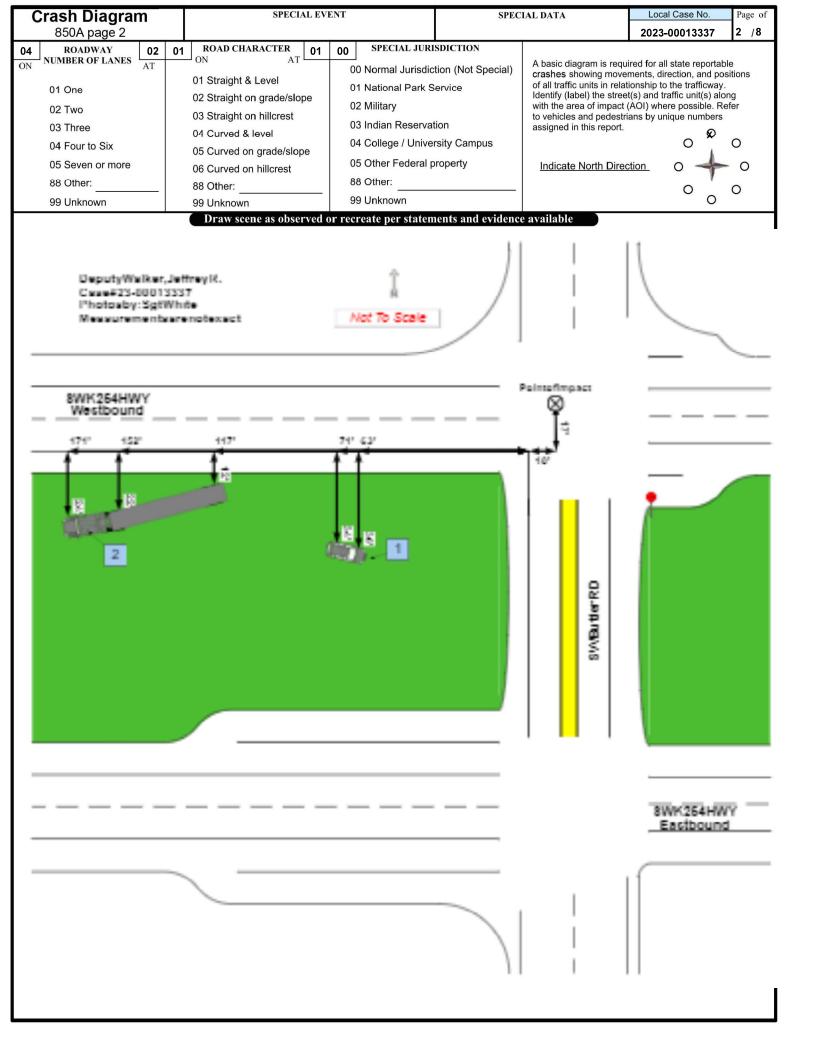
Kansas Motor Vehicle	Investigating Department	t	I	Reviewed by	,		Local Ca	ase No.	Page of	An	Amended Report				
	Butler County She	riff's Office	•				2023-000	13337	1 /8	☐ DUI					
Crash Report	Investigating Officer Nar	ne	J	Badge Numb	oer	County	City Name			Hit	& Run				
KDOT Form 850A Rev. 2019	Walker, Jeffrey			58		BU					a ala Ca				
Milepost Block No Dir Pfx On Road	Name	Road Type	Dir Sf	x SpdLmt	Date of	Crash (mm/dd/yyyy)	Time Occur.	Day		asn Se	everity			
11 SW K254		HWY		70		0/11/202		21:26	WE	Fatal					
From Dist Ft/Mi From Dir FROM Dir Pfx Refere		Road Type	Dir Sf				ım/dd/yyyy)	Time Notif.	Day	Injur		000			
Narrative: Describe each traffic unit's pre-crash movement		RD		55		Arrived (m	m/dd/yyyy)	21:31 Time Arriv.	Day		>= \$1,0				
Vehicle 1 was stopped southbound		waiting to	0			0/11/202		21:36	WE	100	Ψ1,0				
cross SW K254 HWY. Vehicle 2 wa						le (AOI)	-5			ZONE TY	/PE	00			
K254 HWY. Vehicle 1 failed to yield			e 2					H ON	ono Annli	,	A	Т			
causing Vehicle 2 to strike Vehicle	1 on the driver sid	de.			Longitu	ude (AOI)			one Apply						
					Photos	hv		200 90 000	aintenand		(KDC				
						e, Thad			ility Zone			·/			
KDOT? Object 1 Damaged & Nature of Damage (show i	n diagram) Owner Street	Address				Personal Ph	none	-	nknown	-					
									OCATION	IN WOR	K ZONI	E (AOI)			
Owner Last Name First Name Middle	Name City	••••••	S	tate Zip		Work Phon	e		efore first						
										J	•				
KDOT? Object 2 Damaged & Nature of Damage (show i	n diagram) Owner Street	Address]	Personal Ph	ione		vance warning area ansition area						
Owner Last Name First Name Middle	Name City State Zip Work Phone														
Owner East Name Prist Name Middle	Ile Name City State Zip Work Phone 04 Activity area 05 Termination at CODE PER CATEGORY UNLESS SPECIFIED OTHERWISE - WORK ZON														
ONLY CHOOSE ONE	CODE PER CATEGORY UN	LESS SPECIFIE	ED OTH	HERWISE							EGORY				
05 LIGHT CONDITIONS	12 CRASH LOCATIO		03			CLASS	03		ne closur						
04 5 11 11 04 5 1 1 1 1 1 1 1	(of 1st Harmful Even		1 st	- (III Iarmful Eve		x per side) Most Hai	mful Event		ne shift /		er				
or Bayingine or Barne out out ingrite on	11 Non-intersection	averiaries)		00 Other		9			ork on sho						
02 Dawn 05 Dark: no street lights	12 Intersection +			01 Overtu	ırned/F	Rollover		04 Inte	ermittent	or movir	g vehic	le			
03 Dusk 99 Unknown	13 Intersection-relate	-d +		COLLIS	ION W	TTH:		88 Oth	ner:						
00 ADVERSE WEATHER CONDITIONS	14 Access to Parking			02 Pedes	trian			99 Un	known						
