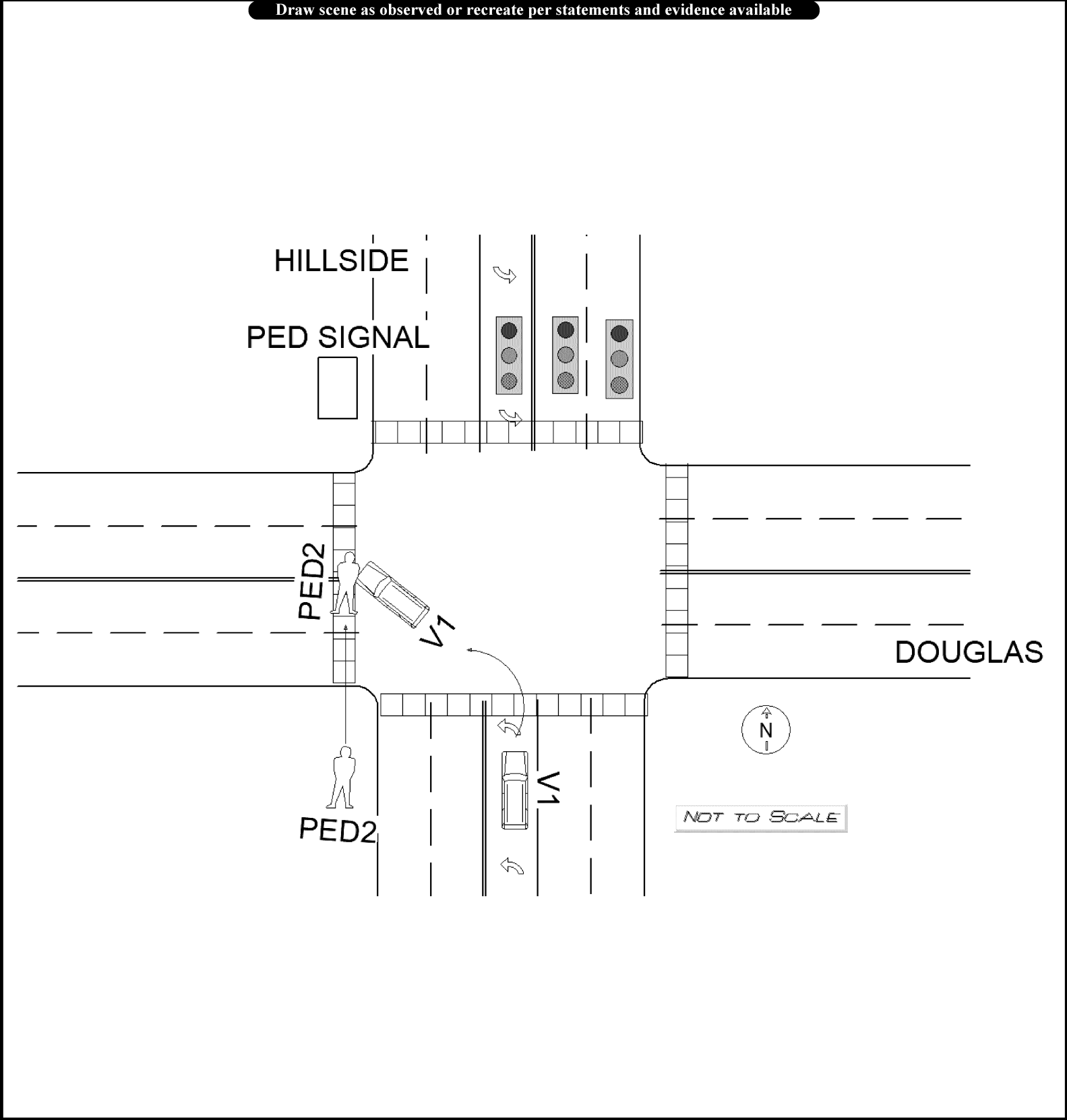


| | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------------------------|--|----------------------------|--|---|--------------|-----------|----------------|-------------------|-----------|--|--|----------------------------|--|----------------------|--|-----|--|
| Kansas Motor Vehicle Crash Report | | | | | | Investigating Department | | | Reviewed by | | Local Case No. | | Page of | | | | | | | | |
| | | | | | | WICHITA POLICE DEPARTMENT | | | SO 3rd 1984 | | 20C002974 | | 1 / 4 | | | | | | | | |
| KDOT Form 850A page 1 Rev. 2019 | | | | | | Investigating Officer Name | | | Badge Number | | County | | City Name | | | | | | | | |
| | | | | | | A W KLUMPP | | | 1868 | | SG | | WICHITA | | | | | | | | |
| Milepost | | Block No | | Dir Pfx | | On Road Name | | Road Type | | Dir Sfx | | SpdLmt | | Date of Crash (mm/dd/yyyy) | | Time Occur. | | Day | | | |
| | | 3100 | | E | | DOUGLAS | | AVE | | | | 35 | | 01/14/2020 | | 15:03 | | TU | | | |
| From Dist | | Ft/Mi | | From Dir | | Dir Pfx | | Reference or At Road Name | | Road Type | | Dir Sfx | | SpdLmt | | Date Notified (mm/dd/yyyy) | | Time Notif. | | Day | |
| 10 | | F | | W | | FROM AT | | S | | HILLSIDE | | AVE | | 35 | | 01/14/2020 | | 15:03 | | TU | |
| Narrative: Describe each traffic unit's pre-crash movement and direction of travel | | | | | | | | | | | | | | Date Arrived (mm/dd/yyyy) | | Time Arriv. | | Day | | | |
| V1 WAS NORTH ON HILLSIDE TO TURN WEST ONTO DOUGLAS. PED 2 NORTHBOUND IN THE WEST CROSSWALK, STRUCK BY V1. | | | | | | | | | | | | | | 01/14/2020 | | 15:16 | | TU | | | |
| | | | | | | | | | | | | | | Latitude (AOI) | | 00 | | ON WORK ZONE TYPE AT | | | |
| | | | | | | | | | | | | | | Longitude (AOI) | | 00 None Apply | | | | | |
| Photos by | | | | 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 | | | | | | | | | | | | | | | | | | | | | |
| 01 | | LIGHT CONDITIONS | | | | 13 | | CRASH LOCATION (of 1st Harmful Event) | | | | 02 | | CRASH CLASS (mark 1 box per side) | | | | 02 | | | |
| | | 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/Drvrwy 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 | | | | | | | |
| 00 | | ADVERSE WEATHER CONDITIONS | | | | | | | | | | | | **FIXED OBJECT TYPE (mark 1 box per side if applicable) | | | | | | | |
| | | 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 | | | | | | | | | | | | 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 | | | | | | | |
| 02 | | ON | | SURFACE TYPE | | AT | | | | | | | | | | | | | | | |
| | | 01 Concrete 02 Blacktop (Asphalt) 03 Gravel 88 Other: _____ 04 Dirt _____ 05 Brick 99 Unknown | | | | | | 01 +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 | | | | | | | | | | | | | |
| 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 | | | | | | ROAD SPECIAL FEATURES (up to 3) 00 None 1 00 2 3 01 Bridge 02 Bridge Overhead 03 Railroad Bridge 04 RRXING 05 Interchange 06 Ramp 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 | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|---|---|--|----------------------|--------------|---|-----------------------------|------------------|
| Crash Diagram 850A page 2 | | SPECIAL EVENT | | SPECIAL DATA | | Local Case No. 20C002974 | Page of 1 / 4 |
| 04 ON | ROADWAY NUMBER OF LANES AT | 01 ON | ROAD CHARACTER AT | 00 | SPECIAL JURISDICTION | | |
| 01 One 02 Two 03 Three 04 Four to Six 05 Seven or more 88 Other: _____ 99 Unknown | 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 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. <u>Indicate North Direction</u> | | |

