

Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

<p>Kansas Motor Vehicle Crash Report KDODT Form 850A page 1 Rev. 2019</p>				Investigating Department WICHITA POLICE DEPARTMENT			Reviewed by		Local Case No. 26C019813	Page of 1 / 4					
				Investigating Officer Name E SCHILD			Badge Number S0258	County SG	City Name WICHITA						
				Milepost 500	Block No N	Dir Pfx BROADWAY	On Road Name	Road Type AVE	Dir Sfx 30	SpdLmt 30	Date of Crash (mm/dd/yyyy) 02/01/2026	Time Occur. 18:09	Day SU		
From Dist 105	Ft/Mi F	From Dir FROM	Dir Pfx O AT	Reference or At Road Name CENTRAL	Road Type AVE	Dir Sfx 30	Date Notified (mm/dd/yyyy) 02/01/2026	Time Notif. 18:20	Day SU						
Narrative: Describe each traffic unit's pre-crash movement and direction of travel V1 NB ON BROADWAY AND HITS 02 PEDESTRIAN CONTINUES NB AND LOSES CONTROL ON ICE LEAVES ROADWAY AND HITS A NO PARKING SIGN. V1 THEN COMES TO A STOP AT ELM AND BROADWAY.										Date Arrived (mm/dd/yyyy) 02/01/2026	Time Arriv. 18:21	Day SU			
This report has not been reviewed; there may be errors.										Latitude (AOI)	00 ON	WORK ZONE TYPE	AT		
										Longitude (AOI)	00 None Apply				
										Photos by C2990	01 Construction Zone - 02 Maintenance Zone - 03 Utility Zone - 99 Unknown				
										KDODT?					
KDODT? Object 1 Damaged & Nature of Damage (show in diagram)		Owner Street Address 455 N MAIN ST								Personal Phone					
<input type="checkbox"/> NO PARKING SIGN DAMAGED															
Owner Last Name CITY OF WICHITA		First Name		Middle Name		City WICHITA		State KS	Zip 67202	Work Phone (316) 268-4111					
KDODT? 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															
04 LIGHT CONDITIONS				11 CRASH LOCATION (of 1st Harmful Event)			02 CRASH CLASS (mark 1 box per side)			02					
01 Daylight 04 Dark: street lights on				ON ROADWAY: (within travel lanes)			1 st Harmful Event Most Harmful Event								
02 Dawn 05 Dark: no street lights				11 Non-intersection			00 Other non-collision								
03 Dusk 99 Unknown				12 Intersection +			01 Overturned/Rollover								
00 ADVERSE WEATHER CONDITIONS				13 Intersection-related +			COLLISION WITH:								
00 No adverse conditions				14 Access to Parking lot/Drvwy			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				OFF ROADWAY:			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				99 Unknown			(mark 1 box per side if applicable)								
24 Sleet & fog				+INTERSECTION TYPE			1 st Harmful Event Most Harmful Event								
36 Snow & wind				01 Four-way intersection			01 Bridge structure								
00 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				06 Roundabout (See Manual for Definitions)			06 Utility devices: pole,meter,etc								
04 Dirt				07 Traffic Circle			07 Other post or pole								
05 Brick				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				00 None 1 00 2 3			11 Culvert								
02 Wet				01 Bridge			12 Curb								
03 Snow				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								
<input type="checkbox"/> Amended Report <input type="checkbox"/> DUI <input type="checkbox"/> Hit & Run															
I Crash Severity Fatal Injury PDO >= \$1,000 PDO < \$1,000															
- 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 1 O 1 09 1 OK 2 2 2 3 3 3 4 4 4 5 5 5															

Crash Diagram

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SPECIAL EVENT**SPECIAL DATA**

Local Case No.

