

Kansas Motor Vehicle Crash Report

KDOT Form 850A page 1 Rev. 2019

Investigating Department
WICHITA POLICE

Investigating Officer Name
PARKER

Milepost: 50
Block No: 3500
Dir Pfx: N

From Dist: 50
Ft/Mi: F
From Dir: N
Dir Pfx: W

Narrative: Describe the unit's pre-crash position and direction of travel
V1 was traveling s/b on [redacted]
V2 was traveling s/b on [redacted]
V3 was traveling n/b on [redacted]

INFORMATION REDACTED
PURSUANT TO THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C.
552(B)(6)

County: SG
City Name: WICHITA

Time Occur: 08:15 FR
Time Notif: 08:27 FR
Time Arriv: 08:35 FR

Amended Report
 DUI
 Hit & Run
 Crash Severity
Fatal Injury
PDO >= \$1,000
PDO < \$1,000

WORK ZONE TYPE: 00 ON
01 Construction Zone - (KDOT)
02 Maintenance Zone -
03 Utility Zone -
99 Unknown
- LOCATION IN WORK ZONE (AOI)
01 Before first warning sign
02 Advance warning area
03 Transition area
04 Activity area
05 Termination area
99 Unknown

KDOT? Object 1 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone
Owner Last Name First Name Middle Name City State Zip Work Phone
KDOT? Object 2 Damaged & Nature of Damage (show in diagram) Owner Street Address Personal Phone
Owner Last Name First Name Middle Name City State Zip Work Phone

ONLY CHOOSE ONE CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE

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

00 ADVERSE WEATHER CONDITIONS
00 No adverse conditions
01 Rain, mist, drizzle
02 Sleet, hail
03 Snow
04 Fog
05 Smoke
06 Strong wind
07 Blowing dust, sand, etc.
08 Freezing rain, mist, drizzle
14 Rain & fog
16 Rain & wind 88 Other:
24 Sleet & fog
36 Snow & wind 99 Unknown

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

01 SURFACE CONDITIONS ON 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

13 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

03 +INTERSECTION TYPE
01 Four-way intersection
02 Five-way or more
03 T - intersection
04 Y - intersection
05 L - intersection
06 Roundabout (See Manual for Definitions)
07 Traffic Circle
08 Part of an interchange
99 Unknown

ROAD SPECIAL FEATURES (up to 3)
00 None 00 2 3
01 Bridge
02 Bridge Overhead
03 Railroad Bridge
04 RRRXING
05 Int

03 CRASH CLASS (mark 1 box per side)
1st Harmful Event **Most Harmful Event**
00 Other non-collision
01 Overturned/Rollover
COLLISION WITH:
02 Pedestrian
03 Motor vehicle in-transport*
04 Legally Parked Vehicle
05 Railway train
06 Pedal cyclist
07 Animal Type: _____
08 Fixed object**
09 Other object: _____
99 Unknown

****FIXED OBJECT TYPE** (mark 1 box per side if applicable)
1st Harmful Event **Most Harmful Event**
01 Bridge structure
02 Bridge rail
03 Crash cush./Impact attenuator
04 Divider, median barrier
05 Overhead sign support
06 Utility devices: pole, meter, etc
07 Other post or pole
08 Building
09 Guardrail
10 Sign post
11 Culvert
12 Curb
13 Fence/Gate
14 Hydrant
15 Barricade
16 Mailbox
17 Ditch
18 Embankment
19 Wall
20 Tree
21 RRRXING fixtures
88 Other:

02 *COLLISION WITH VEHICLE 02
(mark 1 box per side if applicable)
1st Harmful Event **Most Harmful Event**
01 Head on
02 Rear end
03 Angle - side impact
04 Sideswipe: opposite direction
05 Sideswipe: Same direction
06 Backed into
88 Other:
99 Unknown

TRAFFIC CONTROLS (On / At Road) O/A
Type Present OK/NF
00 None
01 Officer, flagger
02 Traffic signal
03 Stop sign
04 Flasher
05 Yield sign
06 RR gates / signal
07 RR crossing signs
08 No passing zone
09 Center/Edge lines
10 Warning signs
11 School zone signs
12 Parking lines
88 Other:
99 Unknown

1	0	1	09	1	OK
2	2	2			
3	3	3			
4	4	4			
5	5	5			

Crash Diagram
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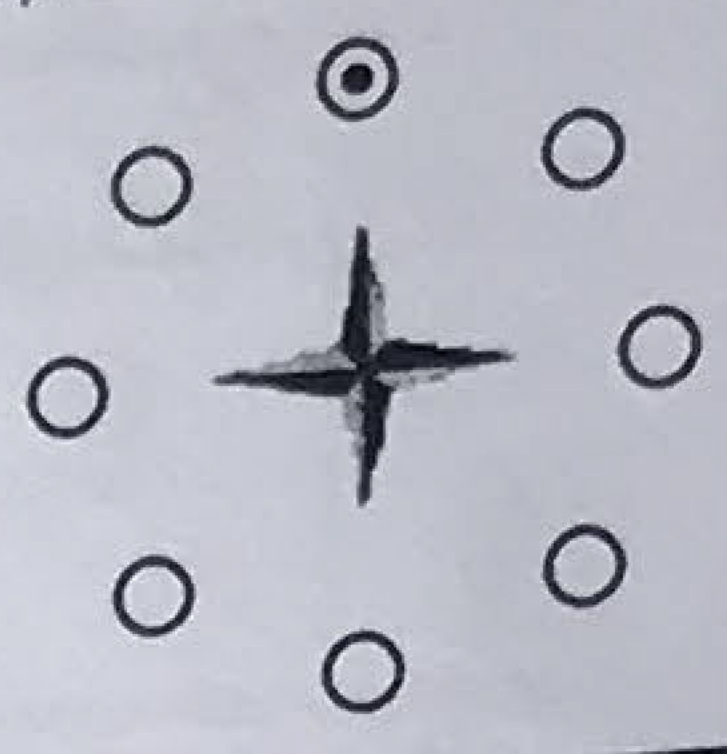
ROADWAY NUMBER OF LANES
01 One
02 Two
03 Three
04 Four to Six
05 Seven or more
88 Other: _____
99 Unknown