00 No adverse conditions	15 Interchange Area			03 Motor				03 *C	DLLISION	WITH V	EHICL	E 03			
01 Rain, mist, drizzle	16 On Crossover			04 Legally			е	(ma	rk 1 box pe	er side if ap	plicable				
02 Sleet, hail	17 Toll Plaza			05 Railwa				1 st Harmfu	l Event	Mos	Harmfu	ıl Event			
03 Snow	OFF ROADWAY:			06 Pedal 07 Anima				01 H	ead on						
04 Fog	20 Shoulder			08 Fixed				02 R	ear end						
05 Smoke	21 Roadside (not sho	oulder)		09 Other	-			03 A	ngle - sid	le impac	t				
06 Strong wind	22 Median			99 Unkno		-		04 S	ideswipe	: opposit	e direct	ion			
07 Blowing dust, sand, etc.	23 Rest area					JECT TYI	PE	05 S	ideswipe	: Same o	lirection	1			
08 Freezing rain, mist, drizzle	88 Other:			(mark 1 bo	x per sic	de if applica	able)	15.51	acked int	.0					
14 Rain & fog	99 Unknown			armful Eve			rmful Event	88 C	ther:						
16 Rain & wind 88 Other:)1 +INTERSECTION	TYPE		01 Bridge 02 Bridge		ıre		99 U	nknown						
24 Sleet & fog	 01 Four-way intersed	ction		03 Crash		mpact att	enuator		TRAFFIC	CONTR	OLS				
36 Snow & wind 99 Unknown	02 Five-way or more			04 Divider		COLUMN TO THE PERSON			(On / At]	Road) O/A	una Praca	v OK/NE			
02 ON SURFACE TYPE AT 02	03 T - intersection			05 Overhe	ead sig	n suppor	t	00 None		<u>↓</u>	y pe 11ese.	nt OK/NF ↓			
	04 Y - intersection			06 Utility o			eter,etc	5000 9500 1000 9600 9650		O	09	OK			
01 Concrete	05 L - intersection			07 Other p		pole		01 Officer		² A	2 03	² ok			
02 Blacktop (Asphalt) 03 Gravel 88 Other:	06 Roundabout (Se	e Manual		08 Buildin 09 Guardr	_			02 Traffic	•	³ A	3 09	³ ок			
oo Graver	07 Traffic Circle for	Definitions)		10 Sign po				03 Stop s	ign	4	4	4			
04 Dirt 05 Brick 99 Unknown	08 Part of an interch	ange		11 Culvert				04 Flashe	r	5	5	5			
	99 Unknown			12 Curb				05 Yield s	ign						
01 SURFACE CONDITIONS AT 01 R	OAD SPECIAL FEATURI	ES (up to 3)		13 Fence/				06 RR ga	tes / sign	al					
01 Dry 88 Other:	00 None 1 00 2	3		14 Hydrar				07 RR cro	ssing sig	ıns					
02 Wet	oo none			15 Barrica 16 Mailbo				08 No pas	ssing zon	е					
03 Snow 99 Unknown	01 Bridge02 Bridge Overhead			16 Mailbo. 17 Ditch	^			09 Center	/Edge lin	es					
04 Ice				18 Emban	kment			10 Warnir	ng signs						
05 Mud/dirt/sand	03 Railroad Bridge			19 Wall				11 Schoo		ans					
	04 RRXING			20 Tree				12 Parkin		• or 6. = 0					
06 Debris (oil, etc.)	05 Interchange			21 RRXIN	G fixtu	ires									
07 Standing/ moving water	06 Ramp			88 Other:				88 Other:							
08 Slush	99 Unknown		ļ.	99 Unknov	wn			99 Unkno	wn						