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. A W KLUMPP 1868 | | | Local Case No. 20C002974 | | Page of 2 / 4 | | | | |
| TU# VIOLATIONS CHARGED | | | CITATION# | | | TU# VIOLATIONS CHARGED | | | More violations in narrative <input type="checkbox"/> CITATION# | | | | | | |
| OFFICER'S OPINION OF APPARENT CONTRIBUTING CIRCUMSTANCES - ENTER AS MANY AS APPLY TO THIS CRASH (FACTOR TYPE, TU#, CC CODE) | | | | | | | | | | | | | | | |
| P2 26 | | | | | | | | | | | | | | | |
| 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 | 1 | COX | MN | 118 N ERIE | | | Personal (316) 440-3597 | M | S | N | | | | | |
| ST | 01 | MARK | DOB 07/20/1972 | WICHITA | KS | 67214 | Work | 47 | N | | <input type="checkbox"/> | | | | |
| TU | | | MN | New address? <input type="checkbox"/> Personal | | | | | | | | | | | |
| ST | | | DOB | | | | Work | | | | <input type="checkbox"/> | | | | |
| TRAFFIC UNIT# 1 (01, 03, N3, X3, etc) | | | | | | TRAFFIC UNIT# (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 | K00876651 | | | C | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 01 | DR LICENSE COMPLY | | RESTRICT COMPLY | | COMMERCIAL ENDORSEMENTS | | | DR LICENSE COMPLY | | RESTRICT COMPLY | | COMMERCIAL ENDORSEMENTS | | | |
| 00 Not licensed | | Restrictions? <input type="checkbox"/> N | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | Z - None | | 00 Not licensed | | Restrictions? <input type="checkbox"/> | | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> | | | |
| 01 Valid License | | Driver's Lic Restrictions Y <input type="checkbox"/> N <input type="checkbox"/> | | Z - None | | T - Double/Triple Trailer | | 01 Valid License | | Driver's Lic Restrictions Y <input type="checkbox"/> N <input type="checkbox"/> | | Z - None | | | |
| 02 Suspended | | 1 <input type="checkbox"/> <input type="checkbox"/> | | P - Passenger Vehicle | | H - Placarded Haz. Material | | 02 Suspended | | 1 <input type="checkbox"/> <input type="checkbox"/> | | P - Passenger Vehicle | | | |
| 03 Revoked | | 2 <input type="checkbox"/> <input type="checkbox"/> | | N - Tank Vehicle | | X - Combination Tank/HazMat | | 03 Revoked | | 2 <input type="checkbox"/> <input type="checkbox"/> | | N - Tank Vehicle | | | |
| 04 Expired | | 3 <input type="checkbox"/> <input type="checkbox"/> | | S - School Bus | | U - Unknown | | 04 Expired | | 3 <input type="checkbox"/> <input type="checkbox"/> | | S - School Bus | | | |
| 05 Cancl'd or Denied | | 4 <input type="checkbox"/> <input type="checkbox"/> | | | | | | 05 Cancl'd or Denied | | 4 <input type="checkbox"/> <input type="checkbox"/> | | U - Unknown | | | |
| 06 Disqualified | | | | | | | | 06 Disqualified | | | | | | | |
| 07 Restricted | | | | | | | | 07 Restricted | | | | | | | |
| 99 Unknown | | | | | | | | 99 Unknown | | | | | | | |
| SUBSTANCE USE (mark all that apply) | | | | | | SUBSTANCE USE (mark all that apply) | | | | | | | | | |
| <input type="checkbox"/> AP - Alcohol ingested | | | | | | <input type="checkbox"/> DC - Illegal drugs contributed | | | | | | | | | |
| <input type="checkbox"/> 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) | | | | IMPAIRMENT TEST (mark all that apply) | | | | METHOD OF DETERMINATION (mark all that apply) | | | | IMPAIRMENT TEST (mark all that apply) | | | |
| ALCOHOL | | | | DRUGS | | | | ALCOHOL | | | | DRUGS | | | |
| <input checked="" type="checkbox"/> 00 No evidence of impairment | | | | <input checked="" type="checkbox"/> NG - No Test given | | | | <input type="checkbox"/> 00 No evidence of impairment | | | | <input type="checkbox"/> NG - No Test given | | | |
| <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) | | | | <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) | | | | <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) | | | | <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) | | | |
| <input type="checkbox"/> 02 Preliminary Breath Test PBT | | | | <input type="checkbox"/> PT - Prelim Positive Test (PBT) | | | | <input type="checkbox"/> 02 Preliminary Breath Test PBT | | | | <input type="checkbox"/> PT - Prelim Positive Test (PBT) | | | |
| <input type="checkbox"/> 03 Behavioral | | | | <input type="checkbox"/> TG - Evidentiary Test given | | | | <input type="checkbox"/> 03 Behavioral | | | | <input type="checkbox"/> TG - Evidentiary Test given | | | |
| Tests: HGN, walk-and-turn, one leg stand, etc. | | | | <input type="checkbox"/> RP - Results pending | | | | Tests: HGN, walk-and-turn, one leg stand, etc. | | | | <input type="checkbox"/> RP - Results pending | | | |
| <input type="checkbox"/> 04 Passive Alcohol Sensor | | | | <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid | | | | <input type="checkbox"/> 04 Passive Alcohol Sensor | | | | <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid | | | |
| (detects alcohol from driver's mouth) | | | | 0. 0. | | | | (detects alcohol from driver's mouth) | | | | 0. 0. | | | |
| <input type="checkbox"/> 05 Observed | | | | <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other | | | | <input type="checkbox"/> 05 Observed | | | | <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other | | | |
| (Odor, staggering, slurred speech, etc) | | | | 0. 0. | | | | (Odor, staggering, slurred speech, etc) | | | | 0. 0. | | | |
| <input type="checkbox"/> 06 Other (e.g. saliva test) | | | | Drug screen result <input type="checkbox"/> | | | | <input type="checkbox"/> 06 Other (e.g. saliva test) | | | | Drug screen result <input type="checkbox"/> | | | |
| Unit # | PASSENGER Last Name | | Middle Name | PASSENGER ADDRESS (Number, Street, Sfx, etc.) | | | Personal Phone Number | Gender | SE Used | Inj Severity | Transpt Unit | | | | |
| Seat Type | PASSENGER First Name | | Date of Birth | City | State | Zip | Work Phone Number | Age | Eject/Trap | Eject Path | Extrication? | | | | |
| TU | | | MN | New address? <input type="checkbox"/> Personal | | | | | | | | | | | |
| ST | | | DOB | | | | Work | | | | <input type="checkbox"/> | | | | |
| TU | | | MN | New address? <input type="checkbox"/> Personal | | | | | | | | | | | |
| ST | | | DOB | | | | Work | | | | <input type="checkbox"/> | | | | |
| TU | | | MN | New address? <input type="checkbox"/> Personal | | | | | | | | | | | |
| ST | | | DOB | | | | Work | | | | <input type="checkbox"/> | | | | |
| TU | | | MN | New address? <input type="checkbox"/> Personal | | | | | | | | | | | |
| ST | | | DOB | | | | Work | | | | <input type="checkbox"/> | | | | |
| Transport Unit | EMS Time Notified | Injured taken by: | | Transport Unit | EMS Time Notified | Injured taken by: | | | | | | | | | |
| A | 15:04 | MED 33 | | | | | | | | | | | | | |
| EMS Arrived | EMS Time@Hosp | Injured taken to: | | EMS Arrived | EMS Time@Hosp | Injured taken to: | | | | | | | | | |
| 15:08 | 15:18 | WESLEY | | | | | | | | | | | | | |