ROAD CHARACTER
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

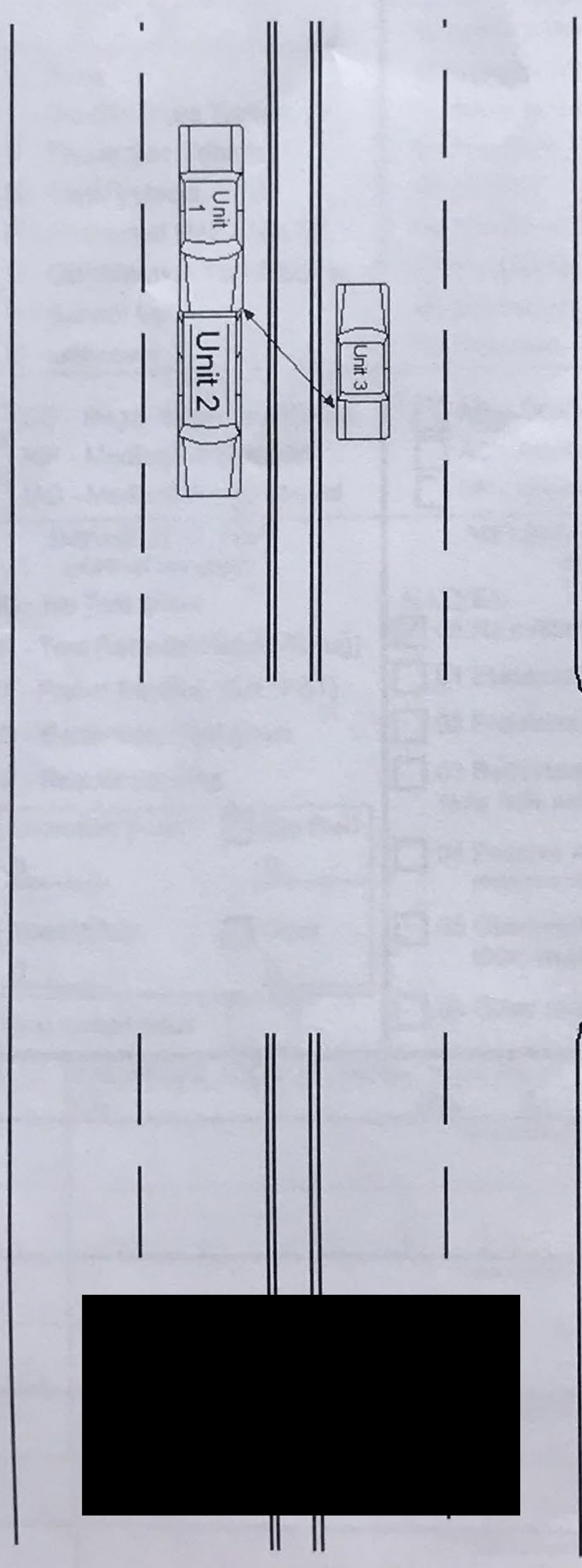
SPECIAL JURISDICTION
00 Normal Jurisdiction (Not Special)
01 National Park Service
02 Military
03 Indian Reservation
04 College / University Campus
05 Other Federal property
88 Other: _____
99 Unknown

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.

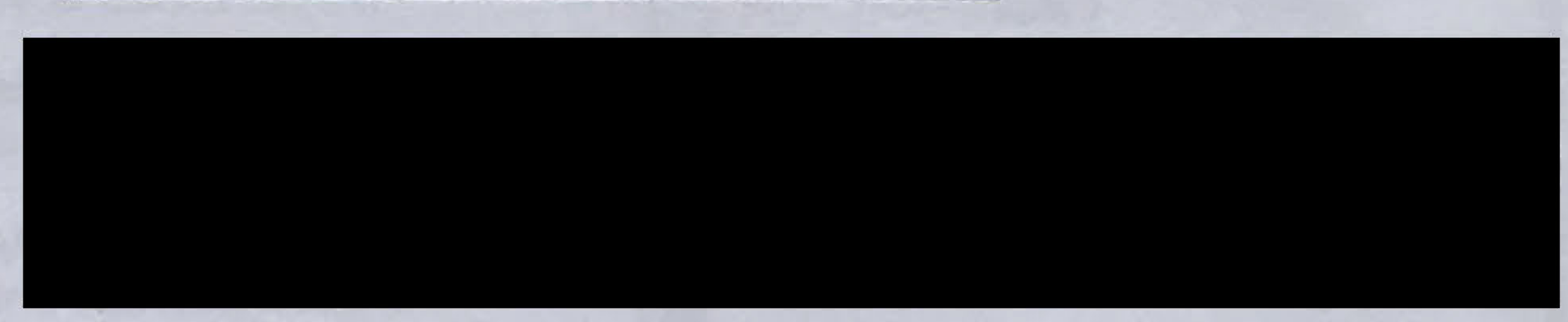
Indicate North Direction



Draw scene as observed or recreate per statements and evidence available



NOT TO SCALE



wn

02

ent

OK/NF

OK

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

PARKER 1723 [Redacted] 3 / 7

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	CITATION#

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

D1 33

Unit # Seat Type	DRIVER Last Name First Name	Middle Name	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 ST	[Redacted]	MN S	[Redacted] New address? <input type="checkbox"/>	[Redacted] Work	F	S	D	A
TU 02 ST	[Redacted]	MN D	WICHITA KS [Redacted] New address? <input type="checkbox"/>	[Redacted] Work	[Redacted]	N		<input type="checkbox"/>
TU 01 ST	[Redacted]	[Redacted]	MAIZE KS [Redacted] New address? <input type="checkbox"/>	[Redacted] Work	M	S	N	<input type="checkbox"/>

TRAFFIC UNIT# 01 (01, 03, N3, X3, etc) DL State KS [Redacted] per [Redacted] DL Class C Driving for Employer? CDL?

TRAFFIC UNIT# 02 (02, 04, N2, X4, etc) DL State KS [Redacted] per [Redacted] DL Class C Driving for Employer? CDL?

DRIVER LICENSE COMPLI	RESTRICT COMPLI	COMMERCIAL ENDORSEMENTS	DRIVER LICENSE COMPLI	RESTRICT COMPLI	COMMERCIAL ENDORSEMENTS
<input type="checkbox"/> 00 Not licensed <input type="checkbox"/> 01 Valid License <input type="checkbox"/> 02 Suspended <input type="checkbox"/> 03 Revoked <input type="checkbox"/> 04 Expired <input type="checkbox"/> 05 Cancl'd or Denied <input type="checkbox"/> 06 Disqualified <input type="checkbox"/> 07 Restricted <input type="checkbox"/> 99 Unknown	Restrictions? <input type="checkbox"/> N Driver's Lic Restrictions <input type="checkbox"/> Y <input type="checkbox"/> N 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 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	<input type="checkbox"/> 00 Not licensed <input type="checkbox"/> 01 Valid License <input type="checkbox"/> 02 Suspended <input type="checkbox"/> 03 Revoked <input type="checkbox"/> 04 Expired <input type="checkbox"/> 05 Cancl'd or Denied <input type="checkbox"/> 06 Disqualified <input type="checkbox"/> 07 Restricted <input type="checkbox"/> 99 Unknown	Restrictions? <input type="checkbox"/> N Driver's Lic Restrictions <input type="checkbox"/> Y <input type="checkbox"/> N 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 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 DC - Illegal drugs contributed
 AC - Alcohol contributed MP - Medication ingested
 DP - Illegal drugs ingested 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 <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)	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 <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/>	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 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)	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 <input type="checkbox"/> Evidentiary Breath <input type="checkbox"/> Eye Fluid 0. _____ 0. _____ <input type="checkbox"/> Blood (BAC) <input type="checkbox"/> Other 0. _____ 0. _____ Drug screen result <input type="checkbox"/>

