

Project Application Form



Surface Transportation Block Grant Program

2019 Call for Projects

For the St. Louis Region

Safety Project Type

Sponsoring Agency:

Project Title:

Federal Amount Requested:

Applications Due: February 14, 2019 by 4:00 pm



EAST-WEST GATEWAY
Council of Governments

Creating Solutions Across Jurisdictional Boundaries

SURFACE TRANSPORTATION BLOCK GRANT PROGRAM (STP-S)

SAFETY – PROJECT APPLICATION FORM

Please refer to the STP-S Project Development Workbook and the STP-S Scoring Criteria Guide for more information on the program requirements, available funding, and scoring criteria. The STP-S Project Development Workbook, STP-S Scoring Criteria Guide, and supplement materials are available on the East-West Gateway Council of Governments (EWG) [STP-S Call for Projects](#) web page.

PLEASE NOTE:

This project application form is for the safety project type. There are separate project application forms for the other project types, including: road, bridge, traffic flow, active transportation, transit, and freight/economic development. If your agency is interested in applying for those project types, please obtain the application form from the EWG STP-S Call for Projects web page, or contact EWG staff for more information.

The call for projects begins **November 29, 2018** and ends on **February 14, 2019** at 4:00 pm. Applications received after the deadline will not be accepted. Submit the completed application and necessary attachments electronically to EWG at stps@ewgateway.org. Save the electronic copy as a PDF file using the following format: 2019STPS_[Sponsor]_[Project Name].pdf. Please submit one application per email. Electronic copies can also be delivered on a CD or USB drive. You will receive an email confirmation within one business day of submittal. If you do not receive confirmation or have questions about the application, contact EWG staff.

Project sponsors must also submit one (1) hard copy (including attachments) to:

East-West Gateway Council of Governments
Attention: Transportation Planning Department – STP-S
Gateway Tower
One Memorial Drive, Suite 1600
St. Louis, MO 63102-2451

The hard copy must be delivered to EWG or postmarked by the deadline. The information provided in this application is public record.

Project sponsors wanting feedback on applications may submit a preliminary copy by **January 17, 2019** to EWG at stps@ewgateway.org. EWG staff will review the applications submitted and will return comments by email by **January 31, 2019**. If a preliminary application is submitted for feedback, a final application must still be submitted by **February 14, 2019**.

CONTACT INFORMATION

Jason Lange, TIP Coordinator
East-West Gateway Council of Governments
One Memorial Drive, Suite 1600
St. Louis, MO 63102-2451
Phone MO: (314) 421-4220
Phone IL: (618) 274-2750
E-mail: stps@ewgateway.org

STP-S Call for Projects web page: <http://www.ewgateway.org/transportation-planning/transportation-improvement-program/competitive-transportation-programs/call-for-projects-stp-s/>

PROJECT CHECKLIST AND SUBMITTAL REQUIREMENTS

The evaluation and scoring of all projects will be based on the answers provided in the application and the attachments submitted.

The materials should be submitted in the following order.

Project Application:

- Project application fee** – ½ of one percent of federal funds requested. Make checks payable to “East-West Gateway Council of Governments” or “EWGCOG.”
- Completed STP-S application**
- Required signatures** – Notification of Title VI & Nondiscrimination Requirements, Financial Certification of Matching Funds, Person of Responsible Charge Certification, Right-of-Way Acquisition Certification Statement (Missouri only), Policy on Reasonable Progress Certification (Missouri only).

Attachment A:

- Project location map** – depict the location of the project on a base map such as a town road map, GIS map, aerial photo, or another base map suitable to clearly show the project’s overall location. Provide on an 8 ½ x 11 page. Project location is used by EWG to determine:
 - score for Environmental Justice
 - score for intermodal connections
- Detailed cost estimate** – use Estimate of Project Costs excel file provided by EWG.
- Letter of permission from facility owner** – provide if sponsor does not own roadway.
- Letter of support from match source** – provide if individual, business, other local public agency, or other third-party is providing matching funds.
- Coordination letter(s)** – provide if sponsor requires coordination with other agencies to implement the project (e.g., Great Rivers Greenway, Bi-State Development).

Attachment B:

- Photographs** – attach photo(s) of the current roadway.
- Detailed map** – if applicable, provide a map showing:
 - locations of all proposed safety countermeasures along project limits (i.e., if chevrons are being added to a curve, mark the curve where the chevrons will be added)
 - transit routes along project limits
 - activity centers along project limits (e.g., a business district, retail center, medical facility, community center, park)
 - schools (grades K-12 and college/university) located within ½ mile of project limits
 - freight facilities along project limits (e.g., intermodal freight facility, major freight generator, logistic center, manufacturing or warehouse industrial land, port facility)
- Roadway realignment diagram** – if applicable, provide a diagram showing existing and proposed vertical or horizontal realignment of the roadway.
- Typical section** – show details of before and after roadway improvements.
- Road or bridge condition** – if applicable, including PASER rating or bridge sufficiency rating.
 - Road condition: use Road Condition Evaluation Form provided by EWG.
 - Bridge condition: include State bridge sufficiency rating form.

Attachment C:

- Benefit/cost ratio** – use the Safety Calculator sheet in the Safety Supplement excel file provided by EWG. This form calculates the project's benefit/cost ratio.
- Crash reports** – attach full crash reports for all fatal and serious injury crashes and up to 10 minor injury and/or property damage only crashes that coincide with the safety countermeasure within the project limits from 2012-2016.
- Safety plans/study** – if applicable, include page(s) from relevant state and/or local safety plan or study.

Attachment D: (optional)

- Documentation of an approved or adopted plan, ordinance, and/or policy that supports the project** – do not attach entire plan documents, only include the necessary pages.
- Letters of support** – endorsements or petitions from associations, boards, school districts, citizens, businesses, etc. Only attach letters of support that pertain to specific project.
- Documentation of public involvement process** – public meeting minutes, newspaper clippings, press announcements, etc.

Attachment E:

- Operations and maintenance** – use Operations and Maintenance Form provided by EWG. Only submit one per sponsor.
- ITS architecture consistency** – submit ITS Architecture Project Consistency Statement Form provided by EWG if project includes ITS elements or modifies existing ITS.

SUBMITTAL TYPE (CHECK ONE):

- Preliminary application (for comments) – Due **January 17, 2019**
- Final application – Due **February 14, 2019**

SPONSOR INFORMATION

Sponsoring agency:			
Secondary sponsor agency (if applicable):			
Chief Elected Official/Chief Executive Director:			
Name:	Title:		
Street address:			
City:	State:	County:	ZIP code:
Project contact:			
Name:	Title:		
Agency:			
Street address:			
City:	State:	County:	ZIP code:
Phone Number:		E-mail address:	
Application contact:			
Name:	Phone Number:		
E-mail address:			

PROJECT INFORMATION

Project title:	
Project status:	Is this application request for a piece of a larger project (phase) or the entire length of project?
<input type="checkbox"/> New project <input type="checkbox"/> Continuation of STP-S/CMAQ/TAP project <input type="checkbox"/> Add to existing non-federally funded project	<input type="checkbox"/> Phase <input type="checkbox"/> Full project
If project is a continuation of another project that was previously programmed in the TIP, provide TIP ID # of existing project and also explain this relationship:	
If this project is a phase of a full project, how many phases are left to complete the project? Briefly explain each phase (i.e., project limits and general improvements):	
Has your agency received federal funds for this specific road segment within the last 10 years?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	
Does this project touch MoDOT or IDOT right-of-way or involve a MoDOT or IDOT roadway?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the sponsoring agency own and maintain this facility?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, a letter of support for this project is required from the facility owner.</i>	
If no, who owns the facility?	
Estimated completion (construction) month/year:	

ROADWAY INFORMATION						
Name of street or facility to be improved:						
Project length (miles):						
Project limits – north/west reference point, cross street, or intersection:						
Project limits – south/east reference point, cross street, or intersection:						
Federal functional classification of road (per EWG) ¹ :						
Roadway pavement condition (PASER):						
Bridge sufficiency rating:						
	CURRENT:		PROPOSED:			
Traffic volumes (AADT):		Year:				
Speed limit of street:						
Number of through lanes:						
Number of turn lanes:						
Two-way left turn lanes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Typical lane width:						
Outside lane width:						
Shoulder width:						
On-street parking allowed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Curb and gutter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Sidewalks?	<input type="checkbox"/> One side	<input type="checkbox"/> Both sides	<input type="checkbox"/> None	<input type="checkbox"/> One side	<input type="checkbox"/> Both sides	<input type="checkbox"/> None
Sidewalk width:				n/a		
Sidewalk surface condition ² :	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good			
	<input type="checkbox"/> Excellent	<input type="checkbox"/> None				
On-road bicycle facility ³ ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Shared-use path/sidewalk?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Shared-use path/sidewalk width:						
Located on transit route?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	n/a			

¹ EWG Functional Classification maps: <http://www.ewgateway.org/transportation-planning/roadway-functional-classification/>.

² **Poor**: the sidewalk has deep cracking and buckling, poor drainage, or a bulging surface (due to tree roots). Impassable to mobility impaired pedestrians. **Fair**: the sidewalk contains cracks or an uneven and distressed surface. Hinders mobility of the average pedestrian. **Good**: the sidewalk is free from significant cracking, buckling, or gravel surfaces. Unlikely to hinder mobility of the average pedestrian. **Excellent**: the sidewalk is in like new condition and contains no cracking or buckling. Does not hinder mobility of the average pedestrian. **None**: no sidewalk is present.

³ On-road bicycle facility includes: bike lanes (separated, buffered, and standard) and shared-lane markings. View EWG Bicycle Planning Guide for a description of bicycle facilities: https://www.ewgateway.org/wp-content/uploads/2018/07/BicyclePlanningGuide_June2018.pdf.

LAND ACQUISITION INFORMATION

Status of right-of-way acquisition:

- All acquired or none needed
- In process
- Not started

If applicable, list the number of parcels to be acquired (all properties, permanent and/or temporary easements, TSCL, and other rights-of-way):

If any residential or commercial displacements are anticipated, give details on how many and if they are residential and/or commercial:

Right-of-way acquisition by:

Right-of-way condemnation by:

Will the project traverse any public property, such as a public park that has used federal funds (e.g., Land and Water Conservation Funds) in the past?

- Yes
- No
- Unknown

UTILITY COORDINATION

Note: project sponsor must coordinate with utilities prior to construction.

Will the project require the relocation of any utilities?

- Yes
- No

If yes, check the appropriate box to select the type of utility. Then give the names of the utility companies.

<input type="checkbox"/> Electric	
<input type="checkbox"/> Phone	
<input type="checkbox"/> Gas	
<input type="checkbox"/> Water	
<input type="checkbox"/> Cable TV	
<input type="checkbox"/> Storm sewer	
<input type="checkbox"/> Sanitary sewer	
<input type="checkbox"/>	
<input type="checkbox"/>	

Give details concerning potential utility conflicts, problems, or issues:

Utility coordination completed by:

Designed by:

Inspected by:

RAILROAD COORDINATION

Does the project traverse any property owned by a railroad?

Yes No

Is there a railroad within 500' of project limits?

Yes No

Name of railroad:

Number of crossings impacted:

Are the crossings active? Yes No

Width of crossing:

What is the crossing type?

- Timber
- Rubberized
- Asphalt
- Concrete
- Other

Describe other:

PROJECT MAINTENANCE

List any regular maintenance tasks anticipated over the next 25 years:

Estimated annual cost to maintain facility and funding source:

AMERICANS WITH DISABILITIES ACT

Under the 1990 Americans with Disabilities Act (ADA), Title II requires public entities with more than 50 employees to complete a self-evaluation and create an effective ADA transition plan⁴.

Does your local public agency have more than 50 employees?

Yes No

If yes, does your agency have an adopted ADA transition plan?

Yes No

If your agency has an ADA transition plan, when was it adopted?

If ADA transition plan is not adopted, when is it expected to be adopted?

⁴ FHWA Questions and Answers about ADA/Section 504: https://www.fhwa.dot.gov/civilrights/programs/ada/ada_sect504qa.cfm.

PROJECT DESCRIPTION

Define the **scope** and **specific elements** of the project. Describe current conditions / problems / issues that the project will address. Be as specific as possible.

PROJECT DEVELOPMENT SCHEDULE

Note: many stages can occur concurrently.

Activity Description	Start Date (MM/YYYY)	Finish Date (MM/YYYY)	Time Frame (Months)
Receive notification letter	10/2019	10/2019	1
Execute agreement (project sponsor and DOT)			
Engineering services contract submitted and approved*			
Obtain environmental clearances (106, CE2, T&E, etc.)			
Public meeting/hearing			
Develop and submit preliminary plans			
Preliminary plans approved			
Develop and submit right-of-way plans			
Review and approval of right-of-way plans			
Submit and receive approval for notice to proceed for right-of-way acquisition (A-Date)*			
Right-of-way acquisition			
Utility coordination			
Develop and submit PS&E			
District approval of PS&E/advertise for bids*			
Submit and receive bids for review and approval			
Project implementation/construction			

* Finish date must match fiscal year for each milestone shown in **bold** text.

FINANCIAL PLAN

Note: fiscal years are federal fiscal years (October 1 through September 30)⁵. Federal participation for a phase of work must not exceed 80% in Missouri and 75% in Illinois.

Activity	Starting Federal Fiscal Year	Total Phase Cost	STP-S Funds Requested	Sponsor Share	Sponsor Share Percentage
PE / Planning / Environmental Studies	FY				
Right-of-Way	FY				
Construction Engineering	FY				
Construction / Implementation	FY				
TOTAL PROJECT COST					
Identify the source(s) of local matching funds (e.g., state DOT, city, county, county road board, county motor fuel tax, private entity), and the amount for each source:					

⁵ **Illinois:** construction funds are available in FY 2023.

Missouri: preliminary engineering funds are available in FY 2021 or FY 2022, right-of-way in FY 2022, and construction/construction engineering in FY 2022 (\$1 million or less federal) or FY 2023.

SAFETY

Note: use the Safety Calculator sheet in the Safety Supplement excel file provided by EWG. This form calculates the project's benefit/cost ratio.

Were there any crashes along project limits from 2012-2016? **Note:** a project can still potentially receive partial points if it does not have crashes, but includes a preventive safety countermeasure.

Yes No

Total number of crashes by severity type along project limits:

Fatal (K on the KABCO scale):	
Serious injury (A on the KABCO scale):	
Minor injury (B and C on the KABCO scale):	
Property damage only (O on the KABCO scale):	
Total number of crashes from 2012-2016 along project limits:	

Does the project include safety countermeasure(s)?

Yes No

If yes, identify the safety countermeasure(s) proposed, its Crash Modification Factor (CMF), and the CMF ID below (e.g., installation of safety edge treatment – CMF: 0.92 – CMF ID: 4303):

Countermeasure (see notes below)	CMF	CMF ID

Note: a list of safety countermeasures and their CMFs is provided in Appendix B of the STP-S Scoring Criteria Guide. In addition, the FHWA Crash Modification Factors Clearinghouse provides a searchable database of safety countermeasures: <http://www.cmfclearinghouse.org/>.

Note: a project can incorporate multiple countermeasures, however, only one countermeasure can be used in the benefit/cost ratio (BCR). Please insert the countermeasure used in the BCR in the first row above with the bold border.

Provide the maintenance cost of the countermeasure used in the BCR. The breakdown should show the cost to maintain the countermeasure for one year. If there is no maintenance cost associated with the countermeasure, enter 'n/a' in the table below.

Item	Cost
TOTAL:	

Provide the safety countermeasure and lifespan of the countermeasure used in the BCR. **Note:** to find the lifespan, use the 'Lifespan-Safety Countermeasure' tab in the Safety Supplement. If a different resource is used, also provide a copy of or a link to the resource.

Describe how the proposed safety countermeasure(s) will address the crashes occurring along project limits:

Are there any undocumented safety issues?

Yes No

If yes, describe the undocumented safety issue(s) and explain how the preventive safety countermeasure(s) will address the issue:

Are the proposed countermeasures listed in the State or County Strategic Highway Safety Plan?

Yes No

If yes, identify the plan(s):

Was a safety study completed for this project?

Yes No

Does the project limits contain safety hardware that requires repairs, improvements, or upgrades?

Yes No

If yes, identify the insufficient safety hardware and describe the improvements:

MULTIMODAL

Does the proposed project incorporate any of the following bicycle-related improvements?

- Separated bike lane/cycle track/protected bike lane
- Shared-use path/trail
- Arterial sidepath
- Buffered bike lane
- Standard bike lane (not buffered)
- Marked shared roadway (shared-lane markings, "sharrow")
- Paved shoulder
- Wayfinding, bicycle racks or parking, or other end of trip facilities
- Other
- None

Describe the bicycle-related improvements (including 'other') in detail:

Does the project incorporate any innovative bicycle treatments (e.g., pavement colorings, bike boxes, bike detection)?

- Yes
- No

If yes, describe the innovative bicycle treatments:

Does the proposed project incorporate any of the following pedestrian-related improvements?

- New sidewalks (where none currently exist)
- Sidewalk spot slab improvements
- Sidewalk reconstruction
- Construction of new curb ramps (where none currently exist)
- Curb ramp reconstruction
- Sidewalk/roadway separation - - width of separation (feet):
- Pedestrian signals/push buttons
- Rectangular rapid flashing beacon/pedestrian hybrid beacon
- Marked crosswalks (standard parallel crosswalk markings)
- High-visibility crosswalks (e.g., ladder, zebra, or continental crosswalk markings)
- Midblock crossings
- Wayfinding, furniture, or other end of trip facilities
- Pedestrian-scale lighting (e.g., glare shielded, lower height (12' to 16'), in-pavement)
- Other
- None

Describe the pedestrian-related improvements (including 'other') in detail:

If the project incorporates any safety, traffic calming, or design improvements, describe the improvements (e.g., improvements at a rail-grade crossing, intersection improvements, road diets, bulb-outs, raised median barriers, center islands, roadway markings, improved signage and signals):

Does the project improve access to transit stops, stations, park-and-ride lots, or other major transit facilities?

Yes No

If yes, identify the bus route and/or transit facility:

Does the project incorporate improvements to existing transit stops or stations (e.g., ADA landing pads, benches, shelters)?

Yes No

If yes, identify the improvements:

Does the project provide direct access to a school (grades K-12 and college/university)?

Yes No

Is the project within ½ mile of a school?

Yes No

If yes, identify the school(s):

School Name	Proximity to Project
	<input type="checkbox"/> Direct <input type="checkbox"/> Within ½ mile
	<input type="checkbox"/> Direct <input type="checkbox"/> Within ½ mile
	<input type="checkbox"/> Direct <input type="checkbox"/> Within ½ mile
	<input type="checkbox"/> Direct <input type="checkbox"/> Within ½ mile

Does the project provide direct access to an activity center, employment center, or community resource (e.g., a business district, retail center, medical facility, community center, park)?

Yes No

If yes, identify all activity centers, employment centers, and/or community resources (planned or existing) that the project directly serves:

SYSTEM RELIABILITY

Does the project include management and operations strategies that optimize the performance of the road (e.g., ITS technologies, traffic operational improvements)?

Yes No

If yes, explain the strategy and how it improves the reliability of the transportation system:

Are there ITS components that are inoperable or require repairs, improvements, or upgrades within the project limits?

Yes No

If yes, identify the insufficient ITS components and describe the improvements:

INTERMODAL CONNECTIONS

Is the project located within an industrial site area (per St. Louis Regional Freight Study)?

Yes No

If yes, what is the name of the industrial site area (e.g., Broadway-Arsenal, Earth City, GM Plant)?

Is the project adjacent to or does it directly impact an intermodal freight facility, major freight generator, logistic center, manufacturing and warehouse industrial facility, or port facility?

Yes No

If yes, identify the facility or major freight generator:

Identify any commercial vehicle countermeasures proposed, and explain how the project provides improvement to the movement of freight to and from the industrial site area, facility, or major freight generator:

- 10. 49 CFR Part 609—*Transportation for Elderly and Handicapped Persons*.
- 11. Federal civil rights and nondiscrimination directives implementing those federal laws and regulations, unless the federal government determines otherwise in writing.
- E. The Age Discrimination Act of 1975, as amended, 42 U.S.C. §§ 6101 *et seq.*, and implementing regulations at 49 CFR Part 90 – *Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance*.
- F. The Age Discrimination in Employment Act, 29 U.S.C. §§ 621 through 634, and implement regulations of the U.S. Equal Employment Opportunity Commission 29 CFR Part 1625—*Age Discrimination in Employment Act*.
- G. The Drug Abuse Office and Treatment Act of 1972, as amended, 21 U.S.C. §§ 1101 *et seq.*, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended, 42 U.S.C. §§ 4541 *et seq.*, and the Public Health Service Act of 1912, as amended, 42 U.S.C. §§ 290dd through 290dd-2.
- H. Executive Order 12898—Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations, 42 U.S.C. § 4321 note, and DOT Order 5620.3 at Federal Register Vol. 62 No. 18377—*Department of Transportation Actions to Address Environmental Justice in Minority Populations and Low-Income Populations*.
- I. Executive Order 13166 – Improving Access to Services for Persons with Limited English Proficiency, 42 U.S.C. § 2000d – 1 note, and implementing policy guidance at Federal Register Vol. 70 No. 74087—*DOT Policy Guidance Concerning Recipients' Responsibilities to Limited English Proficiency (LEP) Person*.

By submitting its application as part of the TIP process and signing below, the Project Sponsor certifies that it has reviewed the federal requirements regarding nondiscrimination in federally assisted programs and believes that the Project Sponsor complies with the required policies and procedures.

Also, the Project Sponsor acknowledges its understanding that if the Project Sponsor does not have the required policies and procedures in place prior to federal funds being obligated, then the Project Sponsor's project may become ineligible for federal funding.

Jason Jonas, P.E.

Name (print)

Public Works Director

Title

Signature

2-14-2019

Date

FINANCIAL CERTIFICATION OF MATCHING FUNDS

This is to ensure sufficient funds are available to pay the non-federal share of project expenditures for the following project to be funded under the provisions of the Fixing America's Surface Transportation (FAST) Act.

Project Title: Old Lemay Ferry - E. Four Ridge to Kneff

Local Match Amount: \$210,862.00

Sponsoring Agency: Jefferson County Public Works

Chief Elected Official (or Chief Executive Officer):

Name (print): Dennis Gannon, County Executive

Signature: Dennis J Gannon

Date: 2-14-19

Chief Financial Officer:

Name (print): Kristy L. Apprill, County Auditor

Signature: Kristy L Apprill

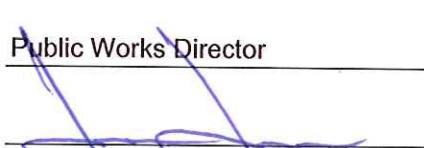
Date: 2-11-19

PERSON OF RESPONSIBLE CHARGE CERTIFICATION

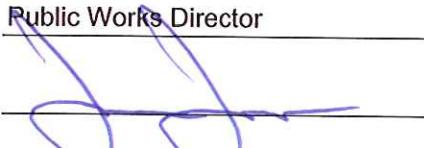
The key regulatory provision, 23 CFR 635.105 – Supervising Agency, provides that the State Transportation Agency (STA) is responsible for construction of federal-aid projects, whether it or a local public agency (LPA) performs the work. The regulation provides that the STA and LPA must provide its full-time employee to be in “responsible charge” of the project.

The undersigned employee(s) of the Project Sponsor will act as person of responsible charge. If at any point the employee leaves the LPA, the LPA is responsible for finding a suitable replacement and notifying EWG. If the person of responsible charge is found to not be a full-time employee of the LPA, it will result in the loss of federal funds for this project. One employee can act as person of responsible charge for all three phases. All three phases must be signed.

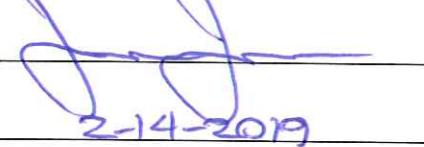
Person of Responsible Charge – Design Phase

Name (print): Jason Jonas, P.E.
Title: Public Works Director Email: jjonas@jeffcomo.org
Signature: 
Date: 2-14-2019

Person of Responsible Charge – Right-of-Way Acquisition Phase

Name (print): Jason Jonas, P.E.
Title: Public Works Director Email: jjonas@jeffcomo.org
Signature: 
Date: 2-14-2019

Person of Responsible Charge – Construction/Implementation Phase

Name (print): Jason Jonas, P.E.
Title: Public Works Director Email: jjonas@jeffcomo.org
Signature: 
Date: 2-14-2019

RIGHT-OF-WAY ACQUISITION CERTIFICATION STATEMENT – MISSOURI SPONSORS ONLY

The State Department of Transportation and the Federal Highway Administration (FHWA) have the right and responsibility to review and monitor the acquisition procedures of any federally funded transportation project for adherence to The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. Those projects found in non-compliance may jeopardize all or part of their federal funding.

- A. The Project Sponsor hereby certifies that any right-of-way, and/or permanent or temporary easements necessary for this project, obtained prior to this application, were acquired in accordance with The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
- B. The Project Sponsor also certifies that any additional right-of-way, and/or permanent or temporary easements, subsequently required to complete the project, will be acquired according to The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

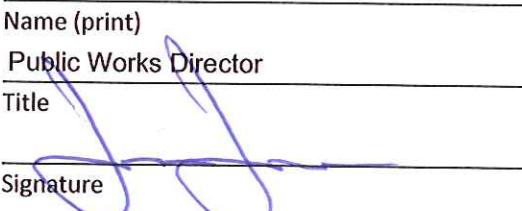
Jason Jonas, P.E.

Name (print)

Public Works Director

Title

Signature



2-14-2019

Date

POLICY ON REASONABLE PROGRESS CERTIFICATION – MISSOURI SPONSORS ONLY

Following on the next page is a copy of the policy on reasonable progress adopted by the East-West Gateway Council of Governments Board of Directors.

The undersigned representative of the Project Sponsor hereby certifies that s/he has read this policy and understands its requirements. The representative acknowledges that failure to meet all of the reasonable progress requirements could result in federal funds being revoked and returned to the regional funding pool, as dictated by the policy.

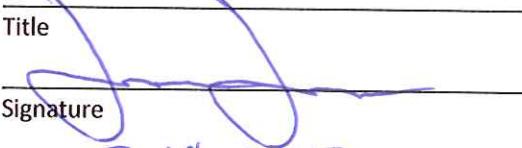
Jason Jonas, P.E.

Name (print)

Public Works Director

Title

Signature



2-14-2019

Date

POLICY ON REASONABLE PROGRESS – MISSOURI SPONSORS ONLY

Reasonable Progress

For projects or programs included in the Transportation Improvement Program (TIP), “reasonable progress” will have been made if the project has advanced to the point of obligating all federal funds programmed for that project in the current fiscal year, regardless of the phase of work (*i.e., preliminary engineering, right-of-way acquisition, or plans, specifications, and estimates*). If a project fails to obligate the programmed federal funds by September 30 of the current year, the funding will be forfeited and returned to the regional funding pot. Actual progress toward implementation is measured against the schedule submitted by the Project Sponsor in the project application.

Policy Procedures and Enforcement

Projects that do not obligate all federal funds by the Board-approved suspense date will be removed from the TIP and the federal funds associated with those projects will be returned to the regional funding pool for redistribution. The removal of projects from the TIP will require no further Board action and the sponsor will have to repay any federal funds already spent if the funding is forfeited.

If a project is realizing delays that will put the federal funding at risk of forfeiture (*i.e., not meet a September 30 deadline*), the Project Sponsor will have the opportunity to ask for consideration of a “one-time extension” in their project schedule. The one-time extension can only be requested for the implementation/construction phase of the project. The extension request will only be considered once a year, and has to be made before June 1 of the current fiscal year of the TIP.

To be considered for this extension the Project Sponsor has to demonstrate on all counts: a) the delay is beyond their control and the sponsor has done due diligence in progressing the project; b) federal funds have already been obligated on the project or in cases that no federal funds are used for PE and/or ROW acquisition, there has been significant progress toward final plan preparation; and c) there is a realistic strategy in place to obligate all funds.

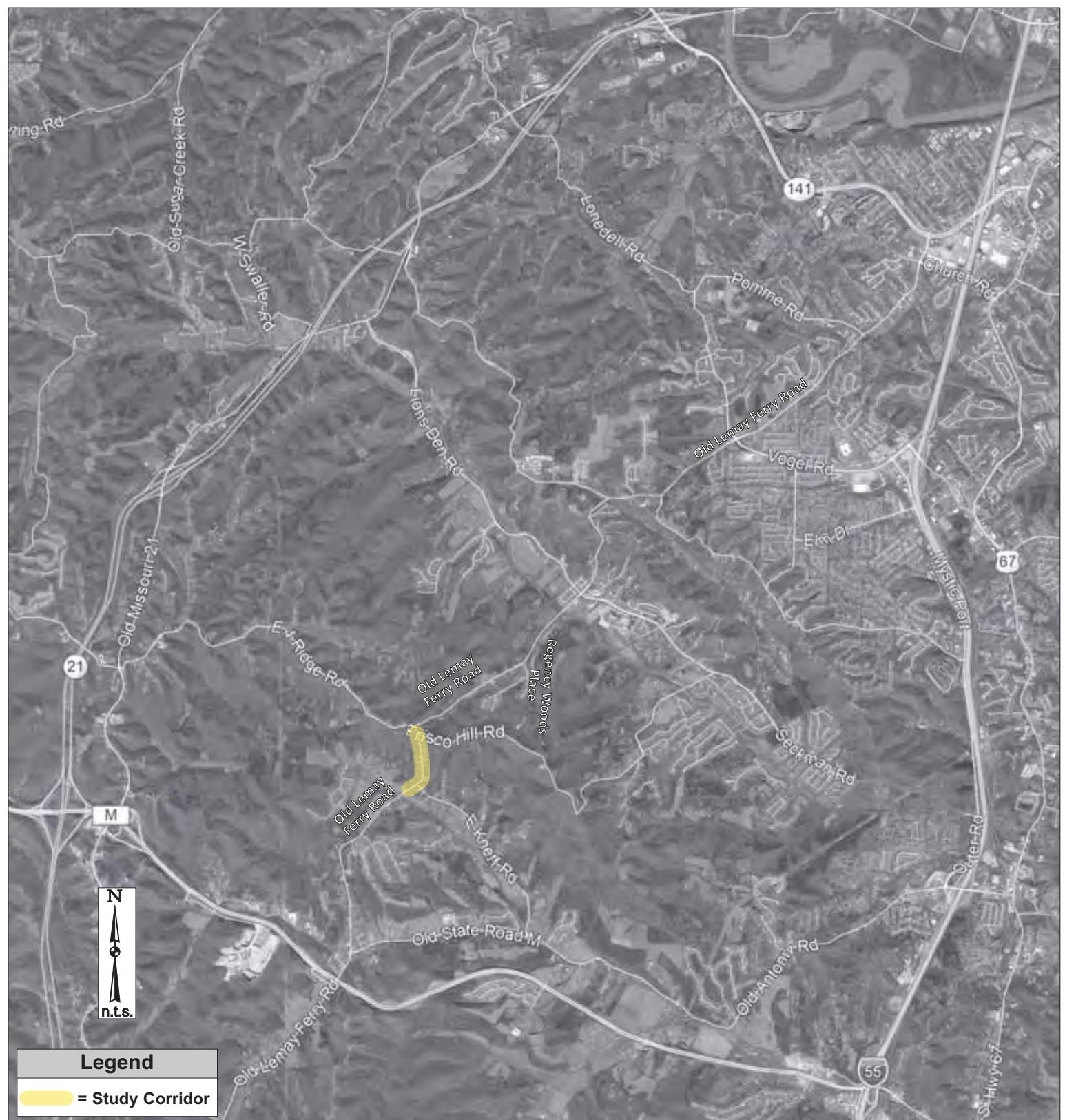
One-time extensions of up to three (3) months may be granted by EWG staff and one-time extensions greater than three (3) months, but not more than nine (9) months, will go to the Board of Directors for their consideration and approval. Projects requesting schedule advancements will be handled on a case-by-case basis, subject to available funding, and are subject to the Board-adopted rules for TIP modifications.

Project Monitoring

An extensive monitoring program has been developed to help track programmed projects and ensure that funding commitments and plans are met. Monthly tracking reports are developed and posted on the EWG website, utilizing project information provided by the Project Sponsor, IDOT, and MoDOT district offices. Additionally, project sponsors are contacted at least every three (3) months by EWG staff for project status updates.

Attachment A

- ✓ Project Location Map
- ✓ Detailed Cost Estimate
- N/A Letter of permission from facility owner
- N/A Letter of Support from match source
- N/A Coordination letter(s)



Estimate of Project Costs

Project Sponsor:	Jefferson County Department of Public Works
Project Title:	Old Lemay Ferry - East Four Ridge to Kneff Rd
Date:	14-Feb-19

Specific Roadway Items				
Item	Quantity	Unit	Unit Price	Amount
BP-2 Surface Course, 2"	244.00	Ton	\$100.00	\$24,400.00
2" Milling	1,956.00	SY	\$3.00	\$5,868.00
Safety Shoulder, 4ft wide	15,835.00	SF	\$27.50	\$435,462.50
High Friction Surface Treatment	3,013.00	SY	\$30.00	\$90,390.00
Driveway, private	18.00	Each	\$2,500.00	\$45,000.00
RCP, 12 IN	500.00	LF	\$65.00	\$32,500.00
RCP, 24 IN	150.00	LF	\$85.00	\$12,750.00
Inlet, Drop, Precast	2.00	Each	\$2,500.00	\$5,000.00
FES, 12 IN	2.00	Each	\$1,000.00	\$2,000.00
FES, 24 IN	2.00	LF	\$2,000.00	\$4,000.00
markings, yellow	2,062.00	LF	\$5.00	\$10,310.00
pavement markings, white	4,175.00	LF	\$2.00	\$8,350.00
Rumble strip, edgeline	8,350.00	LF	\$3.25	\$27,137.50
Sawcutting	4,175.00	LF	\$8.00	\$33,400.00
Earthwork	1,500.00	CY	\$20.00	\$30,000.00
Clearing Trees and Vegetation	0.48	Acre	\$25,000.00	\$12,000.00
Seeding/Mulching	0.60	Acre	\$5,000.00	\$3,000.00
Remove and replace sign (high vis)	9.00	Each	\$1,250.00	\$11,250.00
Relocate sign, speed limit, stops	3.00	Each	\$750.00	\$2,250.00
Removal of Improvements	1.00	Each	\$15,000.00	\$15,000.00
Mobilization	1.00	Each	\$15,000.00	\$15,000.00
Relocate OHE (BY OTHERS)	2.00	Each	\$0.00	\$0.00
				\$0.00
Traffic Control	1.00	LS	\$41,253.40	\$41,253.40
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL				\$866,321.40

Construction Cost Total	\$866,321.40
Contingency	
Inflation	
Preliminary Engineering	\$103,958.57
Right-of-Way	\$84,028.00
Construction Engineering/Inspection	
Project Total *	\$1,054,307.97

* The project total cost should match the total cost reported in the project application.

Add lines as needed.

