			
<b>SUBSTANCE USE</b>									
<input type="checkbox"/> AP - Alcohol ingested <input type="checkbox"/> AC - Alcohol contributed <input type="checkbox"/> DP - Illegal drugs ingested		<input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed		<input type="checkbox"/> AP - Alcohol ingested <input type="checkbox"/> AC - Alcohol contributed <input type="checkbox"/> DP - Illegal drugs ingested		<input type="checkbox"/> DC - Illegal drugs contributed <input type="checkbox"/> MP - Medication ingested <input type="checkbox"/> MC - Medication contributed			
<b>METHOD OF DETERMINATION</b> (mark all that apply)		<b>IMPAIRMENT TEST</b> (mark all that apply)		<b>METHOD OF DETERMINATION</b> (mark all that apply)		<b>IMPAIRMENT TEST</b> (mark all that apply)			
<u>ALCOHOL</u> <input checked="" type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <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"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) <input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc) <input type="checkbox"/> 06 Other (e.g. saliva test)		<u>DRUGS</u> <input checked="" type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending  <u>ALCOHOL</u> <input type="checkbox"/> Evidentiary Breath 0._____ 0. <input type="checkbox"/> Blood (BAC) 0._____ 0. <input type="checkbox"/> Drug screen result		<u>ALCOHOL</u> <input type="checkbox"/> 00 No evidence of impairment <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <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"/> 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) <input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc) <input type="checkbox"/> 06 Other (e.g. saliva test)		<u>DRUGS</u> <input type="checkbox"/> NG - No Test given <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) <input type="checkbox"/> PT - Prelim Positive Test (PBT) <input type="checkbox"/> TG - Evidentiary Test given <input type="checkbox"/> RP - Results pending  <u>ALCOHOL</u> <input type="checkbox"/> Evidentiary Breath 0._____ 0. <input type="checkbox"/> Blood (BAC) 0._____ 0. <input type="checkbox"/> Drug screen result			