Unit # Seat Type	PASSENGER Last Name First Name	Middle Name	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 ST		MN		Personal				
TU ST		MN		Personal				<input type="checkbox"/>
TU ST		MN		Personal				<input type="checkbox"/>
TU ST		MN		Personal				<input type="checkbox"/>

Transport Unit A EMS Time Notified Injured taken by: EMS
 EMS Arrived EMS Time@Hosp Injured taken to: ST FRANCIS

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

UCCU
KDOT F
TU#

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

OWNER First Name
Last Name ("Same" if Driver)
Middle Name
New address
Personal Phone
Work Phone

CITY WICHITA
STATE KS
COLOR WHI
YEAR 2015
MAKE LEXS
MODEL GX46
BODY STYLE 4D
MC CCs

Unit # 03
Seat Type 01
County AVA
Exp YR 2019
Removed by: KIDDS TOWING
Dir of Travel S
Occupants 01

PHOENIX INS COMPANY
SPECIAL CONDITIONS FOR TRAFFIC UNITS

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

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

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

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

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

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

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

04 VEHICLE DAMAGE

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

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

02 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

11 10 9B 9A 8 7
12C 13 6C
12B 12A

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

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

DAMAGE LOCATION AREA

First Impact 06 Major Impact 06

11 10 9B 9A 8 7
12C 13 6C
12B 12A

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

Trailer: Present / Damaged

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

1 22 2 22 3 4

NON-COLLISION COLLISION WITH

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:
99 Unknown non-coll

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 non-coll

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
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12 Separation of units
13 Jackknife
14 Fire
15 Explosion
16 Immersion in water
88 Other event:
99 Unknown non-coll

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# U1 (01, 03, N3, X3, etc)		VEHICLE# U2 (02, 04, N2, X4, etc)	
Middle Name S		Middle Name S	
New address? <input type="checkbox"/> Personal Phone		New address? <input type="checkbox"/> Personal Phone	
CITY WICHITA ST KS		CITY WICHITA ST KS	
Work Phone		Work Phone	

COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST	COLOR	YEAR	MAKE	MODEL	BODY STYLE	ST
BLK	2014	TOYT	AVA	4D	KS	WHI	2015	LEXS	GX46	4D	KS
County	Exp YR	Removed by:	MC CCs		County	Exp YR	Removed by:	MC CCs		Dir of Travel	# Occupants
SG	2019	KIDDS TOWING			SG	2019				S	01

Insurance Company PRIVILEGE UNDERWRITERS	Insurance Company PHOENIX INS COMPANY
SPECIAL CONDITIONS FOR TRAFFIC UNITS	SPECIAL CONDITIONS FOR TRAFFIC UNITS
1 Hit & Run	1 Hit & Run
2 Non-Contact	2 Non-Contact
3 Stolen	3 Stolen
4 Legally Parked	4 Legally Parked
5 Pursued by LE	5 Pursued by LE
6 Driverless	6 Driverless
7 Towed away due to damage	7 Towed away due to damage

01 VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)	06 VEHICLE BODY TYPE	LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
01 Automobile	10 Single heavy truck >10,000 lbs	01 Automobile	10 Single heavy truck >10,000 lbs
02 Motorcycle	11 Truck & trailer(s)	02 Motorcycle	11 Truck & trailer(s)
03 Motor scooter or Moped	12 Tractor-trailer(s)	03 Motor scooter or Moped	12 Tractor-trailer(s)
04 Van	13 Cross country bus	04 Van	13 Cross country bus
05 Pickup truck <10,001 lbs	14 School bus	05 Pickup truck <10,001 lbs	14 School bus
06 Sport utility veh - SUV	15 Transit (city) bus	06 Sport utility veh - SUV	15 Transit (city) bus
07 Camper or RV	16 Other bus	07 Camper or RV	16 Other bus
08 Farm machinery	25 Train	08 Farm machinery	25 Train
09 All-terrain vehicle - ATV	88 Other: _____	09 All-terrain vehicle - ATV	88 Other: _____
	99 Unknown		99 Unknown

01 VEHICLE USE	04 VEHICLE DAMAGE	01 VEHICLE USE	02 VEHICLE DAMAGE
01 No special use	00 None	01 No special use	00 None
02 Taxi / Limo	01 Damage (minor)	02 Taxi / Limo	01 Damage (minor)
03 School bus	02 Functional	03 School bus	02 Functional
04 Other bus	03 Disabling	04 Other bus	03 Disabling
05 Military	04 Destroyed	05 Military	03 Disabling
06 Police	08 Other: _____	06 Police	04 Destroyed
07 Ambulance	99 Unknown	07 Ambulance	08 Other: _____
08 Fire		08 Fire	99 Unknown
09 Mail/Parcel		09 Mail/Parcel	
99 Unknown		99 Unknown	

DAMAGE LOCATION AREA	01 VEH. MANU. BEFORE UNSTAB. SIT.	DAMAGE LOCATION AREA	11 VEH. MANU. BEFORE UNSTAB. SIT.
First Impact 12 Major Impact 12	01 Straight/ following road	First Impact 06 Major Impact 06	01 Straight/ following road
12C 13 6C	02 Left Turn	12B 12A 12C 13 6C	02 Left Turn
11 10 9B 9A 8 7	03 Right Turn	11 10 9B 9A 8 7	03 Right Turn
<input type="checkbox"/> 14 Undercarriage	04 U Turn	<input type="checkbox"/> 14 Undercarriage	04 U Turn
<input type="checkbox"/> 15 Windshield	05 Passing	<input type="checkbox"/> 15 Windshield	05 Passing
<input type="checkbox"/> 16 Other windows	06 Changing lanes	<input type="checkbox"/> 16 Other windows	06 Changing lanes
<input type="checkbox"/> 17 Entire vehicle damaged	07 Avoidance man.	<input type="checkbox"/> 17 Entire vehicle damaged	07 Avoidance man.
<input type="checkbox"/> 88 Other: _____	08 Merging	<input type="checkbox"/> 88 Other: _____	08 Merging
Trailer: Present / Damaged	09 Parking	Trailer: Present / Damaged	09 Parking
	10 Backing		10 Backing

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 22 2 3 4 <input type="checkbox"/> The exact sequence is unknown	1 22 2 22 3 4 <input type="checkbox"/> The exact sequence is unknown