| Occupants & Vehicles | | | | VEHICLE# 1 | | SPECIAL DATA | | VEHICLE# | | SPECIAL DATA | | Local Case No. | | Page of | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------|--|--|--|-----------------|--|--------------------------------|--|----------------|--|------------------------------------|--|--------------------------|--|---|--|------------------------------|--|--------------------------------------|--|--|--|---------------------------------|--|--------------------------|--|-----------------------------|--|-----------------|--|---|--|----------------|--|---------------------------------|--|-------|--|-----------------------------|--|--|--|--------------------------------|--|--|--|----------------------------|--|--|--|-----------------|--|--|--|------------------|--|--|--|------------|--|--|--|
| 850B page 2 | | | | (01, 03, N3, X3, etc) | | | | (02, 04, N2, X4, etc) | | | | 20C002974 | | 2 / 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER Last Name ("Same" if Driver) | | | | OWNER First Name | | | | Middle Name | | | | OWNER Last Name ("Same" if Driver) | | | | OWNER First Name | | | | Middle Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COX | | | | MARK | | | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OWNER ADDRESS (Number, Street) | | | | | | | | | | | | New address? | | <input type="checkbox"/> | | Personal Phone | | | | OWNER ADDRESS (Number, Street) | | | | New address? | | <input type="checkbox"/> | | Personal Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 N ERIE | | | | | | | | | | | | | | | | (316) 440-3597 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | | | ST | | ZIP | | Work Phone | | | | CITY | | | | ST | | ZIP | | Work Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WICHITA | | | | KS | | 67214 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLOR | | YEAR | | MAKE | | MODEL | | BODY STYLE | | ST | | COLOR | | YEAR | | MAKE | | MODEL | | BODY STYLE | | ST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLU | | 2012 | | SUZI | | GVT | | 4D | | KS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LICENSE PLATE # | | | | County | | Exp YR | | Removed by: | | | | MC CCs | | | | LICENSE PLATE # | | | | County | | Exp YR | | Removed by: | | | | MC CCs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 808CNG | | | | SG | | 2020 | | OWNER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE IDENTIFICATION NUMBER | | | | | | | | Dir of Travel | | # Occupants | | VEHICLE IDENTIFICATION NUMBER | | | | | | | | Dir of Travel | | # Occupants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JS3TE0D61C4100281 | | | | | | | | N | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance Company | | | | | | Policy Number | | | | | | Insurance Company | | | | | | Policy Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FARM BUREAU | | | | | | 7960755 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIAL CONDITIONS FOR TRAFFIC UNITS | | | | 1 | | 2 | | 3 | | 4 | | 5 | | Odometer | | | | Fire? | | SPECIAL CONDITIONS FOR TRAFFIC UNITS | | | | 1 | | 2 | | 3 | | 4 | | 5 | | Odometer | | | | Fire? | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | 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 | | | | | | | | | | | | | | 01 Automobile | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 Motorcycle | | | | 11 Truck & trailer(s) | | | | | | | | | | | | | | 02 Motorcycle | | | | 11 Truck & trailer(s) | | | | | | | | | | | | | | 02 Motorcycle | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 Motor scooter or Moped | | | | 12 Tractor-trailer(s) | | | | | | | | | | | | | | 03 Motor scooter or Moped | | | | 12 Tractor-trailer(s) | | | | | | | | | | | | | | 03 Motor scooter or Moped | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 Van | | | | 13 Cross country bus | | | | | | | | | | | | | | 04 Van | | | | 13 Cross country bus | | | | | | | | | | | | | | 04 Van | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 Pickup truck <10,001 lbs | | | | 14 School bus | | | | | | | | | | | | | | 05 Pickup truck <10,001 lbs | | | | 14 School bus | | | | | | | | | | | | | | 05 Pickup truck <10,001 lbs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 Sport utility veh - SUV | | | | 15 Transit (city) bus | | | | | | | | | | | | | | 06 Sport utility veh - SUV | | | | 15 Transit (city) bus | | | | | | | | | | | | | | 06 Sport utility veh - SUV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 Camper or RV | | | | 16 Other bus | | | | | | | | | | | | | | 07 Camper or RV | | | | 16 Other bus | | | | | | | | | | | | | | 07 Camper or