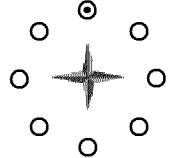
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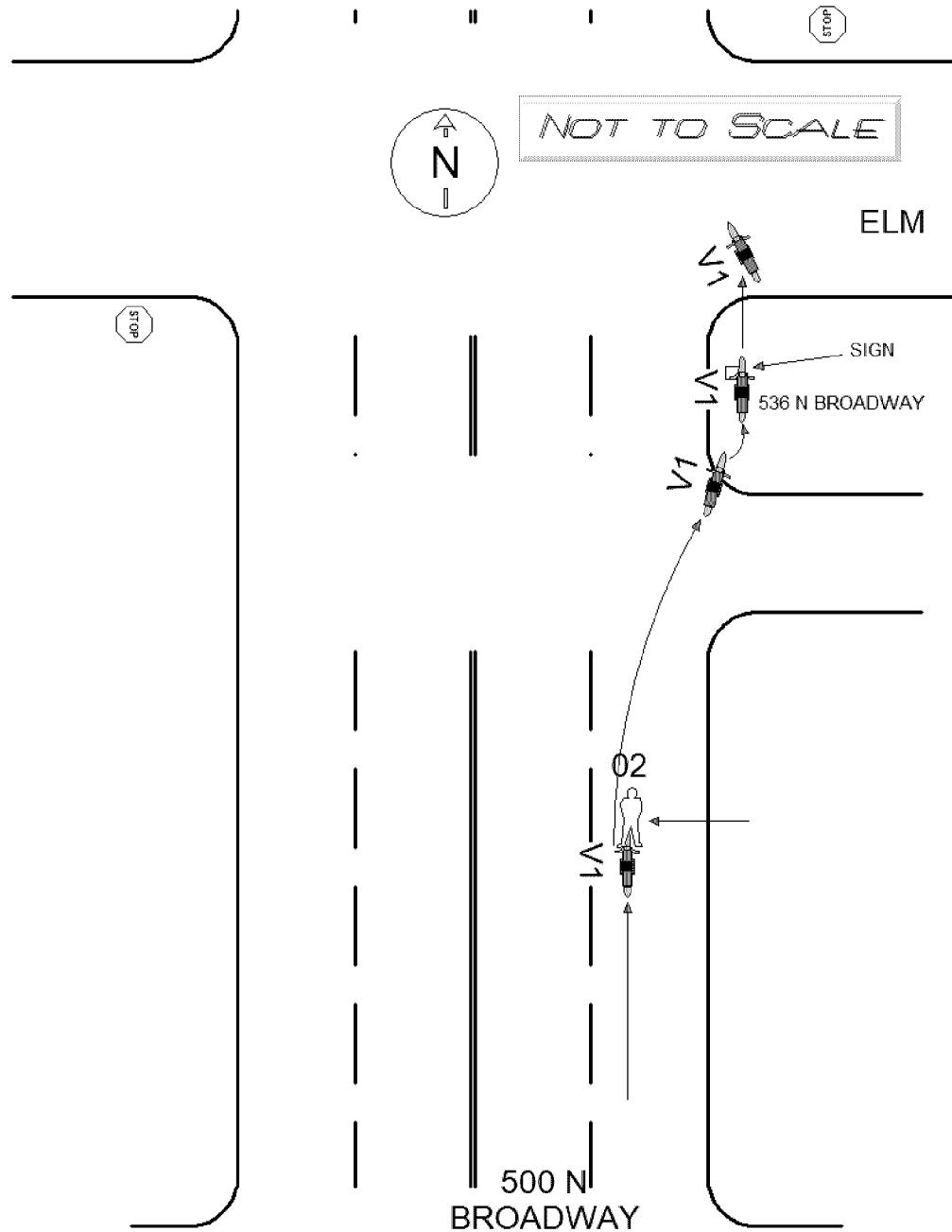
04 ON	ROADWAY NUMBER OF LANES	01 ON	ROAD CHARACTER AT	00	SPECIAL JURISDICTION	
			01 Straight & Level	00 Normal Jurisdiction (Not Special)		
			02 Straight on grade/slope	01 National Park Service		
			03 Straight on hillcrest	02 Military		
			04 Curved & level	03 Indian Reservation		
			05 Curved on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



Occupants & Vehicles
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DRIVER & PASSENGER INFORMATION
 (record pedestrians on supplemental form 854)

Investigating Officer / Badge No.