NON-COLLISION	COLLISION WITH	NON-COLLISION	COLLISION WITH
01 Ran off road right	21 Pedestrian	01 Ran off road right	21 Pedestrian
02 Ran off road left	22 Motor veh in-transport	02 Ran off road left	22 Motor veh in-transport
03 Crossed centerline	23 Legally Parked Vehicle	03 Crossed centerline	23 Legally Parked Vehicle
04 Overturn/Rollover	24 Train	04 Overturn/Rollover	24 Train
05 Crossed median	25 Pedal cycle (bike, etc)	05 Crossed median	25 Pedal cycle (bike, etc)
06 Fell/Jumped from veh	26 Animal	06 Fell/Jumped from veh	26 Animal
07 Thrown or falling object	27 Fixed Object	07 Thrown or falling object	27 Fixed Object
08 Cargo loss or shift	28 Other moveable object	08 Cargo loss or shift	28 Other moveable object
09 Equipment failure (tire brakes etc)	99 Unknown non-coll	09 Equipment failure (tire brakes etc)	99 Unknown object

Occupants & vehicles
KDOT Form 850B page 1 - Rev. 2019

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

PARKER

1723

5 / 7

TU#	VIOLATIONS CHARGED	CITATION#	TU#	VIOLATIONS CHARGED	More violation	VIOLATION#

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

Unit #	DRIVER Last Name	Middle Name	DRIVER ADDRESS (Number, Street, Suffix, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	DRIVER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU 03		MN			F	S	N	<input type="checkbox"/>
ST 01		D	GODDARD KS			N		<input type="checkbox"/>
TU 01		MN						<input type="checkbox"/>
ST		DOB						

TRAFFIC UNIT# 03 (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	K00012495	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"/>	00	Not licensed	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
01	Valid License	Driver's Lic Restrictions <input type="checkbox"/> Y <input type="checkbox"/> N	Z - None	01	Valid License	Z - None
02	Suspended	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	T - Double/Triple Trailer	02	Suspended	T - Double/Triple Trailer
03	Revoked	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	P - Passenger Vehicle	03	Revoked	P - Passenger Vehicle
04	Expired	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	N - Tank Vehicle	04	Expired	N - Tank Vehicle
05	Cancl'd or Denied	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	H - Placarded Haz. Material	05	Cancl'd or Denied	H - Placarded Haz. Material
06	Disqualified	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	X - Combination Tank/HazMat	06	Disqualified	X - Combination Tank/HazMat
07	Restricted	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	S - School Bus	07	Restricted	S - School Bus
99	Unknown	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	U - Unknown	99	Unknown	U - Unknown

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"/> DC - Illegal drugs contributed	<input type="checkbox"/> MP - Medication ingested
<input type="checkbox"/> DP - Illegal drugs ingested		<input type="checkbox"/> MC - Medication contributed	

METHOD OF DETERMINATION (mark all that apply)		METHOD OF DETERMINATION (mark all that apply)	
<input checked="" type="checkbox"/> 00 No evidence of impairment	<input checked="" type="checkbox"/> 01 Evidential Test (Breath, Blood, etc)	<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	<input type="checkbox"/> 02 Preliminary Breath Test PBT	<input type="checkbox"/> 03 Behavioral
<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"/> 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)		<input type="checkbox"/> 06 Other (e.g. saliva test)	

Unit #	PASSENGER Last Name	Middle Name	PASSENGER ADDRESS (Number, Street, Sfx, etc.)	Personal Phone Number	Gender	SE Used	Inj Severity	Transpt Unit
Seat Type	PASSENGER First Name	Date of Birth	City State Zip	Work Phone Number	Age	Eject/Trap	Eject Path	Extrication?
TU		MN						<input type="checkbox"/>
ST		DOB						
TU		MN						<input type="checkbox"/>
ST		DOB						
TU		MN						<input type="checkbox"/>
ST		DOB						
TU		MN						<input type="checkbox"/>
ST		DOB						

Transport Unit	EMS Time Notified	Injured taken by:	Transport Unit	EMS Time Notified	Injured taken by:

Occupants & vehicles

850B page 2

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

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

6 / 7

OWNER First Name
Middle Name
OWNER ADDRESS (Number, Street)
CITY
GODDARD
STATE
KS
COLOR
WHI
YEAR
2015
MAKE
CHEV
MODEL
CRZ
BODY STYLE
4D
ST
KS
Exp YR
2019
County
SG
Removed by:
Dir of Travel
N
Occupants
01

OWNER Last Name ("Same" if Driver)
OWNER First Name
New address? Personal Phone
Work 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

AMERICAN FAMILY
SPECIAL CONDITIONS FOR TRAFFIC UNITS
1 Hit & Run
2 Non-Contact
3 Stolen
4 Legally Parked
5 Pursued by LE
6 Driverless
7 Towed away due to damage

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

01 VEHICLE BODY TYPE
LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
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
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 BODY TYPE
LARGE / HEAVY VEHICLE (GCVWR over 10,000lbs)
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
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
02 VEHICLE DAMAGE
00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other:
99 Unknown

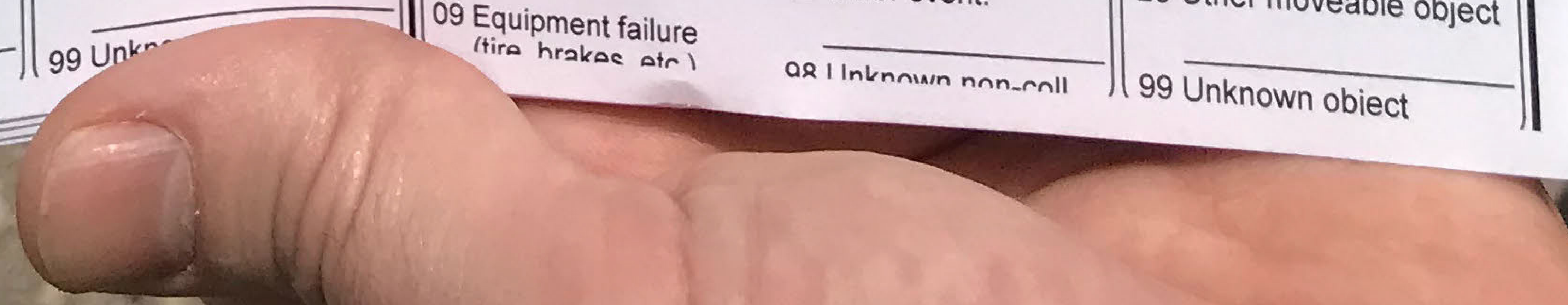
VEHICLE USE
01 No special use
02 Taxi / Limo
03 School bus
04 Other bus
05 Military
06 Police
07 Ambulance
08 Fire
09 Mail/Parcel
99 Unknown
VEHICLE DAMAGE
00 None
01 Damage (minor)
02 Functional
03 Disabling
04 Destroyed
88 Other:
99 Unknown

DAMAGE LOCATION AREA
First Impact 08 Major Impact 08
11 10 9B 9A X 7
12B 12C 13 6C 6A 6B
14 Undercarriage
15 Windshield
16 Other windows
17 Entire vehicle damaged
18 Other:
Trailer: Present / Damaged

DAMAGE LOCATION AREA
First Impact Major Impact
1 2 3A 3B 4 5
FRONT 12B 12C 13 6C 6A 6B
11 10 9B 9A 8 7
14 Undercarriage
15 Windshield
16 Other windows
17 Entire vehicle damaged
18 Other:
Trailer: Present / Damaged

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 22 2 3 4
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:
99 Unknown non-coll

VEHICLE SEQUENCE OF EVENTS (List up to 4 per unit in the order of occurrence)
1 2 3 4
NON-COLLISION
01 Ran off road right
02 Ran off road left
03 Crossed centerline
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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:
99 Unknown non-coll



Injury Accident

D2 [redacted] stated he was s/b on [redacted] in lane 3 waiting to turn left onto [redacted]. Before D2 could turn he states he was struck by V1.

