# Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

| Investigating Department | Reviewed by | Local Case No. | Page of |
|---|---|---|---|
| WICHITA POLICE DEPARTMENT | | 26C003788 | 1 / 4 |

| Investigating Officer Name | Badge Number | County | City Name |
|---|---|---|---|
| E SCHILD | S0258 | SG | WICHITA |

☐ Amended Report ☐ DUI ☐ Hit & Run

I Crash Severity: Fatal Injury / PDO >= $1,000 / PDO < $1,000

| Milepost | Block No | Dir Pfx | On Road Name | Road Type | Dir Sfx | SpdLmt | Date of Crash (mm/dd/yyyy) | Time Occur. | Day |
|---|---|---|---|---|---|---|---|---|---|
| | 2106 | S | BROADWAY | AVE | | 30 | 01/06/2026 | 18:15 | TU |

| From Dist | Ft/Mi | From Dir | FROM / AT | Dir Pfx | Reference or At Road Name | Road Type | Dir Sfx | SpdLmt | Date Notified (mm/dd/yyyy) | Time Notif. | Day |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 75 | F | S | ● FROM ○ AT | E | CLARK | ST | | 30 | 01/06/2026 | 18:22 | TU |

Date Arrived (mm/dd/yyyy): 01/06/2026 | Time Arriv.: 18:37 | Day: TU

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

V1 NB ON BROADWAY WHEN 02 (PED) RAN OUT IN FRONT OF V1 AND IS HIT.

This report has not been reviewed may contain errors.

Latitude (AOI)

Longitude (AOI)

Photos by: S0258

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

## 04 LIGHT CONDITIONS

01 Daylight
02 Dawn
03 Dusk
04 Dark: street lights on
05 Dark: no street lights
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
24 Sleet & fog
36 Snow & wind
88 Other:
99 Unknown

## 02 SURFACE TYPE ON / AT

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

## 01 SURFACE CONDITIONS ON / AT

01 Dry
02 Wet
03 Snow
04 Ice
05 Mud/dirt/sand
06 Debris (oil, etc.)
07 Standing/ moving water
08 Slush
88 Other:
99 Unknown

## 11 CRASH LOCATION (of 1st Harmful Event)

ON ROADWAY: (within travel lanes)
11 Non-intersection
12 Intersection +
13 Intersection-related +
14 Access to Parking lot/Drvwy
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
07 Traffic Circle
08 Part of an interchange
99 Unknown

(See Manual for Definitions)

## ROAD SPECIAL FEATURES (up to 3)

| 1 | 2 | 3 |
|---|---|---|
| 00 | | |

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

## 02 CRASH CLASS (mark 1 box per side) 02

| 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 WORK ZONE TYPE ON / AT

00 None Apply
01 Construction Zone -
02 Maintenance Zone -
KDOT? ☐
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

| | 1 | 2 | 3 |
|---|---|---|---|
| 00 None | 1 O | 1 09 | 1 OK |
| 01 Officer, flagger | 2 | 2 | 2 |
| 02 Traffic signal | 3 | 3 | 3 |
| 03 Stop sign | 4 | 4 | 4 |
| 04 Flasher | 5 | 5 | 5 |
| 05 Yield sign | | | |
| 06 RR gates / signal | | | |
| 07 RR crossing signs | | | |
| 08 No passing zone | | | |
| 09 Center/Edge lines | | | |
| 10 Warning signs | | | |
| 11 School zone signs | | | |
| 12 Parking lines | | | |
| 88 Other: | | | |
| 99 Unknown | | | |

| Crash Diagram<br>850A page 2 | SPECIAL EVENT | SPECIAL DATA | Local Case No.<br>26C003788 | Page of<br>1 / 4 |
|---|---|---|---|---|

**04 ROADWAY NUMBER OF LANES** (ON / AT)

01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

**01 ROAD CHARACTER** (ON / AT)

01 Straight & Level
02 Straight on grade/slope
03 Straight on hillcrest
04 Curved & level
05 Curved on grade/slope
06 Curved on hillcrest
88 Other: _____
99 Unknown