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TU# VIOLATIONS CHARGED				CITATION#		TU# VIOLATIONS CHARGED				More violations in narrative <input type="checkbox"/>			CITATION#			
01	DRIVE ON REVOKED DL			22M083750		01	RECKLESS DRIVING						22M096847			
01	NO PROOF INSURANCE			22M083750												
OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE)																
D1	30	D1	35	P2	27											
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	HINCKLEY			MN A	683 S KANSAS			New address? <input type="checkbox"/>	Personal (316) 267-7837			M	E	N		
ST 01	JACE			DOB 08/21/1985	WICHITA	KS	67211	Work				40	N		<input type="checkbox"/>	
TU				MN				New address? <input type="checkbox"/>	Personal							
ST				DOB				Work							<input type="checkbox"/>	
TRAFFIC UNIT# 01 (01, 03, N3, X3, etc)					TRAFFIC UNIT# (02, 04, N2, X4, etc)											
DL State	Driver's License Number			DL Class	Driving for Employer?	<input type="checkbox"/>	CDL?	<input type="checkbox"/>	DL State	Driver's License Number			DL Class	Driving for Employer?	<input type="checkbox"/>	CDL?
KS	K01614682			ID												
03	DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS			DR LICENSE COMPLY	RESTRICT COMPLY	COMMERCIAL ENDORSEMENTS								
00 Not licensed		Restrictions? <input type="checkbox"/>	1	2	3	4		00 Not licensed	Restrictions? <input type="checkbox"/>	1	2	3	4			
01 Valid License		Driver's Lic Restrictions	Complied? Y <input type="checkbox"/> N <input type="checkbox"/>	Z - None	T - Double/Triple Trailer	P - Passenger Vehicle	N - Tank Vehicle	H - Placarded Haz. Material		Z - None	T - Double/Triple Trailer	P - Passenger Vehicle	N - Tank Vehicle	H - Placarded Haz. Material		
02 Suspended																
03 Revoked		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>											
04 Expired																
05 Cancl or Denied																
06 Disqualified																
07 Restricted																
99 Unknown																
SUBSTANCE USE (mark all that apply)					SUBSTANCE USE (mark all that apply)					SUBSTANCE USE (mark all that apply)						
<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					
METHOD OF DETERMINATION (mark all that apply)					IMPAIRMENT TEST (mark all that apply)					METHOD OF DETERMINATION (mark all that apply)						
ALCOHOL <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 <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small>					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 <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 <small>Tests: HGN, walk-and-turn, one leg stand, etc.</small>						
ALCOHOL <input type="checkbox"/> 04 Passive Alcohol Sensor <small>(detects alcohol from driver's mouth)</small>					ALCOHOL <input type="checkbox"/> Evidentiary Breath 0. _____ 0. <input type="checkbox"/> Blood (BAC) 0. _____ 0. <input type="checkbox"/> Other					DRUGS <input type="checkbox"/> Evidentiary Breath 0. _____ 0. <input type="checkbox"/> Blood (BAC) 0. _____ 0. <input type="checkbox"/> Other						
ALCOHOL <input type="checkbox"/> 05 Observed <small>(Odor, staggering, slurred speech, etc)</small>																
ALCOHOL <input type="checkbox"/> 06 Other (e.g. saliva test)					DRUGS <input type="checkbox"/> Drug screen result											
Unit #	PASSENGER Last Name			Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)			Personal Phone Number			Gender	SE Used	Inj Severity	Transpt Unit		
Seat Type	PASSENGER First Name			Date of Birth	City	State	Zip	Work Phone Number			Age	Eject/Trap	Eject Path	Extrication?		
TU				MN				New address? <input type="checkbox"/>	Personal							
ST				DOB				Work							<input type="checkbox"/>	
TU				MN				New address? <input type="checkbox"/>	Personal							
ST				DOB				Work							<input type="checkbox"/>	
TU				MN				New address? <input type="checkbox"/>	Personal							
ST				DOB				Work							<input type="checkbox"/>	
TU				MN				New address? <input type="checkbox"/>	Personal							
ST				DOB				Work							<input type="checkbox"/>	
Transport Unit	EMS Time Notified	Injured taken by:				Transport Unit	EMS Time Notified	Injured taken by:								
EMS Arrived	EMS Time@Hosp	Injured taken to:				EMS Arrived	EMS Time@Hosp	Injured taken to:								