Attachment B

- ✓ Photographs
- ✓ Detailed Map
- ✓ Road or bridge condition

N/A Roadway realignment diagram

N/A Typical section



Dry Fork Road at Old Lemay Ferry Road looking west



Dry Fork Road at Old Lemay Ferry Road



Kneff Road at Old Lemay Ferry Road looking east



Old Lemay Ferry Road at Dry Fork Road looking north



Old Lemay Ferry Road at Dry Fork Road looking south



Old Lemay Ferry Road at Kneff Road looking north



Old Lemay Ferry Road at Kneff Road looking west



Exhibit 1-A: OLD LEMAY FERRY ROAD SOUTH OF E. FOUR RIDGE RD - FRISCO HILL RD



Exhibit 1-B: OLD LEMAY FERRY ROAD BETWEEN E. FOUR RIDGE RD - FRISCO HILL RD AND KNEFF RD - DRY FORK RD

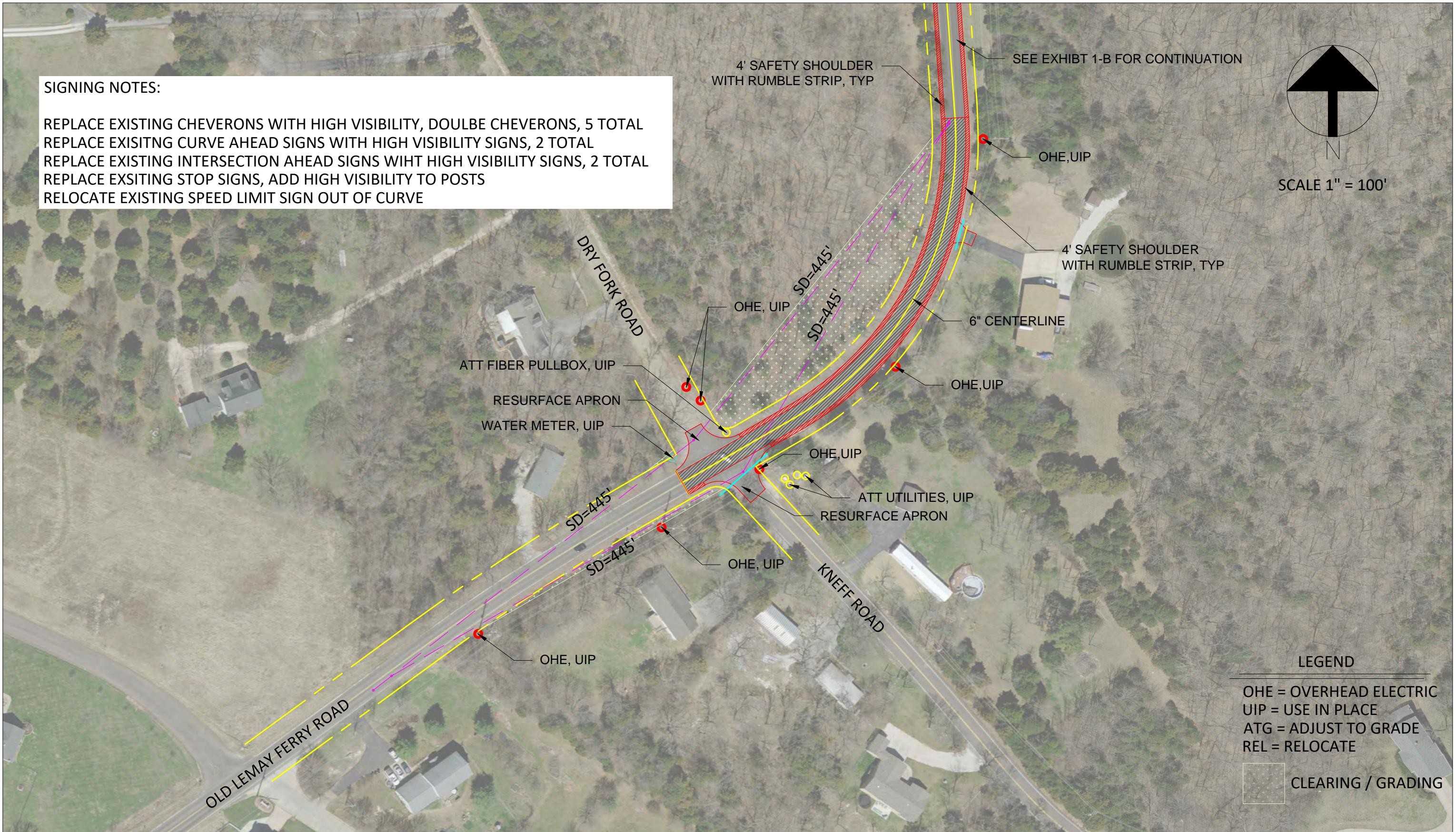
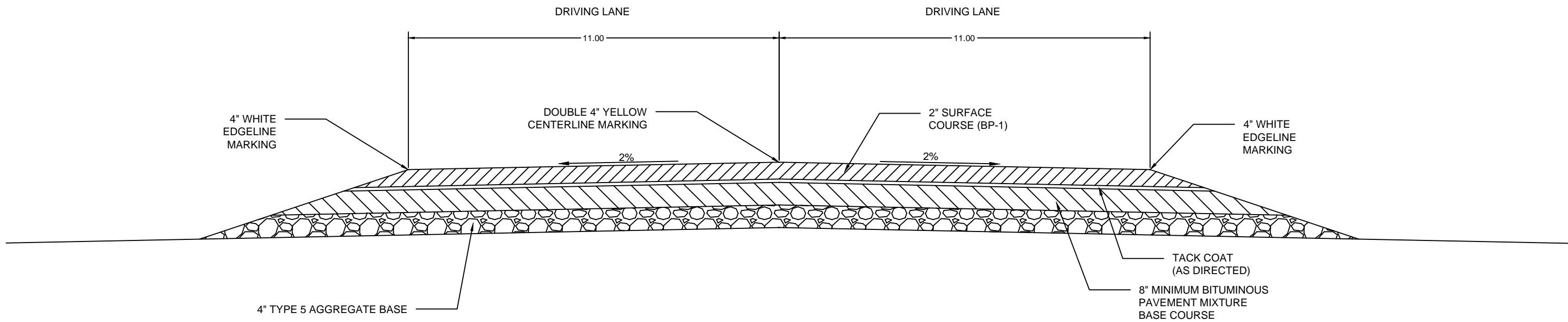
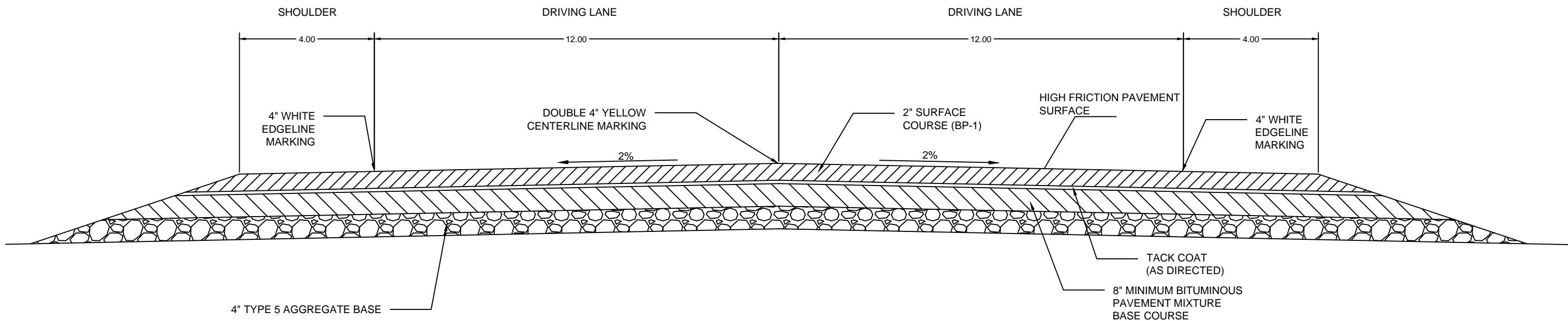


Exhibit 1-C: Old Lemay Ferry Road at Kneff Road/Dry Fork Road



EXISTING TYPICAL SECTION
OLD LEMAY FERRY ROAD
JEFFERSON COUNTY, MISSOURI

NOT TO SCALE



PROPOSED TYPICAL SECTION
OLD LEMAY FERRY ROAD
JEFFERSON COUNTY, MISSOURI

NOT TO SCALE

PAVEMENT MANAGEMENT SURVEY FORM

Agency: <u>Jefferson County, Missouri</u>	Rater <u>Chris Ehlen</u>								
Survey Date : <u>01/09/19</u>	Date Of Previous Survey: <u>01/03/16</u>								
INVENTORY									
Road : <u>Old Lemay Ferry</u>	Road No. <u>113</u>	Bridge No. <u>N/A</u>							
From : <u>300ft South of Kneff</u>	To : <u>500ft North of Kneff</u>								
Segment Length (Ft.): <u>800</u>	Ft. <u>0.15</u>	Mi. <u></u>	Functional Class: <u>Urban Major Collector</u>						
No. Of Lanes: <u>2</u>	Total Width <u>26</u>	Surface Type: <u>Concr</u>	<u>Asph</u>	<u>CS-A</u>					
Pavement Thickness (In.): <u>Unknown</u>	Base Type: <u>Unknown</u>	Thickness <u>Unknown</u>							
Traffic (ADT): <u>1774</u>	Locations: <u>North of East Four Ridge / Frisco Hill</u>								
Truck Route:	<u>NO</u>	<u>YES</u>	<u>6</u> %	Curb/Gutter:	<u>NO</u>	<u>YES</u>	Sidewalks	<u>NO</u>	<u>YES</u>
R/W Width (Ft.):									

ROADWAY DATA

Concrete	Severe	Mod.	Slight	None	ASPHALT	Severe	Mod.	Slight	None
Transverse Cracks:					Cracks				
Longitudinal Cracks:					Potholes				
Patching					Rutting				
Spalling					Patching				
Joint Deterioration					Cracks (Trans/Longit)				
Faulting					Raveling				
D-Cracking					Shoving				

CHIP SEAL	Severe	Mod.	Slight	None	Asph/PSP	Severe	Mod.	Slight	None
Cracks					Cracks		X		
Potholes					Potholes				X
Rutting					Rutting		X		
Patching					Patching				X
Cracks (Trans/Longit)					Cracks (Trans/Longit)		X		
Raveling					Raveling				X
Shoving					Bleeding/Shoving		X		

SURFACE RATING

Condition Rating (1 - 10) 7 Roughness 1-Failed 10-Excellent

IMPROVEMENT HISTORY

Date Of Last Improvement	<u>2013</u>
Type Of Improvement	<u>3/8" TRAP ROCK CHIP SEAL CRS-2P</u>
Cost Of Improvement	

PAVEMENT MANAGEMENT SURVEY FORM

Agency: <u>Jefferson County, Missouri</u>	Rater <u>Chris Ehlen</u>									
Survey Date : <u>01/09/19</u>	Date Of Previous Survey: <u>01/01/15</u>									
INVENTORY										
Road : <u>Dry Fork (East)</u>	Road No. <u>132</u>	Bridge No. <u>N/A</u>								
From : <u>300ft West of Old Lemay Ferry</u>	To : <u>Old Lemay Ferry</u>									
Segment Length (Ft.): <u>300</u>	Ft. <u>0.06</u>	Mi. <u></u>	Functional Class: <u>Local</u>							
No. Of Lanes: <u>2</u>	Total Width <u>19</u>	Surface Type: <u>Concr</u>	<u>Asph</u>	<u>CS</u>						
Pavement Thickness (In.): <u>Unknown</u>	Base Type: <u>Unknown</u>	Thickness <u>Unknown</u>								
Traffic (ADT): <u>120</u>	Locations: <u>Near Old Lemay Ferry</u>									
Truck Route:	<u>NO</u>	<u>YES</u>	<u>3</u>	<u>%</u>	Curb/Gutter:	<u>NO</u>	<u>YES</u>	Sidewalks	<u>NO</u>	<u>YES</u>
R/W Width (Ft.):	<u>Unknown</u>									

ROADWAY DATA

Concrete	Severe	Mod.	Slight	None	ASPHALT	Severe	Mod.	Slight	None
Transverse Cracks:					Cracks				
Longitudinal Cracks:					Potholes				
Patching					Rutting				
Spalling					Patching				
Joint Deterioration					Cracks (Trans/Longit)				
Faulting					Raveling				
D-Cracking					Shoving				

CHIP SEAL	Severe	Mod.	Slight	None	Asph/PSP	Severe	Mod.	Slight	None
Cracks			X		Cracks				
Potholes				X	Potholes				
Rutting			X		Rutting				
Patching				X	Patching				
Cracks (Trans/Longit)			X		Cracks (Trans/Longit)				
Raveling				X	Raveling				
Shoving				X	Bleeding/Shoving				

SURFACE RATING

Condition Rating (1 - 10) 8 Roughness
1-Failed 10-Excellent

IMPROVEMENT HISTORY

Date Of Last Improvement	<u>Unknown</u>
Type Of Improvement	<u>3/8" Trap Rock CRS-2P</u>
Cost Of Improvement	

PAVEMENT MANAGEMENT SURVEY FORM

Agency: <u>Jefferson County, Missouri</u>	Rater <u>Chris Ehlen</u>									
Survey Date : <u>01/09/19</u>	Date Of Previous Survey: <u>01/01/15</u>									
INVENTORY										
Road : <u>Kneff</u>	Road No. <u>131</u>	Bridge No. <u>N/A</u>								
From : <u>300ft East of Old Lemay Ferry</u>	To : <u>Old Lemay Ferry</u>									
Segment Length (Ft.): <u>300</u>	Ft. <u>0.06</u>	Mi. <u></u>	Functional Class: <u>Local</u>							
No. Of Lanes: <u>2</u>	Total Width <u>24</u>	Surface Type: <u>Concr</u>	<u>Asph</u>	<u>PCS-A</u>						
Pavement Thickness (In.): <u>Unknown</u>	Base Type: <u>Unknown</u>	Thickness <u>Unknown</u>								
Traffic (ADT): <u>369</u>	Locations: <u>Near Old Lemay Ferry</u>									
Truck Route:	<u>NO</u>	<u>YES</u>	<u>4</u>	<u>%</u>	Curb/Gutter:	<u>NO</u>	<u>YES</u>	Sidewalks	<u>NO</u>	<u>YES</u>
R/W Width (Ft.):	<u>Unknown</u>									

ROADWAY DATA

Concrete	Severe	Mod.	Slight	None	ASPHALT	Severe	Mod.	Slight	None
Transverse Cracks:					Cracks				
Longitudinal Cracks:					Potholes				
Patching					Rutting				
Spalling					Patching				
Joint Deterioration					Cracks (Trans/Longit)				
Faulting					Raveling				
D-Cracking					Shoving				

CHIP SEAL	Severe	Mod.	Slight	None	Asph/PSP	Severe	Mod.	Slight	None
Cracks					Cracks			X	
Potholes					Potholes				X
Rutting					Rutting				X
Patching					Patching				X
Cracks (Trans/Longit)					Cracks (Trans/Longit)				X
Raveling					Raveling				X
Shoving					Bleeding/Shoving				X

SURFACE RATING

Condition Rating (1 - 10) 8 Roughness
1-Failed 10-Excellent

IMPROVEMENT HISTORY

Date Of Last Improvement Unknown
Type Of Improvement 3/8" Trap Rock CRS-2P
Cost Of Improvement

Attachment C

- ✓ Benefit/cost ratio
- ✓ Crash reports
- ✓ Safety plans/study

Sponsoring Agency: Jefferson County Department of Public Works

Project Title: Old Lemay Ferry - East Four Ridge to Kneff Road

* When entering the data below, be sure to use the number of crashes and NOT the number of injuries/people involved. For example: If there was a crash that had one fatality and two minor injuries, sponsors would enter this as one fatal crash. The crash should be documented as the "highest" severity listed in the crash report.

* Sponsors should ONLY use crashes that happen WITHIN the project limits.

Benefit/Cost Ratio

	Value	Comment
Number of Crashes from 2012-2016:		
Fatal (K)	-	Input
Serious Injury (A)	3	Input
Minor Injury (B,C)	1	Input
Property Damage Only (O)	5	Input
Total	9	
Project Type:		
Segment or Intersection	Segment	Select from drop down list
Project Average Daily Traffic	3,640	Number of vehicles (current)
Project Length	0.45	in miles
Countermeasure Detail, Implementation, and Cost:		
Lifespan of Countermeasure	15	Years
Maintenance Cost of Countermeasure	\$4,500	Annual dollars
CMF	0.360	One value only/Don't average multiple CMFs
Years To Construction Phase	3.0	Years
Duration of Construction Phase	1.0	Years, minimum of one year*
Total Project Cost	\$1,054,308	Dollars, include all phases of the project

Key:

Inputs

*Show projects with less than one year of construction as one year

Clear Data

Results



EAST-WEST GATEWAY

Council of Governments

Creating Solutions Across Jurisdictional Boundaries

Outputs

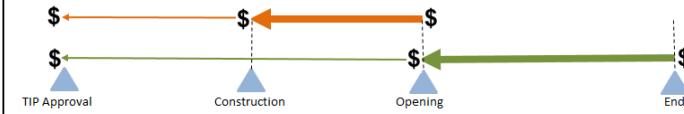
5 Year Crash Data (per 100 million miles)

Crash Rate	301.1
Fatality & Serious Injury Crash Rate	100.36
Benefit/Cost Ratio	5.0

CHECKS

Annual Benefit	459,590
PVB	4,874,731
PVC	984,469
PVC Construction	936,739
PVC Maintenance	47,730
BCR	5.0

Bringing it all to TIP approval year dollar



Maintenance and Annual Benefits

Thick Line = Ordinary Annuity
Thin Line = Compound Interest

Construction

CMF / CRF Details

CMF ID: 6798

Add new paved shoulder

Description: Add a new paved shoulder where there is currently no paved shoulder

Prior Condition: No paved shoulder

Category: Shoulder treatments

Study: *Safety Impacts of Highway Shoulder Attributes in Illinois, Bamzai et al., 2011*

Star Quality Rating:  [View score details]

Crash Modification Factor (CMF)

Value: 0.36

Adjusted Standard Error:

Unadjusted Standard Error:

Crash Reduction Factor (CRF)

Value: 64 (*This value indicates a **decrease** in crashes*)

Adjusted Standard Error:

Unadjusted Standard Error:

Applicability

Crash Type: Fixed object, Head on, Run off road, Sideswipe

Crash Severity: A (serious injury), B (minor injury), C (possible injury)

Roadway Types: Not specified

Number of Lanes: 2

Road Division Type: Undivided

Speed Limit: 35-55

Area Type: Urban

Traffic Volume:

Time of Day: All

If countermeasure is intersection-based

Intersection Type:

Intersection Geometry:

Traffic Control:

Major Road Traffic Volume:

Minor Road Traffic Volume:

Development Details

Date Range of Data Used: 2000 to 2006

Municipality:

State: IL

Country: USA

Type of Methodology Used: Before/after using empirical Bayes or full Bayes

Sample Size (crashes): NULL crashes

Sample Size (sites): NULL sites

Sample Size (site-years): NULL site-years

Sample Size (miles): NULL miles

Sample Size (mile-years): NULL mile-years

Other Details

Included in Highway Safety Manual? No

Date Added to Clearinghouse: Jun-22-2015

Comments: This CMF applies to urban two-lane highways with a lane width less than or equal to 12 ft. This CMF applies to shoulder related crashes, which were defined as fixed object, head-on, run-off-road, sideswipe opposite direction, and sideswipe same direction.

[\[View the Full Study Details\]](#)

This site is funded by the U.S. Department of Transportation Federal Highway Administration and maintained by the University of North Carolina Highway Safety Research Center

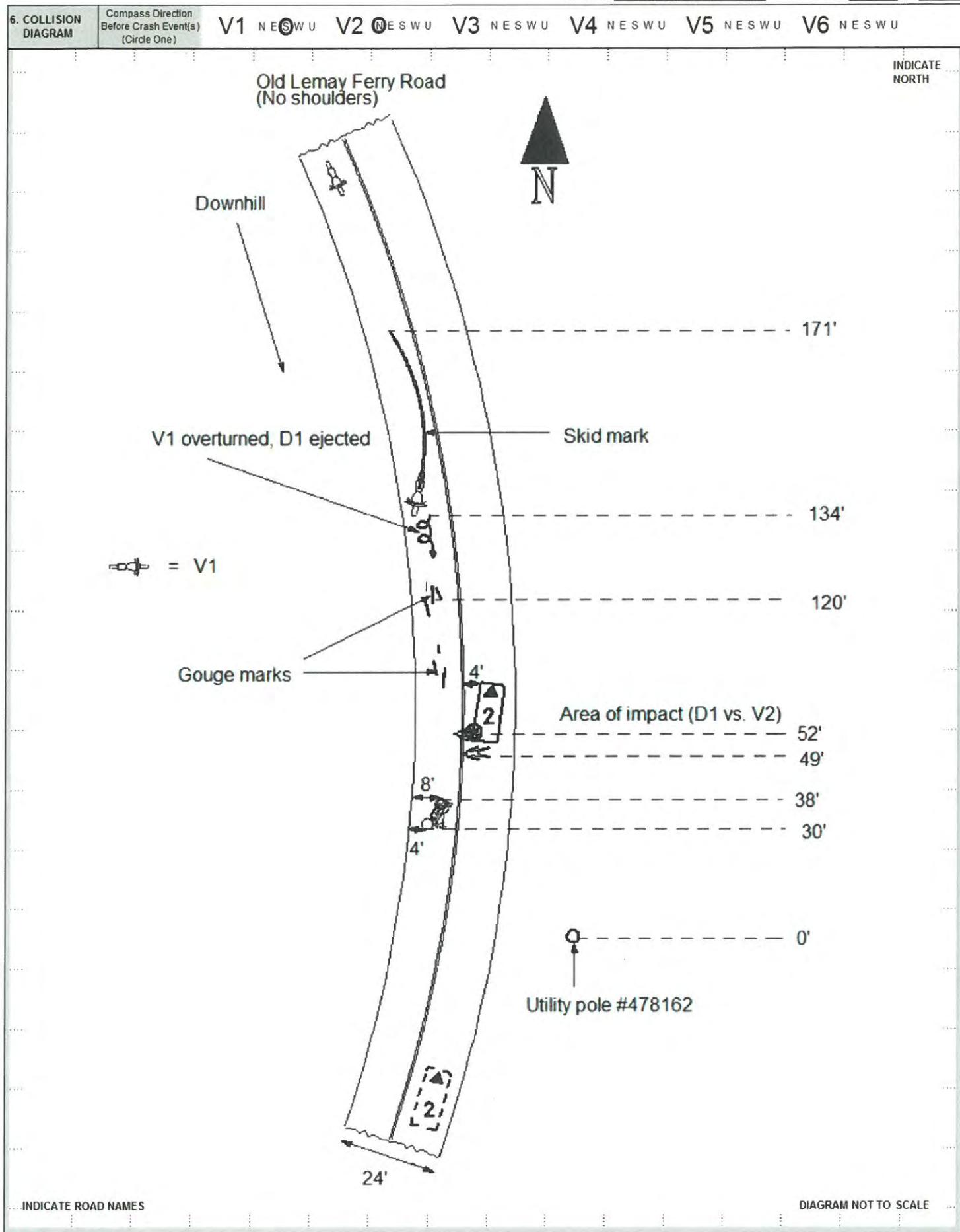
For more information, contact Karen Scurry at karen.scurry@dot.gov

The information contained in the Crash Modification Factors (CMF) Clearinghouse is disseminated under the sponsorship of the U.S. Department of Transportation in the interest of information exchange. The U.S. Government assumes no liability for the use of the information contained in the CMF Clearinghouse. The information contained in the CMF Clearinghouse does not constitute a standard, specification, or regulation, nor is it a substitute for sound engineering judgment.

MISSOURI UNIFORM CRASH REPORT

PAGE 1 OF 5

1 - GENERAL CRASH INFORMATION							AGENCY NAME AND ORI						
SPACE USED FOR BARCODE							MISSOURI STATE HIGHWAY PATROL MOMHPCC00 R4244644						
LEFT THE SCENE DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No								130613289			
NO. VEH. INV.	CRASH DATE		CRASH TIME (MIL)		NOTIFIED DATE		TIME NOTIFIED (MIL)		INVESTIGATION DATE		TIME ARRIVED (MIL)		
2	09/24/2013		1930		09/24/2013		1935		09/24/2013		1950		
CRASH TYPE	ROADWAY	NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE							
	On Roadway	<input checked="" type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp Dir.) <input type="checkbox"/> Falling / Shifting Cargo <input type="checkbox"/> (Set in motion by MV)	<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)					
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle fields in Section 7G must be completed.													
1. Does this crash involve any of the following?													
1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.													
1b. A person transported for medical attention; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.													
1c. A vehicle towed due to disabling damage <input checked="" type="checkbox"/> Yes - Go to number 2. →													
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:													
2a. A truck/cargo van with GVWR/GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.													
2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.													
EVIDENTIARY PHOTOS TAKEN		BY WHOM		NOT APPLICABLE		AVAILABLE FROM		<input type="checkbox"/> Investigating Agency					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
RECONSTRUCTION		BY WHOM		NOT APPLICABLE		AVAILABLE FROM		<input type="checkbox"/> Investigating Agency					
2 - LOCATION													
COUNTY		MUNICIPALITY		BEAT / ZONE		TRP/DIST/PCT		GPS COORDINATES (DD MM SS.S FORMAT)					
JEFFERSON		NON-CITY OR UNINCORPORATED		12		C		LAT: N38 22 52.0 LONG: W90 27 22.0					
ON		CRD OLD LEMAY FERRY RD		RDWY. DIR		DISTANCE FROM		LOCATION		INTERSECTING			
SPEED LIMIT		ROAD MAINTAINED BY		S		NA		After <input type="checkbox"/> NA		CRD KNEFF RD			
35		<input type="checkbox"/> Unknown <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				80 Feet		<input type="checkbox"/> Before <input type="checkbox"/> At		SPEED LIMIT INT. DIR. GEO - CODE			
TRAFFICWAY						Miles				NA S NA			
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way Divided; Unprotected Median <input type="checkbox"/> Other								ROAD ALIGNMENT		ROAD PROFILE			
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided; Positive Median Barrier <input type="checkbox"/> Unknown								<input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Level <input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)			
INTERSECTION TYPE <input checked="" type="checkbox"/> NA						ROAD CONDITION							
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)						<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)							
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)						<input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)							
ROAD SURFACE						WEATHER CONDITION							
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone						<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)							
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)						<input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)							
LIGHT CONDITION													
<input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input checked="" type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting						<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)							
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None													
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality													
4 - WITNESS													
NAME		<input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative						ADDRESS (Street, City, State, Zip)				PHONE NUMBER	
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian													
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)											PHONE NUMBER	
DATE OF BIRTH		SEX	STRUCK BY VEH #:	INJ	TRANS	SAFETY	LOCATION	<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island		<input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown			
CROSSING ROAD		<input type="checkbox"/> NA	OTHER ACTIONS		<input type="checkbox"/> NA/None			<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown		<input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain)		SCHOOL INFO. <input type="checkbox"/> NA	
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown		<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	<input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Unknown			<input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus	
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None													
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)				DISTRACTED / INATTENTIVE CODE(S)		<input type="checkbox"/> NA	ALCOHOL USE		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
DISTRIBUTION: COPY - AGENCY FILE; ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC RECORDS DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102													
SHP-2Q 01/12													