RV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 Farm machinery | | | | 25 Train | | | | | | | | | | | | | | 08 Farm machinery | | | | 25 Train | | | | | | | | | | | | | | 08 Farm machinery | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 All-terrain vehicle - ATV | | | | 88 Other: _____ | | | | | | | | | | | | | | 09 All-terrain vehicle - ATV | | | | 88 Other: _____ | | | | | | | | | | | | | | 09 All-terrain vehicle - ATV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 Unknown | | | | 99 Unknown | | | | | | | | | | | | | | 99 Unknown | | | | 99 Unknown | | | | | | | | | | | | | | 99 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | | VEHICLE USE | | 01 | | VEHICLE DAMAGE | | 01 | | VEHICLE DAMAGE | | 01 | | VEHICLE USE | | 01 | | VEHICLE DAMAGE | | 01 | | VEHICLE DAMAGE | | 01 | | VEHICLE USE | | 01 | | VEHICLE DAMAGE | | 01 | | VEHICLE DAMAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 No special use | | 06 Police | | 00 None | | 04 Destroyed | | 01 No special use | | 06 Police | | 00 None | | 04 Destroyed | | 01 No special use | | 06 Police | | 00 None | | 04 Destroyed | | 01 No special use | | 06 Police | | 00 None | | 04 Destroyed | | 01 No special use | | 06 Police | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 Taxi / Limo | | 07 Ambulance | | 01 Damage (minor) | | 88 Other: _____ | | 02 Taxi / Limo | | 07 Ambulance | | 01 Damage (minor) | | 88 Other: _____ | | 02 Taxi / Limo | | 07 Ambulance | | 01 Damage (minor) | | 88 Other: _____ | | 02 Taxi / Limo | | 07 Ambulance | | 01 Damage (minor) | | 88 Other: _____ | | 02 Taxi / Limo | | 07 Ambulance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 School bus | | 08 Fire | | 02 Functional | | _____ | | 03 School bus | | 08 Fire | | 02 Functional | | _____ | | 03 School bus | | 08 Fire | | 02 Functional | | _____ | | 03 School bus | | 08 Fire | | 02 Functional | | _____ | | 03 School bus | | 08 Fire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 Other bus | | 09 Mail/Parcel | | 03 Disabling | | 99 Unknown | | 04 Other bus | | 09 Mail/Parcel | | 03 Disabling | | 99 Unknown | | 04 Other bus | | 09 Mail/Parcel | | 03 Disabling | | 99 Unknown | | 04 Other bus | | 09 Mail/Parcel | | 03 Disabling | | 99 Unknown | | 04 Other bus | | 09 Mail/Parcel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 Military | | 99 Unknown | | 05 Military | | 99 Unknown | | 05 Military | | 99 Unknown | | 05 Military | | 99 Unknown | | 05 Military | | 99 Unknown | | 05 Military | | 99 Unknown | | 05 Military | | 99 Unknown | | 05 Military | | 99 Unknown | | 05 Military | | 99 Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE LOCATION AREA | | | | 02 | | | | VEH. MANU. BEFORE UNSTAB. SIT. | | | | DAMAGE LOCATION AREA | | | | 02 | | | | VEH. MANU. BEFORE UNSTAB. SIT. | | | | DAMAGE LOCATION AREA | | | | 02 | | | | VEH. MANU. BEFORE UNSTAB. SIT. | | | | DAMAGE LOCATION AREA | | | | 02 | | | | VEH. MANU. BEFORE UNSTAB. SIT. | | | | | | | | | | | | | | | | | | | |
| First Impact 12 Major Impact 12 | | | | 01 Straight/ following road | | | | 11 Stopped awaiting turn | | | | First Impact 12 Major Impact 12 | | | | 01 Straight/ following road | | | | 11 Stopped awaiting turn | | | | First Impact 12 Major Impact 12 | | | | 01 Straight/ following road | | | | 11 Stopped awaiting turn | | | | First Impact 12 Major Impact 12 | | | | 01 Straight/ following road | | | | 11 Stopped awaiting turn | | | | | | | | | | | | | | | | | | | |
| | | | | 02 Left Turn | | | | 12 Stopped in traf | | | | | | | | 02 Left Turn | | | | 12 Stopped in traf | | | | | | | | 02 Left Turn | | | | 12 Stopped in traf | | | | | | | | 02 Left Turn | | | | 12 Stopped in traf | | | | | | | | | | | | | | | | | | | |
| | | | | 03 Right Turn | | | | 13 Illegally parked | | | | | | | | 03 Right Turn | | | | 13 Illegally parked | | | | | | | | 03 Right Turn | | | | 13 Illegally parked | | | | | | | | 03 Right Turn | | | | 13 Illegally parked | | | | | | | | | | | | | | | | | | | |
| | | | | 04 U Turn | | | | 14 Disabled in roadway | | | | | | | | 04 U Turn | | | | 14 Disabled in roadway | | | | | | | | 04 U Turn | | | | 14 Disabled in roadway | | | | | | | | 04 U Turn | | | | 14 Disabled in roadway | | | | | | | | | | | | | | | | | | | |
| | | | | 05 Passing | | | | 15 Slowing or stopping | | | | | | | | 05 Passing | | | | 15 Slowing or stopping | | | | | | | | 05 Passing | | | | 15 Slowing or stopping | | | | | | | | 05 Passing | | | | 15 Slowing or stopping | | | | | | | | | | | | | | | | | | | |