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Unit#	DRIVER Last			Middle		DRIVER A	DDRESS	(Number,					hone Numb	er	************		Inj Severity	Transpt Unit
Seat Type TU	DRIVER First	Name		Date of MN	Birth	City			State Ne	Zip w address?	?	Work Phor Personal	ne Number		Age	Eject/Trap	Eject Path	Extrication?
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02 ST	Mendoza			Eugen DOB	IIO							Work			M	S	N	
01	Jaime)								64	N		ЦЦ
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	COMPLY		trictions?	N	1	2 3	4	8	<u> </u>	COMI t licens	PLY		strictions?	_	7 [¹ H ² N		4
	id License			Complied		one				lid Lice				Compli		Z - None		
02 Sus	spended			Y N	T - D	ouble/Tripl		r	02 Su	spende			trictions	<u>Y N</u>		T - Double	e/Triple Tra	ailer
03 Rev		1				assenger \				voked		1	В	Υ		P - Passe		ele
04 Exp	oired nold or Denie	d 2				ank Vehicl lacarded F		terial	04 Ex	pired ncld or	Den	nied 2				N - Tank \ H - Placar		Material
	qualified	3		\Box	50000 500	ombination				squalifie		3	一	П				nk/HazMat
07 Re:	stricted	4	=	H	200	chool Bus			07 Re	stricted		4		H		S - Schoo		
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_	ehavioral		-1-1			esults pend		iu.	03 E							∍ - Evideni ⊃ - Results	,	IVEII
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	assive Alcoho											hol Senso				0.		<u>0.</u>
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Seat Type TU	PASSENGER	First Nan	ne	Date of MN	Birth	City			State Ne	Zip w address?	? 🗖	Work Phot Personal	ne Number		Age	Eject/Trap	Eject Path	Extrication?
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LICENSE PLATE # County Exp YR Removed by: MC CCS R438444 2023 Memoved by: MA	TX
VEHICLE BODY TYPE LARGE / HEAVY VEHICLE (GCVWR over 10,000 lbs	CCCs
Transition Tra	
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00 01	
First Impact 09 Major Impact 09 O1 Straight/ 11 Stopped First Impact 12 Major Impact 12 O1 Straight/ 11 Stopped following road awaiting turn	ırn
1 2 3A 3B 4 5 02 Left Turn 12 Stopped in traf 1 2 3A 3B 4 5 02 Left Turn 12 Stopped in	traf
E 12B A 03 Right Turn 13 Illegally parked E 12B A 03 Right Turn 13 Illegally parked	rked
13 Illegally parked 12B 12B 12C 12B 12C 13 14 Disabled in roadway 15 15 15 15 15 15 15 1	1
Xi Xi Xi Xi Xi O5 Passing roadway 15 Slowing or 11 10 9B 9A 8 7 05 Passing roadway 15 Slowing or	
14 Undercarriage V 15 Windshield 06 Changing lanes stopping U 14 Undercarriage U 15 Windshield 06 Changing lanes stopping	
The Office Carriage	g a
□ 17 Entire vehicle damaged 08 Merging 88 Other: □ 17 Entire vehicle damaged 08 Merging 88 Other:	
□ 88 Other: □ 09 Parking □ 88 Other: □ 09 Parking □ 09 P	
Trailer: Present / Damaged 10 Backing 99 Unknown P Trailer: Present / Damaged 10 Backing 99 Unknown	
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)	e)
The exact sequence is unknown 20 2 01 3 4 The exact sequence is unknown 1 22 2 03 3 02 4 The exact sequence is unknown	vn
NON-COLLISION COLLISION WITH NON-COLLISION COLLISION WITH	_
01 Ran off road right 10 Downhill runaway 21 Pedestrian 01 Ran off road right 10 Downhill runaway 21 Pedestrian	
02 Ran off road left 11 Trailer swing 22 Motor veh in-transport 02 Ran off road left 11 Trailer swing 22 Motor veh in-trans	ort
03 Crossed centerline 12 Separation of units 23 Legally Parked Vehicle 03 Crossed centerline 12 Separation of units 23 Legally Parked Ve	nicle
04 Overturn/Rollover 13 Jackknife 24 Train 04 Overturn/Rollover 13 Jackknife 24 Train	
05 Crossed median 14 Fire 25 Pedal cycle (bike, etc) 05 Crossed median 14 Fire 25 Pedal cycle (bike,	etc)
06 Fell/Jumped from veh 15 Explosion 26 Animal 06 Fell/Jumped from veh 15 Explosion 26 Animal	
07 Thrown or falling object 16 Immersion in water 27 Fixed Object 07 Thrown or falling object 16 Immersion in water 27 Fixed Object	
08 Cargo loss or shift 88 Other event: 28 Other moveable object 08 Cargo loss or shift 88 Other event: 28 Other moveable object	ject
09 Equipment failure ————————————————————————————————————	
(tire, brakes, etc.) 98 Unknown non-coll. 99 Unknown object 99 Unknown object 99 Unknown object	