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
1 RENNEKAMP, STEVEN ALAN 1770 WOODWIND DR IMPERIAL, MO 63052												(314)568-2687																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class E	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown	MC ENDORSEMENT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
T980747642		MO	NA	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	CDL Class	<input type="checkbox"/> MC Only	(Explain)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	<input type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh	Other (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
09/29/1966		M	M	2	2	4	<input type="checkbox"/> OBSTRUCTED	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	Unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
PROOF OF INSURANCE		INSURANCE COMPANY				<input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Not Required		SAFECO INSURANCE		NA		NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												<input checked="" type="checkbox"/> SAD																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
YEAR		MAKE		MODEL				COLOR		VEH. TYPE	TOTAL NO. OF OCC.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
2010		HARLEY DAVIDSON		ROAD KING				BLK	RED	1	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
LICENSE - PLATE NO.		STATE	YEAR	VIN				TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
BU5NJ		MO	2014	1HD1FR418AB633392				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
VEHICLE DAMAGE (Mark all damaged areas)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<table border="1"> <tr> <td><input type="checkbox"/> None / No Damage</td> <td><input type="checkbox"/> TOWED BY</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> NA</td> </tr> <tr> <td colspan="4">INITIAL IMPACT NO: 2 1 3 1 4 1 5 1 6 1 7 18 - Undercarriage 22 - Cargo</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> NA 19 - Windshield 23 - Unknown</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> 15 16 17 20 - Burned 24 - Other</td> </tr> <tr> <td colspan="4">13 21 - Towed Unit (Explain)</td> </tr> </table>												<input type="checkbox"/> None / No Damage	<input type="checkbox"/> TOWED BY	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	INITIAL IMPACT NO: 2 1 3 1 4 1 5 1 6 1 7 18 - Undercarriage 22 - Cargo				<input type="checkbox"/> NA 19 - Windshield 23 - Unknown				<input type="checkbox"/> 15 16 17 20 - Burned 24 - Other				13 21 - Towed Unit (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
<input type="checkbox"/> None / No Damage	<input type="checkbox"/> TOWED BY	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
INITIAL IMPACT NO: 2 1 3 1 4 1 5 1 6 1 7 18 - Undercarriage 22 - Cargo																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<input type="checkbox"/> NA 19 - Windshield 23 - Unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<input type="checkbox"/> 15 16 17 20 - Burned 24 - Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
13 21 - Towed Unit (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<table border="1"> <tr> <td colspan="4">LEO'S B & T TOWING (P) (636)942-3233</td> </tr> <tr> <td colspan="4">6729 OLD HWY 21</td> </tr> <tr> <td colspan="4">HOUSE SPRINGS, MO 63052</td> </tr> </table>												LEO'S B & T TOWING (P) (636)942-3233				6729 OLD HWY 21				HOUSE SPRINGS, MO 63052																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
LEO'S B & T TOWING (P) (636)942-3233																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
6729 OLD HWY 21																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
HOUSE SPRINGS, MO 63052																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<table border="1"> <tr> <td colspan="4"><input type="checkbox"/> Vehicle Used As Public Conveyance</td> </tr> <tr> <td colspan="4"> <table border="1"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input checked="" type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td>GVW / GCW RATING</td> </tr> <tr> <td><input type="checkbox"/> Van (< 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> <td>(Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Van (9+ W/Driver)</td> <td><input type="checkbox"/> School Bus</td> <td><input type="checkbox"/> 2 Wh</td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s)</td> <td>(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td><input type="checkbox"/> Sport Utility Vehicle</td> <td><input type="checkbox"/> Intercity</td> <td><input type="checkbox"/> 3 Wh</td> <td><input type="checkbox"/> Other Vehicle (Code)</td> <td><input type="checkbox"/> (Does not apply to Truck Tractors)</td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td><input type="checkbox"/> Transit / Commuter</td> <td><input type="checkbox"/> 4 Wh</td> <td><input type="checkbox"/> Cargo Van</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> <td><input type="checkbox"/> Less than or equal to 10,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td><input type="checkbox"/> Charter / Tour</td> <td><input type="checkbox"/> 5 Wh / More</td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> <td><input type="checkbox"/> 10,001 - 26,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> <td><input type="checkbox"/> Greater than 26,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td></td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> To / From School</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> </tr> <tr> <td colspan="12">EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td colspan="12"> <table border="1"> <tr> <td colspan="4">CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td colspan="4"> <table border="1"> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Ambulance</td> <td><input type="checkbox"/> A. Emergency Vehicle on Emergency Run</td> <td><input type="checkbox"/> Congestion Ahead</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Other (Must check "A" / "B")</td> <td><input type="checkbox"/> B. Stationary With Emergency Equip. Activated</td> <td><input type="checkbox"/> Other Incident Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Crash Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Unknown (Explain)</td> </tr> </table> </td> </tr> </table> </td> </tr> <tr> <td colspan="12">7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)</td> </tr> <tr> <td colspan="2">SEQUENCE OF EVENTS CODES</td> <td colspan="4"><input type="checkbox"/> Unknown</td> <td colspan="2">ANIMAL CODE(S)</td> <td colspan="2">FIXED OBJECT CODE(S)</td> <td colspan="2">ALCOHOL USE</td> </tr> <tr> <td>1</td> <td>7</td> <td>22</td> <td>17</td> <td>34</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Unk</td> </tr> <tr> <td colspan="12"> <table border="1"> <tr> <td colspan="4"><input type="checkbox"/> None</td> </tr> <tr> <td colspan="4"> <table border="1"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td>(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table> </td> </tr> </table> </td> </tr> <tr> <td colspan="2">7E. WORK ZONE</td> <td colspan="4">TRAFFIC CONTROL</td> <td colspan="4"><input type="checkbox"/> None</td> <td colspan="2">CONTROL MALFUNCTIONING/INOPERATIVE / MISSING</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Yes</td> <td colspan="4"><input checked="" type="checkbox"/> No</td> <td colspan="4"><input type="checkbox"/> Unknown</td> <td colspan="2"> <table border="1"> <tr> <td colspan="4">Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td colspan="4">Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus</td> </tr> <tr> <td colspan="4">Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)</td> </tr> </table> </td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Yes</td> <td colspan="4"><input type="checkbox"/> No</td> <td colspan="4"><input type="checkbox"/> Unknown</td> <td colspan="2"> <table border="1"> <tr> <td><input type="checkbox"/> Yes (Explain)</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> NA</td> </tr> </table> </td> </tr> <tr> <td colspan="12">7F. OCCUPANTS - NAME (Last, First, MI)</td> </tr> <tr> <td colspan="12">ADDRESS (Street, City, State, Zip)</td> </tr> <tr> <td colspan="12">DATE OF BIRTH MM-DD-YYYY</td> </tr> <tr> <td colspan="12">SEX SEAT LOC INJ TRANS-PORT EJEC-TION AIR BAG SAFETY DEVICES</td> </tr> <tr> <td colspan="12">PHONE NUMBER</td> </tr> <tr> <td colspan="12">NA</td> </tr> <tr> <td colspan="12">7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV Involvement criteria and vehicle meets one of the three criteria in part 2.</td> </tr> <tr> <td colspan="12">MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO</td> <td colspan="2">PHONE NUMBER <input type="checkbox"/> SAO</td> </tr> <tr> <td colspan="12">COMMERCIAL / <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle</td> <td colspan="2">MC / MX / ICC NO.</td> </tr> <tr> <td colspan="12">NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle</td> <td colspan="2">USDOT NO</td> </tr> <tr> <td colspan="2">CARGO</td> <td><input type="checkbox"/> Enclosed Box</td> <td><input type="checkbox"/> Flatbed</td> <td><input type="checkbox"/> Concrete Mixer</td> <td><input type="checkbox"/> Garbage / Refuse</td> <td><input type="checkbox"/> Pole Trailer</td> <td><input type="checkbox"/> Vehicle Towing</td> <td><input type="checkbox"/> Intermodal</td> <td><input type="checkbox"/> NA (No</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="2">BODY</td> <td><input type="checkbox"/> Cargo Tank</td> <td><input type="checkbox"/> Dump</td> <td><input type="checkbox"/> Auto Transporter</td> <td><input type="checkbox"/> Grain / Chip / Gravel</td> <td><input type="checkbox"/> Log</td> <td><input type="checkbox"/> Another Veh.</td> <td><input type="checkbox"/> Container</td> <td><input type="checkbox"/> Cargo</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="10">Chassis</td> </tr> <tr> <td colspan="2">HAZARDOUS MATERIALS</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Unknown</td> <td colspan="4">HAZARDOUS MATERIAL NAME</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">PLACARD DISPLAYED</td> <td>4-DIGIT NO.</td> <td>CLASS</td> <td>HM CARGO PRESENT</td> <td>HM CARGO RELEASED</td> <td colspan="4"></td> </tr> </table>												<input type="checkbox"/> Vehicle Used As Public Conveyance				<table border="1"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input checked="" type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td>GVW / GCW RATING</td> </tr> <tr> <td><input type="checkbox"/> Van (< 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> <td>(Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Van (9+ W/Driver)</td> <td><input type="checkbox"/> School Bus</td> <td><input type="checkbox"/> 2 Wh</td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s)</td> <td>(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td><input type="checkbox"/> Sport Utility Vehicle</td> <td><input type="checkbox"/> Intercity</td> <td><input type="checkbox"/> 3 Wh</td> <td><input type="checkbox"/> Other Vehicle (Code)</td> <td><input type="checkbox"/> (Does not apply to Truck Tractors)</td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td><input type="checkbox"/> Transit / Commuter</td> <td><input type="checkbox"/> 4 Wh</td> <td><input type="checkbox"/> Cargo Van</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> <td><input type="checkbox"/> Less than or equal to 10,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td><input type="checkbox"/> Charter / Tour</td> <td><input type="checkbox"/> 5 Wh / More</td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> <td><input type="checkbox"/> 10,001 - 26,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> <td><input type="checkbox"/> Greater than 26,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td></td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> To / From School</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input checked="" type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCW RATING	<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)	<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> 2 Wh	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)	<input type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> (Does not apply to Truck Tractors)	<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> 4 Wh	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> Less than or equal to 10,000 lbs	<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> 10,001 - 26,000 lbs	<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Greater than 26,000 lbs	<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> Unknown	<input type="checkbox"/> To / From School						EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA												<table border="1"> <tr> <td colspan="4">CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td colspan="4"> <table border="1"> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Ambulance</td> <td><input type="checkbox"/> A. Emergency Vehicle on Emergency Run</td> <td><input type="checkbox"/> Congestion Ahead</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Other (Must check "A" / "B")</td> <td><input type="checkbox"/> B. Stationary With Emergency Equip. Activated</td> <td><input type="checkbox"/> Other Incident Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Crash Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Unknown (Explain)</td> </tr> </table> </td> </tr> </table>												CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA				<table border="1"> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Ambulance</td> <td><input type="checkbox"/> A. Emergency Vehicle on Emergency Run</td> <td><input type="checkbox"/> Congestion Ahead</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Other (Must check "A" / "B")</td> <td><input type="checkbox"/> B. Stationary With Emergency Equip. Activated</td> <td><input type="checkbox"/> Other Incident Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Crash Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Unknown (Explain)</td> </tr> </table>				<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B")	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Other Incident Ahead			<input type="checkbox"/> Crash Ahead				<input type="checkbox"/> Unknown (Explain)		7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)												SEQUENCE OF EVENTS CODES		<input type="checkbox"/> Unknown				ANIMAL CODE(S)		FIXED OBJECT CODE(S)		ALCOHOL USE		1	7	22	17	34						<input type="checkbox"/> Yes	<input type="checkbox"/> Unk	<table border="1"> <tr> <td colspan="4"><input type="checkbox"/> None</td> </tr> <tr> <td colspan="4"> <table border="1"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td>(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table> </td> </tr> </table>												<input type="checkbox"/> None				<table border="1"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td>(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table>				<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input checked="" type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)	<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway		7E. WORK ZONE		TRAFFIC CONTROL				<input type="checkbox"/> None				CONTROL MALFUNCTIONING/INOPERATIVE / MISSING		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				<input type="checkbox"/> Unknown				<table border="1"> <tr> <td colspan="4">Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td colspan="4">Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus</td> </tr> <tr> <td colspan="4">Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)</td> </tr> </table>		Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)				Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus				Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)				<input type="checkbox"/> Yes		<input type="checkbox"/> No				<input type="checkbox"/> Unknown				<table border="1"> <tr> <td><input type="checkbox"/> Yes (Explain)</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> NA</td> </tr> </table>		<input type="checkbox"/> Yes (Explain)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	7F. OCCUPANTS - NAME (Last, First, MI)												ADDRESS (Street, City, State, Zip)												DATE OF BIRTH MM-DD-YYYY												SEX SEAT LOC INJ TRANS-PORT EJEC-TION AIR BAG SAFETY DEVICES												PHONE NUMBER												NA												NA												NA												NA												NA												7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV Involvement criteria and vehicle meets one of the three criteria in part 2.												MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO												PHONE NUMBER <input type="checkbox"/> SAO		COMMERCIAL / <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle												MC / MX / ICC NO.		NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle												USDOT NO		CARGO		<input type="checkbox"/> Enclosed Box	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Garbage / Refuse	<input type="checkbox"/> Pole Trailer	<input type="checkbox"/> Vehicle Towing	<input type="checkbox"/> Intermodal	<input type="checkbox"/> NA (No	<input type="checkbox"/> Other	BODY		<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log	<input type="checkbox"/> Another Veh.	<input type="checkbox"/> Container	<input type="checkbox"/> Cargo	<input type="checkbox"/> Unknown	TYPE		Chassis										HAZARDOUS MATERIALS		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME						PLACARD DISPLAYED		4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED				
<input type="checkbox"/> Vehicle Used As Public Conveyance																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<table border="1"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input checked="" type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td>GVW / GCW RATING</td> </tr> <tr> <td><input type="checkbox"/> Van (< 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> <td>(Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Van (9+ W/Driver)</td> <td><input type="checkbox"/> School Bus</td> <td><input type="checkbox"/> 2 Wh</td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s)</td> <td>(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td><input type="checkbox"/> Sport Utility Vehicle</td> <td><input type="checkbox"/> Intercity</td> <td><input type="checkbox"/> 3 Wh</td> <td><input type="checkbox"/> Other Vehicle (Code)</td> <td><input type="checkbox"/> (Does not apply to Truck Tractors)</td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td><input type="checkbox"/> Transit / Commuter</td> <td><input type="checkbox"/> 4 Wh</td> <td><input type="checkbox"/> Cargo Van</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> <td><input type="checkbox"/> Less than or equal to 10,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td><input type="checkbox"/> Charter / Tour</td> <td><input type="checkbox"/> 5 Wh / More</td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> <td><input type="checkbox"/> 10,001 - 26,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> <td><input type="checkbox"/> Greater than 26,000 lbs</td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td></td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> To / From School</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input checked="" type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCW RATING	<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)	<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> 2 Wh	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)	<input type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> (Does not apply to Truck Tractors)	<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> 4 Wh	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> Less than or equal to 10,000 lbs	<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> 10,001 - 26,000 lbs	<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Greater than 26,000 lbs	<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> Unknown	<input type="checkbox"/> To / From School																																																																																																																																																																																																																																																																																																																																																																																																																																																												
<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input checked="" type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCW RATING																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> 2 Wh	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> (Does not apply to Truck Tractors)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> 4 Wh	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> Less than or equal to 10,000 lbs																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> 10,001 - 26,000 lbs																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Greater than 26,000 lbs																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> Unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> To / From School																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<table border="1"> <tr> <td colspan="4">CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td colspan="4"> <table border="1"> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Ambulance</td> <td><input type="checkbox"/> A. Emergency Vehicle on Emergency Run</td> <td><input type="checkbox"/> Congestion Ahead</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Other (Must check "A" / "B")</td> <td><input type="checkbox"/> B. Stationary With Emergency Equip. Activated</td> <td><input type="checkbox"/> Other Incident Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Crash Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Unknown (Explain)</td> </tr> </table> </td> </tr> </table>												CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA				<table border="1"> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Ambulance</td> <td><input type="checkbox"/> A. Emergency Vehicle on Emergency Run</td> <td><input type="checkbox"/> Congestion Ahead</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Other (Must check "A" / "B")</td> <td><input type="checkbox"/> B. Stationary With Emergency Equip. Activated</td> <td><input type="checkbox"/> Other Incident Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Crash Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Unknown (Explain)</td> </tr> </table>				<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B")	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Other Incident Ahead			<input type="checkbox"/> Crash Ahead				<input type="checkbox"/> Unknown (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<table border="1"> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Ambulance</td> <td><input type="checkbox"/> A. Emergency Vehicle on Emergency Run</td> <td><input type="checkbox"/> Congestion Ahead</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Other (Must check "A" / "B")</td> <td><input type="checkbox"/> B. Stationary With Emergency Equip. Activated</td> <td><input type="checkbox"/> Other Incident Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Crash Ahead</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"><input type="checkbox"/> Unknown (Explain)</td> </tr> </table>				<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B")	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Other Incident Ahead			<input type="checkbox"/> Crash Ahead				<input type="checkbox"/> Unknown (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> Congestion Ahead																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B")	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Other Incident Ahead																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
		<input type="checkbox"/> Crash Ahead																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
		<input type="checkbox"/> Unknown (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
SEQUENCE OF EVENTS CODES		<input type="checkbox"/> Unknown				ANIMAL CODE(S)		FIXED OBJECT CODE(S)		ALCOHOL USE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
1	7	22	17	34						<input type="checkbox"/> Yes	<input type="checkbox"/> Unk																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
<table border="1"> <tr> <td colspan="4"><input type="checkbox"/> None</td> </tr> <tr> <td colspan="4"> <table border="1"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td>(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table> </td> </tr> </table>												<input type="checkbox"/> None				<table border="1"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td>(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table>				<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input checked="" type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)	<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> None																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<table border="1"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td>(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table>				<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input checked="" type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)	<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input checked="" type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
7E. WORK ZONE		TRAFFIC CONTROL				<input type="checkbox"/> None				CONTROL MALFUNCTIONING/INOPERATIVE / MISSING																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				<input type="checkbox"/> Unknown				<table border="1"> <tr> <td colspan="4">Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td colspan="4">Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus</td> </tr> <tr> <td colspan="4">Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)</td> </tr> </table>		Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)				Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus				Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
<input type="checkbox"/> Yes		<input type="checkbox"/> No				<input type="checkbox"/> Unknown				<table border="1"> <tr> <td><input type="checkbox"/> Yes (Explain)</td> <td><input checked="" type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> NA</td> </tr> </table>		<input type="checkbox"/> Yes (Explain)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
<input type="checkbox"/> Yes (Explain)	<input checked="" type="checkbox"/> No																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
<input type="checkbox"/> Unknown	<input type="checkbox"/> NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
7F. OCCUPANTS - NAME (Last, First, MI)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
ADDRESS (Street, City, State, Zip)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
DATE OF BIRTH MM-DD-YYYY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
SEX SEAT LOC INJ TRANS-PORT EJEC-TION AIR BAG SAFETY DEVICES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
PHONE NUMBER																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
NA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV Involvement criteria and vehicle meets one of the three criteria in part 2.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO												PHONE NUMBER <input type="checkbox"/> SAO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
COMMERCIAL / <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle												MC / MX / ICC NO.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle												USDOT NO																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
CARGO		<input type="checkbox"/> Enclosed Box	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Garbage / Refuse	<input type="checkbox"/> Pole Trailer	<input type="checkbox"/> Vehicle Towing	<input type="checkbox"/> Intermodal	<input type="checkbox"/> NA (No	<input type="checkbox"/> Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
BODY		<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log	<input type="checkbox"/> Another Veh.	<input type="checkbox"/> Container	<input type="checkbox"/> Cargo	<input type="checkbox"/> Unknown																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
TYPE		Chassis																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
HAZARDOUS MATERIALS		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		PLACARD DISPLAYED		4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)														PHONE NUMBER																																																																							
2 PITTSINGER, SHANNON M 5314 DARKMOOR LN IMPERIAL, MO 63052-034														(314)575-9025																																																																							
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired		LIC STATUS		<input checked="" type="checkbox"/> Operator Class E <input type="checkbox"/> CDL Class —		<input type="checkbox"/> Permit <input type="checkbox"/> MC Only (Explain)		<input type="checkbox"/> Unknown <input type="checkbox"/> Unlicensed		MC ENDORSEMENT																																																																					
L133165008		MO		<input type="checkbox"/> NA		<input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL		<input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		<input type="checkbox"/> NA		<input type="checkbox"/> Interm / Grad		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		<input type="checkbox"/> Unknown (Explain)																																																																					
DATE OF BIRTH		SEX		SEAT LOC		INJ		TRANS-PORT		EJEC-TION		AIR BAG		SAFETY DEVICES		VISION OBSTRUCTED		<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain)																																																																			
10/15/1978		F		FL		5		1		2		3		5		<input type="checkbox"/> Windshield <input type="checkbox"/> Building <input type="checkbox"/> Hillcrest <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown (Explain)																																																																					
PROOF OF INSURANCE																<input type="checkbox"/> Load on Veh <input type="checkbox"/> Embankment <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare																																																																					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required																PHONE NO. (Optional)		POLICY NUMBER <input type="checkbox"/> NA																																																																			
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)														PHONE NUMBER																																																																							
PITTSINGER, JEFFREY J SAME AS DRIVER														<input checked="" type="checkbox"/> SAD																																																																							
YEAR	MAKE				MODEL				COLOR				VEH. TYPE		TOTAL NO. OF OCC.																																																																						
2010	FORD				F150				BLK				NA		1		1																																																																				
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE				TOWED DUE TO DIS. DAMAGE																																																																									
8DE338		MO		2014		1FTFW1EV3AFB74839		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																									
VEHICLE DAMAGE (Mark all damaged areas)																																																																																					
<input checked="" type="checkbox"/> None / No Damage																																																																																					
INITIAL IMPACT NO:		2 3 4 5 6 7		18 - Undercarriage		22 - Cargo		TOWED BY		<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																																																											
<input type="checkbox"/> NA		1 15 16 17 8		19 - Windshield		23 - Unknown																																																																															
10		14 13 12 11 10 9		20 - Burned		24 - Other																																																																															
														(Explain)																																																																							
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles																																																																																					
<input type="checkbox"/> Vehicle Used As Public Conveyance																																																																																					
<table border="1"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td colspan="2">GVW / GCVW RATING</td> </tr> <tr> <td><input type="checkbox"/> Van (< 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> <td colspan="2">(Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Van (9+ W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s)</td> <td colspan="2">(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td><input type="checkbox"/> Sport Utility Vehicle</td> <td></td> <td></td> <td><input type="checkbox"/> Other Vehicle (Code) _____</td> <td><input type="checkbox"/> (Does not apply to Truck Tractors)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> <td colspan="2"><input checked="" type="checkbox"/> Less than or equal to 10,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> <td colspan="2"><input type="checkbox"/> 10,001 - 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td></td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> <td colspan="2"><input type="checkbox"/> Greater than 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> <td colspan="2"><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> To / From School</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> </table>																<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING		<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)		<input type="checkbox"/> Passenger Van (9+ W/Driver)			<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)		<input type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> (Does not apply to Truck Tractors)			<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With No Units	<input checked="" type="checkbox"/> Less than or equal to 10,000 lbs.		<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> 10,001 - 26,000 lbs.		<input type="checkbox"/> Motorized Bicycle			<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Greater than 26,000 lbs.		<input type="checkbox"/> Pedalcycle				<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> Unknown		<input type="checkbox"/> To / From School													
<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING																																																																																
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)																																																																																
<input type="checkbox"/> Passenger Van (9+ W/Driver)			<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)																																																																																
<input type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> (Does not apply to Truck Tractors)																																																																																	
<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With No Units	<input checked="" type="checkbox"/> Less than or equal to 10,000 lbs.																																																																																
<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> 10,001 - 26,000 lbs.																																																																																
<input type="checkbox"/> Motorized Bicycle			<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Greater than 26,000 lbs.																																																																																
<input type="checkbox"/> Pedalcycle				<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> Unknown																																																																																
<input type="checkbox"/> To / From School																																																																																					
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA																																																																																					
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance								<input type="checkbox"/> A. Emergency Vehicle on Emergency Run																																																																													
<input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B" →)								<input type="checkbox"/> B. Stationary With Emergency Equip. Activated																																																																													
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																																																																																					
SEQUENCE OF EVENTS CODES		<input type="checkbox"/> Unknown		ANIMAL CODE(S)				FIXED OBJECT CODE(S)				ALCOHOL USE																																																																									
1		34										<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																																																																									
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None																																																																																					
<table border="1"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td colspan="2">(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td colspan="2"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="2"></td> </tr> </table>																<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)		<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																																			
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway																																																																																	
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)																																																																																	
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)																																																																																	
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)																																																																																	
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA																																																																																	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)																																																																																	
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																																																																																		
7E. WORK ZONE		TRAFFIC CONTROL		<input type="checkbox"/> None <input type="checkbox"/> Unknown		CONTROL MALFUNCTIONING/INOPERATIVE / MISSING																																																																															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)																																																																																			
Workers Present		Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus		<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																																																																																	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																																																																																			
7F. OCCUPANTS - NAME (Last, First, MI)																																																																																					
ADDRESS (Street, City, State, Zip)																																																																																					
DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJEC-TION AIR BAG SAFETY DEVICES PHONE NUMBER																																																																																					
NA																																																																																					
NA																																																																																					
NA																																																																																					
NA																																																																																					
NA																																																																																					
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																																																																					
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO																PHONE NUMBER <input type="checkbox"/> SAO																																																																					
COMMERCIAL / <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle																MC / MX / ICC NO.		USDOT NO.																																																																			
NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle																																																																																					
CARGO <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal																<input type="checkbox"/> NA (No Cargo Body)		<input type="checkbox"/> Other Unknown																																																																			
BODY <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log																<input type="checkbox"/> Container Chassis																																																																					
HAZARDOUS MATERIALS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		PLACARD DISPLAYED 4-DIGIT NO.		CLASS		HM CARGO PRESENT		HM CARGO RELEASED		HAZARDOUS MATERIAL NAME																																																																											
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																																													

8 - CODES

SEAT LOCATION	FR XX - Not Known	SR B - Pedalcycle	TR M - Motorcycle	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
	FC CP - Commercial Passenger	SC OE - Occupant - Enclosed Load Area	TC OU - Occupant - Unenclosed Load Area	1. Fatal	1. No	1. NA	1. None / NA	1. None
	FL RC - Rail Crew	SL SV - Other (Explain in Narrative)	TL NA - Not Applicable	2. Disabling	2. EMS	2. No	3. Not Deployed	2. Not Used
				3. Evident - Not Disabling	3. Other	3. Partially	4. Removed	3. Shoulder Belt Only
				4. Probable - Not Apparent	U. Unknown	4. Totally	5. Deployed - Front	4. Lap Belt Only
				5. None Apparent	N. NA	U. Unknown	6. Deployed - Side	5. Shoulder and Lap Belt
				U. Unknown			7. Deployed - Curtain	7. DOT Compliant
				N. NA			8. Deployed - Other (Knee, Air Belt, etc.)	8. MC Helmet
								9. No Helmet
								N. Not Applicable

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (***) require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	In Bicycle Lane	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (***)	41. Collision Inv. Working MV	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	42. Downhill Runaway	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV	43. Fell/Jumped From MV	
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (***)		

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
----------	-----------------	---------	------------------	------------

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment/ Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS

(If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

NARRATIVE

THIS CRASH OCCURRED AS VEHICLE #1 WAS SOUTHBOUND ON OLD LEMAY FERRY ROAD AND VEHICLE #2 WAS NORTHBOUND ON OLD LEMAY FERRY ROAD. DRIVER #1 WAS TRAVELING TOO FAST FOR CONDITIONS AND BEGAN TO SKID. VEHICLE #1 OVERTURNED AND DRIVER #1 WAS EJECTED. DRIVER #1 SLID ACROSS THE DOUBLE YELLOW LINE AND STRUCK THE LEFT REAR TIRE OF VEHICLE #1, BEFORE COMING TO REST. VEHICLE #1 CAME TO REST IN THE SOUTHBOUND LANE OF OLD LEMAY FERRY ROAD. VEHICLE #2 CAME TO A CONTROLLED STOP IN THE NORTHBOUND LANE OF OLD LEMAY FERRY ROAD.

RENNEKAMP, STEVEN ALAN: DRIVER OF VEHICLE 1 STATEMENT

"I WAS SOUTH ON OLD LEMAY AND HIT SOME GRAVEL IN THE ROAD. I LAID THE BIKE DOWN AND I WAS EJECTED. THE TRUCK RAN MY LEG OVER."

PITTSINGER, SHANNON M: DRIVER OF VEHICLE 2 STATEMENT

"I WAS NORTHBOUND AND I SEEN HIM [DRIVER #1] WOBBLING. HE WENT DOWN AND SLID UNDER MY TRUCK. THE BIKE [VEHICLE #1] DID NOT HIT MY TRUCK."

RENNEKAMP, STEVEN ALAN: DRIVER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: ROCK TOWNSHIP AMBULANCE DISTRICT TRANSPORTED TO: ST. ANTHONY'S MEDICAL CENTER

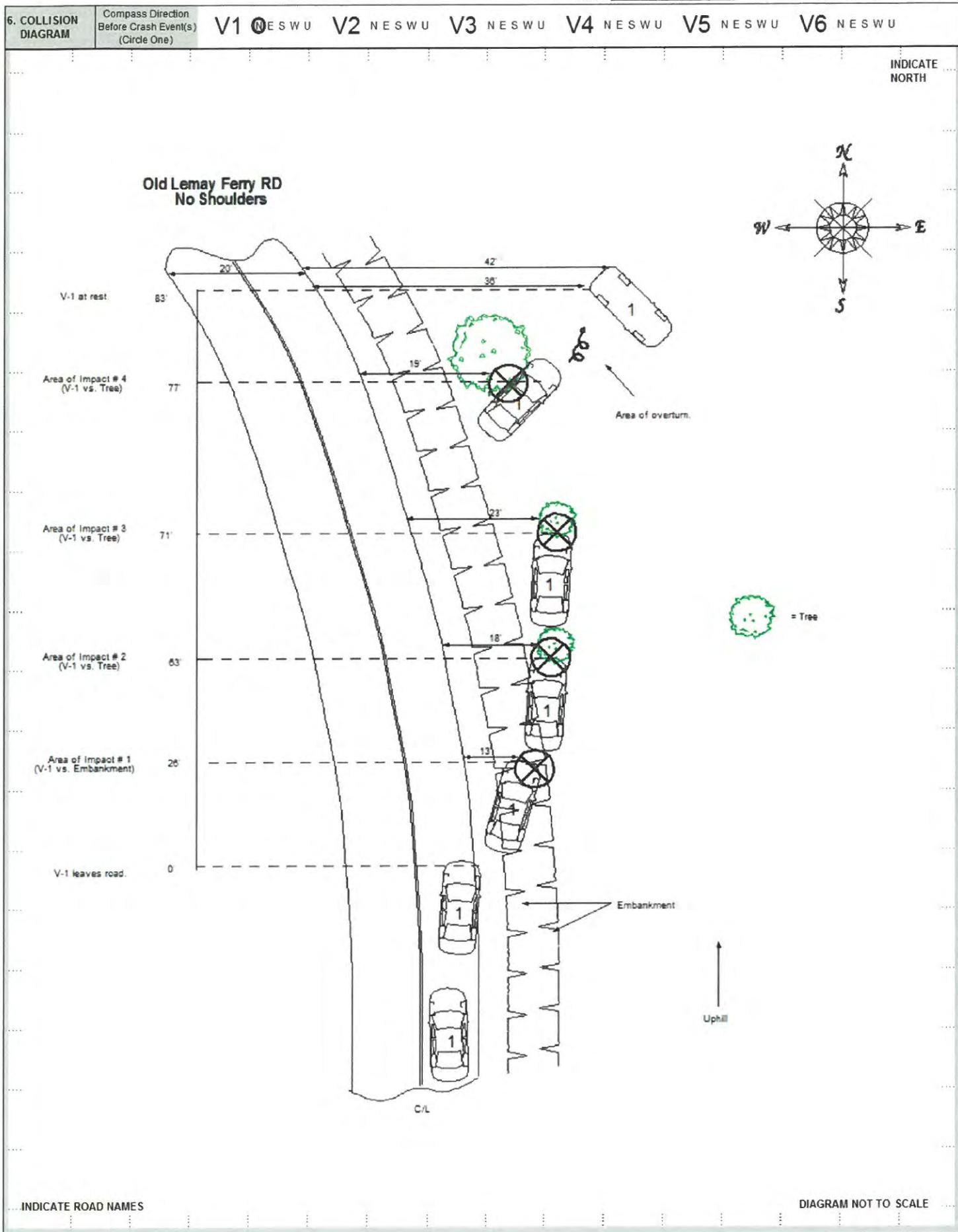
10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR J. ASHBY	234	12	C
REVIEWING OFFICER NAME SGT M. MCCALISTER	DSN / BADGE NO. 380	REVIEWING OFFICER 2 NAME .	DSN / BADGE NO.

MISSOURI UNIFORM CRASH REPORT

PAGE 1 OF 4

1 - GENERAL CRASH INFORMATION							AGENCY NAME AND ORI													
SPACE USED FOR BARCODE							MISSOURI STATE HIGHWAY PATROL MOMHPCC00 R4239462													
LEFT THE SCENE DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No								130331587										
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL)		NOTIFIED DATE		TIME NOTIFIED (MIL)		INVESTIGATION DATE		TIME ARRIVED AT SCENE (MIL)								
1		05/30/2013		1925		05/30/2013		1930		05/30/2013		1944								
CRASH TYPE		ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE												
CRASH TYPE		ROADWAY		<input type="checkbox"/> On <input type="checkbox"/> Off		<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		<input type="checkbox"/> Fell/Jumped <input type="checkbox"/> From MV <input type="checkbox"/> Cargo / Equip <input type="checkbox"/> Loss / Shift <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object		<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Other <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side		<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp Dir.) <input type="checkbox"/> Falling / Shifting Cargo		<input type="checkbox"/> Other <input type="checkbox"/> (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> (Explain) (Se in motion by MV)		
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle fields in Section 7G must be completed.																				
1. Does this crash involve any of the following?							2. Examine each vehicle to determine if it is a commercial vehicle based upon the following													
1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.							2a. A truck/cargo van with GVWR/GCVWR of more than 10,000 lbs; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.													
1b. A person transported for medical attention; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.							2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.													
1c. A vehicle towed due to disabling damage <input checked="" type="checkbox"/> Yes - Go to number 2 →							2c. A vehicle with a hazardous materials placard.													
EVIDENTIARY PHOTOS TAKEN		BY WHOM		NOT APPLICABLE				AVAILABLE FROM		<input type="checkbox"/> Investigating Agency										
RECONSTRUCTION		BY WHOM		NOT APPLICABLE				AVAILABLE FROM		<input type="checkbox"/> Investigating Agency										
2 - LOCATION																				
COUNTY		MUNICIPALITY		BEAT / ZONE		TRP/DIST/PCT		GPS COORDINATES (DD MM SS.S FORMAT)												
JEFFERSON		NON-CITY OR UNINCORPORATED		12		C		LAT: N38 22 52.1 LONG: W90 27 21.6												
ON		RDWY. DIR				DISTANCE FROM		LOCATION		INTERSECTING										
CRD OLD LEMAY FERRY RD		N				<input type="checkbox"/> NA 246 Feet		<input type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At		CRD DRY FORK EAST RD										
SPEED LIMIT	ROAD MAINTAINED BY		<input type="checkbox"/> Unknown 40 <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				<input type="checkbox"/> NA . Miles		<input type="checkbox"/> SPEED LIMIT NA		<input type="checkbox"/> INT. DIR. E		<input type="checkbox"/> GEO - CODE NA							
TRAFFICWAY																				
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided; Positive Median Barrier <input type="checkbox"/> Unknown							<input type="checkbox"/> ROAD ALIGNMENT <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)							<input type="checkbox"/> ROAD PROFILE <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)						
INTERSECTION TYPE <input checked="" type="checkbox"/> NA							ROAD CONDITION													
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)							<input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)													
ROAD SURFACE							WEATHER CONDITION													
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)							<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)													
LIGHT CONDITION																				
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)																				
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None																				
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality																				
SANSOUCIE, GEORGE E. 5834 OLD LEMAY FERRY RD IMPERIAL, MO 63052; Phone: (636)223-0873. TREES AND GRASS; TWO SMALL TREES SEVERED IN HALF, ONE LARGE TREE WITH DEEP GOUGES, AND SMALL AREA OF GRASS DAMAGED.																				
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative																				
NAME <input type="checkbox"/> ADDRESS (Street, City, State, Zip) <input type="checkbox"/> PHONE NUMBER																				
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian																				
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)													<input type="checkbox"/> PHONE NUMBER						
DATE OF BIRTH		SEX	STRUCK BY VEH #		INJ	TRANS PORT	SAFETY DEVICES	LOCATION		<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown		<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)						
CROSSING ROAD		<input type="checkbox"/> NA	OTHER ACTIONS		NA/None															
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown		<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	<input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.																	
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																				
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)							<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA							<input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
DISTRIBUTION: COPY - AGENCY FILE; ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC RECORDS DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102																				
SHP-2Q 01/12																				



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER																			
1 MEYER, AUSTIN LEE 4608 STARLIGHT DR BARNHART, MO 63012												(314)941-3864																			
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		Valid <input checked="" type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL		LIC TYPE		Operator Class <input type="checkbox"/> CDL Class		Permit <input type="checkbox"/> MC Only <input type="checkbox"/> MC Only (Explain)		Unknown <input type="checkbox"/> Unlicensed <input type="checkbox"/>		MC ENDORSEMENT															
Y183114001		MO		NA		Canceled / Oth Invalid <input type="checkbox"/> Unknown <input type="checkbox"/>		NA		Interim / Grad <input checked="" type="checkbox"/>		NA		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		Unknown (Explain) <input type="checkbox"/>															
DATE OF BIRTH		SEX		SEAT LOC		INJ		TRANSPORT		EJECTION		AIR BAG		SAFETY DEVICES		VISION OBSTRUCTED		Not Obstructed <input checked="" type="checkbox"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain)		Windshield <input type="checkbox"/> Building <input type="checkbox"/> Hillcrest <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown											
09/29/1996		M		FL		2		2		2		3		5		NA		Load on Veh <input type="checkbox"/> Embankment <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare		NA											
PROOF OF INSURANCE				INSURANCE COMPANY				□ Expired				FARMERS				PHONE NO. (Optional) (636)947-3343				POLICY NUMBER □ NA 184423269				□ Driver <input checked="" type="checkbox"/> Vehicle							
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												□ SAD		PHONE NUMBER □ SAD UNK																	
1999 MURPHY, BROOKE E. 926 S. MULDROW MEXICO, MO 65265																															
YEAR		MAKE		MODEL		SC2				COLOR		BLK		NA		VEH. TYPE		TOTAL NO. OF OCC.		1		3									
LICENSE - PLATE NO.		STATE		YEAR		VIN				1G8ZY1273XZ300115				TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE															
WF5G9V		MO		2013						TOWED BY		□ Unknown <input type="checkbox"/> NA				□ Yes <input checked="" type="checkbox"/> No		□ Yes <input type="checkbox"/> No													
VEHICLE DAMAGE (Mark all damaged areas)												□ None / No Damage				TOWED BY				□ Unknown <input type="checkbox"/> NA				LEO'S B&T TOWING (P) (636)942-3233							
INITIAL IMPACT NO: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 - Undercarriage <input type="checkbox"/> 22 - Cargo <input type="checkbox"/> 19 - Windshield <input type="checkbox"/> 23 - Unknown <input type="checkbox"/> 6 <input type="checkbox"/> 17 <input type="checkbox"/> 20 - Burned <input type="checkbox"/> 24 - Other <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 13 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 9 - Towed Unit <input type="checkbox"/> (Explain)												TOWED BY				□ Unknown <input type="checkbox"/> NA				5729 OLD HIGHWAY 21											
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles												□ Vehicle Used As Public Conveyance				TOWED BY				□ Unknown <input type="checkbox"/> NA				HOUSE SPRINGS, MO 63051							
□ Passenger Car <input checked="" type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School												□ Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other				□ Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown				□ Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)				□ Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units				GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown			
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA												□ Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") →				□ A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated				□ Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)				CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA							
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES												□ Additional Codes Listed in Narrative (See Codes in Section 8)				ALCOHOL USE															
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown												ANIMAL CODE(S)				FIXED OBJECT CODE(S)				□ Yes <input type="checkbox"/> Unk											
1 7 20 36 1 36 36 22												21 20 20 20				21 20 20 20				□ No <input checked="" type="checkbox"/> NA											
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None												□ Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Failed To Start From Park <input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)				DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)															
7E. WORK ZONE												TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown				CONTROL MALFUNCTIONING/ INOPERATIVE / MISSING															
□ Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown												Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)				□ Yes (Explain) <input checked="" type="checkbox"/> No															
Workers Present												Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus				□ Unknown <input type="checkbox"/> NA															
□ Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown												Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)				□ Yes (Explain) <input checked="" type="checkbox"/> No															
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)												DATE OF BIRTH		SEX		SEAT LOC		INJ		TRANS- PORT		EJECTION		AIR BAG		SAFETY DEVICES		PHONE NUMBER			
GILMORE, TYLER J.												08/05/1996		M		SR		2		2		2		1		5		(314)221-9655			
UNKNOWN ADDRESS																															
PINSON, AMBER M.																															
103 LAURA DRIVE ARNOLD, MO 63010												04/19/1997		F		FR		5		1		2		3		5		(636)296-1548			
NA																															
NA																															
NA																															
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA												Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																			
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)												□ SAO				PHONE NUMBER				□ SAO											
COMMERCIAL / <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle												MC / MX / ICC NO.				USDOT NO.															
NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle																															
CARGO <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body)												BODY <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log <input type="checkbox"/> Another Veh.																			
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown												PLACARD DISPLAYED 4-DIGIT NO. CLASS HM CARGO PRESENT				HM CARGO RELEASED				HAZARDOUS MATERIAL NAME											
												<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															

8. CODES

SEAT LOCATION	FR XX - Not Known	SR B - Pedalcycle	TR M - Motorcycle	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
	FC - Not Known	SC - Not Known	TC - Not Known	1. Fatal	1. No	1. NA	1. None / NA	1. None
	FL - Not Known	SL - Not Known	TL - Not Known	2. Disabling	2. EMS	2. No	3. Not Deployed	2. Not Used
				3. Evident - Not Disabling	3. Other	3. Partially	4. Removed	3. Shoulder Belt Only
				4. Probable - Not Apparent	4. Totally	6. Deployed - Side	10. Deployment Unknown	4. Lap Belt Only
				5. None Apparent	U. Unknown	7. Deployed - Curtain	U. Air Bag Presence Unknown	5. Shoulder and Lap Belt
				U. Unknown	N. NA	8. Deployed - Other		7. DOT Compliant
				N. NA		(Knee, Air Belt, etc.)		10. Booster Seat

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (***) require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	In Bicycle Lane	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	41. Collision Inv. Working MV	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	42. Downhill Runaway	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV	43. Fell/Jumped From MV	
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
----------	-----------------	---------	------------------	------------

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge ParapetEnd	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS

(If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

NARRATIVE

VEHICLE # 1 WAS TRAVELING NORTHBOUND ON OLD LEMAY FERRY ROAD, NORTH OF KNEFF ROAD. APPARENTLY, THIS CRASH OCCURRED WHEN DRIVER # 1 FAILED TO NEGOTIATE A CURVE IN THE ROAD. VEHICLE # 1 BEGAN TO SLIDE AND TRAVELED OFF THE RIGHT SIDE OF THE ROAD. VEHICLE # 1 STRUCK A SMALL EMBANKMENT WITH ITS RIGHT FRONT CORNER AND CONTINUED NORTH. VEHICLE # 1 STRUCK TWO SMALLER TREES WITH ITS FRONT-END, SEVERING THEM IN HALF. VEHICLE # 1 CONTINUED NORTH AND BEGAN TO ROTATE CLOCKWISE. THE LEFT SIDE OF VEHICLE # 1 STRUCK A LARGE TREE CAUSING VEHICLE # 1 TO OVERTURN ONTO ITS ROOF. VEHICLE # 1 CAME TO REST OFF THE ROAD, ON ITS ROOF, FACING SOUTH.

MEYER, AUSTIN LEE: DRIVER OF VEHICLE 1 STATEMENT

"I WAS GOING AROUND THE CURVE AND MY TIRES WOULDNT TURN. I SLID OFF THE ROAD AND HIT A TREE."

GILMORE, TYLER J.: PASSENGER OF VEHICLE 1 STATEMENT

"I DONT KNOW WHAT HAPPENED. WE JUST RAN OFF THE ROAD AND OVERTURNED."

PINSON, AMBER M.: PASSENGER OF VEHICLE 1 STATEMENT

"ALL I REMEMBER IS WE RAN OFF THE ROAD AND HIT SOMETHING. THE CAR FLIPPED OVER AND I GOT OUT. I MADE SURE EVERYONE ELSE WAS OKAY."

MEYER, AUSTIN LEE: DRIVER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: ROCK TOWNSHIP AMBULANCE SERVICE TRANSPORTED TO: ST. ANTHONY'S MEDICAL CENTER

GILMORE, TYLER J.: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

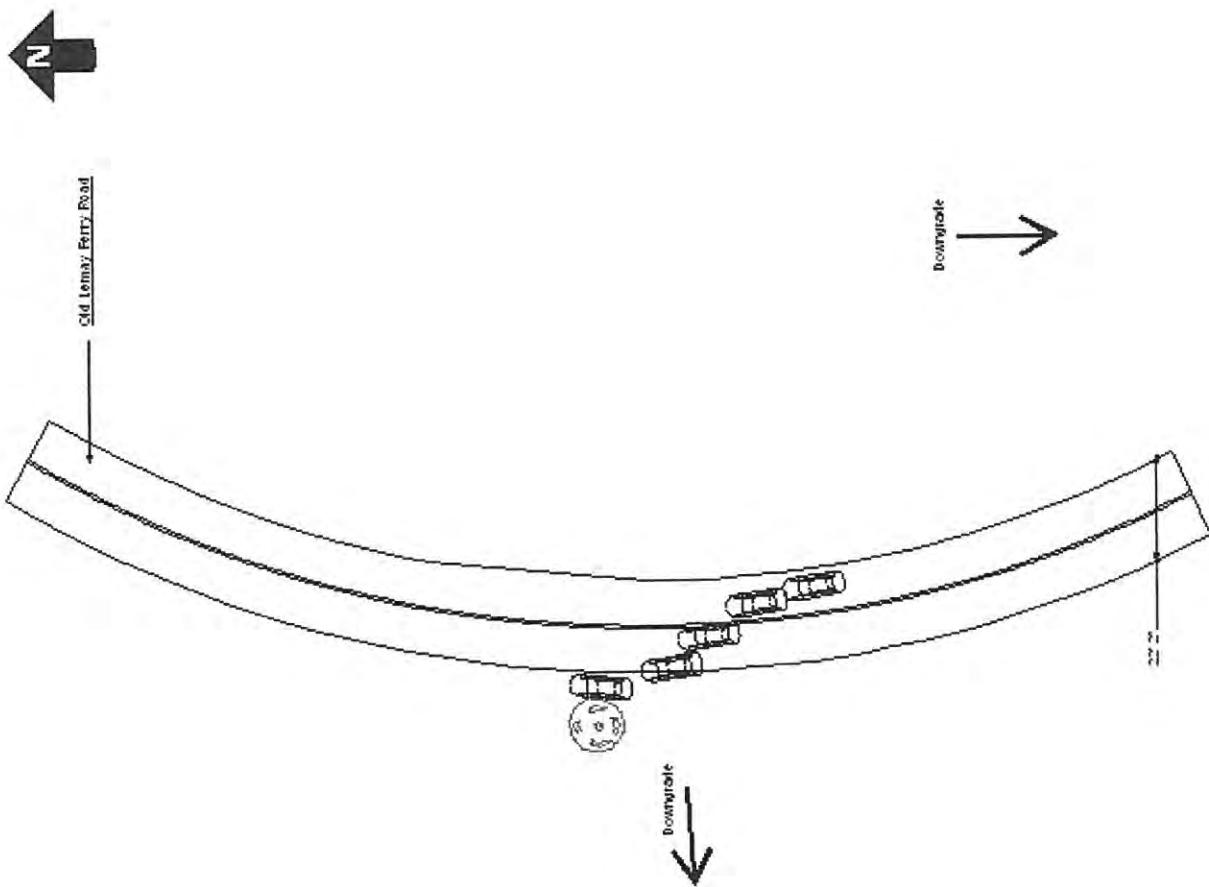
TRANSPORTED BY: ROCK TOWNSHIP AMBULANCE SERVICE TRANSPORTED TO: ST. ANTHONY'S MEDICAL CENTER

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR R. METTER	976	12	C
REVIEWING OFFICER NAME SGT M. MCCALISTER	DSN / BADGE NO. 380	REVIEWING OFFICER 2 NAME .	DSN / BADGE NO.