| | | | | 06 Changing lanes | | | | 16 Negotiating a curve | | | | | | | | 06 Changing lanes | | | | 16 Negotiating a curve | | | | | | | | 06 Changing lanes | | | | 16 Negotiating a curve | | | | | | | | 06 Changing lanes | | | | 16 Negotiating a curve | | | | | | | | | | | | | | | | | | | |
| | | | | 07 Avoidance man. | | | | 88 Other: _____ | | | | | | | | 07 Avoidance man. | | | | 88 Other: _____ | | | | | | | | 07 Avoidance man. | | | | 88 Other: _____ | | | | | | | | 07 Avoidance man. | | | | 88 Other: _____ | | | | | | | | | | | | | | | | | | | |
| | | | | 08 Merging | | | | 99 Unknown | | | | | | | | 08 Merging | | | | 99 Unknown | | | | | | | | 08 Merging | | | | 99 Unknown | | | | | | | | 08 Merging | | | | 99 Unknown | | | | | | | | | | | | | | | | | | | |
| | | | | 09 Parking | | | | | | | | | | | | 09 Parking | | | | | | | | | | | | | | | | 09 Parking | | | | | | | | | | | | | | | | 09 Parking | | | | | | | | | | | | | | | |
| | | | | 10 Backing | | | | | | | | | | | | 10 Backing | | | | | | | | | | | | | | | | 10 Backing | | | | | | | | | | | | | | | | 10 Backing | | | | | | | | | | | | | | | |
| 14 Undercarriage | | | | 15 Windshield | | | | 16 Other windows | | | | 99 Unknown | | | | 14 Undercarriage | | | | 15 Windshield | | | | 16 Other windows | | | | 99 Unknown | | | | 14 Undercarriage | | | | 15 Windshield | | | | 16 Other windows | | | | 99 Unknown | | | | 14 Undercarriage | | | | 15 Windshield | | | | 16 Other windows | | | | 99 Unknown | | | |
| 17 Entire vehicle damaged | | | | 88 Other: _____ | | | | | | | | 17 Entire vehicle damaged | | | | 88 Other: _____ | | | | | | | | 17 Entire vehicle damaged | | | | 88 Other: _____ | | | | | | | | 17 Entire vehicle damaged | | | | 88 Other: _____ | | | | | | | | 17 Entire vehicle damaged | | | | 88 Other: _____ | | | | | | | | | | | |
| Trailer: Present / Damaged | | | | | | | | | | | | Trailer: Present / Damaged | | | | | | | | | | | | Trailer: Present / Damaged | | | | | | | | | | | | Trailer: Present / Damaged | | | | | | | | | | | | Trailer: Present / Damaged | | | | | | | | | | | | | | | |
| 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 21 2 3 4 The exact sequence is unknown | | | | | | | | | | | | | | | | 1 2 3 4 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 | | | | | | | | 01 Ran off road right | | | | | | | | 10 Downhill runaway | | | | | | | | | | | | | | | | | | | | | | | |
| 02 Ran off road left | | | | | | | | 11 Trailer swing | | | | | | | | 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 | | | | | | | | 03 Crossed centerline | | | | | | | | 12 Separation of units | | | | | | | | | | | | | | | | | | | | | | | |
| 04 Overturn/Rollover | | | | | | | | 13 Jackknife | | | | | | | | 04 Overturn/Rollover | | | | | | | | 13 Jackknife | | | | | | | | 04 Overturn/Rollover | | | | | | | | 13 Jackknife | | | | | | | | | | | | | | | | | | | | | | | |
| 05 Crossed median | | | | | | | | 14 Fire | | | | | | | | 05 Crossed median | | | | | | | | 14 Fire | | | | | | | | 05 Crossed median | | | | | | | | 14 Fire | | | | | | | | | | | | | | | | | | | | | | | |
| 06 Fell/Jumped from veh | | | | | | | | 15 Explosion | | | | | | | | 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 | | | | | | | | 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: _____ | | | | | | | | 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. | | | | | | | | 09 Equipment failure (tire, brakes, etc.) | | | | | | | | 98 Unknown non-coll. | | | | | | | | | | | | | | | | | | | | | | | |
| 21 Pedestrian | | | | | | | | 22 Motor veh in-transport | | | | | | | | 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 | | | | | | | | 23 Legally Parked Vehicle | | | | | | | | 24 Train | | | | | | | | | | | | | | | | | | | | | | | |
| 25 Pedal cycle (bike, etc) | | | | | | | | 26 Animal | | | | | | | | 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 | | | | | | | | 27 Fixed Object | | | | | | | | 28 Other moveable object | | | | | | | | | | | | | | | | | | | | | | | |
| 99 Unknown object | | | | | | | | | | | | | | | | 99 Unknown object | | | | | | | | | | | | | | | | 99 Unknown object | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Passengers & Pedestrians | | | LIST ADDITIONAL PASSENGERS BY TRAFFIC UNIT | | | Investigating Officer / Badge No. | | Local Case No. | | Page of |
|----------------------------------|----------------------|---------------|---|-------|-----|-----------------------------------|--------|----------------|--------------|--------------------------|
| KDOT Form 854 page 1 - Rev. 2019 | | | | | | A W KLUMPP 1868 | | 20C002974 | | 3 / 4 |
| 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"/> |
| 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: | | | | |