Occupants & Vehicles

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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) HINCKLEY		OWNER First Name JACE		Middle Name A		OWNER Last Name ("Same" if Driver)		OWNER First Name		Middle Name															
OWNER ADDRESS (Number, Street) 683 S KANSAS		New address? <input type="checkbox"/>		Personal Phone (316) 267-7837		OWNER ADDRESS (Number, Street)		New address? <input type="checkbox"/>		Personal Phone															
CITY WICHITA		ST KS	ZIP 67211	Work Phone		CITY		ST	ZIP	Work Phone															
COLOR BLU	YEAR 2007	MAKE HD	MODEL CYL	BODY STYLE MC	ST KS	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST														
LICENSE PLATE # FE3VA	County SG	Exp YR 2026	Removed by: DRIVER	MC CCS 1100		LICENSE PLATE #	County	Exp YR	Removed by:	MC CCS															
VEHICLE IDENTIFICATION NUMBER 1HD1FR4187Y681884				Dir of Travel N	# Occupants 1	VEHICLE IDENTIFICATION NUMBER				Dir of Travel	# Occupants														
Insurance Company NO PROOF				Policy Number				Insurance Company																	
SPECIAL CONDITIONS FOR TRAFFIC UNITS <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Odometer</td><td>Fire?</td></tr></table>				1	2	3	4	5	Odometer	Fire?					SPECIAL CONDITIONS FOR TRAFFIC UNITS <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>Odometer</td><td>Fire?</td></tr></table>				1	2	3	4	5	Odometer	Fire?
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															
4 Legally Parked		5 Pursued by LE		6 Driverless		due to damage		4 Legally Parked		5 Pursued by LE															
7 Camper or RV		8 Farm machinery		25 Train		Power Source F		6 Driverless		7 Towed away															
9 All-terrain vehicle - ATV		88 Other:		99 Unknown				due to damage																	
02 VEHICLE BODY TYPE		LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)																							
01 Automobile		10 Single heavy truck >10,000 lbs																							
02 Motorcycle		11 Truck & trailer(s)																							
03 Motor scooter or Moped		12 Tractor-trailer(s)																							
04 Van		13 Cross country bus																							
05 Pickup truck <10,001 lbs		14 School bus																							
06 Sport utility veh - SUV		15 Transit (city) bus																							
07 Camper or RV		16 Other bus																							
08 Farm machinery		25 Train																							
09 All-terrain vehicle - ATV		Power Source F																							
88 Other:		99 Unknown																							
01 VEHICLE USE		03 VEHICLE DAMAGE		01 VEHICLE USE		03 VEHICLE DAMAGE																			
01 No special use		00 None		04 Destroyed		00 None		04 Destroyed																	
02 Taxi / Limo		01 Damage (minor)		88 Other:		01 Damage (minor)		88 Other:																	
03 School bus		02 Functional				02 Functional																			
04 Other bus		03 Disabling		99 Unknown		03 Disabling		99 Unknown																	
05 Military		99 Unknown				99 Unknown																			
DAMAGE LOCATION AREA																									
First Impact 12		Major Impact 12		01 VEH. MANU. BEFORE UNSTAB. SIT.		DAMAGE LOCATION AREA		VEH. MANU. BEFORE UNSTAB. SIT.																	
1 2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 4 5		11 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 13 6A 6B		01 Straight/ following road		11 Stopped awaiting turn		01 Straight/ following road																	