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE						AGENCY NAME AND ORI MO0500000 JEFFERSON COUNTY SHERIFF OFFICE 400 FIRST STREET HILLSBORO, MO 63050																						
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO. INJURED NO. KILLED		REPORT / CASE / INCIDENT NUMBER																
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						1 0		1204006																
NO. VEH. INV. 1		CRASH DATE 02/08/2012		CRASH TIME (MIL.) 0438		NOTIFIED DATE 02/08/2012		TIME NOTIFIED (MIL.) 0438		INVESTIGATION DATE 02/08/2012		TIME ARRIVED (MIL.) 0448		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
CRASH TYPE <input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	ROADWAY		NON-COLLISION		COLLISION INVOLVING				DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE																			
					<input type="checkbox"/> Overturning	<input type="checkbox"/> Fell/Jumped From MV	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Immersion	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Motor Vehicle in Transport →	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Sideswipe (Opp. Dir.)	<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Other Object	<input type="checkbox"/> Parked Motor Vehicle →	<input type="checkbox"/> Rear to Side
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.																												
1. Does this crash involve any of the following?								2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:																				
1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes - Go to number 2. →								2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.																				
EVIDENTIARY PHOTOS TAKEN		BY WHOM						AVAILABLE FROM		<input type="checkbox"/> Investigating Agency																		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
RECONSTRUCTION		BY WHOM						AVAILABLE FROM		<input type="checkbox"/> Investigating Agency																		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
2 - LOCATION																												
COUNTY 050-JEFFERSON		MUNICIPALITY 9999-N/A		BEAT / ZONE EZ		TRP/DIST/PCT E-2		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W																				
ON CRD OLD LEMAY FERRY RD				RDWY. DIR NORTH		DISTANCE FROM 200		NA		LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA		INTERSECTING CRD FRISCO HILL RD																
SPEED LIMIT 40	ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				Feet		Miles		<input type="checkbox"/> Before <input type="checkbox"/> At	<input type="checkbox"/> SPEED LIMIT 30	<input type="checkbox"/> INT. DIR. N	<input type="checkbox"/> GEO - CODE NA																
TRAFFICWAY								ROAD ALIGNMENT <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)																		
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown																												
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)								ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)																				
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)								WEATHER CONDITION <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)																				
LIGHT CONDITION <input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input checked="" type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)																												
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None																												
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality																												
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative																												
NAME		ADDRESS (Street, City, State, Zip)										PHONE NUMBER																
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian																												
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)														PHONE NUMBER													
DATE OF BIRTH		SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island		<input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown		SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)																
CROSSING ROAD <input type="checkbox"/> NA		OTHER ACTIONS <input type="checkbox"/> NA / None		<input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)																						
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None								DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																		
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)																												

6. COLLISION DIAGRAM

Compass Direction
Before Crash Event(s)
(Circle One)V1 E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W UINDICATE
NORTH

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

8 - CODES

SEAT LOCATION	FR SR TR FC SC TC FL SL TL	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known		1. Fatal		1. NA	1. None / NA	1. None
B - Pedalcycle		2. Disabling		2. No	3. Not Deployed	2. Not Used
M - Motorcycle		3. Evident - Not Disabling		3. Partially	4. Removed	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable - Not Apparent		4. Totally	5. Deployed - Front	4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent		U. Unknown	6. Deployed - Side	5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown	N. NA	N. NA	7. Deployed - Curtain	7. DOT Compliant
RC - Rail Crew					8. Deployed - Other (Knee, Air Belt, etc.)	MC Helmet
SV - Other (Explain in Narrative)						8. No Helmet
NA - Not Applicable						N. Not Applicable

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (***) require additional coding)						
1. Going Straight	10. Start From Parked	18. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object	
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV	
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	46. Ran Off Roadway - Other (Explain)	
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator	
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV		
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (***)	42. Downhill Runaway		
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV		
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV			
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (***)			

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS						
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown		

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS						
20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall		
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier		
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure		
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable		
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown		
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support			

DISTRACTED / INATTENTIVE CODES						
1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.			
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls			
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)			
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming				

VEHICLE TYPE CODES						
1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes				
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown				

OTHER VEHICLE CODES						
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation				
2. Golf Cart	4. Forklift					

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

Vehicle 1 was traveling north on Old Lemay Ferry when it went around a right hand curve just before Frisco Hill. The vehicle failed to follow the roadway and crossed the center line and the south bound lane and traveled off the roadway striking a tree with the driver's side. The driver was transported to St. Anthony's by Rocktownship 7017; his vehicle was towed to Leo's towing.

Respectfully,

Cpl. Steven Tilley

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TILLEY, STEVE	00035	EZ	E-2
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
HIGGINBOTHAM, GARY	00031		

MISSOURI UNIFORM CRASH REPORT

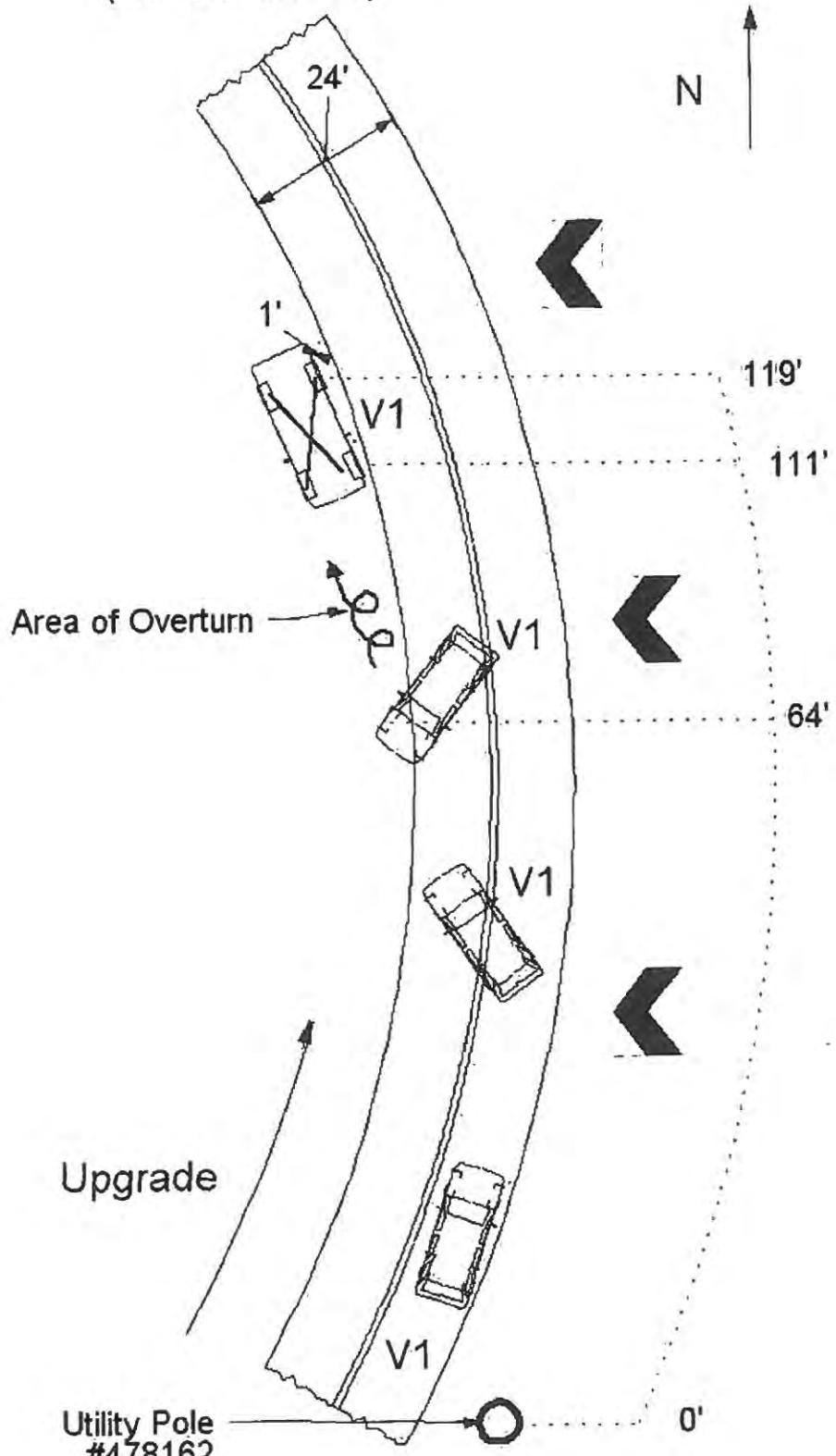
 1120016477										AGENCY NAME AND ORI		VER 1.6				
MISSOURI STATE HIGHWAY PATROL MOMHPCC00																
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE: ONLY		NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION						0		120072462		
NO. VEH: INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE		
1		02/04/2012		1700		02/04/2012		1706		02/04/2012		1722		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CRASH TYPE	ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE									
	<input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway		<input checked="" type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		<input type="checkbox"/> Fell / Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side		<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo		<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Set in motion by MV	
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA — Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed:																
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. →																
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.																
EVIDENTIARY PHOTOS TAKEN		BY WHOM		NA		AVAILABLE FROM		NA		INVESTIGATING AGENCY						
RECONSTRUCTION		BY WHOM		NA		AVAILABLE FROM		NA		INVESTIGATING AGENCY						
2 — LOCATION																
COUNTY		MUNICIPALITY		BEAT / ZONE		TRP / DIST / PCT		GPS COORDINATES (DD MM SS.S FORMAT)								
Jefferson		NA		13		C		LAT: N 38 22 51.4 LONG: W 90 27 21.8								
ON	CRD Old Lemay Ferry RD				RDWY. DIR.	DISTANCE FROM		LOCATION	INTERSECTING							
SPEED LIMIT	ROAD MAINTAINED BY		<input type="checkbox"/> Unknown		N	250		<input type="checkbox"/> NA Feet	<input checked="" type="checkbox"/> After <input type="checkbox"/> NA	CRD Kneff RD	SPEED LIMIT	INT. DIR.	GEO. CODE			
40	<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal		<input type="checkbox"/> Private Property <input type="checkbox"/> Other			Miles		<input type="checkbox"/> At	NA	S	NA					
TRAFFICWAY																
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided		<input type="checkbox"/> Two-Way; Divided; Unprotected Median		<input type="checkbox"/> Other		ROAD ALIGNMENT		ROAD PROFILE								
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane		<input type="checkbox"/> Two-Way; Divided; Positive Median Barrier		<input type="checkbox"/> Unknown		<input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve		<input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip								
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Unknown (Explain)		<input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)								
INTERSECTION TYPE <input checked="" type="checkbox"/> NA																
<input type="checkbox"/> 4-way Intersection		<input type="checkbox"/> Y-Intersection		<input type="checkbox"/> 5-way / More		<input type="checkbox"/> Unknown (Explain)		ROAD CONDITION								
<input type="checkbox"/> T-Intersection		<input type="checkbox"/> Roundabout		<input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Dry <input type="checkbox"/> Snow		<input type="checkbox"/> Slush <input type="checkbox"/> Standing Water		<input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)						
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost		<input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water		<input type="checkbox"/> Unknown (Explain)						
ROAD SURFACE																
<input type="checkbox"/> Concrete		<input type="checkbox"/> Brick		<input type="checkbox"/> Dirt / Sand		<input type="checkbox"/> Cobblestone		WEATHER CONDITION								
<input checked="" type="checkbox"/> Asphalt		<input type="checkbox"/> Gravel		<input type="checkbox"/> Multi-Surface		<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist		<input type="checkbox"/> Other (Explain)						
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp)		<input type="checkbox"/> Severe Crosswind		<input type="checkbox"/> Unknown (Explain)						
LIGHT CONDITION																
<input checked="" type="checkbox"/> Daylight		<input type="checkbox"/> Dark-Lighted		<input type="checkbox"/> Dark-Unlighted		<input type="checkbox"/> Dark-Unknown Lighting		<input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Unknown (Explain)						
3 — DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None																
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality																
4 — WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative																
NAME & ADDRESS (Street, City, State, Zip)												PHONE NUMBER				
5 — PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian																
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER			
DATE OF BIRTH		SEX	STRUCK BY VEH #:		INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island		<input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown					
CROSSING ROAD		<input type="checkbox"/> NA		OTHER ACTIONS		<input type="checkbox"/> NA / None						SCHOOL INFO.		<input type="checkbox"/> NA		
<input type="checkbox"/> With Signal		<input type="checkbox"/> Not At Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle		<input type="checkbox"/> Working In Trafficway		<input type="checkbox"/> Unknown				<input type="checkbox"/> Going To / From School				
<input type="checkbox"/> Against Signal		<input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting In Trafficway		<input type="checkbox"/> Playing In Trafficway		<input type="checkbox"/> Other (Explain)				<input type="checkbox"/> Getting On / Off School Bus				
<input type="checkbox"/> No Signal		<input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Pushing / Working On Vehicle		<input type="checkbox"/> Walking / Running In Trafficway						<input type="checkbox"/> Both Of The Above				
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> Unknown (Explain)				
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None								DISTRACTED / INATTENTIVE CODE(S)		<input type="checkbox"/> NA		ALCOHOL USE		JUL 10 2012		
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)												<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)																

6. COLLISION DIAGRAM
Compass Direction Below
Crash Event(s) (Circle One)

V1 N E S W U **V2** N E S W U **V3** N E S W U **V4** N E S W U **V5** N E S W U **V6** N E S W U

INDICATE
NORTH

Old Lemay Ferry Road
(No Shoulders)



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																																																									
NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 1 Butrum, Johnny D, 4572 Kiable Road, Barnhart, Missouri 63012											PHONE NUMBER 314-629-7959																																														
DRIVER LICENSE / ID NUMBER T133046005		STATE MO	LIC STATUS Valid NA Susp / Rev / Denied Canceled / Oth Invalid	Valid Expired CDL Unknown	LIC TYPE CDL Class NA Intern / Grad	Operator Class F MC Only Unlicensed	Permit Unknown (Explain) Unlicensed	Unknown (Explain) NA	MC ENDORSEMENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA Unknown (Explain)																																																
DATE OF BIRTH 10/01/1985		SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	VISION OBSTRUCTED NA	Not Obstructed Windshield Load on Veh	Trees / Brush Building Embankment	Sign Hillcrest Parked Veh	Moving Veh Stopped Veh Glare	Other (Explain) Unknown (Explain)																																											
PROOF OF INSURANCE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY NA				PHONE NO. (Optional) NA			POLICY NUMBER NA			Driver Vehicle																																													
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) Ive's Towing (P) 5423 Old Highway 21, House Springs, Missouri 63051, 314-605-9751												PHONE NUMBER NA																																													
YEAR 2004		MAKE Jeep		MODEL Grand Cherokee				COLOR PLE		VEH. TYPE I	TOTAL NO. OF OCC. 4																																														
LICENSE / PLATE NO. WF6W6G		STATE MO	YEAR 2011	VIN 1J4GWL485X4C104004		TOWED/FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																
VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO: 3 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain)												TOWED BY Ive's Towing (P)																																													
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles. <input type="checkbox"/> Vehicle Used As Public Conveyance																																																									
<table border="0"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td>GVW / GCVW RATING</td> </tr> <tr> <td><input type="checkbox"/> Van (< 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> <td>(Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Van (9+ W/Driver)</td> <td><input type="checkbox"/> School Bus</td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s)</td> <td><input type="checkbox"/> (Pickups, Cargo Vans, All-Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sport Utility Vehicle</td> <td><input type="checkbox"/> Intercity</td> <td><input type="checkbox"/> Other Vehicle (Code)</td> <td><input type="checkbox"/> Does not apply to Truck Tractors</td> <td><input type="checkbox"/> Less than or equal to 10,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td><input type="checkbox"/> Transit / Commuter</td> <td><input type="checkbox"/> Cargo Van</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> <td><input type="checkbox"/> 10,001 - 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td><input type="checkbox"/> Charter / Tour</td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> <td><input type="checkbox"/> Greater than 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> </tr> <tr> <td><input type="checkbox"/> To / From School</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Unknown</td> <td></td> </tr> </table>												<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING	<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)	<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	<input type="checkbox"/> (Pickups, Cargo Vans, All-Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)	<input checked="" type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> Does not apply to Truck Tractors	<input type="checkbox"/> Less than or equal to 10,000 lbs.	<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> 10,001 - 26,000 lbs.	<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> Greater than 26,000 lbs.	<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> To / From School				<input type="checkbox"/> Unknown	
<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING																																																				
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)																																																				
<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	<input type="checkbox"/> (Pickups, Cargo Vans, All-Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)																																																					
<input checked="" type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> Does not apply to Truck Tractors	<input type="checkbox"/> Less than or equal to 10,000 lbs.																																																					
<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> 10,001 - 26,000 lbs.																																																					
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> Greater than 26,000 lbs.																																																					
<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units																																																						
<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units																																																						
<input type="checkbox"/> To / From School				<input type="checkbox"/> Unknown																																																					
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA																																																									
<table border="0"> <tr> <td><input type="checkbox"/> Police</td> <td><input type="checkbox"/> Ambulance</td> <td><input type="checkbox"/> A. Emergency Vehicle on Emergency Run</td> <td><input type="checkbox"/> Congestion Ahead</td> <td><input type="checkbox"/> Other Incident Ahead</td> </tr> <tr> <td><input type="checkbox"/> Fire</td> <td><input type="checkbox"/> Other (Must check "A" / "B")</td> <td><input type="checkbox"/> B. Stationary With Emergency Equip. Activated</td> <td><input type="checkbox"/> Crash Ahead</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> </table>												<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Other Incident Ahead	<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B")	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Crash Ahead	<input type="checkbox"/> Unknown (Explain)																																				
<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Other Incident Ahead																																																					
<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B")	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Crash Ahead	<input type="checkbox"/> Unknown (Explain)																																																					
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																																																									
SEQUENCE OF EVENTS CODES 1 1 7 11 17 21 22		ANIMAL CODE(S)			FIXED OBJECT CODE(S)			ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																																																	
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																																																									
<table border="0"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Drive Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td>(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table>												<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Drive Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input checked="" type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)	<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway												
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway																																																					
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Drive Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)																																																					
<input checked="" type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)																																																					
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)																																																					
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA																																																					
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)																																																					
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																																																						
7E. WORK ZONE																																																									
TRAFFIC CONTROL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		DATE OF BIRTH MM-DD-YYYY			SEX F			SEAT LOC FR			CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																																														
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)		07/16/1985			4			INJ 1			<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																														
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus			09/22/2005			SEX M																																																	
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device		<input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)			04/08/2011			SEAT LOC SL																																																	
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)																																																									
<table border="0"> <tr> <td>Russell, Nicole R 4572 Kiable Road, Barnhart, Missouri 63012</td> <td>DATE OF BIRTH MM-DD-YYYY</td> <td>SEX F</td> <td>SEAT LOC FR</td> <td>INJ 4</td> <td>TRANS-PORT 1</td> <td>EJEC-TION 2</td> <td>AIR BAG 3</td> <td>SAFETY DEVICES 5</td> <td colspan="3">PHONE NUMBER 314-629-7959</td> </tr> <tr> <td>Russell, Brenden P 4572 Kiable Road, Barnhart, Missouri 63012</td> <td>09/22/2005</td> <td>M</td> <td>SL</td> <td>5</td> <td>1</td> <td>2</td> <td>1</td> <td>5</td> <td colspan="3">314-629-7959</td> </tr> <tr> <td>Butrum, Annabella N 4572 Kiable Road, Barnhart, Missouri 63012</td> <td>04/08/2011</td> <td>F</td> <td>SC</td> <td>5</td> <td>1</td> <td>2</td> <td>1</td> <td>12</td> <td colspan="3">314-629-7959</td> </tr> </table>												Russell, Nicole R 4572 Kiable Road, Barnhart, Missouri 63012	DATE OF BIRTH MM-DD-YYYY	SEX F	SEAT LOC FR	INJ 4	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	PHONE NUMBER 314-629-7959			Russell, Brenden P 4572 Kiable Road, Barnhart, Missouri 63012	09/22/2005	M	SL	5	1	2	1	5	314-629-7959			Butrum, Annabella N 4572 Kiable Road, Barnhart, Missouri 63012	04/08/2011	F	SC	5	1	2	1	12	314-629-7959												
Russell, Nicole R 4572 Kiable Road, Barnhart, Missouri 63012	DATE OF BIRTH MM-DD-YYYY	SEX F	SEAT LOC FR	INJ 4	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	PHONE NUMBER 314-629-7959																																																
Russell, Brenden P 4572 Kiable Road, Barnhart, Missouri 63012	09/22/2005	M	SL	5	1	2	1	5	314-629-7959																																																
Butrum, Annabella N 4572 Kiable Road, Barnhart, Missouri 63012	04/08/2011	F	SC	5	1	2	1	12	314-629-7959																																																
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																																									
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO																																																									
COMMERCIAL / <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not in Commerce - Government Vehicle <input type="checkbox"/> Not in Commerce - Other Vehicle NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not in Commerce - Rental Vehicle																																																									
MC / MX / ICC NO. <input type="checkbox"/> USDOT NO.																																																									
CARGO BODY <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> Other <input type="checkbox"/> Unknown																																																									
HAZARDOUS MATERIALS <input type="checkbox"/> PLACARD DISPLAYED <input type="checkbox"/> 4-DIGIT NO. <input type="checkbox"/> CLASS <input type="checkbox"/> HM CARGO PRESENT <input type="checkbox"/> HM CARGO RELEASED <input type="checkbox"/> HAZARDOUS MATERIAL NAME <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																									

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS												<input checked="" type="checkbox"/> This Page Not Used			
NO. 7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER			
DRIVER LICENSE / ID NUMBER			STATE	LIC STATUS	<input type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input type="checkbox"/> Operator Class	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT				
				<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> CDL Class	<input type="checkbox"/> MC Only	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> NA					
				<input type="checkbox"/> NA	<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	<input type="checkbox"/> Intern / Grad	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)					
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION	OBSTRUCTED	<input type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh	<input type="checkbox"/> Other (Explain)
									<input type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Stopped Veh	<input type="checkbox"/> Unknown	
									<input type="checkbox"/> Load on Veh	<input type="checkbox"/> Embankment	<input type="checkbox"/> Parked Veh	<input type="checkbox"/> Glare	<input type="checkbox"/> Glare	<input type="checkbox"/> Unknown (Explain)	
PROOF OF INSURANCE			INSURANCE COMPANY <input type="checkbox"/> Expired				PHONE NO. (Optional)			POLICY NUMBER		<input type="checkbox"/> NA	<input type="checkbox"/> Driver		
												<input type="checkbox"/> Vehicle	<input type="checkbox"/> NA		
7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD												PHONE NUMBER <input type="checkbox"/> SAD			
YEAR	MAKE			MODEL					COLOR		VEH. TYPE	TOTAL NO. OF OCC.			
LICENSE — PLATE NO.		STATE	YEAR	VIN							TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE		
											<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage												TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA			
INITIAL IMPACT NO:	2	3	4	5	6	7	18	Undercarriage	22	Cargo	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING		
							19	Windshield	23	Unknown	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)		
<input type="checkbox"/> NA	1	15	16	17	8	21	20	Burned	24	Other (Explain)	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)		
										<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> Less than or equal to 10,000 lbs.			
										<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> 10,001 - 26,000 lbs.			
										<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Greater than 26,000 lbs.			
										<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> Unknown			
										<input type="checkbox"/> Unknown (Explain)					
VEHICLE BODY TYPES — Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance															
<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING										
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)										
<input type="checkbox"/> Passenger Van (9+ W/Driver)			<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)										
<input type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> Truck Tractor With No Units											
<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With One Unit											
<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With Two Units											
<input type="checkbox"/> Motorized Bicycle			<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Three Units											
<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)												
<input type="checkbox"/> To / From School															
EMERGENCY VEHICLE INVOLVEMENT <input type="checkbox"/> NA		CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA													
<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead													
<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B")	<input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)													
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)												ALCOHOL USE			
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown												<input type="checkbox"/> Yes <input type="checkbox"/> Unk			
												<input type="checkbox"/> No <input type="checkbox"/> NA			
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None															
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway											
<input type="checkbox"/> Speed — Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)											
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)											
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)											
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA											
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)											
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway												
7E. WORK ZONE		TRAFFIC CONTROL		<input type="checkbox"/> None <input type="checkbox"/> Unknown	CONTROL / MALFUNCTIONING / INOPERATIVE / MISSING										
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Electric:	<input type="checkbox"/> Green/Yellow/Red	<input type="checkbox"/> Flashing Red	<input type="checkbox"/> Flashing Yellow	<input type="checkbox"/> Ramp Meter	<input type="checkbox"/> Other (Explain)									
Workers Present	Other	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> No Passing Zone	<input type="checkbox"/> Turn Restricted	<input type="checkbox"/> Officer / Flagman	<input type="checkbox"/> Signal On School Bus									
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Controls:	<input type="checkbox"/> Warning Sign / Device	<input type="checkbox"/> Railway Crossing Sign / Device	<input type="checkbox"/> School Zone	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Other (Explain)									
7F. OCCUPANTS — NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)				DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER			
7G. COMMERCIAL MOTOR VEHICLE <input type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.															
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) — NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO												PHONE NUMBER <input type="checkbox"/> SAO			
COMMERCIAL / NON-COMMERCIAL	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Not In Commerce — Government Vehicle	<input type="checkbox"/> Not In Commerce - Other Vehicle	MC / MX / ICC NO.		USDOT NO.									
	<input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce — Rental Vehicle													
CARGO BODY TYPE	<input type="checkbox"/> Enclosed Box	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Garbage / Refuse	<input type="checkbox"/> Pole Trailer	<input type="checkbox"/> Vehicle Towing Another Veh.	<input type="checkbox"/> Intermodal Container Chassis	<input type="checkbox"/> NA (No Cargo Body)	<input type="checkbox"/> Other						
	<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log			<input type="checkbox"/> Unknown							
HAZARDOUS MATERIALS	PLACARD DISPLAYED		4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME								
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No									
	<input type="checkbox"/> Unknown				<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown									

8 - CODES						
SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	FR SR TR FC SC TC FL SL TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially U. Unknown N. NA	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet
SAFETY DEVICES 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable						
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding)						
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start In Traffic	10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road	19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure	28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**)	37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV	44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator	
ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS						
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown		
FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS						
20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support	26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier	32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End	38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support	44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown		
DISTRACTED / INATTENTIVE CODES						
1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device	5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing	9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming	13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)			
VEHICLE TYPE CODES						
1. Motor Vehicle In Transport 2. Parked Motor Vehicle	3. Working Motor Vehicle 4. Pedalcycle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown				
OTHER VEHICLE CODES						
1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle 7. Other (Explain)			
9. NARRATIVE / STATEMENTS						
Vehicle #1 was traveling north on Old Lemay Ferry Road. This crash occurred as Driver #1 failed to negotiate a curve to the left. Vehicle #1 began to slide and rotate in a counter-clockwise direction. Vehicle #1 crossed the double-yellow centerline and traveled off the left side of the road, where it overturned toward its passenger side. Vehicle #1 came to rest on its top, off the left side of the road, facing a southerly direction.						
Driver #1 stated he was traveling around a curve on northbound Old Lemay Ferry Road when the rear tires of his vehicle began to slide. He said Vehicle #1 traveled off the left side of the road and overturned.						
Passenger Nicole R. Russell refused medical treatment at the scene.						
10. REPORTING AND REVIEWING OFFICER INFORMATION						
REPORTING OFFICER NAME Tpr. C. D. Gullett	DSN / BADGE NO. 333		BEAT / ZONE 13	TROOP / DISTRICT / PRECINCT C		
REVIEWING OFFICER NAME Sgt. E. A. Blaylock	DSN / BADGE NO. 192		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.	

MISSOURI UNIFORM CRASH REPORT

PAGE 1 OF 4

1 . GENERAL CRASH INFORMATION						AGENCY NAME AND ORI								
SPACE USED FOR BARCODE						MISSOURI STATE HIGHWAY PATROL MOMHPCC00 R6115349								
LEFT THE SCENE DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		X		0		0		160022559				
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE							
1	01/12/2016	1409	01/12/2016	1414	01/12/2016	1422	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING						DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE					
	<input type="checkbox"/> On Roadway	<input type="checkbox"/> Overturning	<input type="checkbox"/> Fall/Jumped From MV	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)						
	<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Cargo / Equip	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Unknown (Explain)						
	<input type="checkbox"/> Immersion	<input type="checkbox"/> Loss / Shift	<input checked="" type="checkbox"/> Fixed Object	<input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Sideswipe (Opp Dir.)	<input type="checkbox"/> Falling / Shifting Cargo	<input type="checkbox"/> Unknown (Explain)						
	<input type="checkbox"/> Other	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Non-Collision	<input type="checkbox"/> Other Object	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Rear to Side	<input type="checkbox"/> Set in motion by MV	<input type="checkbox"/> Other (Explain)						
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle fields in Section 7G must be completed														
1. Does this crash involve any of the following?														
1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.														
1b. A person transported for medical attention; OR														
1c. A vehicle towed due to disabling damage <input checked="" type="checkbox"/> Yes - Go to number 2 →														
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:														
2a. A truck/cargo van with GVWR/GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.														
2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.														
EVIDENTIARY PHOTOS TAKEN		BY WHOM				AVAILABLE FROM		<input type="checkbox"/> Investigating Agency						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NOT APPLICABLE												
RECONSTRUCTION		BY WHOM				AVAILABLE FROM		<input type="checkbox"/> Investigating Agency						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				NOT APPLICABLE										
2 - LOCATION														
COUNTY	MUNICIPALITY			BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)								
JEFFERSON	NON-CITY OR UNINCORPORATED			13	C	LAT: N38 22 58.7		LONG: W90 27 21.9						
ON	RDWY. DIR			DISTANCE FROM	LOCATION	INTERSECTING								
	N			<input type="checkbox"/> NA	<input type="checkbox"/> After	<input type="checkbox"/> NA	CRD FRISCO HILL RD							
SPEED LIMIT	ROAD MAINTAINED BY	<input type="checkbox"/> Unknown			<input type="checkbox"/> Before	<input type="checkbox"/> At	<input type="checkbox"/> SPEED LIMIT	<input type="checkbox"/> INT. DIR.	<input type="checkbox"/> GEO - CODE					
40	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Property	<input type="checkbox"/> Other	<input type="checkbox"/> NA	<input type="checkbox"/> E	<input type="checkbox"/> NA						
TRAFFICWAY	ROAD ALIGNMENT						ROAD PROFILE							
<input type="checkbox"/> One-Way	<input checked="" type="checkbox"/> Two-Way; Not Divided	<input type="checkbox"/> Two-Way Divided; Unprotected Median	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Straight	<input type="checkbox"/> Curve	<input type="checkbox"/> Level	<input type="checkbox"/> Downhill	<input type="checkbox"/> Dip						
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input type="checkbox"/> Two-Way Divided; Positive Median Barrier	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Uphill	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Unknown (Explain)							
INTERSECTION TYPE	ROAD CONDITION													
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Dry	<input type="checkbox"/> Snow	<input type="checkbox"/> Slush	<input type="checkbox"/> Standing Water	<input type="checkbox"/> Sand / Gravel	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Level	<input type="checkbox"/> Downhill	<input type="checkbox"/> Dip					
<input type="checkbox"/> 4-way Intersection	<input type="checkbox"/> Y-Intersection	<input type="checkbox"/> 5-way / More	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Wet	<input type="checkbox"/> Ice / Frost	<input type="checkbox"/> Mud / Dirt	<input type="checkbox"/> Moving Water	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Uphill	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Unknown (Explain)			
<input type="checkbox"/> T-Intersection	<input type="checkbox"/> Roundabout	<input type="checkbox"/> Other (Explain)												
ROAD SURFACE	WEATHER CONDITION													
<input type="checkbox"/> Concrete	<input type="checkbox"/> Brick	<input type="checkbox"/> Dirt / Sand	<input type="checkbox"/> Cobblestone	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Rain	<input type="checkbox"/> Sleet / Hail	<input type="checkbox"/> Fog / Mist	<input type="checkbox"/> Other (Explain)						
<input checked="" type="checkbox"/> Asphalt	<input type="checkbox"/> Gravel	<input type="checkbox"/> Multi-Surface	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Snow	<input type="checkbox"/> Freezing (Temp)	<input type="checkbox"/> Severe Crosswind	<input type="checkbox"/> Unknown (Explain)						
LIGHT CONDITION														
<input checked="" type="checkbox"/> Daylight	<input type="checkbox"/> Dark-Lighted	<input type="checkbox"/> Dark-Unlighted	<input type="checkbox"/> Dark-Unknown Lighting	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unknown (Explain)									
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None														
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.						<input type="checkbox"/> MoDOT	<input type="checkbox"/> County	<input type="checkbox"/> Municipality						
UNKNOWN CULVERT; BENT														
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative														
NAME						ADDRESS (Street, City, State, Zip)				PHONE NUMBER				
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian														
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)						PHONE NUMBER							
DATE OF BIRTH		SEX	STRUCK BY VEH #:	INJ	TRANS PORT	SAFETY DEVICES	LOCATION							
				<input type="checkbox"/> On Roadway	<input type="checkbox"/> In Driveway Access	<input type="checkbox"/> On Median / Crossing Island	<input type="checkbox"/> Unknown							
				<input type="checkbox"/> On Sidewalk	<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Unknown								
CROSSING ROAD		<input type="checkbox"/> NA	OTHER ACTIONS	<input type="checkbox"/> NA/None						SCHOOL INFO. <input type="checkbox"/> NA				
<input type="checkbox"/> With Signal		<input type="checkbox"/> Not At Crosswalk	<input type="checkbox"/> Getting On / Off Vehicle	<input type="checkbox"/> Working In Trafficway						<input type="checkbox"/> Unknown	<input type="checkbox"/> Going To / From School			
<input type="checkbox"/> Against Signal		<input type="checkbox"/> In Marked Crosswalk	<input type="checkbox"/> Standing / Lying / Sitting In Trafficway	<input type="checkbox"/> Playing In Trafficway						<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Getting On / Off School Bus			
<input type="checkbox"/> No Signal		<input type="checkbox"/> In Unmarked Crosswalk	<input type="checkbox"/> Pushing / Working On Vehicle	<input type="checkbox"/> Walking / Running In Trafficway							<input type="checkbox"/> Both Of The Above			
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> With Traffic						<input type="checkbox"/> Against Traffic	<input type="checkbox"/> Unknown (Explain)			
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None						DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA						ALCOHOL USE		
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)												<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)														

6. COLLISION DIAGRAM

Compass Direction
Before Crash Event(s)
(Circle One)