D3 [redacted] states she was n/b on [redacted] in lane 2 when she was struck by an unknown vehicle. [redacted] could not remember what vehicle struck her.

D1 [redacted] was [redacted] at the time of the investigation so she could not give a statement. D1 was transported to St. Francis code yellow. D1 was initially [redacted] but [redacted] before transport.

Officer's Narrative: Based on the damage to vehicles and the witness statements it appears that D1 was either preoccupied or following too closely and rear-ended V2. V2 was forced into the n/b lane (lane 2) striking V3. V1 came to rest in lane 4 s/b narrowly missing W1 [redacted]. D2 and D3 were not injured and both vehicles were operable. D1's vehicle was towed and she was hospitalized. I went to the hospital but I could not get a statement from D1 because she was receiving medical treatment. No citation issued at this time.

WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT

Page 1 of 3 Data Entered Yes No Beat 19 Watch 1st
 Code 7030 Classification MV/MV Code [redacted] Classification [redacted]
 Fatal Injury Private Property Hit & Run Property Damage Only OVER \$1000 Property Damage Only UNDER \$1000
 Time of Acc 0815 Location of Acc [redacted] City Wichita State KS
 Officer at Scene PARKER #1723

Driver/Ped. [redacted] Race W Ethnic N Sex F Injured Yes No
 DL State KS DL Class C DL Restrictions NONE Safety Equipment Lap & Shoulder Belt Lap Belt Only Shoulder Belt Only
 Helmet Eye Protection Work Phone Number [redacted]

Year 14 Make TOYOTA Model Avalon Body Style 4dr Color BLACK Motorcycle CCs [redacted]
 Lic. Plate State KS License Number [redacted] Number of Miles on Vehicle [redacted] Total number of Occupants 01
 Mark areas where your vehicle is Damaged: Windshield, Windows, Top, Under, Trailer present, Trailer Damaged. Diagram shows damage to front left and right fenders and bumper.

Vehicle Inform Agent's Name [redacted] Agent's Phone Number [redacted] Home Phone Number [redacted]
 Owner Last Name (Same if Driver) [redacted] First Name [redacted] State [redacted] Zip Code [redacted]
 Home Street Address [redacted] Apt / Lot / Suite # [redacted] City [redacted]

1 Driver: Last Name [redacted] First Name [redacted] State [redacted] ZIP Code [redacted]
 Home Street Address [redacted] Apt / Lot / Suite # [redacted] City [redacted] Home Phone Number [redacted] Cell Phone Number [redacted]
 Race [redacted] Ethnic [redacted] Sex [redacted] Social Security Number (Optional) [redacted] Injured Yes No

2 Passenger: Where Seated in Vehicle Front Center Rear Center Front Passenger Rear Passenger
 Injured Yes No Seatbelt Usage Other Lap & Shoulder Belt Lap Belt Only
 Last Name [redacted] First Name [redacted] State [redacted] ZIP Code [redacted]
 Home Street Address [redacted] Apt / Lot / Suite # [redacted] City [redacted] Home Phone Number [redacted] Cell Phone Number [redacted]

3 Passenger: Where Seated in Vehicle Front Center Rear Center Front Passenger Rear Passenger
 Injured Yes No Seatbelt Usage Other Lap & Shoulder Belt Lap Belt Only
 Last Name [redacted] First Name [redacted] State [redacted] ZIP Code [redacted]
 Home Street Address [redacted] Apt / Lot / Suite # [redacted] City [redacted] Home Phone Number [redacted] Cell Phone Number [redacted]

4 Passenger: Where Seated in Vehicle Front Center Rear Center Front Passenger Rear Passenger
 Injured Yes No Seatbelt Usage Other Lap & Shoulder Belt Lap Belt Only
 Last Name [redacted] First Name [redacted] State [redacted] ZIP Code [redacted]
 Home Street Address [redacted] Apt / Lot / Suite # [redacted] City [redacted] Home Phone Number [redacted] Cell Phone Number [redacted]

5 Passenger: Where Seated in Vehicle Front Center Rear Center Front Passenger Rear Passenger
 Injured Yes No Seatbelt Usage Other Lap & Shoulder Belt Lap Belt Only
 Last Name [redacted] First Name [redacted] State [redacted] ZIP Code [redacted]
 Home Street Address [redacted] Apt / Lot / Suite # [redacted] City [redacted] Home Phone Number [redacted] Cell Phone Number [redacted]

Driver's Narrative

Describe the accident in detail

Your direction of travel:

Your Speed:

Driver incapacitated no statement available. JP# 1723

Driver's Diagram (Optional)

North

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

Date

Signature

Officer's Narrative

KLER

Time Occurred	Time Disp	Time Arrived	Towed by	Injured Removed by	Taken To

Officer
Supervisor

[Redacted]

1723

Date / Time

Date

[Redacted]

1000

Sgt [Redacted]

WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT

Page 3 of 3
Data Entered Yes No
Beat 19 Watch 1st

Code 7030 Classification MV/MV
Code Classification
 Property Damage Only UNDER \$1000
 Property Damage Only OVER \$1000

Time of Acc 0815 Location of Acc [Redacted] Speed Limit 40
Officer at Scene PARKER #1723