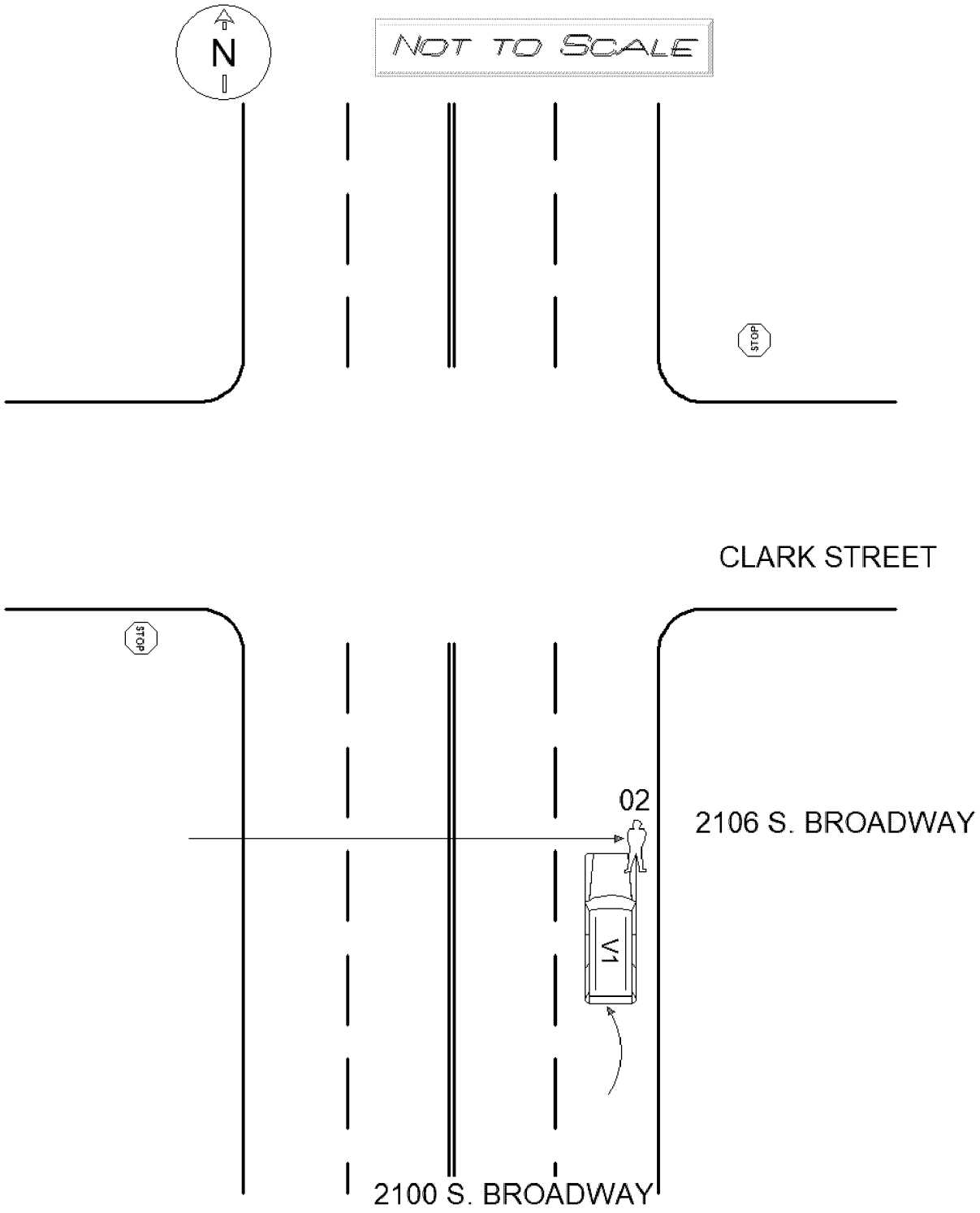
**00 SPECIAL JURISDICTION**

00 Normal Jurisdiction (Not Special)
01 National Park Service
02 Military
03 Indian Reservation
04 College / University Campus
05 Other Federal property
88 Other: _____
99 Unknown