V1 NESWU

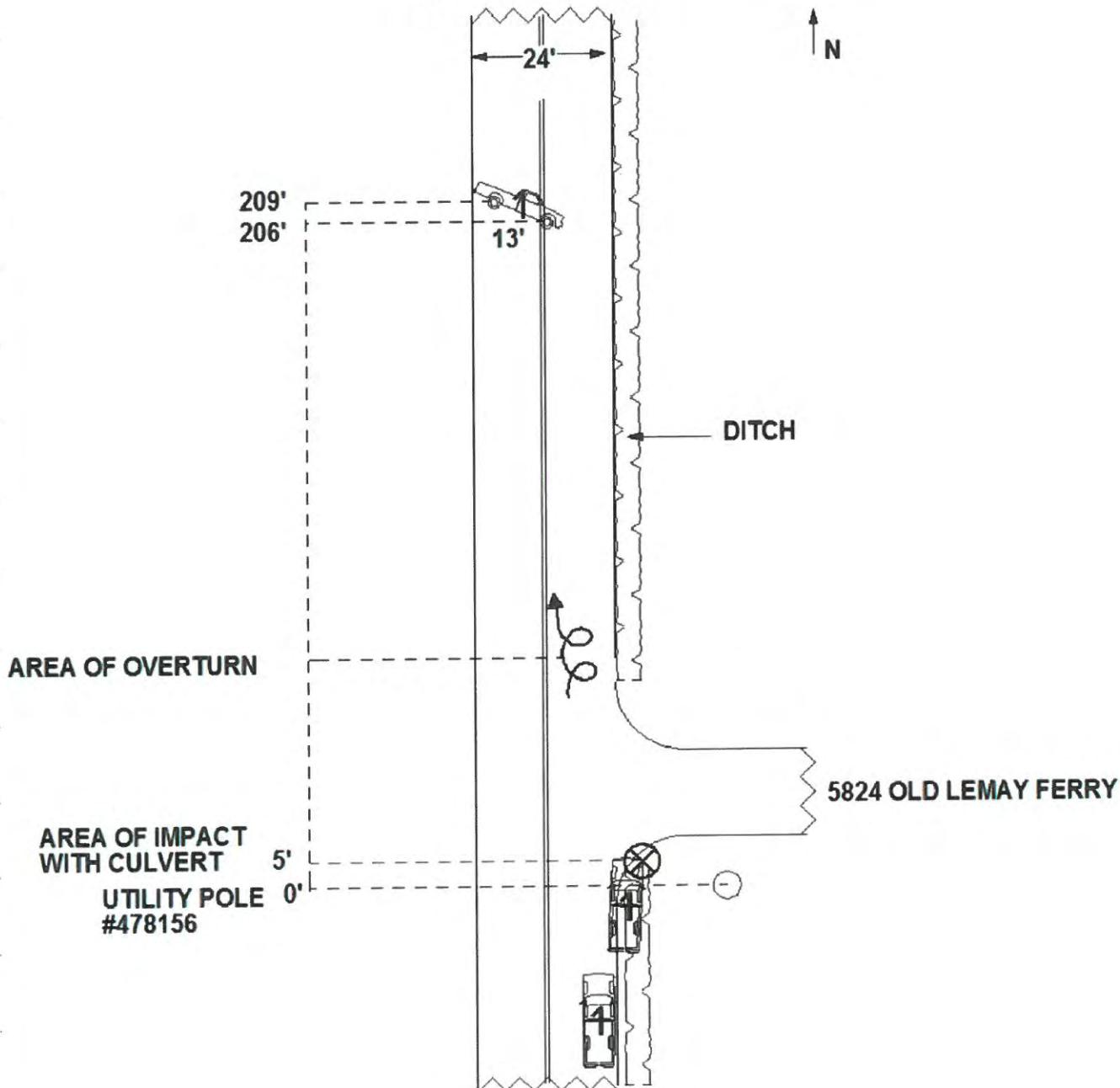
V2 NESWU

V3 NESWU

V4 NESWU

V5 NESWU

V6 NESWU

INDICATE
NORTHOLD LEMAY FERRY
(NO SHOULDERS)

7. DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ELSWICK, COLDEN JAMES 2047 WESTBOURNE WAY DR FENTON, MO 63026												PHONE NUMBER (314)686-2880																																															
DRIVER LICENSE / ID NUMBER R148253009		STATE MO	LIC STATUS Valid NA	□ Expired □ Susp / Rev / Denied □ Canceled / Oth Invalid	LIC TYPE CDL Class NA	□ Operator Class E □ CDL Class Interm / Grad	□ Permit □ MC Only	□ Unknown □ Unlicensed	□ Unknown (Explain)	MC ENDORSEMENT □ Yes □ No □ Unknown (Explain)																																																	
DATE OF BIRTH 02/22/1995		SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	VISION OBSTRUCTED NA	□ Not Obstructed □ Windshield □ Load on Veh	□ Trees / Brush □ Building □ Embankment	□ Sign □ Hillcrest □ Parked Veh	□ Moving Veh □ Stopped Veh □ Glare	□ Other (Explain) □ Unknown (Explain)																																													
PROOF OF INSURANCE SAFE AUTO		INSURANCE COMPANY SAF AUTO				PHONE NO. (Optional)			POLICY NUMBER MO00199620A-03			□ NA		□ Driver □ Vehicle																																													
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) RENT TO OWN AUTO CENTERS 2725 VETERANS MEMORIAL ST. CHARLES, MO 63303												PHONE NUMBER (314)737-5200																																															
YEAR 2006	MAKE CHEVROLET			MODEL S10			COLOR BLK		VEH. TYPE 1	TOTAL NO. OF OCC 1																																																	
LICENSE - PLATE NO. 4FS804		STATE MO	YEAR 2016	VIN 1GCCS198868234760			TOWED FROM SCENE ☒ Yes			TOWED DUE TO DIS. DAMAGE ☒ Yes																																																	
VEHICLE DAMAGE (Mark all damaged areas) □ None / No Damage												TOWED BY LEOS B & T TOWING 636-942-3233																																															
INITIAL IMPACT NO: □ NA 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 18 (Explain)												5729 OLD HIGHWAY 21 HOUSE SPRINGS, MO 63051																																															
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles □ Vehicle Used As Public Conveyance																																																											
<table border="1"> <tr> <td>□ Passenger Car</td> <td>□ Small Bus (9-15 W/Driver)</td> <td>□ Motorcycle</td> <td>□ Motor Home</td> <td>□ Single-unit Truck; 2 axles, 6 tires</td> <td>GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td>□ Van (< 9 W/Driver)</td> <td>□ Large Bus (16+ W/Driver)</td> <td>□ ATV</td> <td>□ Farm Implements</td> <td>□ Single-unit Truck; 3 or more axles</td> </tr> <tr> <td>□ Passenger Van (9+ W/Driver)</td> <td>□ School Bus</td> <td>□ 2 Wh</td> <td>□ Construction Equip. Heavy Mach.</td> <td>□ Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)</td> </tr> <tr> <td>□ Sport Utility Vehicle</td> <td>□ Intercity</td> <td>□ 3 Wh</td> <td>□ Other Vehicle (Code)</td> </tr> <tr> <td>□ Limousine (7-8 W/Driver)</td> <td>□ Transit / Commuter</td> <td>□ 4 Wh</td> <td>□ Pickup</td> <td>□ Truck Tractor With No Units</td> </tr> <tr> <td>□ Limousine (9-15 W/Driver)</td> <td>□ Charter / Tour</td> <td>□ 5 Wh / More</td> <td>□ Other Heavy Truck</td> <td>□ Truck Tractor With One Unit</td> </tr> <tr> <td>□ Motorized Bicycle</td> <td>□ Other</td> <td>□ Unknown</td> <td>□ Unknown (Explain)</td> <td>□ Truck Tractor With Two Units</td> </tr> <tr> <td>□ Pedalcycle</td> <td></td> <td></td> <td></td> <td>□ Truck Tractor With Three Units</td> </tr> <tr> <td>□ To / From School</td> <td></td> <td></td> <td></td> <td></td> <td>□ Unknown</td> </tr> </table>												□ Passenger Car	□ Small Bus (9-15 W/Driver)	□ Motorcycle	□ Motor Home	□ Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)	□ Van (< 9 W/Driver)	□ Large Bus (16+ W/Driver)	□ ATV	□ Farm Implements	□ Single-unit Truck; 3 or more axles	□ Passenger Van (9+ W/Driver)	□ School Bus	□ 2 Wh	□ Construction Equip. Heavy Mach.	□ Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	□ Sport Utility Vehicle	□ Intercity	□ 3 Wh	□ Other Vehicle (Code)	□ Limousine (7-8 W/Driver)	□ Transit / Commuter	□ 4 Wh	□ Pickup	□ Truck Tractor With No Units	□ Limousine (9-15 W/Driver)	□ Charter / Tour	□ 5 Wh / More	□ Other Heavy Truck	□ Truck Tractor With One Unit	□ Motorized Bicycle	□ Other	□ Unknown	□ Unknown (Explain)	□ Truck Tractor With Two Units	□ Pedalcycle				□ Truck Tractor With Three Units	□ To / From School					□ Unknown	☒ Less than or equal to 10,000 lbs □ 10,001 - 26,000 lbs. □ Greater than 26,000 lbs. □ Unknown	
□ Passenger Car	□ Small Bus (9-15 W/Driver)	□ Motorcycle	□ Motor Home	□ Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)																																																						
□ Van (< 9 W/Driver)	□ Large Bus (16+ W/Driver)	□ ATV	□ Farm Implements	□ Single-unit Truck; 3 or more axles																																																							
□ Passenger Van (9+ W/Driver)	□ School Bus	□ 2 Wh	□ Construction Equip. Heavy Mach.	□ Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)																																																							
□ Sport Utility Vehicle	□ Intercity	□ 3 Wh	□ Other Vehicle (Code)																																																								
□ Limousine (7-8 W/Driver)	□ Transit / Commuter	□ 4 Wh	□ Pickup	□ Truck Tractor With No Units																																																							
□ Limousine (9-15 W/Driver)	□ Charter / Tour	□ 5 Wh / More	□ Other Heavy Truck	□ Truck Tractor With One Unit																																																							
□ Motorized Bicycle	□ Other	□ Unknown	□ Unknown (Explain)	□ Truck Tractor With Two Units																																																							
□ Pedalcycle				□ Truck Tractor With Three Units																																																							
□ To / From School					□ Unknown																																																						
EMERGENCY VEHICLE INVOLVEMENT ☒ NA												CONTRIBUTING TRAFFIC CONDITIONS ☒ NA																																															
□ Police □ Ambulance □ Fire □ Other (Must check "A" / "B") →												□ A. Emergency Vehicle on Emergency Run □ B. Stationary With Emergency Equip. Activated																																															
□ Congestion Ahead □ Crash Ahead □ Unknown (Explain)																																																											
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES □ Additional Codes Listed in Narrative (See Codes in Section 8)												ALCOHOL USE																																															
SEQUENCE OF EVENTS CODES □ Unknown												ANIMAL CODE(S) 26		FIXED OBJECT CODE(S) □ Yes ☒ No □ NA																																													
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES □ None												DISTRACTED / INATTENTIVE CODE(S) ☒ NA (See Codes in Section 8)																																															
<table border="1"> <tr> <td>□ Vehicle Defects (Explain)</td> <td>□ Vision Obstructed</td> <td>□ Failed To Dim Headlights</td> <td>□ Improper Towing / Pushing</td> <td>□ Object / Obstruction in Roadway</td> </tr> <tr> <td>□ Speed - Exceeded Limit</td> <td>□ Driver Fatigue / Asleep</td> <td>□ Failed To Use Lights</td> <td>□ Improperly Stopped On Roadway</td> <td>□ Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td>□ Too Fast For Conditions</td> <td>□ Improper Signal</td> <td>□ Following Too Close</td> <td>☒ Improper Lane Usage / Change</td> <td>□ Unknown (Explain)</td> </tr> <tr> <td>□ Violation Signal / Sign</td> <td>□ Improper Backing</td> <td>□ Wrong Side (Not Passing)</td> <td>□ Overcorrected</td> <td>□ Other (Explain)</td> </tr> <tr> <td>□ Failed To Yield</td> <td>□ Improper Turn</td> <td>□ Wrong Side (One-Way)</td> <td>□ Improper Riding / Clinging To Veh. Exterior</td> <td>DISTRACTED / INATTENTIVE CODE(S) ☒ NA (See Codes in Section 8)</td> </tr> <tr> <td>□ Alcohol</td> <td>□ Improper Passing</td> <td>□ Physical Impairment (Explain)</td> <td>□ Failed To Secure Load / Improper Loading</td> <td></td> </tr> <tr> <td>□ Drugs</td> <td>□ Improperly Parked</td> <td>□ Improper Start From Park</td> <td>□ Animal(s) In Roadway</td> <td></td> </tr> </table>												□ Vehicle Defects (Explain)	□ Vision Obstructed	□ Failed To Dim Headlights	□ Improper Towing / Pushing	□ Object / Obstruction in Roadway	□ Speed - Exceeded Limit	□ Driver Fatigue / Asleep	□ Failed To Use Lights	□ Improperly Stopped On Roadway	□ Distracted / Inattentive (Designate Type)	□ Too Fast For Conditions	□ Improper Signal	□ Following Too Close	☒ Improper Lane Usage / Change	□ Unknown (Explain)	□ Violation Signal / Sign	□ Improper Backing	□ Wrong Side (Not Passing)	□ Overcorrected	□ Other (Explain)	□ Failed To Yield	□ Improper Turn	□ Wrong Side (One-Way)	□ Improper Riding / Clinging To Veh. Exterior	DISTRACTED / INATTENTIVE CODE(S) ☒ NA (See Codes in Section 8)	□ Alcohol	□ Improper Passing	□ Physical Impairment (Explain)	□ Failed To Secure Load / Improper Loading		□ Drugs	□ Improperly Parked	□ Improper Start From Park	□ Animal(s) In Roadway														
□ Vehicle Defects (Explain)	□ Vision Obstructed	□ Failed To Dim Headlights	□ Improper Towing / Pushing	□ Object / Obstruction in Roadway																																																							
□ Speed - Exceeded Limit	□ Driver Fatigue / Asleep	□ Failed To Use Lights	□ Improperly Stopped On Roadway	□ Distracted / Inattentive (Designate Type)																																																							
□ Too Fast For Conditions	□ Improper Signal	□ Following Too Close	☒ Improper Lane Usage / Change	□ Unknown (Explain)																																																							
□ Violation Signal / Sign	□ Improper Backing	□ Wrong Side (Not Passing)	□ Overcorrected	□ Other (Explain)																																																							
□ Failed To Yield	□ Improper Turn	□ Wrong Side (One-Way)	□ Improper Riding / Clinging To Veh. Exterior	DISTRACTED / INATTENTIVE CODE(S) ☒ NA (See Codes in Section 8)																																																							
□ Alcohol	□ Improper Passing	□ Physical Impairment (Explain)	□ Failed To Secure Load / Improper Loading																																																								
□ Drugs	□ Improperly Parked	□ Improper Start From Park	□ Animal(s) In Roadway																																																								
7E. WORK ZONE		TRAFFIC CONTROL □ None □ Unknown										CONTROL MALFUNCTIONING/INOPERATIVE / MISSING																																															
□ Yes ☒ No □ Unknown		Electric: □ Green/Yellow/Red □ Flashing Red □ Flashing Yellow □ Ramp Meter □ Other (Explain)										□ Yes (Explain) ☒ No □ Unknown □ NA																																															
Workers Present		Other: □ Stop Sign ☒ No Passing Zone □ Turn Restricted □ Officer / Flagman □ Signal On School Bus																																																									
□ Yes □ No □ Unknown		Controls: □ Warning Sign / Device □ Railway Crossing Sign / Device □ School Zone □ Yield Sign □ Other (Explain)																																																									
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)												DATE OF BIRTH MM-DD-YYYY																																															
NA												SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER																																								
NA																																																											
NA																																																											
NA																																																											
NA																																																											
NA																																																											
7G. COMMERCIAL MOTOR VEHICLE ☒ NA												Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																															
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)												PHONE NUMBER □ SAO																																															
COMMERCIAL / NON-COMMERCIAL												□ Not In Commerce - Government Vehicle □ Not In Commerce - Other Vehicle □ Not In Commerce - Rental Vehicle		MC / MX / ICC NO.		USDOT NO.																																											
CARGO BODY												□ Enclosed Box □ Cargo Tank □ Flatbed □ Dump □ Auto Transporter □ Concrete Mixer □ Grain / Chip / Gravel		□ Garbage / Refuse □ Log		□ Pole Trailer Another Veh.		□ Vehicle Towing Intermodal Container Chassis		□ NA (No Cargo Body) □ Other □ Unknown																																							
HAZARDOUS MATERIALS		PLACARD DISPLAYED □ Yes □ Unknown		4-DIGIT NO.		CLASS		HM CARGO PRESENT □ Yes □ Unknown		HM CARGO RELEASED □ Yes □ Unknown		HAZARDOUS MATERIAL NAME																																															

8 - CODES							
SEAT LOCATION	FR SR TR FC SC TC FL SL TL	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES	
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet	10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)							
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start In Traffic	10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road	19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure	28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**)	37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV	44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator		
ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS							
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown			
FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS							
20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support	26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier	32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End	38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support	44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown			
DISTRACTED / INATTENTIVE CODES							
1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device	5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing	9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming	13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)				
VEHICLE TYPE CODES							
1. Motor Vehicle In Transport 2. Parked Motor Vehicle	3. Working Motor Vehicle 4. Pedalcycle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown					
OTHER VEHICLE CODES							
1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle 7. Other (Explain)				
9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)							
<p>NARRATIVE</p> <p>VEHICLE ONE WAS TRAVELING NORTHBOUND ON OLD LEMAY FERRY ROAD, SOUTH OF FRISCO HILL ROAD. THIS CRASH OCCURRED WHEN THE RIGHT SIDE TIRES OF VEHICLE ONE DROPPED OFF THE ROADWAY, AND INTO A DITCH. THE FRONT RIGHT TIRE STRUCK A CULVERT, CAUSING DRIVER ONE TO LOSE CONTROL OF VEHICLE ONE. VEHICLE ONE RETURNED TO THE ROADWAY AND OVERTURNED, COMING TO REST ON ITS LEFT SIDE, FACING A EASTERLY DIRECTION.</p>							
<p>ELSWICK, COLDEN JAMES: DRIVER OF VEHICLE 1 STATEMENT</p> <p>DRIVER ONE STATED HE FELT HIS TRUCK DROP OFF THE EDGE OF THE ROADWAY, AND HE ATTEMPTED TO STEER TO THE LEFT TO RETURN TO THE ROADWAY. HE THEN STATED HE STRUCK A CULVERT AND HIS TRUCK OVERTURNED.</p>							
10. REPORTING AND REVIEWING OFFICER INFORMATION							
REPORTING OFFICER NAME	TPR K. KAISER	DSN / BADGE NO.	298	BEAT / ZONE	13	TROOP / DISTRICT / PRECINCT	
REVIEWING OFFICER NAME	SGTR. WATSON	DSN / BADGE NO.	1165	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.		

MISSOURI UNIFORM CRASH REPORT

PAGE 1 OF 5

1 - GENERAL CRASH INFORMATION							AGENCY NAME AND ORI					
SPACE USED FOR BARCODE							MISSOURI STATE HIGHWAY PATROL MOMHPCC00 R5414029					
LEFT THE SCENE DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY NO. INJURED		REPORT / CASE / INCIDENT NUMBER				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Crash		0 0		160823234				
NO. VEH. INV.	CRASH DATE		CRASH TIME (MIL)		NOTIFIED DATE		TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE		
2	12/26/2016		0500		12/26/2016		0505	12/26/2016	0505	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING						DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
	<input checked="" type="checkbox"/> On Roadway	<input type="checkbox"/> Overturning	<input type="checkbox"/> Fall/Jumped From MV	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input checked="" type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)				
<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Cargo / Equip Loss / Shift	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Unknown (Explain)					
<input type="checkbox"/> Immersion	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Fixed Object	<input checked="" type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Sideswipe (Opp Dir.)	<input type="checkbox"/> Falling / Shifting Cargo (Explain)					
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle fields in Section 7G must be completed.												
1. Does this crash involve any of the following?												
1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.												
1b. A person transported for medical attention; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.												
1c. A vehicle towed due to disabling damage <input checked="" type="checkbox"/> Yes - Go to number 2. → <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.												
EVIDENTIARY PHOTOS TAKEN		BY WHOM		NOT APPLICABLE			AVAILABLE FROM		<input type="checkbox"/> Investigating Agency			
RECONSTRUCTION		BY WHOM		NOT APPLICABLE			AVAILABLE FROM		<input type="checkbox"/> Investigating Agency			
2 - LOCATION												
COUNTY	MUNICIPALITY			BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)						
JEFFERSON	NON-CITY OR UNINCORPORATED			12	C	LAT: N38 22 50.3			LONG: W90 27 24.5			
ON	CRD OLD LEMAY FERRY RD			RDWY. DIR	DISTANCE FROM	LOCATION	INTERSECTING					
SPEED LIMIT	ROAD MAINTAINED BY			<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> After	<input type="checkbox"/> NA	CRD KNEFF RD				
40	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Property	<input type="checkbox"/> Other	<input type="checkbox"/> Feet	<input type="checkbox"/> At	SPEED LIMIT	INT. DIR.	GEO - CODE		
<input type="checkbox"/> Miles	40	S	NA									
TRAFFICWAY												
ROAD ALIGNMENT												
<input type="checkbox"/> One-Way	<input checked="" type="checkbox"/> Two-Way; Not Divided	<input type="checkbox"/> Two-Way Divided; Unprotected Median	<input type="checkbox"/> Other	<input type="checkbox"/> Straight	<input checked="" type="checkbox"/> Curve	<input type="checkbox"/> Level	<input checked="" type="checkbox"/> Downhill	<input type="checkbox"/> Dip				
ROAD PROFILE												
<input type="checkbox"/> Two-Way; Not Divided, Continuous Center Turn Lane												
<input type="checkbox"/> Two-Way Divided; Positive Median Barrier												
<input type="checkbox"/> Unknown												
<input type="checkbox"/> Unknown (Explain)												
INTERSECTION TYPE <input type="checkbox"/> NA												
ROAD CONDITION												
<input checked="" type="checkbox"/> 4-way Intersection												
<input type="checkbox"/> Y-Intersection												
<input type="checkbox"/> 5-way / More												
<input type="checkbox"/> Unknown (Explain)												
<input type="checkbox"/> T-Intersection												
<input type="checkbox"/> Roundabout												
<input type="checkbox"/> Other (Explain)												
ROAD SURFACE												
WEATHER CONDITION												
<input type="checkbox"/> Concrete												
<input type="checkbox"/> Brick												
<input type="checkbox"/> Dirt / Sand												
<input type="checkbox"/> Cobblestone												
<input type="checkbox"/> Asphalt												
<input type="checkbox"/> Gravel												
<input type="checkbox"/> Multi-Surface												
<input type="checkbox"/> Unknown (Explain)												
<input type="checkbox"/> Clear												
<input checked="" type="checkbox"/> Rain												
<input type="checkbox"/> Sleet / Hail												
<input type="checkbox"/> Fog / Mist												
<input type="checkbox"/> Cloudy												
<input type="checkbox"/> Snow												
<input type="checkbox"/> Freezing (Temp)												
<input type="checkbox"/> Severe Crosswind												
<input type="checkbox"/> Unknown (Explain)												
LIGHT CONDITION												
<input type="checkbox"/> Daylight												
<input type="checkbox"/> Dark-Lighted												
<input checked="" type="checkbox"/> Dark-Unlighted												
<input type="checkbox"/> Dark-Unknown Lighting												
<input type="checkbox"/> Other (Explain)												
<input type="checkbox"/> Unknown (Explain)												
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None												
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality												
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative												
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER												
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian												
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
DATE OF BIRTH		SEX	STRUCK BY VEH #	INJ	TRANS PORT	SAFETY DEVICES	LOCATION					
							<input type="checkbox"/> On Roadway	<input type="checkbox"/> In Driveway Access	<input type="checkbox"/> On Median / Crossing Island			
							<input type="checkbox"/> On Sidewalk	<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Unknown			
CROSSING ROAD		<input type="checkbox"/> NA	OTHER ACTIONS <input type="checkbox"/> NA/None							SCHOOL INFO. <input type="checkbox"/> NA		
<input type="checkbox"/> With Signal		<input type="checkbox"/> At Crosswalk	<input type="checkbox"/> Getting On / Off Vehicle							<input type="checkbox"/> Unknown		
<input type="checkbox"/> Against Signal		<input type="checkbox"/> In Marked Crosswalk	<input type="checkbox"/> Standing / Lying / Sitting In Trafficway							<input type="checkbox"/> Other (Explain)		
<input type="checkbox"/> No Signal		<input type="checkbox"/> In Unmarked Crosswalk	<input type="checkbox"/> Pushing / Working On Vehicle							<input type="checkbox"/> Walking / Running In Trafficway		
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown	<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.							<input type="checkbox"/> With Traffic	<input type="checkbox"/> Against Traffic	
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None											DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)											<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)											<input type="checkbox"/> Unknown	

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER			
FLOYD, JACOB ANTHONY 3665 MORGAN WAY IMPERIAL, MO 63052												(314)221-1754			
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class E	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown	MC ENDORSEMENT					
W133161005		MO	NA	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	CDL Class	<input type="checkbox"/> MC Only	<input type="checkbox"/> (Explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
				<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown	Interim / Grad	<input type="checkbox"/> Unlicensed		<input type="checkbox"/> NA	<input type="checkbox"/> Unknown (Explain)					
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION	OBSTRUCTED	Not Obstructed	Trees / Brush	Sign	Moving Veh	Other (Explain)
05/05/1995		M	FL	5	1	2	9	5	NA	NA	Windshield	Building	Hillcrest	Stopped Veh	Unknown
									Load on Veh	Load on Veh	Embankment	Parked Veh	Glare	(Explain)	
PROOF OF INSURANCE		INSURANCE COMPANY <input type="checkbox"/> Expired						PHONE NO. (Optional)			POLICY NUMBER <input type="checkbox"/> NA			<input type="checkbox"/> Driver	
<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No						(507)455-5200			9130733			<input checked="" type="checkbox"/> Vehicle	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD												PHONE NUMBER			
LOU FUSZ 10725 MANCHESTER ROAD ST. LOUIS, MO 63122												(314)983-7462			
YEAR	MAKE			MODEL			ENCLAVE			COLOR	VEH. TYPE	TOTAL NO. OF OCC.			
2014	BUICK									WHI	NA	1	1		
LICENSE - PLATE NO.		STATE	YEAR	VIN			TOWED FROM SCENE			TOWED DUE TO DIS. DAMAGE					
DV88-UV		MO	2017	5GAKVCKD3EJ131986			<input checked="" type="checkbox"/> Yes			<input type="checkbox"/> No					
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage												<input type="checkbox"/> Unknown			
INITIAL IMPACT NO:		2	3	4	5	6	7	18	Undercarriage	22 - Cargo	IVES TOWING 314-605-9751				
<input type="checkbox"/> NA		1	15	16	17	B	19 - Windshield	23 - Unknown	6209 WEST OUTER ROAD						
12		14	13	12	11	10	20 - Burned	24 - Other	IMPERIAL, MO 63052						
21 - Towed Unit (Explain)															
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance															
<input type="checkbox"/> Passenger Car		<input type="checkbox"/> Small Bus (9-15 W/Driver)		<input type="checkbox"/> Motorcycle		<input type="checkbox"/> Motor Home		<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires		GVW / GCVW RATING					
<input type="checkbox"/> Van (< 9 W/Driver)		<input type="checkbox"/> Large Bus (16+ W/Driver)		<input type="checkbox"/> ATV		<input type="checkbox"/> Farm Implements		<input type="checkbox"/> Single-unit Truck; 3 or more axles		(Not Licensed Weight)					
<input type="checkbox"/> Passenger Van (9+ W/Driver)		<input checked="" type="checkbox"/> Sport Utility Vehicle		<input type="checkbox"/> School Bus		<input type="checkbox"/> Construction Equip. Heavy Mach.		<input type="checkbox"/> Veh. Pulling Another Unit(s)		(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat. Placard Veh. Only)					
<input type="checkbox"/> Limousine (7-8 W/Driver)		<input type="checkbox"/> Limousine (9-15 W/Driver)		<input type="checkbox"/> Intercity		<input type="checkbox"/> Other Vehicle (Code)		<input type="checkbox"/> (Does not apply to Truck Tractors)							
<input type="checkbox"/> Motorized Bicycle		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Transit / Commuter		<input type="checkbox"/> Cargo Van		<input type="checkbox"/> Truck Tractor With No Units		<input type="checkbox"/> Less than or equal to 10,000 lbs.					
<input type="checkbox"/> To / From School		<input type="checkbox"/> Charter / Tour		<input type="checkbox"/> Other		<input type="checkbox"/> Pickup		<input type="checkbox"/> Truck Tractor With One Unit		<input type="checkbox"/> 10,001 - 26,000 lbs.					
						<input type="checkbox"/> 2 Wh		<input type="checkbox"/> Truck Tractor With Two Units		<input type="checkbox"/> Greater than 26,000 lbs.					
						<input type="checkbox"/> 3 Wh		<input type="checkbox"/> Truck Tractor With Three Units		<input type="checkbox"/> Unknown					
						<input type="checkbox"/> 4 Wh									
						<input type="checkbox"/> 5 Wh / More									
						<input type="checkbox"/> Unknown									
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA												CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA			
<input type="checkbox"/> Police		<input type="checkbox"/> Ambulance		<input type="checkbox"/> A. Emergency Vehicle on Emergency Run		<input type="checkbox"/> Congestion Ahead		<input type="checkbox"/> Other Incident Ahead							
<input type="checkbox"/> Fire		<input type="checkbox"/> Other (Must check "A" / "B")		<input type="checkbox"/> B. Stationary With Emergency Equip. Activated		<input type="checkbox"/> Crash Ahead		<input type="checkbox"/> Unknown (Explain)							
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)												ALCOHOL USE			
SEQUENCE OF EVENTS CODES		<input type="checkbox"/> Unknown		ANIMAL CODE(S)		FIXED OBJECT CODE(S)		<input type="checkbox"/> Yes		<input type="checkbox"/> Unk					
1	34	7	20					<input checked="" type="checkbox"/> No		<input type="checkbox"/> NA					
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None															
<input type="checkbox"/> Vehicle Defects (Explain)		<input type="checkbox"/> Vision Obstructed		<input type="checkbox"/> Failed To Dim Headlights		<input type="checkbox"/> Improper Towing / Pushing		<input type="checkbox"/> Object / Obstruction in Roadway							
<input type="checkbox"/> Speed - Exceeded Limit		<input type="checkbox"/> Driver Fatigue / Asleep		<input type="checkbox"/> Failed To Use Lights		<input type="checkbox"/> Improperly Stopped On Roadway		<input type="checkbox"/> Distracted / Inattentive (Designate Type)							
<input type="checkbox"/> Too Fast For Conditions		<input type="checkbox"/> Improper Signal		<input type="checkbox"/> Following Too Close		<input type="checkbox"/> Improper Lane Usage / Change		<input type="checkbox"/> Unknown (Explain)							
<input type="checkbox"/> Violation Signal / Sign		<input type="checkbox"/> Improper Backing		<input type="checkbox"/> Wrong Side (Not Passing)		<input type="checkbox"/> Overcorrected		<input type="checkbox"/> Other (Explain)							
<input type="checkbox"/> Failed To Yield		<input type="checkbox"/> Improper Turn		<input type="checkbox"/> Wrong Side (One-Way)		<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior		<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA							
<input type="checkbox"/> Alcohol		<input type="checkbox"/> Improper Passing		<input type="checkbox"/> Physical Impairment (Explain)		<input type="checkbox"/> Failed To Secure Load / Improper Loading		(See Codes in Section 8)							
<input type="checkbox"/> Drugs		<input type="checkbox"/> Improperly Parked		<input type="checkbox"/> Improper Start From Park		<input type="checkbox"/> Animal(s) In Roadway									
7E. WORK ZONE TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown												CONTROL MALFUNCTIONING/INOPERATIVE / MISSING			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Unknown		Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)									
Workers Present				Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus						<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)				<input type="checkbox"/> Unknown <input type="checkbox"/> NA					
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)												DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJEC-TION AIR BAG SAFETY DEVICES PHONE NUMBER			
NA															
NA															
NA															
NA															
NA															
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.															
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO												PHONE NUMBER <input type="checkbox"/> SAO			
COMMERCIAL / <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle												MC / MX / ICC NO. <input type="checkbox"/> USDOT NO			
NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle															
CARGO <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal												<input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other Unknown Body			
BODY <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log <input type="checkbox"/> Another Veh. Container Chassis															
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		PLACARD DISPLAYED 4-DIGIT NO.		CLASS		HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAZARDOUS MATERIAL NAME					

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS														
NO 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 2 BARTON, JOHNNY ANDREW 710 PARK ST FARMINGTON, MO 63840												PHONE NUMBER (573)760-6778		
DRIVER LICENSE / ID NUMBER X178004012		STATE MO	LIC STATUS □ NA	Valid □ Susp / Rev / Denied □ Canceled / Oth Invalid	Expired □ Disqual CDL □ Unknown	LIC TYPE □ CDL Class □ NA	Operator Class E □ CDL Class □ Intern / Grad	Permit □ MC Only □ Unlicensed	Unknown □ (Explain) □ Unlicensed	MC ENDORSEMENT □ Yes □ No □ NA □ Unknown (Explain)				
DATE OF BIRTH 09/21/1995		SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 9	SAFETY DEVICES 5	VISION □ NA	Not Obstructed □ Obstructed □ Windshield □ Load on Veh	Trees / Brush □ Building □ Embankment	Sign □ Hillcrest □ Parked Veh	Moving Veh □ Stopped Veh □ Glare	Other (Explain) □ Unknown (Explain)
PROOF OF INSURANCE ☒ Yes □ No □ Not Required		INSURANCE COMPANY SHELTER						PHONE NO. (Optional)			POLICY NUMBER 24198715911		□ Driver ☒ Vehicle	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ☒ SAD												PHONE NUMBER ☒ SAD		
YEAR 2015	MAKE NISSAN			MODEL ALTIMA				COLOR BLK	VEH. TYPE YEL	TOTAL NO. OF OCC 1				
LICENSE - PLATE NO. SN5M1L		STATE MO	YEAR 2017	VIN 1N4AL3APXFN301059				TOWED FROM SCENE ☒ Yes □ No		TOWED DUE TO DIS. DAMAGE ☒ Yes □ No				
VEHICLE DAMAGE (Mark all damaged areas) □ None / No Damage														
INITIAL IMPACT NO: □ NA 1		2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21		- Undercarriage - Windshield - Burned - Towed Unit (Explain)		22 - Cargo 23 - Unknown 24 - Other		TOWED BY IVES TOWING 314-605-9751 6209 WEST OUTER ROAD IMPERIAL, MO 63052						
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles □ Vehicle Used As Public Conveyance														
☒ Passenger Car □ Van (< 9 W/Driver) □ Passenger Van (9+ W/Driver) □ Sport Utility Vehicle □ Limousine (7-8 W/Driver) □ Limousine (9-15 W/Driver) □ Motorized Bicycle □ Pedalcycle □ To / From School		□ Small Bus (9-15 W/Driver) □ Large Bus (16+ W/Driver) → School Bus □ Intercity □ Transit / Commuter □ Charter / Tour □ Other		□ Motorcycle ATV 2 Wh 3 Wh 4 Wh 5 Wh / More Unknown		□ Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) Cargo Van Pickup Other Heavy Truck Unknown (Explain)		□ Single-unit Truck; 2 axles, 6 tires □ Single-unit Truck; 3 or more axles Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)		GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) □ Less than or equal to 10,000 lbs. □ 10,001 - 26,000 lbs. □ Greater than 26,000 lbs. □ Unknown				
EMERGENCY VEHICLE INVOLVEMENT □ NA		□ Police □ Ambulance □ Fire □ Other (Must check "A" / "B") →		□ A. Emergency Vehicle on Emergency Run □ B. Stationary With Emergency Equip. Activated		CONTRIBUTING TRAFFIC CONDITIONS □ NA		□ Congestion Ahead □ Crash Ahead □ Unknown (Explain)						
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES □ Additional Codes Listed in Narrative (See Codes in Section 8)														
SEQUENCE OF EVENTS CODES 1 8 7 17 34		□ Unknown		ANIMAL CODE(S)		FIXED OBJECT CODE(S)		ALCOHOL USE □ Yes ☒ No □ NA						
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES □ None														
□ Vehicle Defects (Explain) □ Speed - Exceeded Limit ☒ Too Fast For Conditions ☒ Violation Signal / Sign □ Failed To Yield □ Alcohol □ Drugs		□ Vision Obstructed □ Driver Fatigue / Asleep ☒ Improper Signal □ Improper Backing □ Improper Turn □ Improper Passing □ Improperly Parked		□ Failed To Dim Headlights □ Failed To Use Lights □ Following Too Close □ Wrong Side (Not Passing) □ Wrong Side (One-Way) □ Physical Impairment (Explain) □ Improper Start From Park		□ Improper Towing / Pushing □ Improperly Stopped On Roadway □ Improper Lane Usage / Change □ Overcorrected □ Improper Riding / Clinging To Veh. Exterior □ Failed To Secure Load / Improper Loading □ Animal(s) In Roadway		□ Object / Obstruction in Roadway □ Distracted / Inattentive (Designate Type) □ Unknown (Explain) □ Other (Explain)						
DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8)		NA												
7E. WORK ZONE □ Yes ☒ No □ Unknown		TRAFFIC CONTROL Electric: □ Green/Yellow/Red Other: □ Stop Sign Controls: □ Warning Sign / Device		□ None □ Unknown □ Flashing Red □ No Passing Zone □ Turn Restricted □ Railway Crossing Sign / Device		DATE OF BIRTH MM-DD-YYYY NA		CONTROL MALFUNCTIONING/INOPERATIVE / MISSING □ Yes (Explain) ☒ No □ Unknown □ NA						
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)		NA		NA		NA		NA						
NA		NA		NA		NA		NA						
NA		NA		NA		NA		NA						
NA		NA		NA		NA		NA						
7G. COMMERCIAL MOTOR VEHICLE ☒ NA		Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.												
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) □ SAO												PHONE NUMBER □ SAO		
COMMERCIAL / NON-COMMERCIAL □ Interstate Carrier □ Intrastate Carrier												□ Not In Commerce - Government Vehicle □ Not In Commerce - Other Vehicle	MC / MX / ICC NO.	USDOT NO.
CARGO BODY TYPE		□ Enclosed Box □ Cargo Tank	□ Flatbed □ Dump	□ Concrete Mixer □ Auto Transporter	□ Garbage / Refuse □ Grain / Chip / Gravel	□ Pole Trailer □ Log	□ Vehicle Towing Another Veh.	□ Intermodal Container Chassis	□ NA (No Cargo Body)	□ Other Unknown				
HAZARDOUS MATERIALS		PLACARD DISPLAYED □ Yes □ No □ Unknown	4-DIGIT NO.	CLASS	HM CARGO PRESENT □ Yes □ No □ Unknown	HM CARGO RELEASED □ Yes □ No □ Unknown	HAZARDOUS MATERIAL NAME							

8 - CODES

SEAT LOCATION	FR SR TR	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known		1. Fatal	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	2. Disabling	3. Not Deployed	2. Not Used	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	4. Removed	3. Shoulder Belt Only	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable - Not Apparent	5. Deployed - Front	4. Lap Belt Only	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	6. Deployed - Side	5. Shoulder and Lap Belt	5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	7. Deployed - Curtain	7. DOT Compliant	7. DOT Compliant	15. Other
RC - Rail Crew		N. NA	8. Deployed - Other	MC Helmet	8. No Helmet	U. Use Unknown
SV - Other (Explain in Narrative)			(Knee, Air Belt, etc.)			N. Not Applicable
NA - Not Applicable						

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	32. Collision Inv. Railway Veh.	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	33. Collision Inv. Animal (**)	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	
6. Making U-Turn	15. Avoiding	24. Immersion	34. Collision Inv. MV in Transport	41. Collision Inv. Working MV	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	35. Collision Inv. Parked MV	42. Downhill Runaway	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	36. Collision Inv. Fixed Object (**)	43. Fell/Jumped From MV	
9. Start In Traffic	18. Cross Road	27. Equipment Failure			

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
----------	-----------------	---------	------------------	------------

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

NARRATIVE

VEHICLE #1 WAS TRAVELING WEST ON OLD LEMAY FERRY ROAD. VEHICLE #2 WAS TRAVELING NORTH ON KNEFF ROAD. THIS CRASH OCCURRED AS VEHICLE #2 FAILED TO STOP FOR A STOP SIGN AT THE INTERSECTION OF KNEFF ROAD AND OLD LEMAY FERRY ROAD. VEHICLE #2 TRAVELED THROUGH THE STOP SIGN, AND STRUCK SOUTHBOUND VEHICLE #1 IN THE LEFT SIDE WITH ITS FRONT.