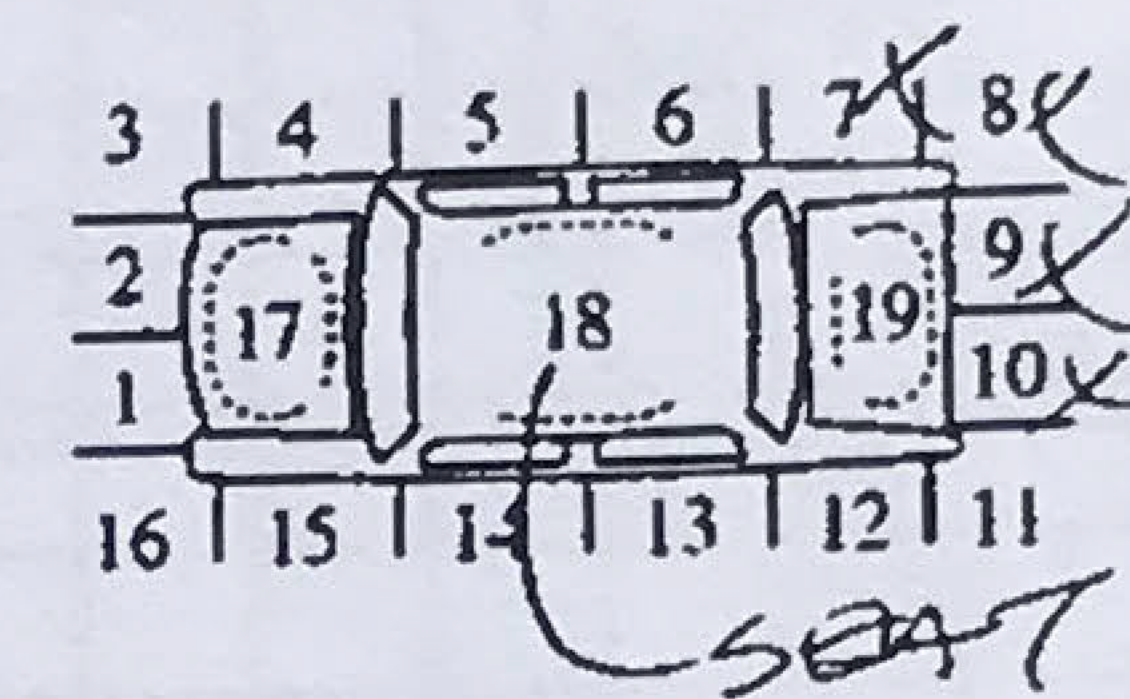
M.I. D Date of Birth [Redacted]
City MAIZE State KS
Apt / Lot / Suite # [Redacted] Cell Phone Number [Redacted]

Driver/Ped. White M Security Number (Optional) [Redacted] Injured Yes No
DL State KS DL Number K-00351624 DL Class C DL Restrictions [Redacted]
Safety Equipment Cap & Shoulder Belt Lap Belt Only
 Helmet Eye Protection Shoulder Belt Only

City Wichita State KS
City MAIZE State KS

Year 115 Make Lexus Model GX460 Body Style 4dr SUV Color White Motorcycle CCs [Redacted]
Lic. Plate State KS Lic. Plate Expires (mm,yy) 110/119 Number of Miles on Vehicle 59,115
Total number of Occupants 1

Insurance Company Phoenix Insurance Policy Number [Redacted]
Agent's Name Holmes Murphy Agent's Phone Number 800-882-5949
Airbag Deployed Driver's side Passenger's side Side airbag(s)



Owner [Redacted] First Name [Redacted]
Apt / Lot / Suite # [Redacted] City Wichita State KS
Social Security Number (Optional) [Redacted] Race Wh Ethnic [Redacted] Sex M

1 Last Name [Redacted] First Name [Redacted]
Home Street Address [Redacted] Apt / Lot / Suite # [Redacted] City [Redacted] State [Redacted] ZIP Code [Redacted]
Race [Redacted] Ethnic [Redacted] Sex [Redacted] Social Security Number (Optional) [Redacted] Injured Yes No
Home Phone Number [Redacted] Cell Phone Number [Redacted]

Where Seated in Vehicle Front Center Front Passenger Other Seatbelt Usage Lap & Shoulder Belt Shoulder Belt Only Child Seat
 Rear Driver's Side Rear Center Rear Passenger Lap Belt Only Infant Seat Booster Seat

2 Last Name [Redacted] First Name [Redacted] M.I. [Redacted] Date of Birth [Redacted] Age [Redacted]
Home Street Address [Redacted] Apt / Lot / Suite # [Redacted] City [Redacted] State [Redacted] ZIP Code [Redacted]
Race [Redacted] Ethnic [Redacted] Sex [Redacted] Social Security Number (Optional) [Redacted] Injured Yes No
Home Phone Number [Redacted] Cell Phone Number [Redacted]

3 Last Name [Redacted] First Name [Redacted] M.I. [Redacted] Date of Birth [Redacted] Age [Redacted]
Home Street Address [Redacted] Apt / Lot / Suite # [Redacted] City [Redacted] State [Redacted] ZIP Code [Redacted]
Race [Redacted] Ethnic [Redacted] Sex [Redacted] Social Security Number (Optional) [Redacted] Injured Yes No
Home Phone Number [Redacted] Cell Phone Number [Redacted]

4 Last Name [Redacted] First Name [Redacted] M.I. [Redacted] Date of Birth [Redacted] Age [Redacted]
Home Street Address [Redacted] Apt / Lot / Suite # [Redacted] City [Redacted] State [Redacted] ZIP Code [Redacted]
Race [Redacted] Ethnic [Redacted] Sex [Redacted] Social Security Number (Optional) [Redacted] Injured Yes No
Home Phone Number [Redacted] Cell Phone Number [Redacted]

Where Seated in Vehicle Front Center Front Passenger Other Seatbelt Usage Lap & Shoulder Belt Shoulder Belt Only Child Seat
 Rear Driver's Side Rear Center Rear Passenger Lap Belt Only Infant Seat Booster Seat