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**



# 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.: 26C003788



| TU# | VIOLATIONS CHARGED | CITATION# | TU# | VIOLATIONS CHARGED (More violations in narrative ☐) | CITATION# |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)

D1 | 00 | P2 | 27

| Unit # / Seat Type | DRIVER Last Name / First Name | Middle Name / Date of Birth | DRIVER ADDRESS (Number, Street, Suffix, etc.) / City State Zip | Personal Phone Number / Work Phone Number | Gender / Age | SE Used / Eject/Trap | Inj Severity / Eject Path | Transpt Unit Extrication? |
|---|---|---|---|---|---|---|---|---|
| TU 01 | DOMEBO | MN J | 111 E SHADYSIDE ST (New address? ☐) | Personal (316) 312-8252 | F | S | N | |
| ST 01 | DIAHNI | DOB 07/31/1998 | WICHITA KS 67216 | Work | 27 | N | | ☐ |
| TU | | MN | (New address? ☐) | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |

## TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)

| DL State | Driver's License Number | DL Class | Driving for Employer? | CDL? |
|---|---|---|---|---|
| KS | K03357210 | C | ☐ | ☐ |

**01 DR LICENSE COMPLY**
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

**RESTRICT COMPLY**

Restrictions? Y

| Driver's Lic Restrictions | Complied? Y N |
|---|---|
| 1 B | Y |
| 2 | |
| 3 | |
| 4 | |

**COMMERCIAL ENDORSEMENTS**

1 | 2 | 3 | 4
- Z - None
- T - Double/Triple Trailer
- P - Passenger Vehicle
- N - Tank Vehicle
- H - Placarded Haz. Material
- X - Combination Tank/HazMat
- S - School Bus
- U - Unknown

**SUBSTANCE USE** (mark all that apply)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

**METHOD OF DETERMINATION** (mark all that apply)

| ALCOHOL | DRUGS |
|---|---|
| ☒ 00 No evidence of impairment | ☒ |
| ☐ 01 Evidential Test (Breath,Blood,etc) | ☐ |
| ☐ 02 Preliminary Breath Test PBT | |
| ☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. | ☐ |
| ☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) | |
| ☐ 05 Observed (Odor, staggering, slurred speech, etc) | ☐ |
| ☐ 06 Other (e.g. saliva test) | ☐ |

**IMPAIRMENT TEST** (mark all that apply)
- ☒ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result

## TRAFFIC UNIT# (02, 04, N2, X4, etc)

| DL State | Driver's License Number | DL Class | Driving for Employer? | CDL? |
|---|---|---|---|---|
| | | | ☐ | ☐ |

**DR LICENSE COMPLY**
- 00 Not licensed
- 01 Valid License
- 02 Suspended
- 03 Revoked
- 04 Expired
- 05 Cancld or Denied
- 06 Disqualified
- 07 Restricted
- 99 Unknown

**RESTRICT COMPLY**

Restrictions?

| Driver's Lic Restrictions | Complied? Y N |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

**COMMERCIAL ENDORSEMENTS**

1 | 2 | 3 | 4
- Z - None
- T - Double/Triple Trailer
- P - Passenger Vehicle
- N - Tank Vehicle
- H - Placarded Haz. Material
- X - Combination Tank/HazMat
- S - School Bus
- U - Unknown

**SUBSTANCE USE** (mark all that apply)
- ☐ AP - Alcohol ingested
- ☐ AC - Alcohol contributed
- ☐ DP - Illegal drugs ingested
- ☐ DC - Illegal drugs contributed
- ☐ MP - Medication ingested
- ☐ MC - Medication contributed