OLD LEMAY FERRY IS LOGGED AS A NORTH/SOUTH ROAD, BUT TRAVELS IN A EAST/WEST DIRECTION AT THIS LOCATION.

FLOYD, JACOB ANTHONY: DRIVER OF VEHICLE 1 STATEMENT

DRIVER #1 SAID HE WAS TRAVELING SOUTH ON OLD LEMAY FERRY ROAD. HE SAID VEHICLE #2 RAN THE STOP SIGN ON KNEFF ROAD AT THE INTERSECTION OF OLD LEMAY FERRY ROAD, AND STRUCK HIS VEHICLE IN THE LEFT SIDE.

BARTON, JOHNNY ANDREW: DRIVER OF VEHICLE 2 STATEMENT

DRIVER #2 SAID HE WAS TRAVELING NORTH ON KNEFF ROAD. HE SAID HE DID NOT SEE THE STOP SIGN AND FAILED TO STOP. HE SAID HE STRUCK THE LEFT SIDE OF VEHICLE #2.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
CPL M. WILLIAMS	1176	15	C
REVIEWING OFFICER NAME TPR A. MICHELS	DSN / BADGE NO. 1381	REVIEWING OFFICER 2 NAME .	DSN / BADGE NO.

MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 05

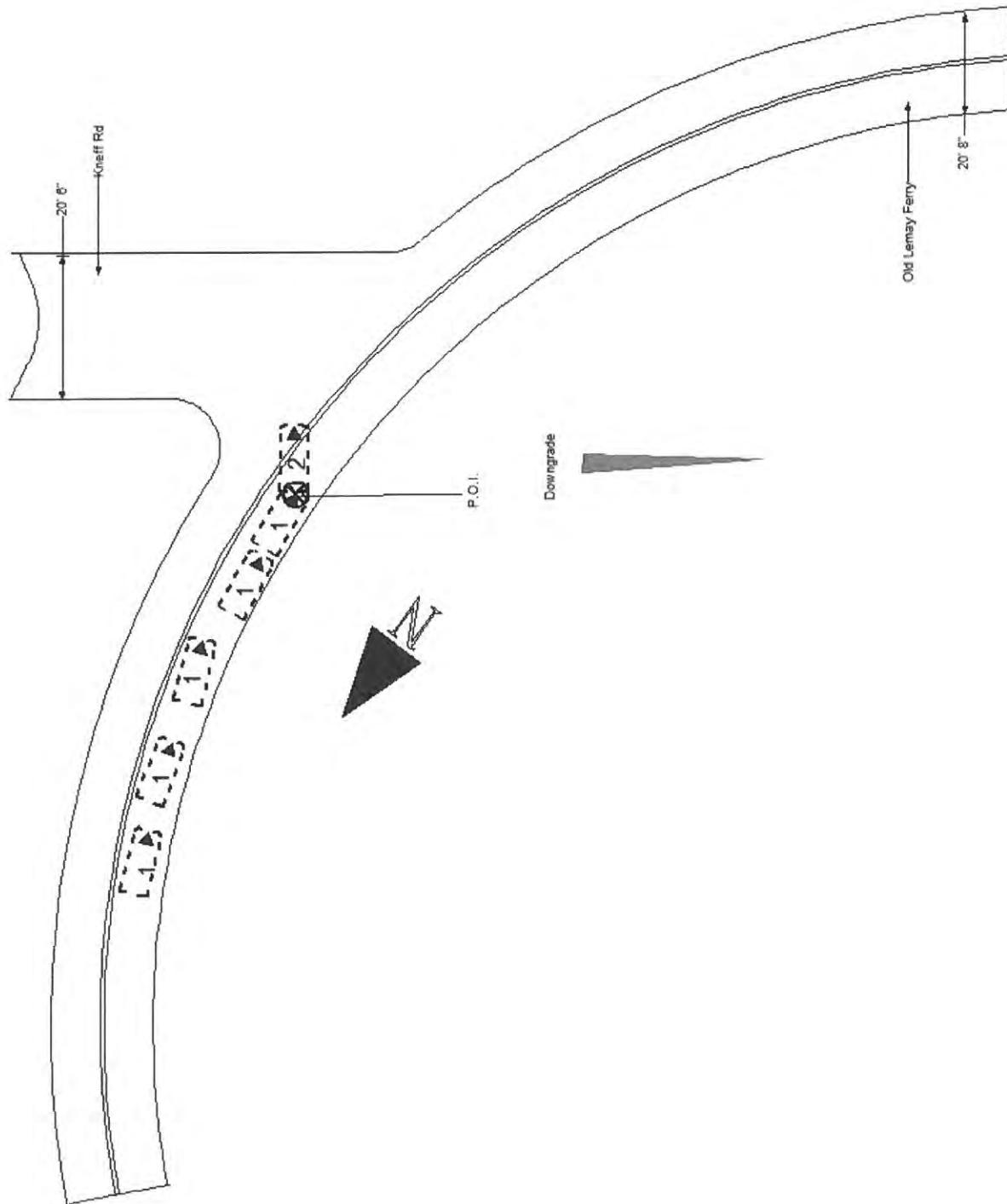
1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE							AGENCY NAME AND ORI MO0500000 ** JEFFERSON COUNTY SHERIFF OFFICE 400 FIRST STREET HILLSBORO, MO 63050					
LEFT THE SCENE			DRIVER NO		CLEARED		CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						<input checked="" type="checkbox"/>	0	0	1619168		
NO. VEH. INV.	CRASH DATE		CRASH TIME (MIL)		NOTIFIED DATE		TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE		
2	06/16/2016		1402		06/16/2016		1402	06/16/2016	1410	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING						DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
	<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fall/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo <input type="checkbox"/> (Set in motion by MV)	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unknown (Explain)			
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.												
1. Does this crash involve any of the following? 1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion. 1b. A person transported for medical attention; OR <input type="checkbox"/> Yes - Go to number 2. → 1c. A vehicle towed due to disabling damage. → 2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. 2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.												
EVIDENTIARY PHOTOS TAKEN		BY WHOM						AVAILABLE FROM	<input type="checkbox"/> Investigating Agency			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								AVAILABLE FROM	<input type="checkbox"/> Investigating Agency			
2 - LOCATION												
COUNTY 050-JEFFERSON		MUNICIPALITY 1207-IMPERIAL			BEAT / ZONE EZ	TRP/DIST/PCT E-1	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W					
ON CRD OLD LEMANY FERRY					RDWY. DIR. SOUTH	DISTANCE FROM	<input checked="" type="checkbox"/> NA Feet	LOCATION	INTERSECTING CRD KNEFF RD.			
SPEED LIMIT 30	ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				<input type="checkbox"/> Before Miles	<input type="checkbox"/> After <input checked="" type="checkbox"/> At	SPEED LIMIT 30	INT. DIR. E	GEO - CODE NA			
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown												
ROAD CONDITION <input checked="" type="checkbox"/> NA <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)						ROAD PROFILE <input type="checkbox"/> Level <input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)						
INTERSECTION TYPE <input type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)						WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)						
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)												
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)												
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None												
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE: <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality												
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative												
NAME _____ ADDRESS (Street, City, State, Zip) _____ PHONE NUMBER _____												
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian												
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)											PHONE NUMBER
DATE OF BIRTH		SEX	STRUCK BY VEH #:		INJ	TRANS- PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown	OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic			SCHOOL INFO <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)
CROSSING ROAD <input type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)												
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)				DISTRACTED / INATTENTIVE CODE(S)				<input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

6. COLLISION DIAGRAM

**Compass Direction
Before Crash Event(s)
(Circle One)**

V1 N E S W U **V2** N E S W U **V3** N E S W U **V4** N E S W U **V5** N E S W U **V6** N E S W U

INDICATE
NORTH



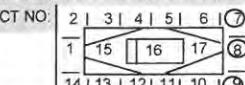
INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 CROMER, CALVIN M - 8550 SAGE CREEK, CEDAR HILL, MO, 63016												PHONE NUMBER 314-288-4025																																																					
DRIVER LICENSE / ID NUMBER A154360005		STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid	LIC STATUS <input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Unknown	LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> NA <input type="checkbox"/> Intern / Grad	MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)																																																											
DATE OF BIRTH 12/07/1999		SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> NA <input type="checkbox"/> Load on Veh	Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Building <input type="checkbox"/> Embankment	Moving Veh <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Glare <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown (Explain)																																																						
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY PROGRESSIVE				□ Expired		PHONE NO. (Optional) 800-274-4491		POLICY NUMBER 908090041		PHONE NUMBER SAD																																																					
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) CROMER, CALVIN & GR - 8550 SAGE CREEK, CEDAR HILL, MO, 63016																																																																	
YEAR 1999	MAKE DODGE	MODEL OTHR				COLOR WHITE		VEH. TYPE 01	TOTAL NO. OF OCC. 1																																																								
LICENSE - PLATE NO. 8DX349		STATE MO	YEAR 2017	VIN 1 B 7 K F 2 3 6 0 X J 5 0 6 4 6 6		TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																									
VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO: ② 3 4 5 6 7 ① 15 16 17 8 ③ 113 12 11 10 9 □ None / No Damage TOWED BY <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA																																																																	
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																																																																	
<table border="0"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck, 2 axles, 6 tires</td> <td>GVW / GCVW RATING (Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Van (< 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck, 3 or more axles</td> <td>(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Van (9+ W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)</td> <td><input checked="" type="checkbox"/> Less than or equal to 10,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Sport Utility Vehicle</td> <td></td> <td></td> <td><input type="checkbox"/> Other Vehicle (Code) _____</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> <td><input type="checkbox"/> 10,001 - 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Cargo Van</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> <td><input type="checkbox"/> Greater than 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td></td> <td></td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td></td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td></td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> To / From School</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>												<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck, 2 axles, 6 tires	GVW / GCVW RATING (Not Licensed Weight)	<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck, 3 or more axles	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)	<input type="checkbox"/> Passenger Van (9+ W/Driver)			<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	<input checked="" type="checkbox"/> Less than or equal to 10,000 lbs.	<input type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> 10,001 - 26,000 lbs.	<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> Greater than 26,000 lbs.	<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With Two Units		<input type="checkbox"/> Motorized Bicycle			<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Three Units		<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Unknown	<input type="checkbox"/> To / From School					
<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck, 2 axles, 6 tires	GVW / GCVW RATING (Not Licensed Weight)																																																												
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck, 3 or more axles	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)																																																												
<input type="checkbox"/> Passenger Van (9+ W/Driver)			<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	<input checked="" type="checkbox"/> Less than or equal to 10,000 lbs.																																																												
<input type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> 10,001 - 26,000 lbs.																																																												
<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> Greater than 26,000 lbs.																																																												
<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With Two Units																																																													
<input type="checkbox"/> Motorized Bicycle			<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Three Units																																																													
<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Unknown																																																												
<input type="checkbox"/> To / From School																																																																	
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA																																																																	
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA																																																																	
<input type="checkbox"/> Police <input type="checkbox"/> Fire		<input type="checkbox"/> Ambulance <input type="checkbox"/> Other (Must check "A" / "B")		<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated		<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead		<input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)																																																									
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 01 34																																																																	
ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA																																																																	
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																																																																	
<table border="0"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input checked="" type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td>DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table>												<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input checked="" type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading		<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																				
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway																																																													
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)																																																													
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input checked="" type="checkbox"/> Unknown (Explain)																																																													
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)																																																													
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)																																																													
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading																																																														
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																																																														
7E. WORK ZONE Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																																																																	
TRAFFIC CONTROL Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)																																																																	
Other <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus																																																																	
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																																																																	
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)																																																																	
DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER																																																								
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																																																	
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) □ SAO																																																																	
PHONE NUMBER □ SAO																																																																	
COMMERCIAL / <input type="checkbox"/> Interstate Carrier NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle																																																																	
MC / MX / ICC NO. USDOT NO.																																																																	
CARGO BODY <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal Container <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown																																																																	
CARGO TYPE <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log																																																																	
HAZARDOUS MATERIALS PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																																																																	
4-DIGIT NO.		CLASS	HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME																																																												

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 02 CAREY, STEVEN J - 6133 BROOKPARC DR, IMPERIAL, MO, 63052												PHONE NUMBER 314-852-6949																																																					
DRIVER LICENSE / ID NUMBER V183010002		STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown	EXPIRED <input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Intern / Grad	LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class _____ <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed	PERMIT <input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unknown (Explain)	UNKNOWN <input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (Explain)																																																									
DATE OF BIRTH 12/04/1993		SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> NA <input type="checkbox"/> Load on Veh	TREES / BRUSH <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Hillcrest <input type="checkbox"/> Embankment <input type="checkbox"/> Parked Veh	SIGN <input type="checkbox"/> Sign <input type="checkbox"/> Glare	MOVING VEH <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown (Explain)																																																					
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY AMERICAN FAMILY						PHONE NO. (Optional)		POLICY NUMBER 0314-8828-07-01-FPPA		DRIVER <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle																																																					
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) CAREY, STEVEN - 6133 BROOKPARC DR, IMPERIAL, MO, 63052												PHONE NUMBER SAD																																																					
YEAR 2004	MAKE FORD	MODEL F150						COLOR WHITE		VEH. TYPE 01	TOTAL NO. OF OCC. 2																																																						
LICENSE - PLATE NO. 8UR489		STATE MO	YEAR 2016	VIN 1 F T R X 1 4 W 8 4 N B 7 5 6 2 8						TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																						
VEHICLE DAMAGE (Mark all damaged areas)																																																																	
INITIAL IMPACT NO: <input type="checkbox"/> NA 8		<input type="checkbox"/> None / No Damage		TOWED BY TRIPLE A																																																													
		18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit		22 - Cargo 23 - Unknown 24 - Other (Explain)																																																													
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																																																																	
<table border="0"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td>GVW / GCVW RATING</td> </tr> <tr> <td><input type="checkbox"/> Van (< 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> <td>(Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Car (9+ W/Driver)</td> <td><input type="checkbox"/> School Bus</td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s)</td> <td><input type="checkbox"/> Veh. Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td><input type="checkbox"/> Sport Utility Vehicle</td> <td><input type="checkbox"/> Intercity</td> <td><input type="checkbox"/> Other Vehicle (Code) _____</td> <td><input type="checkbox"/> Does not apply to Truck Tractors)</td> <td><input type="checkbox"/> Less than or equal to 10,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td><input type="checkbox"/> Transit / Commuter</td> <td><input type="checkbox"/> Cargo Van</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> <td><input type="checkbox"/> 10,001 - 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td><input type="checkbox"/> Charter / Tour</td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> <td><input type="checkbox"/> Greater than 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> <td></td> </tr> <tr> <td colspan="12"><input type="checkbox"/> To / From School</td> </tr> </table>												<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING	<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)	<input type="checkbox"/> Passenger Car (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	<input type="checkbox"/> Veh. Tractors, or Haz Mat Placard Veh. Only)	<input type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> Does not apply to Truck Tractors)	<input type="checkbox"/> Less than or equal to 10,000 lbs.	<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> 10,001 - 26,000 lbs.	<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> Greater than 26,000 lbs.	<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Unknown	<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units		<input type="checkbox"/> To / From School											
<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING																																																												
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)																																																												
<input type="checkbox"/> Passenger Car (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	<input type="checkbox"/> Veh. Tractors, or Haz Mat Placard Veh. Only)																																																													
<input type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> Does not apply to Truck Tractors)	<input type="checkbox"/> Less than or equal to 10,000 lbs.																																																													
<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> 10,001 - 26,000 lbs.																																																													
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> Greater than 26,000 lbs.																																																													
<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Unknown																																																													
<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units																																																														
<input type="checkbox"/> To / From School																																																																	
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA																																																																	
<input type="checkbox"/> Police <input type="checkbox"/> Fire		<input type="checkbox"/> Ambulance <input type="checkbox"/> Other (Must check "A" / "B")		<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated		CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)																																																											
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																																																																	
SEQUENCE OF EVENTS CODES 01 08 05 34		<input type="checkbox"/> Unknown		ANIMAL CODE(S)		FIXED OBJECT CODE(S)		ALCOHOL USE																																																									
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None																																																																	
<table border="0"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td><input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> <td>(See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> <td></td> </tr> </table>												<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)	<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																				
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway																																																													
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)																																																													
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)																																																													
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)																																																													
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA																																																													
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	(See Codes in Section 8)																																																													
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																																																														
7E. WORK ZONE <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown																																																																	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown		ELECTRIC: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)		OTHER: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus		CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																																																									
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)										<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																																																							
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) LANGBECKER, JACOB M , MO																																																																	
				DATE OF BIRTH MM-DD-YYYY		SEX M	SEAT LOC FR	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	PHONE NUMBER 314-703-5870																																																				
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																																																	
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO																																																																	
COMMERCIAL / <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle																																																																	
MC / MX / ICC NO. <input type="checkbox"/> USDOT NO.																																																																	
CARGO BODY <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log		INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> Vehicle Towing Another Veh.		NA (No Cargo Body) <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Unknown		OTHER <input type="checkbox"/> Other																																																											
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		4-DIGIT NO. <input type="checkbox"/> CLASS		HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAZARDOUS MATERIAL NAME																																																							

8 - CODES		INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES		
SEAT LOCATION	FR SR TR FC SC TC FL SL TL	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet	10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
----------	-----------------	---------	------------------	------------

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

Sir,

The following is based on subjects involved in incident statements and my investigation.

D1 advised he was driving V1 southbound on Old Lemay Ferry. D1 said he drove around the corner at Old Lemay Ferry and Kneff Rd. and hit V2 in the rear end. D1 stated he did not see a blinker indicating that D2 was turning and had no time to react.

I observed significant damage to the front end of V1. V1 was towed from the scene by tow company which D1 contacted. D1 advised he had no injuries and did not need medical attention.

D2 stated he was driving southbound on Old Lemay Ferry. D2 said he turned on his left turning signal and slowed down to almost a complete stop due to it being hard to see around the corner at Old Lemay Ferry and Kneff Rd. D2 advised he began making his left turn when V1 came around the corner and hit V2 in the rear end. D2 stated when he was driving on Old Lemay Ferry V1 was not behind him so he believes V1 was driving at a fast rate of speed.

Occupant 1 which was in V2 advised D2 was driving southbound on Old Lemay Ferry. O1 said D2 slowed down to make a left onto Kneff Rd. O1 stated he is almost positive D2 turned his turn signal on. O1 advised as D2 was making a left onto Kneff Rd. V1 hit V2 in the rear end.

I observed significant damage to the rear end of V2. V2 was towed from the scene by Triple A. D2 stated he had no injuries and did not need medical attention. O1 said his neck was a little stiff because he was just recently in a vehicle accident but did not need medical attention and he would go to an urgent care on his own.

10. REPORTING AND REVIEWING OFFICER INFORMATION

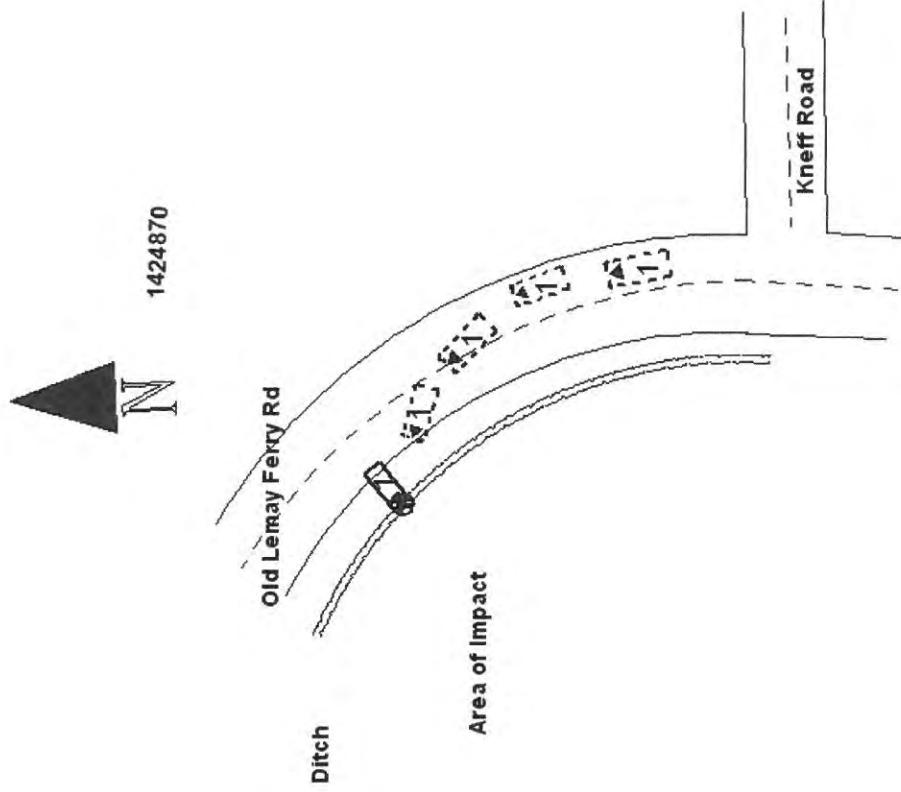
REPORTING OFFICER NAME GIBSON, MARC	DSN / BADGE NO. 00552	BEAT / ZONE EZ	TROOP / DISTRICT / PRECINCT E-1
REVIEWING OFFICER NAME TINDALL, PERRY	DSN / BADGE NO. 00046	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE					AGENCY NAME AND ORI MO0500000 JEFFERSON COUNTY SHERIFF OFFICE 400 FIRST STREET HILLSBORO, MO 63050						
LEFT THE SCENE		DRIVER NO.		CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Crash	<input type="checkbox"/> Collision	<input type="checkbox"/> 0	<input type="checkbox"/> 0	1424870			
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)		NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE			
1	08/16/2014	1334		08/16/2014	1334	08/16/2014	1345	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CRASH TYPE	ROADWAY	NON-COLLISION		COLLISION INVOLVING			DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE				
	<input checked="" type="checkbox"/> On Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Off Roadway <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Pedalcycle <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Non-Collision			<input type="checkbox"/> Animal <input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Working Motor Vehicle				
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.											
1. Does this crash involve any of the following? 1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion. 1b. A person transported for medical attention; OR <input checked="" type="checkbox"/> Yes - Go to number 2. → <input type="checkbox"/> No - No commercial vehicle fields need completion. 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes - Go to number 2. → <input type="checkbox"/> No - No commercial vehicle fields need completion.											
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR <input type="checkbox"/> No - No commercial vehicle fields need completion. 2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.											
EVIDENTIARY PHOTOS TAKEN		BY WHOM				AVAILABLE FROM		<input type="checkbox"/> Investigating Agency			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
RECONSTRUCTION		BY WHOM				AVAILABLE FROM		<input type="checkbox"/> Investigating Agency			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
2 - LOCATION											
COUNTY 050-JEFFERSON		MUNICIPALITY 9999-N/A		BEAT / ZONE EZ	TRP/DIST/PCT E-2	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W					
ON CRD OLD LEMAY FERRY RD		RDWY. DIR. NORTH		DISTANCE FROM 300 Feet — Miles		LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> NA <input type="checkbox"/> Before <input type="checkbox"/> NA <input type="checkbox"/> At <input type="checkbox"/> NA	INTERSECTING CRD KNEFF RD				
SPEED LIMIT 35		ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				SPEED LIMIT 35	INT. DIR. NA	GEO - CODE NA			
TRAFFICWAY		<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown				ROAD ALIGNMENT <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)				
INTERSECTION TYPE <input checked="" type="checkbox"/> NA		<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)				ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)					
ROAD SURFACE		<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)					
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)											
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None											
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality											
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative											
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER											
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian											
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)								PHONE NUMBER		
DATE OF BIRTH		SEX		STRUCK BY VEH #:		INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown	
CROSSING ROAD		<input type="checkbox"/> NA		OTHER ACTIONS		<input type="checkbox"/> NA / None	<input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	<input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)	
PROBABLE CONTRIBUTING CIRCUMSTANCES						<input type="checkbox"/> None		DISTRACTED / INATTENTIVE CODE(S)		<input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)											

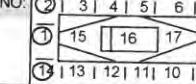
6. COLLISION DIAGRAM

Compass Direction
Before Crash Event(s)
(Circle One)

V1 N E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE
RTH

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 ROBERT, PETRA S - 6088 BROOK VIEW HEIGHTS, IMPERIAL, MO, 63052												PHONE NUMBER 6367510603										
DRIVER LICENSE / ID NUMBER UI133215003			STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown	EXPIRED <input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Unknown	LIC TYPE <input type="checkbox"/> Operator Class <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input checked="" type="checkbox"/> Interim / Grad	PERMIT <input type="checkbox"/> Permit <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed	UNKNOWN (EXPLAIN) <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)													
DATE OF BIRTH 01/02/1996	SEX F	SEAT LOC FL	INJ 5	TRANS-PORT I	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	TREES / BRUSH <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	SIGN <input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	MOVING VEH <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	OTHER (EXPLAIN) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)										
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			INSURANCE COMPANY AUTOMOBILE CLUB INTER-INSURANCE			PHONE NO (OPTIONAL) 3145237350			POLICY NUMBER A8-103885-1			<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle										
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ROBERT, WILLIAM B - 6088 BROOK VIEW HEIGHTS, IMPERIAL, MO, 63052												PHONE NUMBER 6366745091										
YEAR 2003	MAKE CHEVROLET	MODEL S10 PICKUP			COLOR RED			VEH. TYPE 01	TOTAL NO. OF OCC. 1													
LICENSE - PLATE NO. 1YR849		STATE MO	YEAR 2015	VIN 1 G C C S 1 4 H 3 3 8 2 4 7 2 8 7								TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. <input type="checkbox"/> NA 												<input type="checkbox"/> None / No Damage	TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA									
LEO'S B & T TOWING - Phone#: 636-942-3233 5711 OLD HWY 21 OTTO, MO 63051																						
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																						
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School			<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/>  <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other			<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/>  <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown			<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Cargo Van <input checked="" type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)			<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units		GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input checked="" type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown								
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA												CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA										
<input type="checkbox"/> Police <input type="checkbox"/> Fire			<input type="checkbox"/> Ambulance <input type="checkbox"/> Other (Must check "A" / "B") →			<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated			<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input checked="" type="checkbox"/> Unknown (Explain)													
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 05 17 21 36												ADDITIONAL CODES LISTED IN NARRATIVE (See Codes in Section 8)			ANIMAL CODE(S)	FIXED OBJECT CODE(S) 42	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA					
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																						
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input checked="" type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs												<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked			<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park			<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway			<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)	
																		DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)				
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA										
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)																				
Controls: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																				
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)												DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER		
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA												Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.										
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO												PHONE NUMBER <input type="checkbox"/> SAO										
COMMERCIAL / NON-COMMERCIAL		<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier			<input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle			<input type="checkbox"/> Not In Commerce - Rental Vehicle			MC / MX / ICC NO.			USDOT NO.								
CARGO TYPE		<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Cargo Tank			<input type="checkbox"/> Flatbed <input type="checkbox"/> Dump			<input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transporter			<input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log			<input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Another Veh.			<input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
HAZARDOUS MATERIALS		PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		4-DIGIT NO.		CLASS	HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAZARDOUS MATERIAL NAME											

8 - CODES

SEAT LOCATION	FR XX - Not Known	SR B - Pedalcycle	TR M - Motorcycle	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
CP - Commercial Passenger	FC OE - Occupant - Enclosed Load Area	SC OU - Occupant - Unenclosed Load Area	TC RC - Rail Crew	1. Fatal	1. None / NA	1. NA	1. None / NA	1. None
SV - Other (Explain in Narrative)	FL NA - Not Applicable	SL TL N. NA	2. Disabling	2. EMS	2. No	2. Partially	2. Deployed - Combination	2. Not Used
			3. Evident - Not Disabling	3. Other	3. U. Unknown	4. Totally	3. Not Deployed	3. Shoulder Belt Only
			4. Probable - Not Apparent	5. None Apparent	N. NA	U. Unknown	4. Removed	4. Lap Belt Only
				U. Unknown			5. Deployed - Front	5. Shoulder and Lap Belt
							6. Deployed - Side	6. DOT Compliant
							7. Deployed - Curtain	7. MC Helmet
							8. Deployed - Other (Knee, Air Belt, etc.)	8. No Helmet
								N. Not Applicable

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (***) require additional coding)

1. Going Straight 10. Start From Parked 19. Airborne 28. Separation Of Units 37. Collision Inv. Other Object (Explain)
 2. Overtaking 11. Backing 20. Ran Off Roadway - Right 29. Returned To Roadway 38. Other Non-collision
 3. Making Right Turn 12. Stopped In Traffic 21. Ran Off Roadway - Left 30. Collision Inv. Pedestrian 39. Collision Inv. Bicycle/Pedalcycle
 4. Right Turn on Red 13. Parked 22. Overturn / Rollover 31. Collision Inv. Bicycle/Pedalcycle
 5. Making Left Turn 14. Changing Lanes 23. Fire / Explosion 32. Collision Inv. Railway Veh.
 6. Making U-Turn 15. Avoiding 24. Immersion 33. Collision Inv. Animal (***)
 7. Skidding / Sliding 16. Cross Median 25. Jackknife 34. Collision Inv. MV in Transport 41. Collision Inv. Working MV
 8. Slowing / Stopping 17. Cross Center Of Road 26. Cargo Loss / Shift 35. Collision Inv. Parked MV 42. Downhill Runaway
 9. Start In Traffic 18. Cross Road 27. Equipment Failure 36. Collision Inv. Fixed Object (***) 43. Fell/Jumped From MV

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer 61. Farm Animal 62. Dog 63. Other Animal

U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing) 26. Culvert 32. Building 38. Bridge Rail 44. Wall
 21. Embankment / Driveway / Ground / Rock Bluff 27. Highway Traffic Sign Post / Support 33. Traffic Signal Support 39. Guardrail End 45. Cable Barrier
 22. Guardrail Face 28. Bridge Pier / Abutment / Support 34. Impact Attenuator / Crash Cushion 40. Other Traffic Barrier 46. Bridge Overhead Structure
 23. Utility Pole 29. Curb 35. Fire Hydrant 41. Overhead Sign Support 47. Overhead Line / Cable
 24. Fence 30. Mail Box 36. Other (Explain) 42. Ditch
 25. Street Light Support 31. Concrete Traffic Barrier 37. Bridge Parapet End 43. Other Post / Pole / Support
 U. Unknown

DISTRACTED / INATTENTIVE CODES

1. External Distraction 5. Communication Device - Hand-held 9. Eating / Drinking 13. Computer Equipment / Electronic Games / etc.
 2. Passengers 6. Communication Device - Hands Free 10. Reading 14. Adjusting Vehicle Controls
 3. Stereo / Audio / Video Equipment 7. Communication Device - Texting / E-mailing 11. Tobacco Use 15. Other (Explain)
 4. Navigation Device 8. Communication Device - Web Browsing 12. Grooming

VEHICLE TYPE CODES

1. Motor Vehicle In Transport 3. Working Motor Vehicle 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
 2. Parked Motor Vehicle 4. Pedalcycle U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor 3. Snowmobile 5. Animal Drawn Vehicle / Animal Ridden For Transportation
 2. Golf Cart 4. Forklift
 6. Low Speed Vehicle
 7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

Sir,

Driver 1 stated she was following the curve of the road when she hit a wet patch on the road and suddenly lost control of Vehicle 1, subsequently leaving the roadway and coming to rest in a roadside ditch.

I observed damage to Vehicle 1 in the form of a heavily damaged front bumper.

I have nothing further to report at this time. Any additional information will be submitted accordingly.