Crash Narrative
KDOT Form 851 - Rev. 2019Officer / Witness Statements / Description
Additional InformationInvestigating Officer / Badge No.
Walker, Jeffrey / 58Local Case No.Page of
2023-00013337

On Wednesday, October, 11, 2023 at approximately 2131 hours, I, Deputy Walker, Jeffrey R. was dispatched to a 2 vehicle injury accident involving a semi-tractor/trailer and a passenger vehicle. When I arrived on scene at approximately 2136 hours, I found a 2002 Lexus RX3 bearing KS Registration 423DJV, driven by Phabmixay, May, Statistical facing east in the median with significant damage to the driver side of the vehicle. It appeared that the passenger side and frontal air bags had deployed. May was pinned in the driver's seat. May was conscious with labored breathing but not responding to prompts.

Further down the median I found a 2016 Freightliner pulling a box type trailer bearing no marking with a ME registration of 231666D driven by Mendoza, Jaime, Eugenic The tractor was not bearing registration, it was later determined the registration for the vehicle was TX R438444. Mendoza Stated he was not carrying anything dangerous, his cargo was food and snacks. Mendoza further stated he had no apparent injuries.

May was extracted from the vehicle by Fire and Rescue personnel and transported code red by Medic 30 to Wesley Medical Center. Mendoza refused EMS on scene.

According to witnesses, May was stopped at the first stop sign heading south on NW Butler Rd and NW K254 HWY. May waited for several cars to pass before pulling out in front of Mendoza. Mendoza stated he was traveling westbound on NW K254 HWY at 58 MPH when May pulled out in front of him. He tried to stop but was unable to before striking the Lexus on the driver side. The Lexus was spun to face eastbound in the median. The Freightliner was forced off the road facing westbound in the median.

Photographs were taken by Sgt White. Measurements were taken by Sgt White and Deputy Walker. A approximately 0313 hours on 10/12/2023 I called Wesley Medical Center ICU and was advised that May was in serious but stable condition. At approximately 209 hours on 10/12/2023 I called Wesley Medical Center ICU and was advised that May was still in stable condition and was confused with signs of amnesia.

I have nothing further at this time.

Deputy Walker, Jeffrey R. #46772

				Completed	Post Crash Insp	ection	
HEAVY VEHICLE &	INFORMATION OF		HICLES /	nvestigating Officer		Local Case No.	Page of
HAZMAT Supplement	BUSES / HAZAR			Valker, Jeffrey	/ 58	2023-00013337	6 /8
KDOT Form 852 - Rev. 2019	MO	MOTOR CARRIER INFORMATION					
02 Jugnu Trucking LLC,		9207 Dais	9207 Daisy Cove LN Houston				
TU# Carrier Name		Carrier Street Address (P.O. Box only if no street address) City					
		Ĭ		CARRIER IDEN	TIFICATION NUM	BER(S)	
TX 77064 (832)231-4978							- II
State Zip Phone	Carrier Coun	try	<u>114928</u> USDOT		462585 MC/MX#	L	ONE
GARRIER TWO							
1 CARRIER TYPE 0 - Intrastate 1 - Interstate	2 - Not in Commerce	- Other Truck o	ır Bus 3 N	lot in Commerce	e - Government Veh	4 - Other / Not Sp	pecified