**METHOD OF DETERMINATION** (mark all that apply)

| ALCOHOL | DRUGS |
|---|---|
| ☐ 00 No evidence of impairment | ☐ |
| ☐ 01 Evidential Test (Breath,Blood,etc) | ☐ |
| ☐ 02 Preliminary Breath Test PBT | |
| ☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. | ☐ |
| ☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) | |
| ☐ 05 Observed (Odor, staggering, slurred speech, etc) | ☐ |
| ☐ 06 Other (e.g. saliva test) | ☐ |

**IMPAIRMENT TEST** (mark all that apply)
- ☐ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result

| Unit # / Seat Type | PASSENGER Last Name / First Name | Middle Name / Date of Birth | PASSENGER ADDRESS (Number, Street, Sfx, etc.) / City State Zip | Personal Phone Number / Work Phone Number | Gender / Age | SE Used / Eject/Trap | Inj Severity / Eject Path | Transpt Unit Extrication? |
|---|---|---|---|---|---|---|---|---|
| TU | | MN | (New address? ☐) | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | (New address? ☐) | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | (New address? ☐) | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | (New address? ☐) | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |

| Transport Unit ___ | EMS Time Notified | Injured taken by: |
|---|---|---|
| EMS Arrived | EMS Time@Hosp | Injured taken to: |

| Transport Unit ___ | EMS Time Notified | Injured taken by: |
|---|---|---|
| EMS Arrived | EMS Time@Hosp | Injured taken to: |

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

# Occupants & Vehicles

850B page 2

| VEHICLE# | 01 | SPECIAL DATA |
|---|---|---|
| (01, 03, N3, X3, etc) | | |

| VEHICLE# | | SPECIAL DATA |
|---|---|---|
| (02, 04, N2, X4, etc) | | |

Local Case No.: 26C003788

Page of: 2 / 4

## Vehicle 01

| OWNER Last Name ("Same" if Driver) | OWNER First Name | Middle Name |
|---|---|---|
| DOMEBO | DIAHNI | J |

| OWNER ADDRESS (Number, Street) | New address? ☐ | Personal Phone |
|---|---|---|
| 111 E SHADYSIDE ST | | (316) 312-8252 |

| CITY | ST | ZIP | Work Phone |
|---|---|---|---|
| WICHITA | KS | 67216 | |

| COLOR | YEAR | MAKE | MODEL | BODY STYLE | ST |
|---|---|---|---|---|---|
| BLU | 2016 | BMW | X3 | 4D | KS |

| LICENSE PLATE # | County | Exp YR | Removed by: | MC CCs |
|---|---|---|---|---|
| 1981AGH | SG | 2026 | DRIVER | |

| VEHICLE IDENTIFICATION NUMBER | Dir of Travel | # Occupants |
|---|---|---|
| 5UXWX7C51G0R17866 | N | 1 |

| Insurance Company | Policy Number |
|---|---|
| PROGRESSIVE | 985829162 |

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5 — Odometer — Fire? ☐

1 Hit & Run; 2 Non-Contact; 3 Stolen; 4 Legally Parked; 5 Pursued by LE; 6 Driverless; 7 Towed away due to damage

**06 VEHICLE BODY TYPE**

01 Automobile; 02 Motorcycle; 03 Motor scooter or Moped; 04 Van; 05 Pickup truck <10,001 lbs; 06 Sport utility veh - SUV; 07 Camper or RV; 08 Farm machinery; 09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs; 11 Truck & trailer(s); 12 Tractor-trailer(s); 13 Cross country bus; 14 School bus; 15 Transit (city) bus; 16 Other bus; 25 Train; 88 Other: _____; 99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

**01 VEHICLE USE**

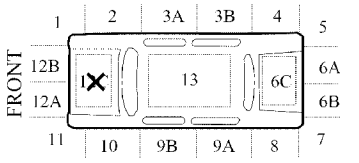
01 No special use; 02 Taxi / Limo; 03 School bus; 04 Other bus; 05 Military; 06 Police; 07 Ambulance; 08 Fire; 09 Mail/Parcel; 99 Unknown