| | | | | | | | | | | | | | | | |
|--|---|----------|------------------------------|--|--------------|--|--|--|---------------|-----------------------|----------------------------|------------------------------|--|------------------|--|
| Passengers & Pedestrians 854 page 2 | | | | PEDESTRIAN INFORMATION | | | | Investigating Officer / Badge No. A W KLUMPP 1868 | | | | Local Case No. 20C002974 | | Page of 3 / 4 | |
| Unit # Ped Type | PEDESTRIAN Last Name PEDESTRIAN 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 2 | GREY | | MN E | 115 S RUTAN 8K | | | Personal (316) 688-0202 | | M | N | F | A | | | |
| PT 21 | JIMMIE | | DOB 07/03/1929 | WICHITA KS 67214 | | | Work | | 90 | | | <input type="checkbox"/> | | | |
| TU | | | MN | | | | 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# | DirTrvl | DL State | Driver's License Number | | Special Data | | | | | | | | | | |
| 2 | N | KS | K00230901 | | | | | | | | | | | | |
| 01 | 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 | | | | | | | | | | | | | | | |
| 10 | 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 | | | | | | | | | | | | | | | |
| 02 | 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 | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 00 No evidence of impairment <input checked="" type="checkbox"/> NG - No Test given | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 01 Evidential Test (Breath,Blood,etc) <input type="checkbox"/> TR - Test Refused (Alcohol/Drug) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 02 Preliminary Breath Test PBT <input type="checkbox"/> PT - Prelim Positive Test (PBT) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 03 Behavioral <input type="checkbox"/> TG - Evidentiary Test given | | | | | | | | | | | | | | | |
| 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"/> RP - Results pending | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 05 Observed (Odor, staggering, slurred speech, etc) | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 06 Other (e.g. saliva test) | | | | | | | | | | | | | | | |
| Evidentiary Breath Eye Fluid | | | | | | | | | | | | | | | |
| 0. 0. | | | | | | | | | | | | | | | |
| Blood (BAC) Other | | | | | | | | | | | | | | | |
| 0. 0. | | | | | | | | | | | | | | | |
| Drug screen result | | | | | | | | | | | | | | | |