Respectfully submitted,

Deputy A. Gonzalez DSN 718

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
GONZALEZ, ALEXANDER	00718	EZ	E-2
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
BARKER, CHRISTOPHER	00413		

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE						AGENCY NAME AND ORI MO0500000 JEFFERSON COUNTY SHERIFF OFFICE 400 FIRST STREET HILLSBORO, MO 63050									
LEFT THE SCENE			DRIVER NO.		CLEARED		CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY		NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	0		0		1420310			
NO. VEH. INV.	CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)	INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE			
1	07/07/2014		1940		07/07/2014		1952	07/07/2014		2008		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CRASH TYPE	ROADWAY	NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE									
	<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	<input type="checkbox"/> Other (Explain)							
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.															
1. Does this crash involve any of the following?							2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:								
1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes - Go to number 2. →							10,000 lbs; OR 2a. A truck / cargo van with GVWR / GCVWR of more than 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.								
EVIDENTIARY PHOTOS TAKEN		BY WHOM					AVAILABLE FROM		<input type="checkbox"/> Investigating Agency						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
RECONSTRUCTION		BY WHOM					AVAILABLE FROM		<input type="checkbox"/> Investigating Agency						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
2 - LOCATION															
COUNTY 050-JEFFERSON		MUNICIPALITY 9999-N/A			BEAT / ZONE EZ	TRP/DIST/PCT E-2	GPS COORDINATES (DD MM SS.S FORMAT)		LAT: N LONG: W						
ON Old Lemay Ferry Road					RDWY. DIR. NA	DISTANCE FROM NA Feet Miles	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	INTERSECTING Kneff Road							
SPEED LIMIT 35	ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private Property <input type="checkbox"/> Other						SPEED LIMIT 30	INT. DIR. NA	GEO - CODE NA						
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane		<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier			<input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown (Explain)	ROAD ALIGNMENT <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input type="checkbox"/> Level <input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)								
INTERSECTION TYPE <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection		<input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Roundabout <input checked="" type="checkbox"/> Other (Explain)			ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)										
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)					WEATHER CONDITION <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input checked="" type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)										
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)															
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None															
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipality															
COUNTY OF JEFFERSON - County Road Sign -															
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative															
NAME		ADDRESS (Street, City, State, Zip)								PHONE NUMBER					
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian															
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)													PHONE NUMBER	
DATE OF BIRTH		SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island		<input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown					
CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown		OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)		SCHOOL INFO <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)							
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive		<input type="checkbox"/> None <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain)		DISTRACTED / INATTENTIVE CODE(S)		<input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							

6. COLLISION DIAGRAM

Compass Direction
Before Crash Event(s)
(Circle One)V1 N E S W V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W UINDICATE
ORTH

Not to scale



no shoulders

Kneff Road

Stop Sign

County Road Sign

Area Of Impact

no shoulders

Downgrade

Old Lemay
Ferry Road

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 BLAKE, JOSHUA R - 8155 LONESOME PINES, HILLSBORO, MO, 63050												PHONE NUMBER (636) 285-2487	
DRIVER LICENSE / ID NUMBER W183295005		STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> NA <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown	LIC STATUS <input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Unknown	LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class _____ <input type="checkbox"/> NA <input type="checkbox"/> Intern / Grad	Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unknown	Unknown (Explain) <input type="checkbox"/> MC Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (Explain)						
DATE OF BIRTH 07/07/1995		SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> NA <input type="checkbox"/> Load on Veh	Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	Other (Explain) <input type="checkbox"/> Unknown (Explain)
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY FARMERS				INSURANCE COMPANY <input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER <input type="checkbox"/> NA		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Vehicle	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input checked="" type="checkbox"/> SAD												PHONE NUMBER SAD	
YEAR 2004	MAKE VOLVO	MODEL S40								COLOR BLACK	VEH. TYPE 01	TOTAL NO. OF OCC. 1	
LICENSE - PLATE NO. FH2Z1E	STATE MO	YEAR 2015	VIN Y V I M S 3 8 2 8 4 2 0 2 3 8 1 1	TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE DAMAGE (Mark all damaged areas)												<input type="checkbox"/> None / No Damage	
INITIAL IMPACT NO: 2 3 4 5 6 7 <input type="checkbox"/> NA 8 												<input type="checkbox"/> Towed By <input type="checkbox"/> Unknown <input type="checkbox"/> NA	
LEO'S B & T TOWING - Phone#: 636-942-3233 5711 OLD HWY 21 OTTO, MO 63051													
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance													
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School		<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other		<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown		<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Single-unit Truck, 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck, 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units		GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown			
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA												CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Police <input type="checkbox"/> Fire		<input type="checkbox"/> Ambulance <input type="checkbox"/> Other (Must check "A" / "B") →		<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated		<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead		<input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)					
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)		SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 01 07 17 21 36		ANIMAL CODE(S)		FIXED OBJECT CODE(S) 27		ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA					
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None													
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs		<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked		<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park		<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway		<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)					
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown		DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Other <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)											
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)													
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA												Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.	
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO												PHONE NUMBER <input type="checkbox"/> SAO	
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle												MC / MX / ICC NO.	
												USDOT NO.	
CARGO BODY <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Log												Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		4-DIGIT NO		CLASS	HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME				

8 - CODES

SEAT LOCATION	FR SR TR XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
1. Fatal	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat		
2. Disabling	3. Not Deployed	2. Not Used	2. Not Used	11. Child Restraint - Forward Facing		
3. Evident - Not Disabling	4. Removed	3. Shoulder Belt Only	3. Shoulder Belt Only	12. Child Restraint - Rear Facing		
4. Probable - Not Apparent	5. Deployed - Front	4. Lap Belt Only	4. Lap Belt Only	13. Other Helmet		
5. None Apparent	6. Deployed - Side	5. Shoulder and Lap Belt	5. Shoulder and Lap Belt	14. Reflective Clothing		
U. Unknown	7. Deployed - Curtain	6. Air Bag Presence	6. MC Helmet	15. Other		
N. NA	8. Deployed - Other (Knee, Air Belt, etc.)	7. Unknown	7. No Helmet	U. Use Unknown		
				N. Not Applicable		

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
----------	-----------------	---------	------------------	------------

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES

1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES

1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

The weather at the time of this accident was cloudy, rain, and hail.

Driver #1 stated while traveling south on Old Lemay Ferry in vehicle #1, he lost control of the vehicle. Vehicle #1 left the roadway to the left and struck a county roadway sign. Vehicle #1 became lodged in a culvert.

I observed major damage to the exterior of vehicle #1.

Vehicle #1 was towed from the scene by Leo's Towing.

Driver #1 refused medical treatment at the scene.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME MOORE, MATTHEW	DSN / BADGE NO. 00574	BEAT / ZONE EZ	TROOP / DISTRICT / PRECINCT E-1
REVIEWING OFFICER NAME SCHUMER, SCOTT	DSN / BADGE NO. 00178	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

April 13, 2018

Mr. Jason Jonas
Director of Public Works
Jefferson County
725 Maple Street
Hillsboro, Missouri 63050

RE: Traffic Engineering Assistance Program
Old Lemay Ferry Road Corridor Study
Jefferson County, Missouri
CBB Job No. 11-18-1

Mr. Jonas:

CBB has completed a corridor study with a focus on safety for Old Lemay Ferry Road in Jefferson County, Missouri. This project was performed through the Traffic Engineering Assistance Program (TEAP), which is sponsored by the Missouri Department of Transportation in cooperation with the Missouri Division of Highway Safety and the Federal Highway Administration, U.S. Department of Transportation.

Old Lemay Ferry Road was designated as a priority route in the *County Strategic Highway Safety Plan for Jefferson County* study prepared by Leidos submitted in December 2013 to further study and implement measures to improve safety. In April 2016, CBB completed a Road Curve Inventory on Old Lemay Ferry Road. The main focus of that project was to review, document and evaluate the curves and the existing signs that are in place along Old Lemay Ferry Road and make recommendations to bring the curve designation signing into compliance. It is our understanding that the County has implemented the recommendations in the Road Curve Inventory with this study being a continuation of the County's efforts to improve safety on Old Lemay Ferry Road.

Jefferson County Public Works maintains 12.66 miles of Old Lemay Ferry Road through the unincorporated section of the county. This study includes an approximate 6.45 mile section of the roadway from the City of Arnold, Missouri city limits in the northeast section of the county south to State Route M, west of Barnhart, Missouri. The segment of Old Lemay Ferry Road from approximately Brenda Lane to Double Tree Drive is excluded from this study as it is currently being addressed under a separate improvement project. The study area is depicted in **Exhibit 1**.

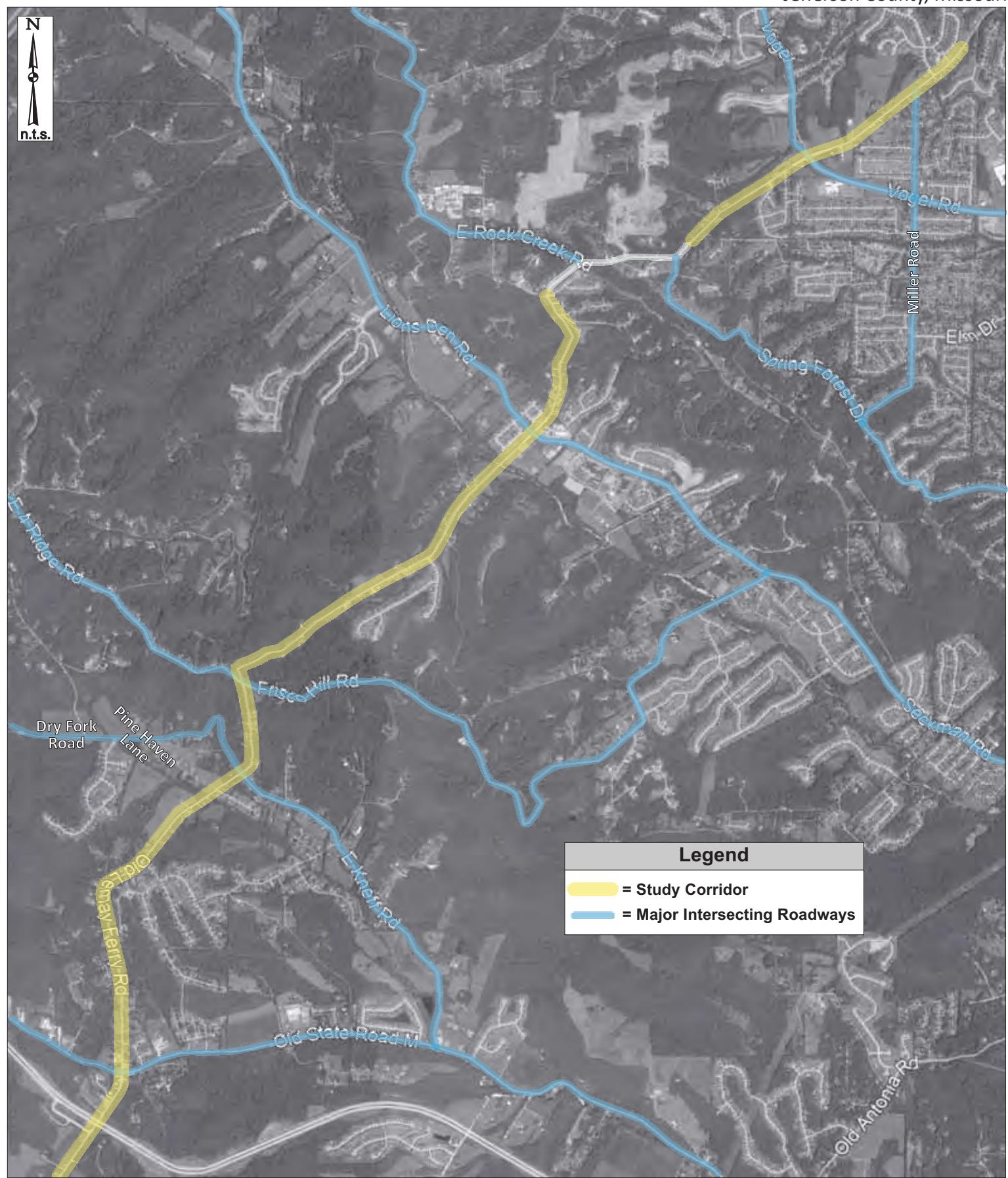


Exhibit 1: Study Area

Job# 011-18-1
03/20/18



EXISTING ROADWAY, SPEED AND TRAFFIC COUNT CHARACTERISTICS

Roadway System: Old Lemay Ferry Road is a two-lane roadway that runs generally north-south, between Highway 21 and I-55, through Jefferson County. North of Seckman Road, Old Lemay Ferry Road is designated as a minor arterial; and south of Seckman Road, it is designated as a major collector. Old Lemay Ferry Road is generally 22 to 24 feet in width. Shoulders are not provided along the roadway. The posted speed limit is 40 miles per hour (mph). Neither sidewalks, nor bicycle facilities, are provided along the roadway. There is open ditch drainage with vertical drops offs right at the edge of the pavement, not providing any forgiveness for motorists tracking slightly out of their lane. The roadway is marked with four inch solid white edge lines and a four inch double solid yellow centerline.

The intersections of Old Lemay Ferry Road with Miller Road, Seckman Road, and Old Highway M are All-Way STOP controlled. Northbound and southbound left-turn lanes are provided on Old Lemay Ferry Road at Seckman Road. The intersection of Old Lemay Ferry Road and Vogel Road is controlled by a traffic signal. The eastbound, westbound and southbound approaches consist of a left-turn lane and a shared through/right-turn lane, while the northbound approach consists of a shared left-turn/through lane and a right-turn lane. The existing traffic control along the corridor and the posted speed limits on Old Lemay Ferry Road, as well as the major intersecting routes are shown in **Exhibit 2**.

Speed Data: The legal posted speed limit along Old Lemay Ferry Road, within unincorporated Jefferson County, is 40 mph. Within the City of Arnold, Missouri the route is posted at 30 mph. There are over 20 signed speed advisory curves and turns along the County maintained portion of this corridor that are signed from 20-35 mph. The approximate segments of roadway signed with a lower advisory speed than 40 mph are shown in **Exhibit 3**.

Jefferson County Public Works collected speed data at four (4) locations along Old Lemay Ferry Road and provided summary data detailing the average and 85th percentile speed for each location, with the 85th percentile representing the speed at which 85 percent of the motorists are traveling at or below. The speed data provided by the County is summarized in **Exhibit 4**.

Based on the County's machine count data, the 85th percentile speed on Old Lemay Ferry Road typically ranged from 48 to 53 mph which is 8 to 13 mph over the posted speed limit of 40 mph. The average speed typically ranged from 41 to 47 mph which is 1 to 7 mph over the posted speed limit.

Existing Traffic Volumes: Jefferson County Public Works collected machine count data at the same four (4) locations along Old Lemay Ferry Road in December 2017. The machine count data was collected for a period of three weekdays (Tuesday to Thursday). Manual, turning movement traffic counts were also collected by the County at East Four Ridge Road and at Kneff Road during the PM commuter peak period. The average daily traffic (ADT) and PM peak hour counts provided by the County are summarized in **Exhibit 5**.

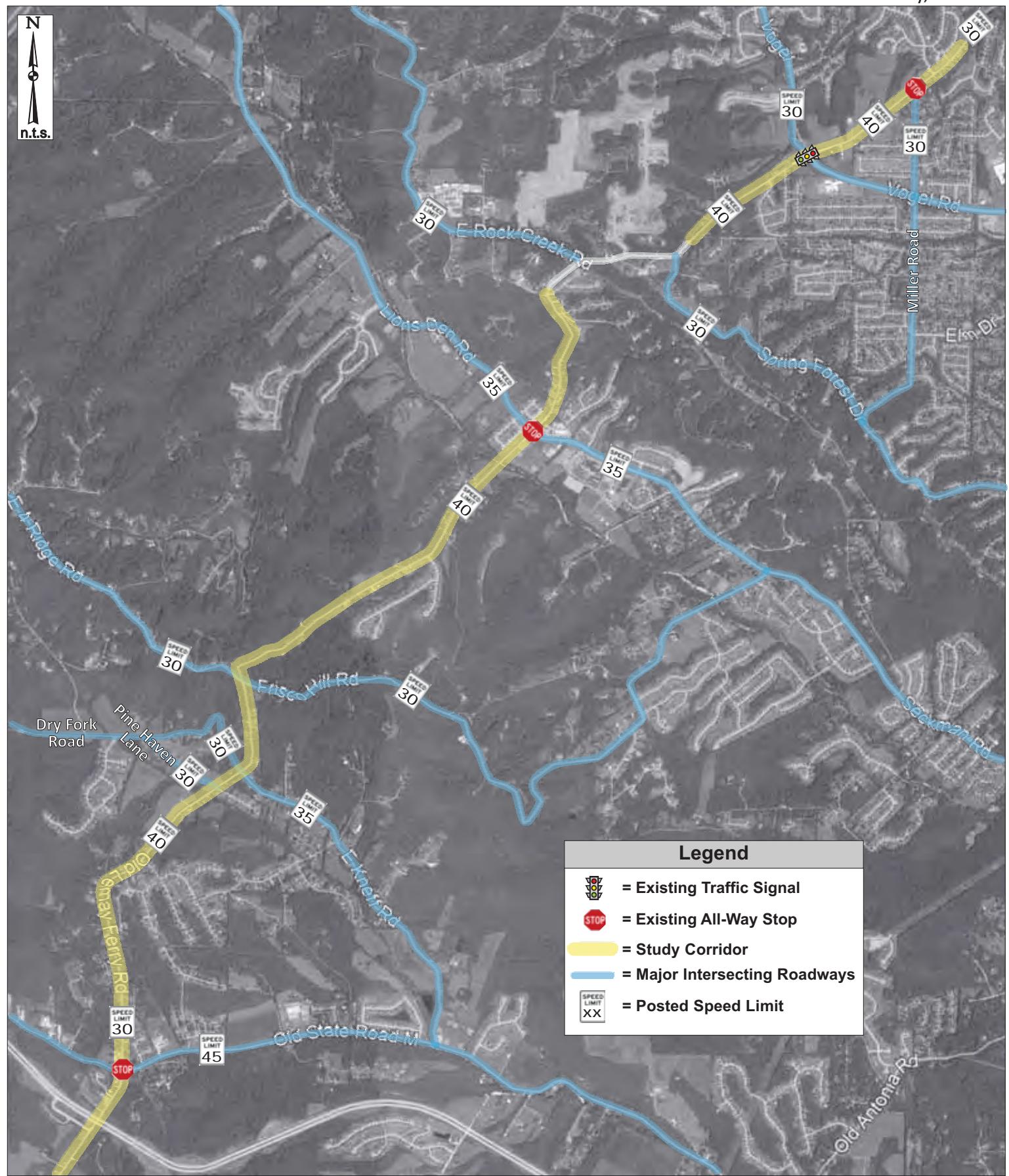


Exhibit 2: Posted Speed and Traffic Control

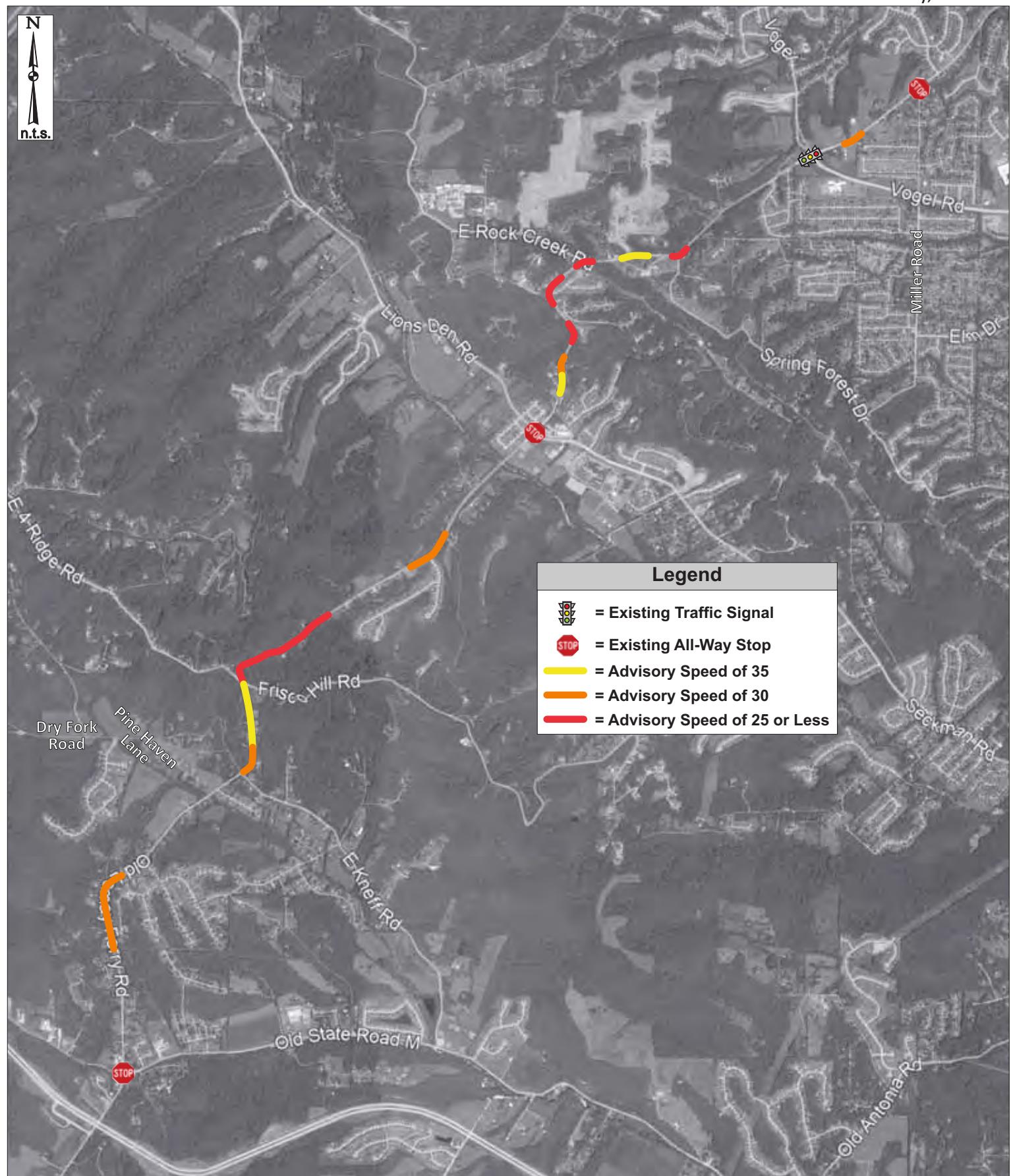


Exhibit 3: Curve Advisory Speeds

Job# 011-18-1
03/20/18

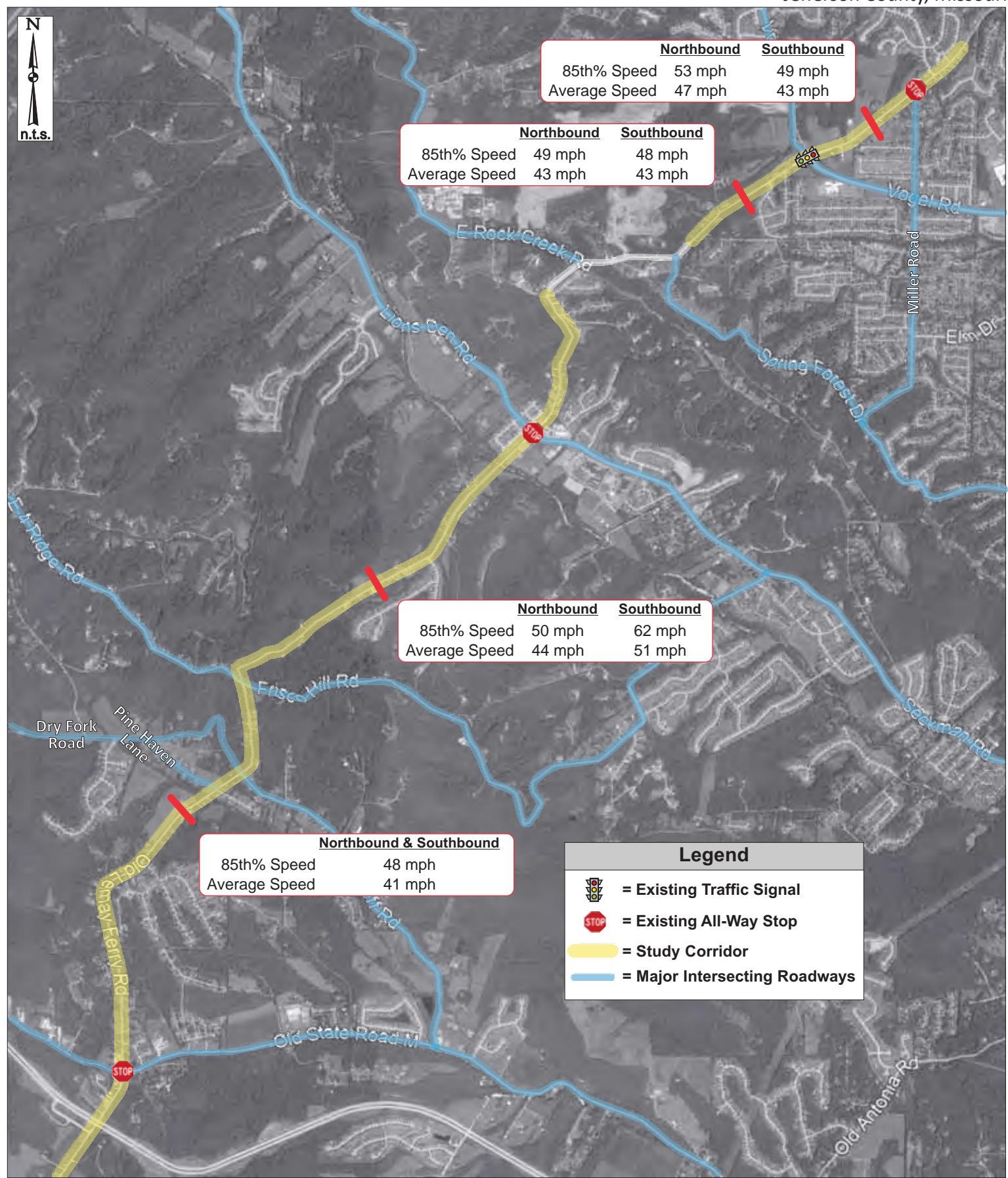


Exhibit 4: Speed Data Summary

Job# 011-18-1
03/20/18

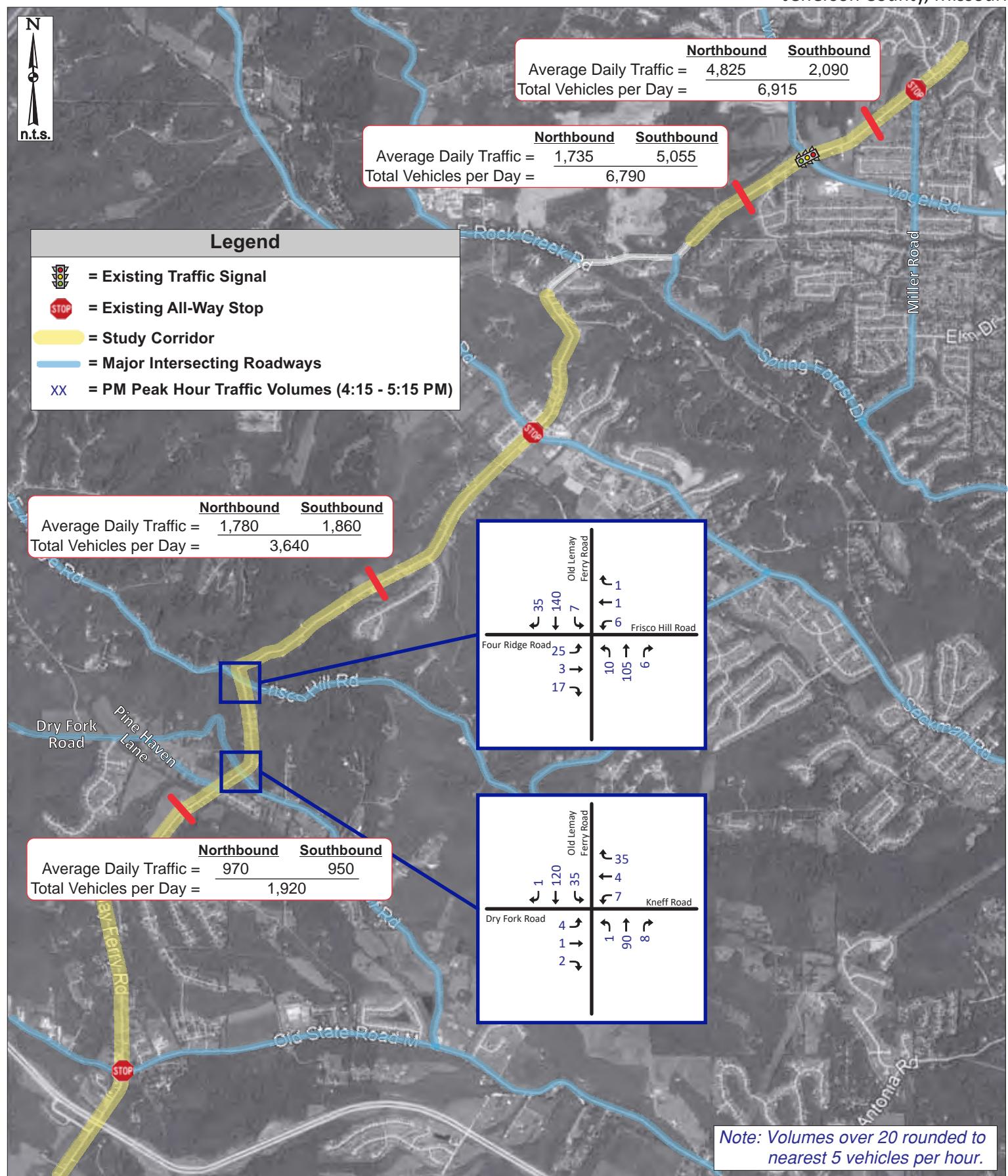


Exhibit 5: Existing Traffic Volume Summary



The average daily traffic (ADT) on Old Lemay Ferry Road north of Vogel Road was approximately 6,915 vehicles per day (vpd) and south of Vogel Road was approximately 6,790 vpd. The ADT on Old Lemay Ferry Road south of Seckman Road was approximately 3,640 vpd, while the ADT south of Pine Haven Lane was approximately 1,920 vpd.

Based on the PM commuter peak period traffic data collected, the PM peak hour occurred between 4:15 and 5:15 p.m. with a two-way traffic volume of 315 vehicles per hour (vph) north of East Four Ridge Road. Due to the proximity of I-55 access to the north of the study area, traffic flows along the section of Old Lemay Ferry Road north of Seckman Road are predominately northbound in the morning and southbound in the afternoon. The traffic flows along the section of Old Lemay Ferry Road south of Seckman Road are more balanced between northbound and southbound.

Existing Sight Distance: The sight distance at the intersections of Old Lemay Ferry Road with East Four Ridge Road/Frisco Hill Road and with Kneff Road/Dry Fork Road was investigated in the field with respect to the guidelines published in *A Policy on Geometric Design of Highways and Streets* published by the American Association of State Highway and Transportation Officials (AASHTO), commonly referred to as the *Green Book*. Adequate sight distance is necessary at intersections to allow drivers to perceive potentially conflicting vehicles and allow those motorists sufficient time to adjust their speed to avoid a collision or make a choice of when to cross or enter the mainline traffic flow. All drivers approaching or stopped at the intersection should have an unobstructed view of the entire intersection so that potential collisions can be avoided.

The *Green Book* method incorporates the design speed of the major road and the required gap time for a minor road vehicle to enter or cross the major road to define the minimum safe distance for entrance visibility. The intersection sight distance (ISD) is computed according to the following formula:

$$ISD = 1.47 * \text{Design Speed (mph)} * \text{Design Gap (sec)}$$

The design speed is generally assumed to be the posted speed limit plus 5 mph, unless detailed speed study data is available. Although the 85th percentile speed on Old Lemay Ferry Road is closer to 50 mph in the straight segments, the roadway characteristics near the two noted cross streets limits the speeds to closer to 35 to 40 mph. Thus, a design speed of 40 mph was used for the sight distance evaluations. The minimum acceptable gap time for a passenger car is typically assumed to be 7.5 seconds. Based on these criteria, the recommended Intersection Sight Distance on Old Lemay Ferry Road is 445 feet.

The stopping sight distance for vehicles traveling on Old Lemay Ferry Road approaching the East Four Ridge Road/Frisco Hill Road and Kneff Road/Dry Fork Road intersections was also investigated in the field and compared to guidelines published in the *Green Book*. The *Green Book* method incorporates the design speed and the grade of the major road, as well as the deceleration rate of the traveling vehicle to define the minimum stopping distance for vehicles traveling on the major roadway. Based on a design speed of 40 mph and an approximate 6%

upgrade, the minimum stopping sight distance required on Old Lemay Ferry Road is 280 feet approaching East Four Ridge Road/Frisco Hill Road. Based on a design speed of 40 mph and an approximate 6% downgrade, the minimum stopping sight distance required for southbound Old Lemay Ferry Road is 335 feet approaching Kneff Road/Dry Fork Road.

Stopping Sight distance is one of several types of sight distance used in road design. It is the minimum distance a vehicle driver needs to be able to see to have room to stop before colliding with something in the roadway, such as a stopped vehicle, animal, or road debris. Insufficient stopping sight distance can adversely affect the safety or operations of a roadway or intersection.

East Four Ridge Road/Frisco Hill Road: When measuring sight distance, the driver's eye for the side street vehicle is typically assumed be 14 feet back from the edge of pavement. At this particular intersection, motorists were observed pulling up closer to get a better view. As such, the driver's eye for the side street was measured approximately 10 feet back from the edge of pavement. Photos of the sight distance looking both north and south from East Four Ridge Road are shown in **Figure 1**.



Looking North



Looking South

Figure 1: Sight Distance for East Four Ridge Road at Old Lemay Ferry

Based on field measurements, the intersection sight distance looking north from East Four Ridge Road is about 300 feet and looking south is about 295 feet, both of which are well below the required 445 feet intersection sight distance.

Based on field measurements, the stopping sight distance for a vehicle traveling southbound approaching East Four Ridge Road is about 280 feet and for a vehicle traveling northbound approaching East Four Ridge Road is about 320 feet, both of which are at or just over the recommended minimum stopping sight distance of 280 feet.

The sight distance looking north from East Four Ridge Road is restricted by dense trees, a berm and the existing vertical curve. The sight distance looking south from East Four Ridge Road is primarily restricted by dense trees and vegetation.

Photos of the sight distance looking both north and south from Frisco Hill Road are shown in **Figure 2**.



Looking North



Looking South

Figure 2: Sight Distance for Frisco Hill Road at Old Lemay Ferry

Based on field measurements, the intersection sight distance looking north from Frisco Hill Road is about 265 feet which is well below the required 445 feet. The intersection sight distance looking south from Frisco Hill Road is about 535 feet which exceeds the recommended intersection sight distance of 445 feet.

Based on field measurements, the stopping sight distance for a vehicle traveling southbound approaching Frisco Hill Road is about 220 feet which is below the minimum stopping sight distance of 280. The stopping sight distance for a vehicle traveling northbound approaching Frisco Hill Road is about 525 feet which exceeds the minimum stopping sight distance of 280 feet.

The sight distance looking north from Frisco Hill Road is restricted by dense trees and the existing vertical curve.

Kneff Road/Dry Fork Road: Based on the observed use, the driver's eye for the side street was again measured approximately 10 feet back from the edge of pavement. Photos of the sight distance looking both north and south from Kneff Road are shown in **Figure 3**.

Based on field measurements, the intersection sight distance looking north from Kneff Road is about 320 feet which is well below the required 445 feet. The intersection sight distance looking south from Kneff Road is about 465 feet which exceeds the recommended intersection sight distance of 445 feet.

Based on field measurements, the stopping sight distance for a vehicle traveling southbound approaching Kneff Road is about 300 feet which is below the minimum stopping sight distance of 335.

The sight distance looking north from Kneff Road is restricted by dense trees and the existing horizontal curve.



Looking North



Looking South

Figure 3: Sight Distance for Kneff Road at Old Lemay Ferry

Photos of the sight distance looking both north and south from Dry Fork Road are shown in **Figure 4.**



Looking North



Looking South

Figure 4: Sight Distance for Dry Fork Road at Old Lemay Ferry

Based on field measurements, the intersection sight distance looking north from Dry Fork Road is about 235 feet which is well below the required 445 feet. The intersection sight distance looking south from Dry Fork Road is over 1,000 feet.



Based on field measurements, the stopping sight distance for a vehicle traveling southbound approaching Dry Fork Road is about 265 feet which is below the minimum stopping sight distance of 335 feet.

The sight distance looking north from Dry Fork Road is restricted by dense trees and the existing horizontal curve.

EXISTING CRASH DATA

Historical Crash Data: Crash data for the years 2012 through 2016 were provided by Jefferson County along Old Lemay Ferry Road in an attempt to determine any safety performance issues. Crash data was analyzed for a 6.45 mile section of Old Lemay Ferry Road between the City of Arnold, Missouri city limits and Old Route M. The segment of Old Lemay Ferry Road from approximately Brenda Lane to Double Tree Drive was excluded from the crash evaluations for the reasons noted above.

There were a total 126 crashes in the five years from 2012 to 2016 excluding the previously mentioned segment. Specifically, 30, 22, 23, 22, and 29 crashes occurred in 2012, 2013, 2014, 2015, and 2016, respectively. Of the total crashes reported along the corridor, there were 0 fatal crashes (0.0%), 25 crashes (19.8%) that resulted in injuries, with the largest majority (101 crashes or 80.2%) reported as property damage only, see **Figure 5**.

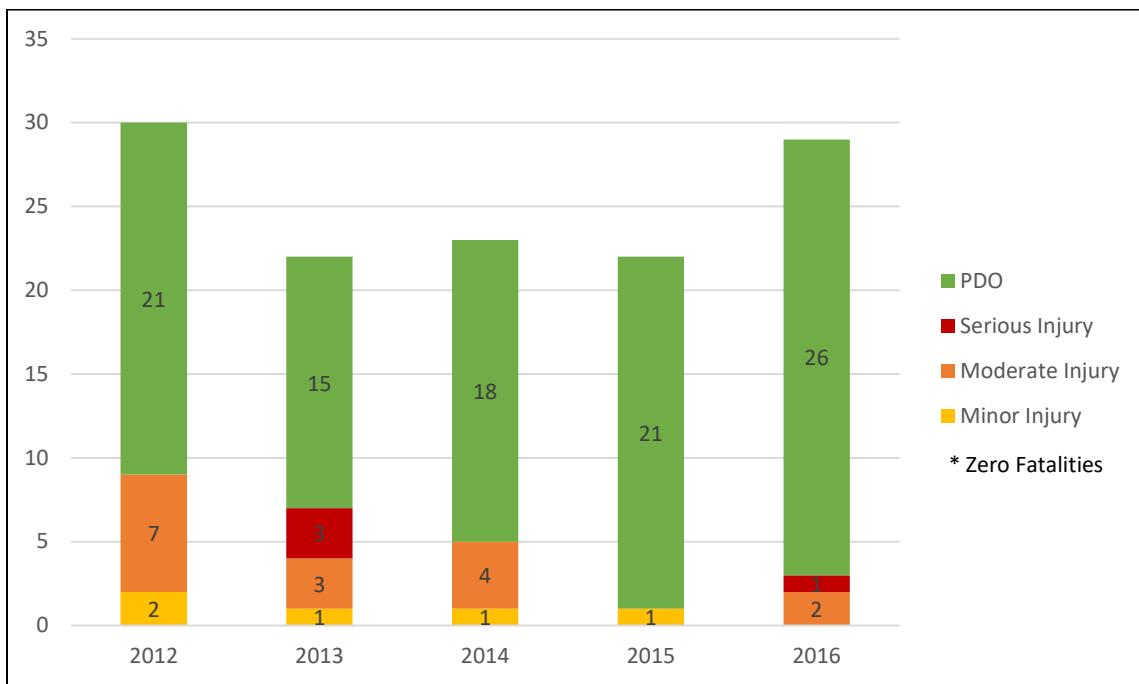


Figure 5: Total Crashes Along Old Lemay Ferry Road Corridor (2012-2016)

Of the injury crashes, four (4) of the injuries were serious injuries, 16 were moderate injuries, and five (5) were minor injuries. Three of the four severe injuries were due to loss of control, and the fourth crash was a rear end due to a car stopped in the road. Only one of the loss of control injury crashes was in wet conditions.