**01 VEHICLE DAMAGE**

00 None; 01 Damage (minor); 02 Functional; 03 Disabling; 04 Destroyed; 88 Other: _____; 99 Unknown

**DAMAGE LOCATION AREA**

First Impact 12 Major Impact 12




☐ 14 Undercarriage ☐ 15 Windshield ☐ 16 Other windows ☐ 99 Unknown ☐ 17 Entire vehicle damaged ☐ 88 Other: _____

☐ Trailer: Present / Damaged

**01 VEH. MANU. BEFORE UNSTAB. SIT.**

01 Straight/following road; 02 Left Turn; 03 Right Turn; 04 U Turn; 05 Passing; 06 Changing lanes; 07 Avoidance man.; 08 Merging; 09 Parking; 10 Backing; 11 Stopped awaiting turn; 12 Stopped in traf; 13 Illegally parked; 14 Disabled in roadway; 15 Slowing or stopping; 16 Negotiating a curve; 88 Other: _____; 99 Unknown

**VEHICLE SEQUENCE OF EVENTS** (List up to 4 per unit in the order of occurence)

1: 21 | 2 | 3 | 4 ☐ The exact sequence is unknown

**NON-COLLISION**

01 Ran off road right; 02 Ran off road left; 03 Crossed centerline; 04 Overturn/Rollover; 05 Crossed median; 06 Fell/Jumped from veh; 07 Thrown or falling object; 08 Cargo loss or shift; 09 Equipment failure (tire, brakes, etc.); 10 Downhill runaway; 11 Trailer swing; 12 Separation of units; 13 Jackknife; 14 Fire; 15 Explosion; 16 Immersion in water; 88 Other event: _____; 98 Unknown non-coll.

**COLLISION WITH**

21 Pedestrian; 22 Motor veh in-transport; 23 Legally Parked Vehicle; 24 Train; 25 Pedal cycle (bike, etc); 26 Animal; 27 Fixed Object; 28 Other moveable object; _____; 99 Unknown object

## Vehicle 02

| OWNER Last Name ("Same" if Driver) | OWNER First Name | Middle Name |
|---|---|---|
| | | |

| OWNER ADDRESS (Number, Street) | New address? ☐ | Personal Phone |
|---|---|---|
| | | |

| CITY | ST | ZIP | Work Phone |
|---|---|---|---|
| | | | |

| COLOR | YEAR | MAKE | MODEL | BODY STYLE | ST |
|---|---|---|---|---|---|
| | | | | | |

| LICENSE PLATE # | County | Exp YR | Removed by: | MC CCs |
|---|---|---|---|---|
| | | | | |

| VEHICLE IDENTIFICATION NUMBER | Dir of Travel | # Occupants |
|---|---|---|
| | | |

| Insurance Company | Policy Number |
|---|---|
| | |

SPECIAL CONDITIONS FOR TRAFFIC UNITS: 1 | 2 | 3 | 4 | 5 — Odometer — Fire? ☐

1 Hit & Run; 2 Non-Contact; 3 Stolen; 4 Legally Parked; 5 Pursued by LE; 6 Driverless; 7 Towed away due to damage

**VEHICLE BODY TYPE**

01 Automobile; 02 Motorcycle; 03 Motor scooter or Moped; 04 Van; 05 Pickup truck <10,001 lbs; 06 Sport utility veh - SUV; 07 Camper or RV; 08 Farm machinery; 09 All-terrain vehicle - ATV

LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)

10 Single heavy truck >10,000 lbs; 11 Truck & trailer(s); 12 Tractor-trailer(s); 13 Cross country bus; 14 School bus; 15 Transit (city) bus; 16 Other bus; 25 Train; 88 Other: _____; 99 Unknown

Calculated speed at impact

Bus Seat Capacity _____

Power Source _____

**VEHICLE USE**

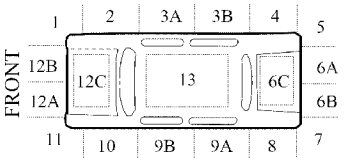
01 No special use; 02 Taxi / Limo; 03 School bus; 04 Other bus; 05 Military; 06 Police; 07 Ambulance; 08 Fire; 09 Mail/Parcel; 99 Unknown