Driver's Narrative

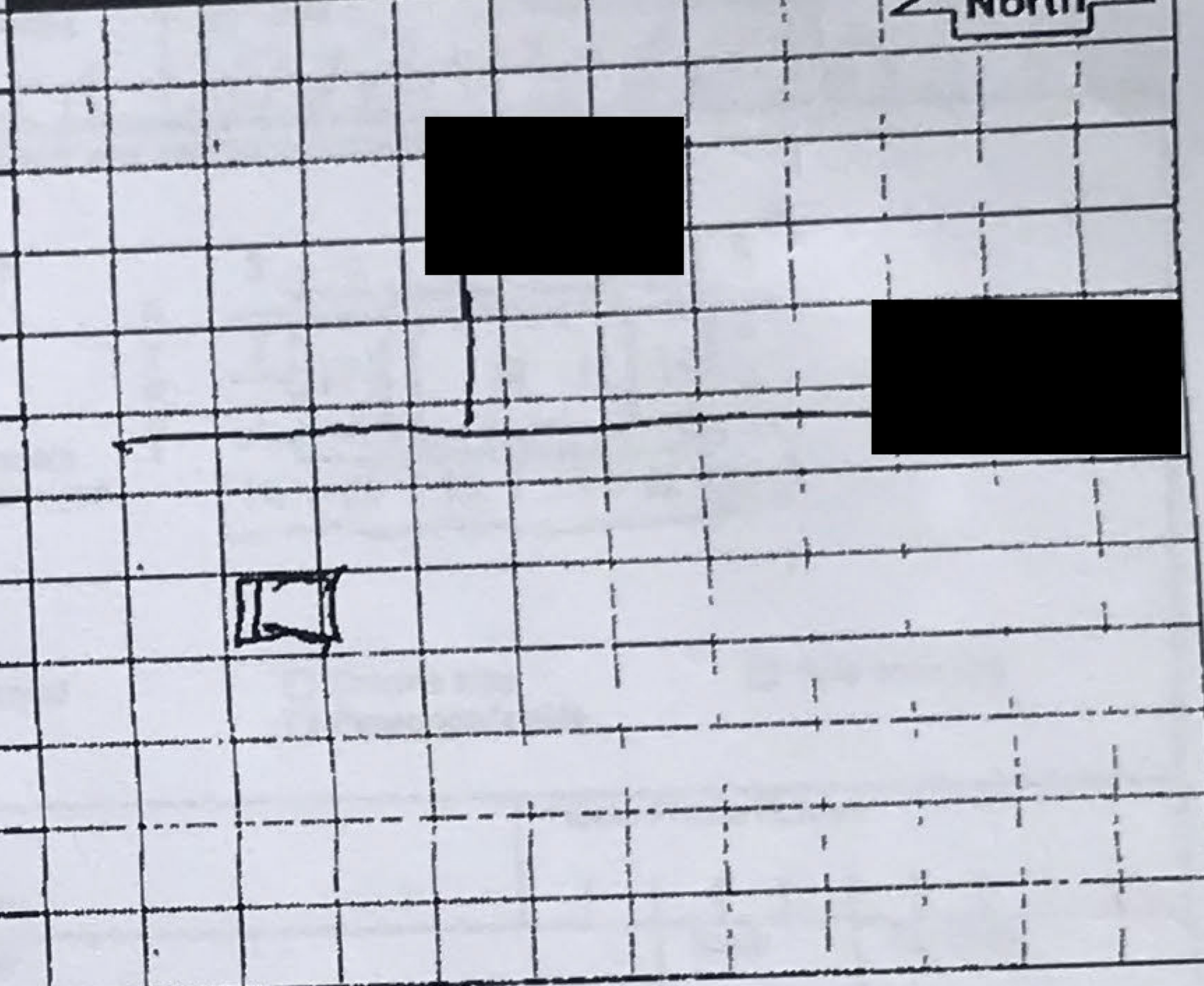
Describe the accident in detail

Your direction of travel: SOUTH

Your Speed: Stopped

I was stopped on [redacted] South bound lane 134th Street waiting to turn left into Scotter's coffee. When the other vehicle Black sedan rear-ended me

Driver's Diagram (Optional)



"I declare [redacted] that the foregoing is true and correct,"

Signature

KLEP

Date

Officer's Name

Time Occurred	Time Disp	Time Arrived	Towed by	Injured Removed by	Taken To
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

#1723

Date / Time

Officer

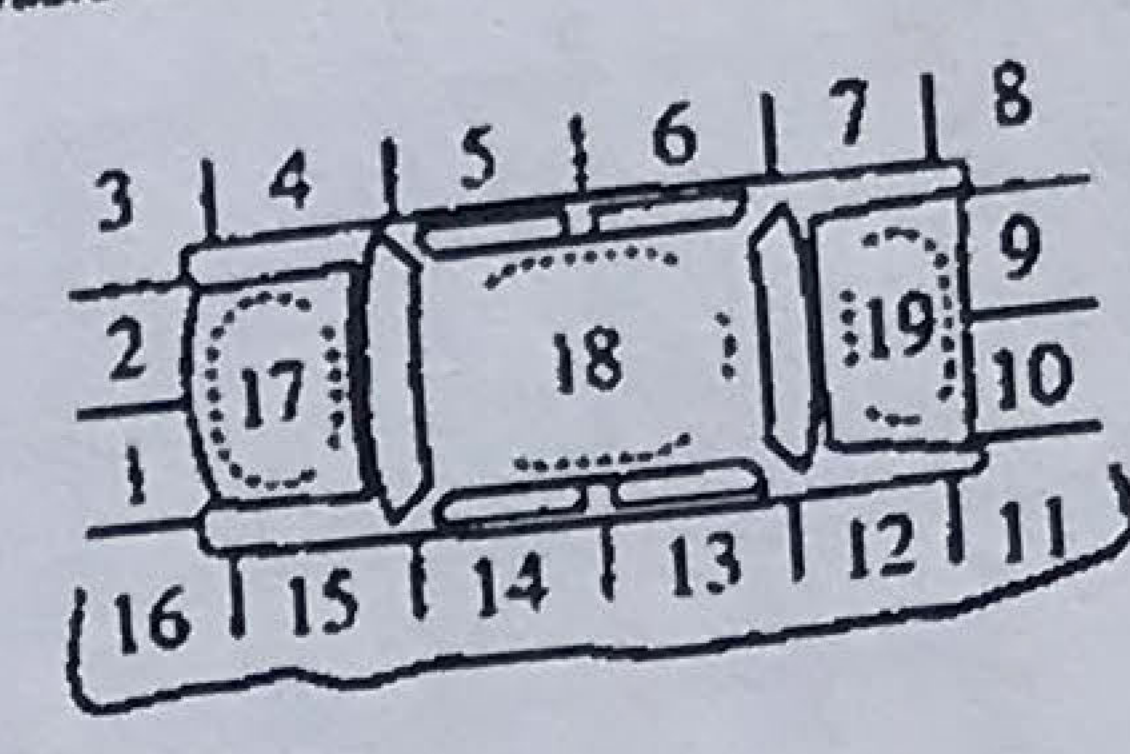
Supervisor

STANLEY 30

Date

WICHITA POLICE DEPARTMENT MOTOR VEHICLE ACCIDENT REPORT

Page 3 of 3	Data Entered <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Beat 19	Watch 14	Agency [Redacted]
Code 7030	Classification MV/MV	Code	Classification	Property Damage Only UNDER \$1000 <input type="checkbox"/>
<input type="checkbox"/> Fatal	<input type="checkbox"/> Injury	<input type="checkbox"/> Private Property	<input type="checkbox"/> Property Damage Only OVER \$1000	Officer at Scene Parker # 1723
Time of Acc 0815	Location [Redacted]	M.I. [Redacted]	State KIS	City Goddard
DL State KIS	DL Number K00-01-2495	DL Class	DL Restrictions	Safety Equipment <input type="checkbox"/> Metal <input type="checkbox"/> Other
Vehicle Make 15 Chevy	Model Cruiz	Body Style 4door	Color White	Motorcycle CCs
Lic. Plate State KIS	Lic. Plate Expires (mm.yy) 05/19	Number of Miles on Vehicle 59,000.00	Total number of Occupants 1	Mark areas where your vehicle is damaged
Insurance Company American Family	Agent's Name Angela Valentene	Home Phone Number 316-722-9001	Deployed	<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
Driver's Name [Redacted]	First Name Same	Home Phone Number	State	<input type="checkbox"/> Driver's side <input type="checkbox"/> Passenger's side <input type="checkbox"/> Side airbag(s)
Owner's Name [Redacted]	Last Name Same	Home Phone Number	State	<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
1. Passenger Name [Redacted]	First Name	Home Phone Number	State	<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
2. Passenger Name [Redacted]	First Name	Home Phone Number	State	<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
3. Passenger Name [Redacted]	First Name	Home Phone Number	State	<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
4. Passenger Name [Redacted]	First Name	Home Phone Number	State	<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