1 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12C 13 6C 6B		12 <input checked="" type="checkbox"/> 10 9A 8 7		02 Left Turn		12 Stopped in traf		11 Stopped awaiting turn																	
11 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 9A 8 7		13 <input checked="" type="checkbox"/> 12A 12B 12C 13 6A 6B		03 Right Turn		13 Illegally parked		12 Stopped in traf																	
14 Undercarriage <input type="checkbox"/> 15 Windshield <input checked="" type="checkbox"/>		04 U Turn		04 Disabled in roadway		13 Illegally parked		13 Illegally parked																	
16 Other windows <input type="checkbox"/> 99 Unknown <input type="checkbox"/>		05 Passing		15 Slowing or stopping		04 U Turn		14 Disabled in roadway																	
17 Entire vehicle damaged <input type="checkbox"/>		06 Changing lanes		07 Avoidance man.		16 Negotiating a curve		15 Slowing or stopping																	
88 Other: <input type="checkbox"/>		08 Merging		08 Negotiating a curve		05 Passing		16 Negotiating a curve																	
Trailer: Present / Damaged		09 Parking		88 Other:		06 Changing lanes		07 Avoidance man.																	
10 Backing		99 Unknown		09 Parking		08 Merging		08 Other:																	
10 Backing		99 Unknown		10 Backing		99 Unknown		09 Parking																	
VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)				VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)																					
1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 01 <input type="checkbox"/> 3 <input type="checkbox"/> 27 <input type="checkbox"/> 4 <input type="checkbox"/>		The exact sequence is unknown		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		The exact sequence is unknown																			
NON-COLLISION				COLLISION WITH																					
01 Ran off road right		10 Downhill runaway		21 Pedestrian		01 Ran off road right		10 Downhill runaway																	
02 Ran off road left		11 Trailer swing		22 Motor veh in-transport		02 Ran off road left		11 Trailer swing																	
03 Crossed centerline		12 Separation of units		23 Legally Parked Vehicle		03 Crossed centerline		12 Separation of units																	
04 Overturn/Rollover		13 Jackknife		24 Train		04 Overturn/Rollover		13 Jackknife																	
05 Crossed median		14 Fire		25 Pedal cycle (bike, etc)		05 Crossed median		14 Fire																	
06 Fell/Jumped from veh		15 Explosion		26 Animal		06 Fell/Jumped from veh		15 Explosion																	
07 Thrown or falling object		16 Immersion in water		27 Fixed Object		07 Thrown or falling object		16 Immersion in water																	
08 Cargo loss or shift		88 Other event:		28 Other moveable object		08 Cargo loss or shift		88 Other event:																	
09 Equipment failure (tire, brakes, etc.)		98 Unknown non-coll.		99 Unknown object		09 Equipment failure (tire, brakes, etc.)		98 Unknown non-coll.																	

AOI

02 LAID ON GROUND 105 FEET NORTH OF THE NORTH CURB LINE OF CENTRAL AVE. AND 15 FEET WEST OF THE EAST CURB LINE OF BROADWAY.

V1 WENT OFF THE ROAD AT 84 FEET SOUTH OF THE SOUTH CURB LINE OF ELM AND 0 FEET WEST OF THE EAST CURB LINE OF BROADWAY. V1 WENT 2 FEET IN ON CITY EASEMENT.

DRIVER'S STATEMENT

D1 HINCKLEY, JACE STATED HE WAS HEADING NORTH ON BROADWAY WHEN PEOPLE DECIDE TO WALK ACROSS BROADWAY. HE DIDN'T REALIZE THAT HE HAD HIT ONE OF THE PEDESTRIANS. HE CONTINUED NORTH AND SLIDE ON ICE WENT OFF THE ROAD HIT SIGN AND CAME BACK OUT ON THE STREET.