**VEHICLE DAMAGE**

00 None; 01 Damage (minor); 02 Functional; 03 Disabling; 04 Destroyed; 88 Other: _____; 99 Unknown

**DAMAGE LOCATION AREA**

First Impact _____ Major Impact _____




☐ 14 Undercarriage ☐ 15 Windshield ☐ 16 Other windows ☐ 99 Unknown ☐ 17 Entire vehicle damaged ☐ 88 Other: _____

☐ Trailer: Present / Damaged

**VEH. MANU. BEFORE UNSTAB. SIT.**

01 Straight/following road; 02 Left Turn; 03 Right Turn; 04 U Turn; 05 Passing; 06 Changing lanes; 07 Avoidance man.; 08 Merging; 09 Parking; 10 Backing; 11 Stopped awaiting turn; 12 Stopped in traf; 13 Illegally parked; 14 Disabled in roadway; 15 Slowing or stopping; 16 Negotiating a curve; 88 Other: _____; 99 Unknown

**VEHICLE SEQUENCE OF EVENTS** (List up to 4 per unit in the order of occurence)

1 | 2 | 3 | 4 ☐ The exact sequence is unknown

**NON-COLLISION**

01 Ran off road right; 02 Ran off road left; 03 Crossed centerline; 04 Overturn/Rollover; 05 Crossed median; 06 Fell/Jumped from veh; 07 Thrown or falling object; 08 Cargo loss or shift; 09 Equipment failure (tire, brakes, etc.); 10 Downhill runaway; 11 Trailer swing; 12 Separation of units; 13 Jackknife; 14 Fire; 15 Explosion; 16 Immersion in water; 88 Other event: _____; 98 Unknown non-coll.

**COLLISION WITH**

21 Pedestrian; 22 Motor veh in-transport; 23 Legally Parked Vehicle; 24 Train; 25 Pedal cycle (bike, etc); 26 Animal; 27 Fixed Object; 28 Other moveable 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.: 26C003788

Page of /

| Unit # / Seat Type | PASSENGER Last Name / First Name | Middle Name / Date of Birth | PASSENGER ADDRESS (Number, Street, Sfx, etc.) / City State Zip | Personal Phone Number / Work Phone Number | Gender / Age | SE Used / Eject/Trap | Inj Severity / Eject Path | Transpt Unit / Extrication? |
|---|---|---|---|---|---|---|---|---|
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| ST | | DOB | | Work | | | | ☐ |

| 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

| Unit # / Ped Type | PEDESTRIAN Last Name / First Name | Middle Name / Date of Birth | PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.) / City State Zip | Personal Phone Number / Work Phone Number | Gender / Age | SE Used / Eject/Trap | Inj Severity / Eject Path | Transpt Unit / Extrication? |
|---|---|---|---|---|---|---|---|---|
| TU 02 | HAYES | MN A | 2420 N WOODLAWN STE 6500 New address? ☐ | Personal | M | N | I | A |
| PT 21 | ZETH | DOB 06/06/2009 | WICHITA KS 67220 | Work | 16 | N | | ☐ |
| TU | | MN | New address? ☐ | Personal | | | | |
| PT | | DOB | | Work | | | | ☐ |

| Transport Unit | EMS Time Notified | Injured taken by: | Transport Unit | EMS Time Notified | Injured taken by: |
|---|---|---|---|---|---|
| A | | EMS 24 | | | |
| EMS Arrived | EMS Time@Hosp | Injured taken to: | EMS Arrived | EMS Time@Hosp | Injured taken to: |
| | | WESLEY MEDICAL CENTER | | | |

| TU# | DirTrvl | DL State | Driver's License Number | Special Data |
|---|---|---|---|---|
| 02 | E | | | |