Driver's Narrative

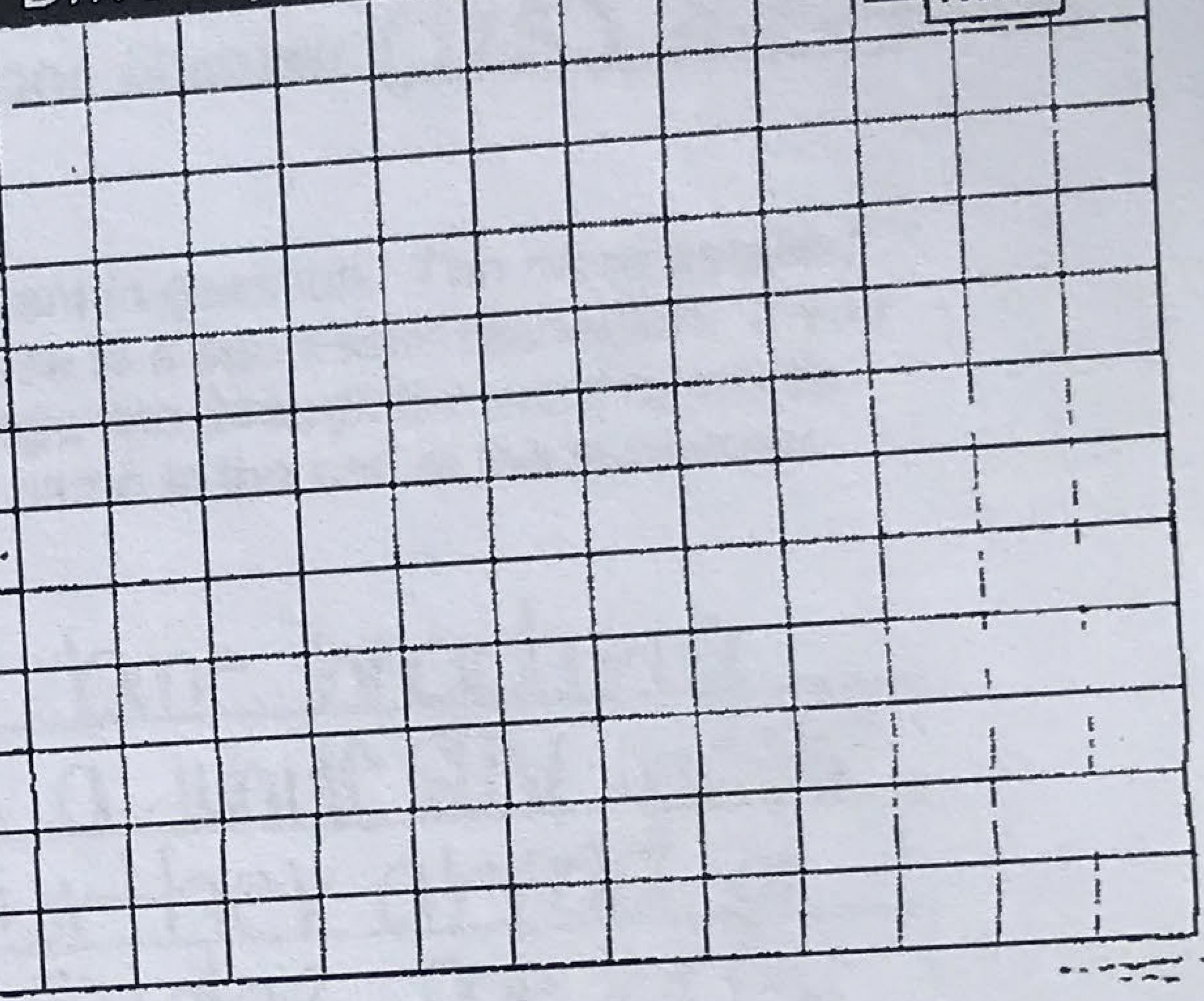
Describe the accident in detail

Your direction of travel:

Your Speed:

I was driving north on [redacted] not sure what happened
just got hit suddenly. Not sure who?

Driver's Diagram (Optional)



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

Signature

Date

Officer's Narrative

KLER

Time Occurred	Time Disp	Time Arrived	Towed by	Injured Removed by	Taken To

Officer

Supervisor

[redacted]

#1723

Date / Time

Date

[redacted]

1000

PC005193
SEDGWICK COUNTY SHERIFF'S OFFICE
141 W ELM, WICHITA, KANSAS 67203

STATEMENT FORM

Time 8:15am

Case Number [REDACTED]

Date [REDACTED]

Date of Birth [REDACTED]

Name [REDACTED]

Phone Number [REDACTED]

Address [REDACTED]

[REDACTED] erby, KS

Instructions: Write everything you believe is important about the incident in question. The more detailed statement you provide, the greater the possibility is of bringing the case to a successful resolution. If you make a mistake, do not erase or scribble over the mistake. Put a single line through the word or words you wish to change and continue. When you are finished, sign your name at the end of the statement. Use additional pages if necessary. Start from the beginning.

I was driving in the far right lane heading south on [REDACTED]. There was a white SUV in the left lane next to me that was further ahead of me that was turning left off of [REDACTED]. The black Toyota passed me in the left lane heading south + didn't realize that the white SUV was turning left until the last minute + tried to swerve into my lane trying to keep herself from hitting the white SUV. The black Toyota hit the white SUV on its right side which led to the black Toyota to turn in my lane, making myself having to swerve off the road.

SEDGWICK COUNTY SHERIFF'S OFFICE
141 W ELM, WICHITA, KANSAS 67203

STATEMENT FORM

Case No. [REDACTED] Date [REDACTED] Time 8 AM
Name [REDACTED] Date of Birth [REDACTED]
Address [REDACTED] Phone Number [REDACTED]
Mulvane KS

Instructions: Write everything you believe is important about the incident in question. The more detailed statement you provide, the greater the possibility is of bringing the case to a successful resolution. If you make a mistake, do not erase or scribble over the mistake. Put a single line through the word or words you wish to change and continue. When you are finished, sign your name at the end of the statement. Use additional pages if necessary. Start from the beginning.

Black car veered into opposite lane.
in middle of [REDACTED] hitting a white SUV
Black car was in middle of lane causing confusion
and miss of cars. only witnessed Black car and
white SUV collide. By Black car veering lanes.

page 1 of _____