02 DILL, DAVID HE WAS CROSSING IN THE MIDDLE OF THE STREET AND WAS HIT BY V1.

INJURIES

02 HAD SUFFERED INJURIES TO THE LEG AND WAS TRANSPORTED TO ST. FRANCIS HOSPITAL CODE YELLOW.

WITNESS

W1 HILL, KATIE (316) 254-4718 STATEMENT READS V1 WAS SPEEDING GONG AROUND OTHER VEHICLE. WAS GOING REALLY FAST AND STRUCK A MALE WALKING ACROSS THE STREET.

W2 WILSON, JUDY (316)399-6999 STATEMENT READS V1 CAME UP FROM BEHIND THEM AT A HIGH RATE OF SPEED. V1 WAS GOING THRU THE GEARS AS HE WENT AROUND THEM. SAW V1 GO OFF THE ROAD. HER PASSENGER SAW D1 HIT 02 PEDESTRIAN.

DAMAGES

2007 BLUE HARLEY DAVIDSON ROAD KING MOTORCYCLE 1100CC SUSTAINED DISABLING DAMAGE TO THE WINDSHIELD, LEFT BAR BENT, FENDER, AND OTHER DAMAGE THROUGH OUT THE MOTORCYCLE. V1 WAS PUSHED OFF THE ROADWAY BY D1.

NO PARKING SIGN WAS HIT AND POLE NEEDS REPLACED. OWED BY THE CITY OF WICHITA.

ROADS

SOME AREAS OF WERE WET FROM MELTING SNOW. MAJORITY WAS DRY. CENTER AND EDGE LINES VISIBLE. WEATHER WAS DARK OUT WITH STREET LIGHTS ON. TRAFFIC FLOW WAS LIGHT.

OPINION

IT IS THIS OFFICER'S OPINION THAT THE COLLISION WAS CAUSED BY D1 HINCKLEY, JACE NOT YIELDING TO PEDESTRIAN AND TOO FAST FOR CONDITIONS WHICH CAUSED HIM TO HIT 02 AND GO OFF THE ROAD. 02 DILL, DAVID CROSSED THE STREET NOT IN CROSS WALK, BUT IN THE MIDDLE OF THE STREET. D1 HINCKLEY, JACE WAS ISSUED NTA CIT# 22M096847 FOR RECKLESS DRIVING, AND NTA CIT#22M083750 FOR NO PROOF INSURANCE AND DRIVE ON A REVOKED DL.

Passengers & Pedestrians
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LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT

Investigating Officer / Badge No.

E SCHILD

S0258

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Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit	
Seat Type	PASSENGER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
TU		MN	New address? <input type="checkbox"/>	Personal					
ST		DOB		Work				<input type="checkbox"/>	
Transport Unit	EMS Time Notified	Injured taken by:			Transport Unit	EMS Time Notified	Injured taken by:		
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:		
Transport Unit	EMS Time Notified	Injured taken by:			Transport Unit	EMS Time Notified	Injured taken by:		
EMS Arrived	EMS Time@Hosp	Injured taken to:			EMS Arrived	EMS Time@Hosp	Injured taken to:		

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

Passengers & Pedestrians
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PEDESTRIAN INFORMATION