Crash Narrative

KDOT Form 851 - Rev. 2019

**Officer / Witness Statements / Description
Additional Information**

Investigating Officer / Badge No.

A W KLUMPP 1868

Local Case No.

20C002974

Page of

4 / 4

AREA OF IMPACT

THE AREA OF IMPACT (AOI) WAS APPROXIMATELY 25 FEET SOUTH OF NORTH CUB LINE OF DOUGLAS AND IN THE CROSSWALK OF THE WEST SIDE OF THE INTERSECTION.

VEHICLE

V1 IS A BLUE 2012 SUZUKI GRAND VITARA WITH KS TAG OF 808CNG. V1 WAS NORTH ON HILLSIDE TURNING WEST (LEFT) ONTO DOUGLAS.

STATEMENTS

D1 M. COX STATED THAT HE WAS NORTH ON HILLSIDE MAKING A LEFT TURN TO GO WEST ONTO DOUGLAS. AS HE PROCEEDED IN HIS TURN HE STATED THAT HE HAD A GREEN LEFT TURN ARROW AND STRUCK PED2 J. GREY IN THE CROSSWALK.

W1 KILEE BELL (316)339-9830 STATED THAT SHE WAS SOUTH ON HILLSIDE STOPPED FOR THE RED LIGHT. SHE SAW THE SB LIGHT TO TURN LEFT ONTO DOUGLAS TURN TO A GREEN ARROW AND SAW D1 M. COX MAKE HIS LEFT TURN AND STRUCK PED2 J. GREY IN THE CROSSWALK.

PED2 J. GREY TRANSPORTED TO WESLEY MEDICAL CENTER BY MED 33 CODE RED WITH CRITICAL INJURIES.

ROAD SURFACE

THE INTERSECTION OF DOUGLAS AND HILLSIDE IS A FOUR-WAY INTERSECTION. THE ROAD SURFACE IS CONSTRUCTED OF ASPHALT WHICH WAS FREE OF ANY DEFECTS OR SIGNIFICANT DEBRIS. THE INTERSECTION HAS A CLEARLY DEFINED CROSSWALKS CONSTRUCTED OF BRICKS. THE TRAVEL LANES ARE SEPARATED WITH PAINTED LINES WHICH WERE IN GOOD CONDITIONS AND IN CONTRAST WITH THE ROADWAY. VEHICLE AND PEDESTRIAN TRAFFIC IS CONTROLLED BY SIGNALS WHICH WERE FUNCTIONING PROPERLY.

WEATHER

AT THE TIME OF THE COLLISION IT WAS DAYLIGHT AND THERE WAS NOT ANY ADVERSE WEATHER CONDITIONS.

OPINION

IN MY OPINION THE COLLISION WAS CAUSED BY PED2 DISOBEYING THE PEDESTRIAN WALK SIGNAL.

2/14/2020 MJH 1569

P2 Grey died from his injuries while in Wesley Medical Center on 1/18/2020. Notified by Lt Patton.

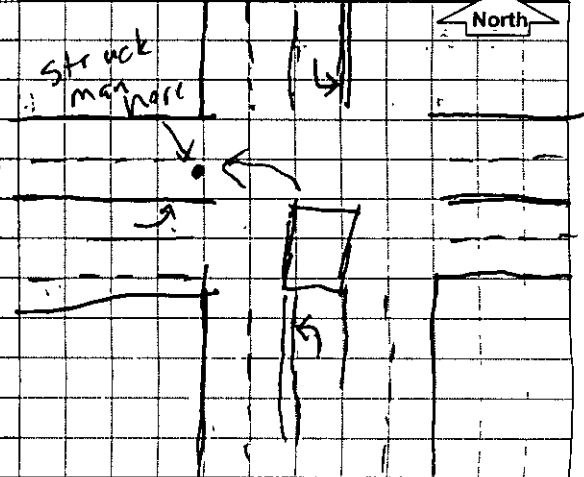
| | | | |
|---|--|----------------|---------|
| Crash Narrative KDOT Form 851 - Rev. 2019 | Officer / Witness Statements / Description Additional Information | Local Case No. | Page of |
| | | 20C002974 | 4 / 4 |
| | | | |