**12 — PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT**

00 NOT in roadway (driving lanes)

| IN or AT INTERSECTION | NOT IN or AT INTERSECTION |
|---|---|
| 01 In crosswalk or bikeway | 11 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 |

88 Other: _____ 99 Unknown

**OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)**

| | |
|---|---|
| 01 Within a work zone | 08 Driveway access crosswalk |
| 02 In median (not shoulder) | 09 Dedicated bike lane |
| 03 On Island | 10 Shared-use path or trails |
| 04 Road shoulder (not ditch or median) | 11 Inside building |
| 05 Roadside (not on shoulder) | 12 In legally parked vehicle |
| 06 Sidewalk | 88 Other: _____ |
| 07 Outside trafficway | 99 Unknown |

**08 — PEDESTRIAN ACTION BEFORE CRASH**

| | |
|---|---|
| 01 Walking / cycling to or from school | 07 Standing, sitting, or lying |
| 02 Approaching or leaving bus | 08 Playing, running, walking |
| 03 Approaching or leaving vehicle | 09 Cycling |
| 04 Working (not on vehicle) | 10 Entering or crossing |
| 05 Working on vehicle | 88 Other: _____ |
| 06 Pushing motor vehicle | 99 Unknown |

**00 — PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL**

| | |
|---|---|
| 00 No pedestrian signal | 03 Ped signal malfunction |
| 01 Obeyed pedestrian signal | 04 Not applicable |
| 02 Disobeyed pedestrian signal | 99 Unknown |

**SUBSTANCE USE** (mark all that apply)

| | |
|---|---|
| ☐ AP - Alcohol ingested | ☐ DC - Illegal drugs contributed |
| ☐ AC - Alcohol contributed | ☐ MP - Medication ingested |
| ☐ DP - Illegal drugs ingested | ☐ MC - Medication contributed |

**METHOD OF DETERMINATION** (mark all that apply)

| ALCOHOL | DRUGS |
|---|---|
| ☒ 00 No evidence of impairment | ☒ |
| ☐ 01 Evidential Test (Breath,Blood,etc) | ☐ |
| ☐ 02 Preliminary Breath Test PBT | |
| ☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. | ☐ |
| ☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) | |
| ☐ 05 Observed (Odor, staggering, slurred speech, etc) | ☐ |
| ☐ 06 Other (e.g. saliva test) | ☐ |

**IMPAIRMENT TEST** (mark all that apply)

- ☒ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result

| TU# | DirTrvl | DL State | Driver's License Number | Special Data |
|---|---|---|---|---|
| | | | | |

**PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT**

00 NOT in roadway (driving lanes)

| IN or AT INTERSECTION | NOT IN or AT INTERSECTION |
|---|---|
| 01 In crosswalk or bikeway | 11 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 |

88 Other: _____ 99 Unknown

**OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)**

| | |
|---|---|
| 01 Within a work zone | 08 Driveway access crosswalk |
| 02 In median (not shoulder) | 09 Dedicated bike lane |
| 03 On Island | 10 Shared-use path or trails |
| 04 Road shoulder (not ditch or median) | 11 Inside building |
| 05 Roadside (not on shoulder) | 12 In legally parked vehicle |
| 06 Sidewalk | 88 Other: _____ |
| 07 Outside trafficway | 99 Unknown |

**PEDESTRIAN ACTION BEFORE CRASH**

| | |
|---|---|
| 01 Walking / cycling to or from school | 07 Standing, sitting, or lying |
| 02 Approaching or leaving bus | 08 Playing, running, walking |
| 03 Approaching or leaving vehicle | 09 Cycling |
| 04 Working (not on vehicle) | 10 Entering or crossing |
| 05 Working on vehicle | 88 Other: _____ |
| 06 Pushing motor vehicle | 99 Unknown |

**PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL**

| | |
|---|---|
| 00 No pedestrian signal | 03 Ped signal malfunction |
| 01 Obeyed pedestrian signal | 04 Not applicable |
| 02 Disobeyed pedestrian signal | 99 Unknown |