Investigating Officer / Badge No.
E SCHILD **S0258**

Local Case No. **26C019813** Page of **3 / 4**

Unit #	PEDESTRIAN Last Name	Middle Name	PEDESTRIAN ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit																					
Ped Type	PEDESTRIAN First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?																					
TU 02	DILL	MN H	1025 N MAIN ST	New address? <input type="checkbox"/> Personal	M	N	I	A																					
PT 21	DAVID	DOB 09/04/1964	WICHITA KS 67203	Work	61			<input type="checkbox"/>																					
TU		MN		New address? <input type="checkbox"/> Personal																									
PT		DOB		Work				<input type="checkbox"/>																					
Transport Unit A	EMS Time Notified	Injured taken by: EMS MEDIC 31	Transport Unit	EMS Time Notified	Injured taken by:																								
EMS Arrived	EMS Time@Hosp	Injured taken to: ST. FRANCIS	EMS Arrived	EMS Time@Hosp	Injured taken to:																								
TU# 02	DirTrvl W	DL State KS	Driver's License Number K03132126	Special Data	TU#	DirTrvl	DL State	Driver's License Number	Special Data																				
12 PEDESTRIAN ROADWAY LOCATION BEFORE IMPACT																													
<p>00 NOT in roadway (driving lanes)</p> <table border="1"> <tr> <td>IN or AT INTERSECTION</td> <td>NOT IN or AT INTERSECTION</td> </tr> <tr> <td>01 In crosswalk or bikeway</td> <td>11 In crosswalk or bikeway</td> </tr> <tr> <td>02 NOT in crosswalk or bikeway</td> <td>12 NOT in crosswalk or bikeway</td> </tr> <tr> <td>03 In intersection without a crosswalk or bikeway</td> <td>13 In area without a crosswalk or bikeway</td> </tr> <tr> <td>88 Other: _____</td> <td>99 Unknown</td> </tr> </table>					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	<p>00 NOT in roadway (driving lanes)</p> <table border="1"> <tr> <td>IN or AT INTERSECTION</td> <td>NOT IN or AT INTERSECTION</td> </tr> <tr> <td>01 In crosswalk or bikeway</td> <td>11 In crosswalk or bikeway</td> </tr> <tr> <td>02 NOT in crosswalk or bikeway</td> <td>12 NOT in crosswalk or bikeway</td> </tr> <tr> <td>03 In intersection without a crosswalk or bikeway</td> <td>13 In area without a crosswalk or bikeway</td> </tr> <tr> <td>88 Other: _____</td> <td>99 Unknown</td> </tr> </table>					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
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88 Other: _____	99 Unknown																												
OTHER PEDESTRIAN LOCATION (Not in Driving Lanes)																													
<p>01 Within a work zone</p> <p>02 In median (not shoulder)</p> <p>03 On Island</p> <p>04 Road shoulder (not ditch or median)</p> <p>05 Roadside (not on shoulder)</p> <p>06 Sidewalk</p> <p>07 Outside trafficway</p>					<p>08 Driveway access crosswalk</p> <p>09 Dedicated bike lane</p> <p>10 Shared-use path or trails</p> <p>11 Inside building</p> <p>12 In legally parked vehicle</p> <p>88 Other: _____</p> <p>99 Unknown</p>																								
08 PEDESTRIAN ACTION BEFORE CRASH																													
<p>01 Walking / cycling to or from school</p> <p>02 Approaching or leaving bus</p> <p>03 Approaching or leaving vehicle</p> <p>04 Working (not on vehicle)</p> <p>05 Working on vehicle</p> <p>06 Pushing motor vehicle</p>					<p>07 Standing, sitting, or lying</p> <p>08 Playing, running, walking</p> <p>09 Cycling</p> <p>10 Entering or crossing</p> <p>88 Other: _____</p> <p>99 Unknown</p>																								
00 PEDESTRIAN OBEDIENCE TO TRAFFIC SIGNAL																													
<p>00 No pedestrian signal</p> <p>01 Obeyed pedestrian signal</p> <p>02 Disobeyed pedestrian signal</p>					<p>03 Ped signal malfunction</p> <p>04 Not applicable</p> <p>99 Unknown</p>																								
SUBSTANCE USE																													
<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																								
METHOD OF DETERMINATION (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. <input type="checkbox"/> Drug screen result																								
IMPAIRMENT TEST (mark all that apply)																													
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