| | | | | | | | | | | | | |
|---|--|---|--|---|------------|--|--|--|--|---|--|--|
| Page 1 of 1 | | Data Entered Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Beat 31 | Watch 1 | WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT | | | | Incident Number 20C002974 | | |
| Code 7020 | | Classification MV-PED | | Code | | Classification | | Agency | | Connecting Case | | |
| <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Private Property | | <input type="checkbox"/> Hit & Run | | <input type="checkbox"/> Property Damage Only OVER \$1000 | | <input type="checkbox"/> Property Damage Only UNDER \$1000 | | | | | | |
| Date of Acc 1-14-2020 | | Time of Acc 1503 | | Location of Acc Douglas & Hillside | | Speed Limit 35 | | Officer at Scene Thompson #1866 | | | | |
| Last Name (Please Print) Cox | | | | First Name Mark | | | | M.I. A | | Date of Birth 07/20/72 | | Age 47 |
| Home Street Address 118 N. Erie | | | | Apt / Lot / Suite # - | | City Wichita | | State KS | | Zip Code 67214 | | |
| Race C | | Ethnic W | | Sex M | | Social Security Number (Optional) | | Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Home Phone Number 3164443577 | | Cell Phone Number 3163099273 |
| DL State KS | | DL Number K00-874657 | | DL Class C | | DL Restrictions N | | Safety Equipment <input checked="" type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Helmet <input type="checkbox"/> Eye Protection | | <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Shoulder Belt Only | | |
| Work Name/School & Grade Kansas State Carnegie | | | | Address | | City Mulvane | | State KS | | Zip Code | | Work Phone Number 3167195080 |
| Year 12 | | Make Suzuki | | Model Grand Vitara | | Body Style PR | | Color Blue | | Motorcycle CCs | | Mark areas where your vehicle is Damaged <input type="checkbox"/> Windshield <input type="checkbox"/> Windows <input type="checkbox"/> Top <input type="checkbox"/> Under <input type="checkbox"/> Trailer present <input type="checkbox"/> Trailer Damaged Airbag Deployed <input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side <input type="checkbox"/> Side airbag(s) |
| Lic. Plate State KS | | Lic. Plate number 808 CNG | | Lic. Plate Expires (mm/yy) 01/4/20 | | Number of Miles on Vehicle 107976 | | Front 3 4 5 6 7 8 2 17 18 19 9 16 15 14 13 12 11 | | | | |
| Vehicle Identification Number (VIN) 1S3TE0D060946002811 | | | | Total number of Occupants 1 | | | | | | | | |
| Insurance Company Farm Bureau | | | | Insurance Policy Number 7960755 | | | | | | | | |
| Agent's Name D. Bishop | | | | Agent's Phone Number (316)687-0255 | | | | | | | | |
| Last Name (Same as Driver) Sams | | | | First Name | | | | Home Phone Number | | | | |
| Home Street Address | | | | Apt / Lot / Suite # | | City | | State | | Zip Code | | |
| Social Security Number (Optional) | | Date of Birth | | Age | | Race | | Ethnic | | Sex | | Cell Phone Number |
| Last Name | | | | First Name | | | | M.I. | | Date of Birth | | Age |
| Home Street Address | | | | Apt / Lot / Suite # | | City | | State | | ZIP Code | | |
| Race | | Ethnic | | Sex | | Social Security Number (Optional) | | Injured <input type="checkbox"/> Yes <input type="checkbox"/> No | | Home Phone Number | | Cell Phone Number |
| Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side | | <input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center | | <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger | | <input type="checkbox"/> Other | | Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only | | <input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat | | |
| Last Name | | | | First Name | | | | M.I. | | Date of Birth | | Age |
| Home Street Address | | | | Apt / Lot / Suite # | | City | | State | | ZIP Code | | |
| Race | | Ethnic | | Sex | | Social Security Number (Optional) | | Injured <input type="checkbox"/> Yes <input type="checkbox"/> No | | Home Phone Number | | Cell Phone Number |
| Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side | | <input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center | | <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger | | <input type="checkbox"/> Other | | Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only | | <input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat | | |
| Last Name | | | | First Name | | | | M.I. | | Date of Birth | | Age |
| Home Street Address | | | | Apt / Lot / Suite # | | City | | State | | ZIP Code | | |
| Race | | Ethnic | | Sex | | Social Security Number (Optional) | | Injured <input type="checkbox"/> Yes <input type="checkbox"/> No | | Home Phone Number | | Cell Phone Number |
| Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side | | <input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center | | <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger | | <input type="checkbox"/> Other | | Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only | | <input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat | | |
| Last Name | | | | First Name | | | | M.I. | | Date of Birth | | Age |
| Home Street Address | | | | Apt / Lot / Suite # | | City | | State | | ZIP Code | | |
| Race | | Ethnic | | Sex | | Social Security Number (Optional) | | Injured <input type="checkbox"/> Yes <input type="checkbox"/> No | | Home Phone Number | | Cell Phone Number |
| Where Seated in Vehicle <input type="checkbox"/> Rear Driver's Side | | <input type="checkbox"/> Front Center <input type="checkbox"/> Rear Center | | <input type="checkbox"/> Front Passenger <input type="checkbox"/> Rear Passenger | | <input type="checkbox"/> Other | | Seatbelt Usage <input type="checkbox"/> Lap & Shoulder Belt <input type="checkbox"/> Lap Belt Only | | <input type="checkbox"/> Shoulder Belt Only <input type="checkbox"/> Infant Seat <input type="checkbox"/> Child Seat <input type="checkbox"/> Booster Seat | | |

Driver's Narrative: Describe the accident in detail Your direction of travel: North Your Speed: 5 mph

I was ~~at~~ facing north in the turn lane to turn west onto Douglas. The light was red at this point. The green arrow for me to turn ~~west~~ came on. I proceeded through the intersection at 5 mph. Next thing I see is him looking at me just before I hit him. After coming to a stop I looked up to see that the 'don't walk' was still showing it was. The path was clear before I proceeded.

Driver's Diagram (Optional)



"I declare under penalty of perjury that the foregoing is true and correct,"

Signature

[Handwritten Signature]

Date 1-13-2020

Officer's Narrative

HLOR

| | | | | | |
|---------------|-----------|--------------|----------|--------------------|----------|
| Time Occurred | Time Disp | Time Arrived | Towed by | Injured Removed by | Taken To |
| 1503 | 1503 | 1516 | - | Mco 33 | Wmc |

Officer

[Handwritten Signature] 1868

Date / Time 1-14-2020

Supervisor

[Handwritten Signature] 1868

Date 1-15-20

| | | | | | |
|----------------------------|--------|----------------------------------|--------------|----------------------|--------------|
| Page 1 of 1 pages | | WICHITA POLICE DEPARTMENT | | Incident Number | |
| | | WITNESS STATEMENT | | 20C002974 | |
| Last Name (Please Print) | | First Name | | M.I. | DOB |
| Bell | | Kille | | E | 08/30/00 |
| Home Street Address | | Apt / Lot / Suite Number | | City | State |
| 2881 SIDA | | | | Wichita | KS |
| Race | Ethnic | Sex | Home Phone # | Cell Phone # | Work Phone # |
| W | White | F | 316-339-9800 | | N/A |
| Work Name / School & Grade | | Street Address | | City | State |
| | | | | | Zip Code |
| Time of Incident | | Date of Incident | | Location of Incident | |
| approx 3:00pm | | 01-14-20 | | Douglas 3, Hillside | |

Narrative

I was driving my car and heading towards the highway on hillside and when stopped at the red light on Hillside 3 Douglas I saw the turn signal turn green for traffic on Hillside to go and as the man was turning an elderly man was crossing the crosswalk and the man wasn't paying attention and hit him. I got my car parked where traffic wouldn't hit him and I got out to help until ambulance arrived.

Signature

Kille Bell

Officer and ID

2881 SIDA

Date

1-14-20 Time 3:26pm

Date

1-14-2020 Time 1825 Hrs