**SUBSTANCE USE** (mark all that apply)

| | |
|---|---|
| ☐ AP - Alcohol ingested | ☐ DC - Illegal drugs contributed |
| ☐ AC - Alcohol contributed | ☐ MP - Medication ingested |
| ☐ DP - Illegal drugs ingested | ☐ MC - Medication contributed |

**METHOD OF DETERMINATION** (mark all that apply)

| ALCOHOL | DRUGS |
|---|---|
| ☐ 00 No evidence of impairment | ☐ |
| ☐ 01 Evidential Test (Breath,Blood,etc) | ☐ |
| ☐ 02 Preliminary Breath Test PBT | |
| ☐ 03 Behavioral Tests: HGN, walk-and-turn, one leg stand, etc. | ☐ |
| ☐ 04 Passive Alcohol Sensor (detects alcohol from driver's mouth) | |
| ☐ 05 Observed (Odor, staggering, slurred speech, etc) | ☐ |
| ☐ 06 Other (e.g. saliva test) | ☐ |

**IMPAIRMENT TEST** (mark all that apply)

- ☐ NG - No Test given
- ☐ TR - Test Refused (Alcohol/Drug)
- ☐ PT - Prelim Positive Test (PBT)
- ☐ TG - Evidentiary Test given
- ☐ RP - Results pending

ALCOHOL: ☐ Evidentiary Breath 0. ☐ Eye Fluid 0. ☐ Blood (BAC) 0. ☐ Other 0.

Drug screen result

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

AOI
APPROXIMATELY 75 FEET SOUTH OF THE SOUTH CURB LINE OF CLARK STREET AND APPROXIMATELY 3 FEET WEST OF THE EAST CURB LINE OF BROADWAY.
SHOE MARKING. 75 FEET SOUTH OF THE SOUTH CURB LINE OF CLARK STREET AND 1 FOOT WEST OF THE EAST CURB LINE OF BROADWAY.

DRIVER'S STATEMENT
D1 DOMEBO, DIAHNI REPORTS SHE WAS HEADING NORTH ON BROADWAY IN THE CURB LANE WHEN 02 (PED) RAN OUT IN FRONT OF HER SHE SWERVED TO AVOID COLLISION BUT STILL STRUCK 02.
02 HAYES, ZETH TOLD OFFICER ESPINOZA C2565 THAT HE RAN ACROSS THE STREET AND WAS HIT BY V1.
NOTE: 02 HAD ON DARK CLOTHING ON.

INJURIES
02 SUFFERED INJURIES TO HIS ANKLE AND SPINE WAS TRANSPORTED TO WESLEY MEDICAL CENTER CODE YELLOW GCS 15 VIA MEDIC EMS #24.

WITNESS
W1 DAMERON, SHANNON (316) 304-9372 STATED THAT SHE WAS BEHIND V1 WHEN 02 RAN ACROSS THE STREET IN FRONT OF V1. V1 SWERVED BUT STILL HITS 02.

DAMAGES
V1 2016 BLUE BMW X3 SUV SUSTAINED MINOR DAMAGE TO THE HOOD. NO AIRBAGS DEPLOYED AND V1 WAS REMOVED BY D1.

ROADS
ROADS WERE DRY AND CLEAR. CENTER AND EDGE LINES VISIBLE. WEATHER WAS DARK OUT WITH STREET LIGHTS ON. THIS AREA WAS MORE DARK THEN OTHER AREAS. TRAFFIC FLOW WAS MODERATE.

OPINION
IT IS THIS OFFICER'S OPINION THAT THE COLLISION WAS CAUSED 02 (PED) HAYES, ZETH HAD RUN OUT IN FRONT OF V1 AND HE COLLIDES WITH V1. NO CITATIONS ISSUED.

| Crash Narrative<br>KDOT Form 851 - Rev. 2019 | Officer / Witness Statements / Description<br>Additional Information | Local Case No.<br>26C003788 | Page of<br>/ |
|---|---|---|---|