01 AT THE TIME OF CRASH, THIS	03 GVWR/GCWR		OURCE OF CARRIE	•	PERMITS (Issuer at		ecilied
VEHICLE WAS: 01 Operating on a trafficway open	01 10,000 lbs or less	01	NAME Side of vehicle				
to the public (In-Transport)	02 10,001-26,000 lbs 03 More than 26,000 lb	00	Shipping papers or	1. —			
02 Parked on or off the trafficway	99 Unknown		manifest	2			
	ACTUAL 34000	lb a	Driver Logbook	3			
VEHICLE INFORM				ZMAT / ROAI	DWAY INFORMA	TION	
TRAILER DIMENSIONS TRAILI DAMAG	~~~		HAZ	CARDOUS MATE	RIALS INVOLVEMEN	T	
WIDTH (in) LENGTH (ft)	LOAD	Did the veh	icle have a Hazard	ous Materials Pl	acard?	Ò	
Trailer 1 086 044 X None	Li ricigiit	If Yes, Inch	ude The Following I	nformation Fron	1 The Placard:	109	U
Trailer Trail Trail Trail Trail	☐ Weight		digit # from the dian			 HazMat Wei	ight (lhe)
Trailer Trailer		5 10000 10000 100000	ass # from the botto at released (spilled		icle's cargo?	Tiaziviai vvei	Igrit (IDS)
TRUCK AND TRAILER	R TOTALS		ON-ROAD LANE TY			E ACCESS CONTROL	
Vehicle Length (include trailer(s)) 066 ft Trailers	No. of Axles 5	00 Two-wa	y traffic - Undivided	d roadway		O ROADWAYS	
TRAILER 1 - IDENTIFICATION NUMBER	Axies	00 No access control (Unlimited access contr					ess -
3H3V532C6KR450015		02 Two-way traffic - Median strip w/o barrier 01 Partial access control (mix of					
TRAILER 2 - IDENTIFICATION NUMBER		03 Two-way traffic - Median strip w/ barrier interchanges and "at-grade" inter					***
TRAILER 3 - IDENTIFICATION NUMBER		04 Two-way traffic - Undivided with a continuous left turn lane 02 Full access control (entry/exit only by interchange ramps)					by
		99 Unknown 99 Unknown					
	ACK OF THIS FORM FOR I			RATIONS AND C			
06 VEHICLE CONFIGURATION	01	CARGO BODY T	YPE	15	CARGO T	TYPE	
00 Bus 9-15 passengers, including dr		plicable/No ca	9	00 None		12 Mobile / Modula	ar home
01 Bus more than 15 passengers		Enclosed box		01 Drive a	way or Tow away	13 Motor vehicles	
02 Single-unit truck (2-axles)	03 Cargo	02 Hopper (e.g. Grain, Chips, Gravel) 03 Cargo tank (liquid, powder, etc)			ives	14 Refrigerated foods	
03 Single-unit truck (3 or more axles) 04 Single-unit truck with trailer(s))	04 Flatbed			s: farm or other	15 Solids (bulk)	
05 Truck Tractor only (bobtail)	05 Dump			04 Farm p	roducts	16 Rock, sand, gravel, salt	
06 Truck Tractor and semi-trailer	06 Concr	ete mixer		05 Gases		17 Other food prod	ducts
07 Truck Tractor and two trailers		e transporter			al freight (packages)	18 Plastic products	
08 Truck Tractor and three trailers		ge or refuse ·15 people, incl	uding driver		machinery, objects	19 People	
09 Heavy truck > 10,000 lbs cannot o	placeify	ore than 15 pe	-			20 Garbage / refus	se.
10 Vehicles less than 10,000 lbs carr	NAME OF THE PARTY	,			nold goods	21 Pavement mixt	
hazardous materials	12 Vehicl	e towing anoth	er motor vehicle	09 Liquids		concrete, asph	The same of the sa
88 Other:		odal chassis			ooles, lumber	88 Other:	
99 Unknown	14 Loggir	-		11 Metal (coils, sheets, etc)	00 Halman	
01 Cab behind engine	88 Other:				CDECT IT	99 Unknown	
01 Cab behind engine 99 Un 02 Cab over engine	nknown ———————————————————————————————————	wn			SPECIAL I	DATA	
or our origino	(0.000)			L			_

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INSURANCE VERIFICATION INFORMATION Kansas Division of Vehicles

(Please prip

Ī	DRIVER INFO	RMATION:					
	mixay			Мау		s	
	Las me			First Name		M	ale Initial
k	(02441919			KS		03/2 (9	5 9
	Driver License	ber		State Licensed		Dr of B	-
3. \	VEHICLE INFO	DPMA). VI					
	Same	JKIVIA I				7	
-	Owner's Last N	Name		First Name		Mi	iddle Initial
	2002	1	us	/ IISt Name	42 JV		adio iriidai
-	Model Year		Ven. Make			late Numbe	r
	KS	1	2023	JTJHF10U	280273		
-	State		Year	VIN			
D. <u>I</u>	NSURANCE II	NFORMATIO	N OBTAINED:				
3	Shelter Mutual In	s Comp	/	-1-6 1453-1			
	Insurance Com	ipany Name		Pol. Milber			
D. <u>I</u>	RESULT OF A	N ACCIDENT	<u>? Y</u> ES	NO	_		
1	DATE TIME INS	SURANCE IS	TO BE VERIFIED AS	SIN FECT (L	e of traffic	stop or a	ccident):
	09:26	PM	10			2023	
	Time	a.m/p.m.	Mont		Day	Year	
≣. Ι	LAW ENFORC	EMENT COM	MPLETING THIS	RM: Butler Co	unty Shel	Office	
					Agency N	ę	
í	141 S Gordy			El Dorado		Kt	67042-
	Address			City		State	Zip
F. (COURT COMF	PLETING THE	S F C .M:				
-				Court	Name		
	Address			City		State	Zip
		. (16 1		Oily		Otate	Zip
	Citation number	r (it issue for	no insurance):				
			COURT INSTE	RUCTIONS			
f insura			when requested by a law	enforcement officer; t			
			n within ten (10) days eithe , <u>or (</u> 3) a certificate of self-				
			y, (b) policy number covering				
			Pursuant to K.S.A. 8-1604 nce of a citation, prosecut				
			nailed to: Driver Control Bu				
		L	AW ENFORCEMENT	INSTRUCTIONS			
A STATE OF THE STA		of insurance as re	equired by K.S.A. 8-1604 on Sections A, B and D cor	or K.S.A. 40-3104 and			
		F/	OR INSURANCE COM	/PANY USE ONLY	(
	cy was NOT in effe x 12021, Topeka, K	ect on the date cit	ed in Section D, please re			s to: Driver C	control Bureau,
	☐ This policy v	vas not in effect	by the company cited i	n Section C on the	date cited in	Section D.	
	Comments:	_					
							_
	5	Signature of Author	orized Insurance Represe	ntative		Date	

INSURANCE VERIFICATION INFORMATION Kansas Division of Vehicles

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2023-00013337	8 /8

(Please print)

DR	IVER INFO	ORMATION:						
Men	doza			Jaime			Eug	enio
La	ast Name			First Na	ame		М	iddle I al
25.	600			TX			12/11/19 <u>5</u>	
D	rive. ne	se Number		State L	icensed		Date	sirth
VEI	HICLE INF	ORIN:						
	nu Trucking					4		
	wner's Last			First N	ame		М	iddle Initial
20	16	1	Freightline	Ŀ	1	P 3444		
M	lodel Year		Vehicle Make			zicense F	Plate Numbe	er
	тх		2023 /	₹U.	JGLD5X	GU1572		
S	tate		Year		VI			
INS	SURANCE	INFORMATIO	N OBTAINED:					
DB I	Insurance C	o, Ltd		TCAP	31501			
		mpany Name	,		Number			
RE	SULTOF	AN ACCIDENT	YES X	NO				
IXE	OOL! OI	AITACOIDEITI	<u> </u>	110_				
DA	TE TIME II	NSURANCE IS	TO BE VERIFIF	S IN EFFE	ECT (time	of traffic	stop o	ccident):
	09:26	PM	10			11	2023	
_	Time	a.m/p.m.	Mont	h		Day	Year	
1.61	A/ ENEOD		AD INC THIS E		Butler Cou	ntı Chariff	'a Office	
LA	W ENFOR	CEMENT COM	ING THIS FO	JKIVI.	Sutier Coul	Agency I		
141	S Gordy			El Dorad	do	rigolioy i	KS	67042-
	address			City	40		State	Zip
CO	URT JN	APLETING THIS	S EODM:					
<u>co</u>	OK DIV	TPLETING THIS	3 FORIVI.		Court N	lame		
	adress			City			State	Zip
Cita	ation numb	er (if issued for	no insurance):					
			COURT INST	RUCTION	S			
surance	information	was not furnished v	when requested by a law		U 100 100	e vehicle ow	ner or driver	is required to
			n within ten (10) days eith				1.50	
			, <u>or (</u> 3) a certificate of se (, (b) policy number coveri					
	A STATE OF THE PARTY OF THE PAR		Pursuant to K.S.A. 8-160					
			nce of a citation, prosecunailed to: Driver Control E					
		i.	AW ENFORCEMENT	INSTRUC	ZIONS			
n reque	sting evidenc		equired by K.S.A. 8-1604			uch evidend	ce is not furnis	shed, a traffic
the second of the second			n Sections A, B and D co					
		F	OR INSURANCE CO	MPANY US	SE ONLY			
		ffect on the date cit , Kansas 66612-202	ted in Section D, please 21.	return this fo	rm within th	irty (30) day	s to: Driver C	Control Bureau
	This policy	was not in effect	by the company cited	in Section	C on the da	ate cited in	Section D.	
	Comments	s:						
	-	Signature of Auth	orized Insurance Repres	entative	_		Date	