Overall, 76% of the crashes occurred on nice weather days, leaving 24% of crashes occurring during inclement (wet, snow, or ice/frost) weather conditions. Overall, 63% of crashes occurred during daylight hours and 37% occurred during dark or unknown light conditions.

After analyzing the crash data over the five year period, it is evident that off the road, rear end, and angle crashes are the most prominent types of crashes. In all, 89% of the crashes were identified as off the road (50%), rear end (21%), and angle (18%), see **Figure 6** and **Table 1**.

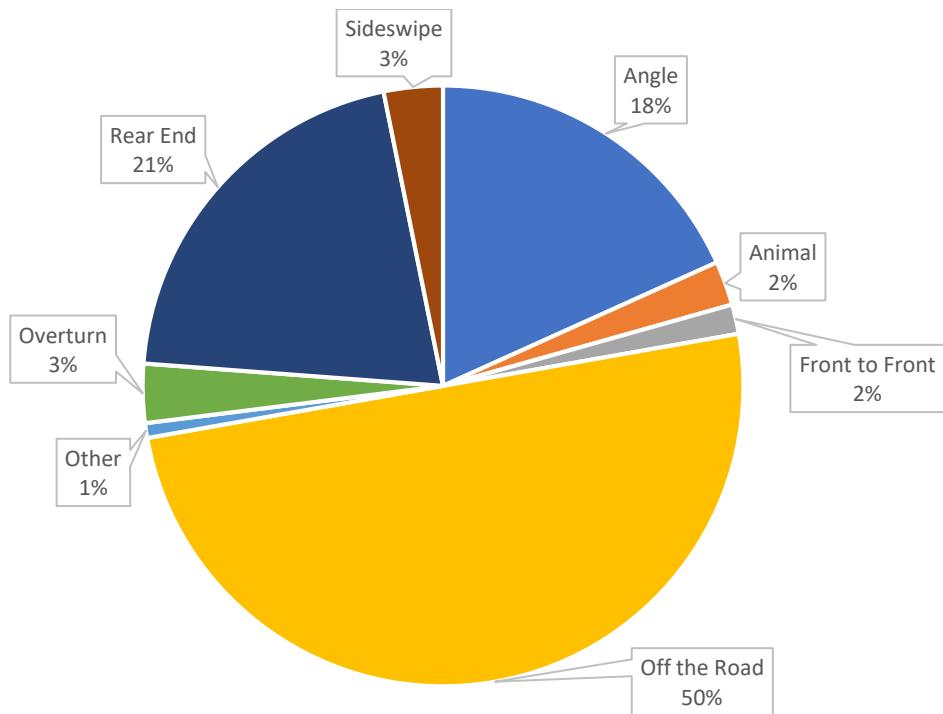


Figure 6: Type of Crashes Along Old Lemay Ferry Road Corridor

Table 1: Type of Crashes Along Old Lemay Ferry Road Corridor

TYPE OF CRASH	SEVERITY OF CRASH					
	PROPERTY DAMAGE ONLY	MINOR INJURY	MODERATE INJURY	SERIOUS INJURY	FATAL	TOTAL
Off the Road	48	4	10	1	0	63
Rear End	24	0	1	1	0	26
Angle	19	1	3	0	0	23
Overturn	2	0	0	2	0	4
Sideswipe	4	0	0	0	0	4
Animal	3	0	0	0	0	3
Head On	0	0	2	0	0	2
Other	1	0	0	0	0	1
Grand Total	101	5	16	4	0	126

Based on the preliminary findings of the crash summaries, the intersections with the most total crashes along Old Lemay Ferry Road are East Four Ridge Road/Frisco Hill Road, Seckman Road/Lions Den Road, and Vogel Road with 29% of the total crashes, 11%, and 10%, respectively. However, it is important to note that most of the crashes assigned to the respective intersections did not actually occur at the intersections, but rather on the approach segments on either side of the intersections. **Figure 7** depicts the locations where the crashes occurred along the corridor. **Table 2** illustrates the number of crashes as it relates to severity at each location along the corridor. East Four Ridge Road/Frisco Hill Road had 23 (62.2%) run-off-road crashes, 7 angle crashes (18.9%), and 4 rear end crashes (10.8%). Seckman Road/Lions Den Road had 8 run-off-road crashes (57.1%) and 2 rear end crashes (14.3%). Finally, Vogel Road had 5 run-off-road crashes (38.5%), 4 rear end crashes (30.8%), and 3 angle crashes (23.1%).

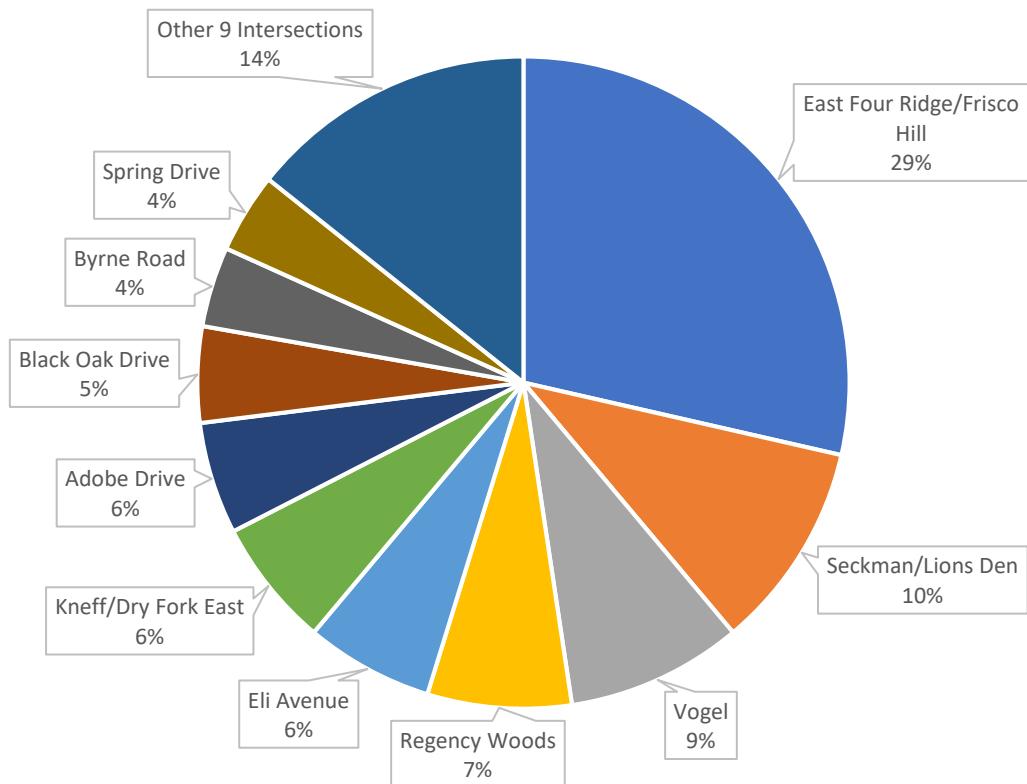


Figure 7: Location of Crashes Along Old Lemay Ferry Road Corridor



Table 2: Old Lemay Ferry Road Crash Data Summary (2012-2016)

LOCATION OF CRASH	SEVERITY OF CRASH					
	PROPERTY DAMAGE ONLY	MINOR INJURY	MODERATE INJURY	SERIOUS INJURY	FATAL	TOTAL
East Four Ridge/Frisco Hill	29	4	3	0	0	36
Seckman/Lions Den	11	0	2	0	0	13
Vogel	10	0	0	1	0	11
Regency Woods	7	0	2	0	0	9
Eli Avenue	7	0	1	0	0	8
Kneff/Dry Fork East	5	1	0	2	0	8
Adobe Drive	6	0	1	0	0	7
Black Oak Drive	5	0	1	0	0	6
Byrne Road	4	0	1	0	0	5
Spring Drive	3	0	2	0	0	5
Miller	2	0	2	0	0	4
Sherri Lane/Double Tree	4	0	0	0	0	4
Imperial Hills Drive	3	0	0	0	0	3
Pine Haven Lane	1	0	0	1	0	2
Brenda Lane	1	0	0	0	0	1
Old Hwy M	1	0	0	0	0	1
Pin Oak Drive	0	0	1	0	0	1
Route M	1	0	0	0	0	1
Windy Acres	1	0	0	0	0	1
Grand Total	101	5	16	4	0	126

Detailed Crash Reports at Higher Crash Locations: Based on the crash summary data provided by the County, detailed crash reports were requested for the top seven (7) intersections to better evaluate safety performance issues along Old Lemay Ferry Road at those higher crash locations. The crash reports were provided by Jefferson County, consisting of 90 available reports out of 126 of the total crashes. **Exhibit 6** depicts the crash locations (segment versus intersection) for the 90 crash reports reviewed at the top seven crash areas along the corridor.

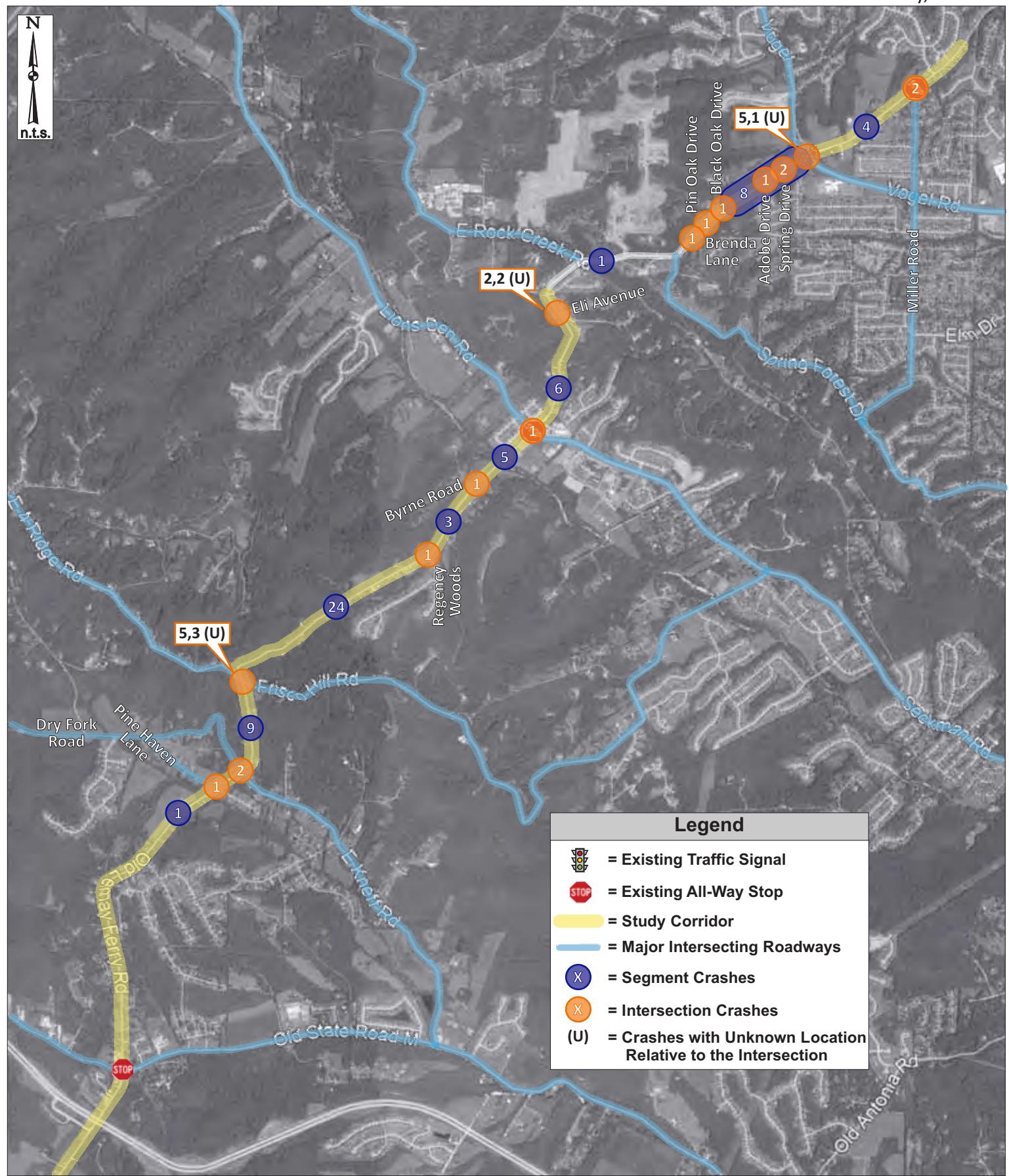


Exhibit 6: Crash Data Summary



After analyzing the detailed crash reports over five years, it is evident that the most prominent contributing factors to crashes are due to loss of control and inattentiveness. In all, 71% of the crashes were identified as loss of control (49%) and inattentive (22%), see **Figure 8** and **Table 3**. 56.8% of the loss of control crashes were noted as occurring on wet pavement and 86.4% of loss of control crashes occurred on the segments to the north or south of these intersections, not at the intersection the crash was assigned to. Vehicles in these crashes hit trees (22.7%), other vehicles (15.9%), and utility poles (11.4%), among other objects. 65% of crashes due to inattentiveness occurred at the intersection. Many of these crashes involved drivers failing to see a preceding vehicle slowing down.

Looking more closely at the location where these crashes occurred in relation to the assigned intersection, East Four Ridge Road/Frisco Hill Road and Vogel Road have the highest number of crashes overall at 40% and 12.2%, respectively. Specific values can be seen in **Table 4**.

The following is a summary of the seven (7) priority locations and the relevant findings found in the detailed crash reports.

East Four Ridge Road/Frisco Hill Road: There were 36 crashes near East Four Ridge Road/Frisco Hill Road. 19 of the 36 crashes were noted to have occurred on wet/snowy pavement. All but two of these wet pavement crashes were due to loss of control. Of the 36 crashes, 22 were run-off-road, 7 were angle (often due to out of control), and four (4) were rear ends.

Of the 36 crashes, 25 (67.6%) of the crashes had a main contributing factor of loss of control. Many of these loss of control crashes occurred north of the intersection (19 crashes or 76%), followed by three (3) crashes (12%) south of the intersection, and only one (1) crash (4%) at the intersection itself. The segment of road north of East Four Ridge Road/Frisco Hill Road has several curves and is a fairly steep downgrade heading north.

On the north side of the intersection, 15 crashes were from vehicles headed northbound and nine (9) were from vehicles headed southbound with the majority being from loss of control. Of the seven (7) angle crashes, all but one (1) was north of the intersection; four (4) were due to loss of control and in five (5) of these crashes, the vehicle crossed the centerline and hit the opposing vehicle.

With the inattentive crashes, three (3) out of the four (4) crashes occurred at the intersection due to drivers failing to see vehicles slowing down to turn onto East Four Ridge Road or Frisco Hill Road.

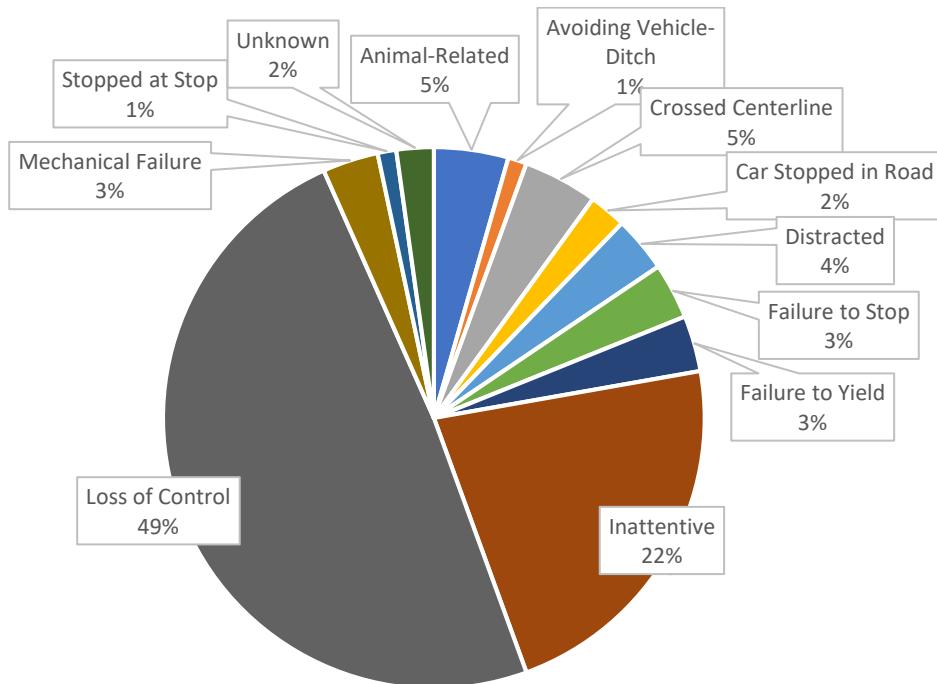


Figure 8: Contributing Factors to Crashes Along Old Lemay Ferry Road

Table 3: Contributing Factors to Crashes Along Old Lemay Ferry Road

CONTRIBUTING FACTORS	SEVERITY OF CRASH					
	PROPERTY DAMAGE ONLY	MINOR INJURY	MODERATE INJURY	SERIOUS INJURY	FATAL	TOTAL
Loss of Control	3	0	1	0	0	44
Inattentive	1	0	0	0	0	20
Crossed Centerline	2	1	1	0	0	4
Animal-Related	0	0	1	1	0	4
Distracted	2	0	1	0	0	3
Failure to Stop	3	0	0	0	0	3
Failure to Yield	2	0	1	0	0	3
Mechanical Failure	17	0	3	0	0	3
Car Stopped in Road	31	4	6	3	0	2
Unknown	3	0	0	0	0	2
Stopped at Stop	0	0	1	0	0	1
Avoiding Vehicle-Ditch	1	0	1	0	0	1
Grand Total	65	5	16	4	0	90



Table 4: Contributing Factors with Each Intersection Along Old Lemay Ferry Road

CONTRIBUTING FACTORS	INTERSECTION								TOTAL
	EAST FOUR RIDGE/FRISCO HILL	SECKMAN/LIONS DEN	VOGEL	REGENCY WOODS	KNEFF/DRY FORK EAST	ELI AVENUE	ADOBE DRIVE	12 OTHER INTERSECTIONS	
Loss of Control	25	1	3	3	5	3	0	4	44
Inattentive	4	3	3	0	1	3	3	3	20
Crossed Centerline	2	1	0	0	0	1	0	0	4
Animal-Related	1	1	1	0	0	0	1	0	4
Distracted	1	1	1	0	0	0	0	0	3
Failure to stop	0	0	1	0	1	0	1	0	3
Failure to Yield	1	0	0	0	0	0	0	2	3
Mechanical failure	0	1	1	0	0	1	0	0	3
Car stopped in road	0	0	1	0	0	0	1	0	2
Avoiding vehicle - Ditch	1	0	0	0	0	0	0	0	1
Stopped at STOP	0	0	0	0	0	0	0	1	1
Unknown	1	0	0	0	0	0	1	0	2
Grand Total	36	8	11	3	7	8	7	10	90



Seckman Road/Lions Den Road: There were 13 crashes near Seckman Road/Lions Den Road. Eight (8) of the 13 total crashes were run-off-road. Only three (3) of the 13 were in wet pavement conditions. Only one (1) of the eight (8) run-off-road crashes had wet pavement conditions. Three (3) of the run-off-road crashes did not have available crash reports. Based on the available crash data, there were not any specific contributing factors that stood out.

Vogel Road: There were 11 crashes near Vogel Road. Five (5) of the 11 total crashes were at the intersection with a mixture of northbound and southbound movements and rear end and angle crash types. The crash descriptions included two instances of a northbound vehicle rear ending a northbound vehicle stopped at the stop sign, three instances of vehicles not yielding right of way or failing to stop. All four (4) of the run-off-road crashes occurred north of the intersection with 75% northbound. Three (3) of the four (4) rear ends occurred at the intersection. However, the intersection was signalized in late 2016, so the historical crash data at the intersection is not all that relevant.

Crashes on Old Lemay Ferry Road, near Vogel Road, were mostly attributed to loss of control (3 crashes or 27.2%) and inattentiveness (3 crashes or 27.2%). The crashes due to loss of control occurred north (2 crashes) or south (2 crashes) of the intersection. All inattentive crashes occurred at the intersection.

Regency Woods: There were nine (9) crashes near Regency Woods. Seven (7) of the nine (9) crashes were run-off-road, four (4) of which occurred in snow, freeze/cloudy, or rain weather conditions. The other two (2) crashes were rear ends. Only three (3) of the crashes had available crash reports with all three (3) being run-off-road, all north of intersection, and all northbound on Old Lemay Ferry Road.

Eli Avenue: There were eight (8) crashes near Eli Avenue. There were three (3) run-off-road crashes, two (2) of which occurred on wet pavement conditions and were due to loss of control. Two (2) of the three (3) crashes occurred heading southbound.

Kneff Road/Dry Fork Road: There were eight (8) crashes near Kneff Road/Dry Fork Road. Six (6) of the eight (8) crashes occurred on wet pavement conditions. Five (5) of the crashes occurred north of the intersection, two (2) occurred at the intersection, and one (1) was unknown. Five (5) of the crashes were run-off-road crashes, all of which were on wet pavement conditions. Four (4) of the five (5) run-off-road crashes were attributed to loss of control and were north of the intersection with three (3) of these crashes being vehicles headed northbound.

Adobe Drive: There were seven (7) crashes near Adobe Drive. Four (4) of the seven (7) crashes were rear ends. All but one of the rear ends occurred heading southbound. The contributing factors were a mixture including one animal, one car stopped in road, one failure to stop, one unknown and three inattentive. There was an even disbursement of crashes north and south of Adobe Drive with all crashes occurring on dry pavement.



CRASH MODIFICATION FACTORS

The *Highway Safety Manual* (HSM), published by the American Association of State Highway and Transportation Officials (AASHTO), provides analytical methods to perform quantitative highway safety analysis. The HSM predictive methodology estimates crash frequency and severity based on changes to a roadway, and a catalogue of Crash Modification Factors (CMFs) is provided to quantify these changes based on operational treatments. The HSM defines several CMFs that represent the relative change to crash frequency resulting from a change in a specific condition.

Additional safety countermeasures are continually being developed and evaluated. The Crash Modification Factors Clearinghouse (<http://www.cmfclearinghouse.org/>) is a web-based database of up-to-date CMFs and supporting documentation to help transportation engineers identify the most appropriate counter measure for safety needs.

For each countermeasure listed in the Clearinghouse, a CMF ID, CMF, Crash Reduction Factor (CRF), and star quality rating are provided based on the crash type, severity, roadway type and area type. The star quality rating is an indication of the confidence in the results of the study producing the CMF based on five categories (study design, sample size, standard error, potential bias, and data source). Potential countermeasures should have a three to five star quality rating, which have fair to excellent ratings in the confidence categories, so that countermeasures are reliable treatments.

As a result, the CMF Clearinghouse was searched to find crash reduction factors that could estimate change in crash potential based on potential safety countermeasures. **Table 5** summarizes some safety countermeasures and corresponding CRFs for the specific countermeasures considered along the Old Lemay Ferry corridor. These CRFs would ultimately estimate the potential reduction in crashes, based on severity of crash, for a specific countermeasure along the corridor.



Table 5: Potential Crash Reduction Factors

CMF NAME	CLEARINGHOUSE ID	STAR RATING	CRASH TYPE	CRASH SEVERITY	CRF	NOTES
Low Cost						
SIGNAGE						
Install new fluorescent curve signs or upgrade existing curve signs to fluorescent sheeting	2431	4	Non-Intersection	All	18%	2-lane undivided, rural, 895 to 20,479 AADT
	2432	4	Head-On, Sideswipe	All	18%	
	2433	4	Non-Intersection	Fatal, Serious Injury, Minor Injury	25%	
	2434	4	Nighttime	All	34%	
EDGE LINES						
Install wider edge lines (4 to 6 in)	4736	4	All	All	17.5%	2-lane, rural roads
	4737	4	All	Fatal, Serious Injury, Minor Injury	36.5%	
	4738	4	All	PDO	12.3%	
	4744	4	Nighttime and Wet Road	All	24.3%	
	4746	4	Single Vehicle	Fatal, Serious Injury, Minor Injury	37.7%	
Increase pavement retro-reflectivity of white edge lines from X to Y mcd/m^2/lux	2374	3	cross median, fixed object, frontal and opposing direction sideswipe, head on, nighttime, run off road, sideswipe, single vehicle	All	$100 \times (1 - e^{-0.0021(-Y)})$	Increase retro-reflectivity from X to Y, where X is less than 200 mcd



CMF NAME	CLEARINGHOUSE ID	STAR RATING	CRASH TYPE	CRASH SEVERITY	CRF	NOTES
Increase pavement retro-reflectivity of white edge lines from X to Y mcd/m^2/lux	2119	3	All	All	$100 \times (1 - e^{-0.001(Y-X)})$	2-lane highways with thermoplastic markings
RUMBLE STRIPS						
Install Centerline Rumble Strips (HSM)	124	4 HSM	All	All	14%	2 Lane rural; Principle arterial; 5,000 to 22,000 ADT
	126	4 HSM	Head On, Sideswipe	All	21%	
Install Centerline Rumble Strips on Horizontal Curves	3375	5	Head On, Sideswipe	All	47%	2-lane undivided, rural, 574 to 20,784 AADT
	3364	4	All	All	17%	
	3368	4	All	Fatal, Serious Injury, Minor Injury	37%	
Install Centerline Rumble Strips on Tangent Sections	3383	5	All	Fatal, Serious Injury, Minor Injury	15%	2-lane undivided, rural, 574 to 20,784 AADT
	3387	5	Head On, Sideswipe	All	49%	
	3376	4	All	All	10%	
Install Centerline and shoulder rumble Strips	6851	5	All	Fatal, Serious Injury, Minor Injury	22.9%	2 Lane undivided, rural, 154 to 25,796 AADT
Medium Cost						
PAVEMENT						
Ultra-Thin Bonded Wearing Course	7170	4	All	Fatal, Serious Injury, Minor Injury	4.4%	2 Lane undivided, all area types, 2,508 to 29,444 AADT
Open Graded Friction Course	7034	4	All	Fatal, Serious Injury, Minor Injury	4.1%	



CMF NAME	CLEARINGHOUSE ID	STAR RATING	CRASH TYPE	CRASH SEVERITY	CRF	NOTES	
INTERSECTION							
Installation of Intersection Conflict Warning System with post mounted signs and flashers in advance of intersection	8643		All	Injury	55%		
Installation of mainline left-turn lane	HSM Table 10-13		All	All	28%		
EDGE OF ROADWAY							
Installation of safety edge treatment	4326	4	All	Fatal, Serious Injury, Minor Injury	1.7%	2 Lane rural; Principle arterial; 310 to 18,697 ADT	
New guardrail along embankment	39	3	Run Off Road	All	7%	Area type not specified	
	38	5	Run Off Road	Serious Injury, Minor Injury	47%		
	37	4	Run Off Road	Fatal	44%		
High Cost							
PAVEMENT							
Improve pavement friction using high-friction surface treatment (HFST) ** contains bauxite	See Note (1)	-	All	All	62%	Horizontal Curve	
LANE WIDTH							
Increase lane width from 11 ft to 12 ft	3	3	All	All	5%	2 Lane, rural,	
INCREASE SIGHT DISTANCE							
Increase Triangle Sight Distance at Intersection	307, 308, 1637	3	All	PDO	15%	4-leg intersection	
		3	All	Injury	29%		
		3	All	Fatal	56%		



CMF NAME	CLEARINGHOUSE ID	STAR RATING	CRASH TYPE	CRASH SEVERITY	CRF	NOTES
SHOULDER WIDTH						
Install shoulder rumble stripe, widen shoulder from 0 to 2 ft, and pavement resurfacing	8015	3	All	Fatal, Serious Injury, Minor Injury	17.8%	2 Lane, rural, 8,000 to 17,223 AADT, MO
Widen Shoulder, paved (from 0 to 4 ft)	6335	3	fixed object, head on, run off road sideswipe	Serious Injury, Minor Injury	2%	Rural 2-lane
	6335	3	fixed object, head on, run off road sideswipe	PDO	2%	Rural 2-lane

(1) Project specific HFST CMF determined in coordination with FHWA based on the best available information and current research on HFST.



ADEQUACY OF TWO-LANE CROSS-SECTION

The maximum Annual Average Daily (AAD) traffic volume was based upon information provided in the latest edition of the *Quality Level of Service Handbook*, published by the State of Florida Department of Transportation. The *Quality Level of Service Handbook* (QLOS) determines the capacity of a roadway based upon different variables such as the posted speed, urban versus rural roadway, and state versus local roadway. LOS is a measure of traffic flow which considers such factors as speed, delay, traffic interruptions, safety, driver comfort, and convenience. Level C, which is normally used for highway design, represents a roadway with volumes ranging from 70% to 80% of its capacity. However, Level D is generally considered acceptable for peak period conditions.

Old Lemay Ferry Road is a two-lane undivided suburban roadway with a posted speed of 40 mph. The QLOS handbook determines that such a roadway has an AAD maximum capacity of 11,230 vehicles for non-state routes. To achieve LOS D, the AAD maximum is 10,655 vehicles for non-state routes. Thus, the existing daily traffic volume on Old Lemay Ferry Road of less than 7,000 vpd is well below the theoretical capacity of the two-lane roadway. Thus, a two-lane cross-section for Old Lemay Ferry Road is appropriate, though it is recommended that auxiliary lanes (left- and right-turn lanes) be considered at the higher volume side-street intersections to maintain the efficient flow of traffic where possible and increase safety.

Separate turn lanes are provided at the intersections of Old Lemay Ferry Road with Vogel Road (signalized) and with Seckman Road/Lions Den Road (All-Way STOP). The peak hour traffic volumes were reviewed at the intersections of Old Lemay Ferry Road with East Four Ridge Road/Frisco Hill Road and with Kneff Road, both of which operate under side-street stop control. Based on this evaluation, auxiliary (left- and/or right-turn) lanes are not technically 'warranted' at either intersection due to the relatively low turning movements. However, as discussed later in this report, auxiliary lanes are also often recommended to address specific safety concerns.



POSTED SPEED LIMIT EVALUATION

Common Practices Regarding Setting Speed Limits: To our knowledge, there are no published “warrants” or specific criteria for the establishment of speed limits. The establishment and enforceability of speed limits lies within the law. County staff should consult with the County attorney to address how the laws of the state of Missouri and the ordinances of the County address or mandate setting speed limits. The difference in legal enforcement of numerical maximum speed limits for “absolute” speed limits versus “prima facie” speed influence the way those limits must be set. “Absolute” limits set a maximum number which cannot be exceeded, while “prima facie” limits are enforced through the legal system much differently based on findings as to whether the operator is driving in a reasonably safe manner based on prevailing conditions.

The *Uniform Vehicle Code* (UVC), which is adopted by the state of Missouri in some parts or form, generally indicates that when an agency having jurisdiction over a road “determine[s] upon the basis of an engineering and traffic investigation that any maximum speed herein before set forth is greater or less than is reasonable or safe under the conditions found to exist at any intersection or other place or upon any part of the highway system, said (agency) may determine and declare a reasonable and safe maximum limit” This is the closest to a “requirement” of how speed limits must be set of which we are aware.

It is generally accepted practice that the engineering and traffic investigation mandated by the UVC consists of a speed limit study which addresses: prevailing vehicle speeds, physical features of the roadway, crash experience and traffic characteristics/control.

The common preferred method of establishing speed limits on existing streets is the 85th percentile speed. Data is collected for the existing traffic stream, and speeds are set in 5 mph increments for the speed at or below which 85 percent of the vehicle population is voluntarily traveling. Multiple studies have proven that if drivers do not consider the speed limits reasonable, they will disobey. The speed data should be accompanied by an evaluation of the other elements of the speed limit study.

Old Lemay Ferry Road Speed Limit: As mentioned previously, the 85th percentile speed on Old Lemay Ferry Road within the study area segment typically ranged from 48 to 53 mph which is 8 to 13 mph over the posted speed limit of 40 mph. It is important to note that the speed data was collected along the straight sections of Old Lemay Ferry Road and that speeds are lower through the curve sections. Common practice suggests that the posted speed limit on Old Lemay Ferry Road could actually be raised since the 85th percentile speed is nearly 10 mph over the posted speed of 40 mph.



However, as detailed in the crash summaries, there is a significant number of run-off-road and loss of control crashes with motorists often driving too fast given the roadway conditions and characteristics. As such, it is not recommended that posted speed limit be increased.

As shown in **Exhibit 3**, due to the numerous advisory curve warning signs and the three (3) All-Way STOPS, there is a substantial portion of the Old Lemay Ferry corridor that cannot be driven at 40 mph. Based on observations in the corridor, motorists are often speeding along the straight stretches between the curves.

Periodic enforcement is an important aspect of traffic safety, particularly where speed violations are routinely reported. It should be noted that while increased enforcement often appears to be a simple answer to control speeding, Police Department resources are often difficult to allocate to select locations over a long period of time. Furthermore, any benefits realized by increased enforcement are generally lost quickly once enforcement returns to normal levels. For posted speed limits to self-regulate, the traveling public must accept them as reasonable.

Based on feedback from the police department, they are hesitant to pull motorists over on Old Lemay Ferry Road due to the lack of shoulders and very limited places to stop motorists. Thus, it may be beneficial to consider constructing pull over zones with shoulders to facilitate police activity. The police department could also determine safe places to pull motorists over (i.e., possibly sitting on Pine Haven Lane or Regency Woods and flagging motorists to turn onto the public street if speeding).

In summary, it is recommended that the posted speed limit on Old Lemay Ferry Road of 40 mph be maintained and that the safety improvements discussed in this report be implemented as feasible.



ROADWAY SAFETY AUDIT FINDINGS

Roadway Safety Audit Process: County staff along with a roadway design engineer and traffic engineer from CBB met and drove the corridor to discuss concerns along the corridor. CBB staff then went back out to the corridor and spent the day in the field reviewing the physical features of the roadway and noting further concerns along the corridor. The corridor was also driven at night and in rainy/wet conditions. The following sections provide a general summary of our audit findings.

The entire Old Lemay Ferry Road corridor would benefit from the installation of safety shoulders. This could be implemented on a “most needed location” basis as adequate right of way does not exist in most areas, and the length of the improvements needed is extensive. The entire length of the corridor lacks adequate clear zones for vehicle recovery, and numerous fixed object hazards exist throughout the corridor. Specific examples include utility poles, trees and headwalls. Most of the adjacent ditching does not have traversable slopes. Without adequate right of way, it is not possible to provide an adequate clear zone. There are many areas that meet the criteria for the installation of guardrail, in lieu of providing adequate clear zone (i.e., in general guardrail should be installed anytime the backslope is greater than 3:1). Additionally, many areas would benefit from the clearing of vegetation to improve sight distance around corners. In other areas, significant grading would be required to provide improved visibility through the curves.

Miller Road to Vogel Road: Miller Road has inadequate sight distance for vehicles turning onto Old Lemay Ferry Road. This is currently corrected by a multiway stop. The stop signs have red reflective posts and seem to be visible to motorists.

The section from Miller Road to Vogel Road is one of the straighter segments. There are utility poles on each side of the road that are generally set back from the road; however, there is a location where the down guys are anchored directly at the edge of the pavement west of the water facility. Vegetation on the inside of this curve could be cleared as well, providing motorist a view of oncoming traffic. Grades on Old Lemay Ferry Road approaching Vogel Road are extremely steep, in the range of 10 to 12 percent. Grades of this magnitude can be difficult to navigate in inclement weather.

Improvements have been made at Vogel Road with the realignment of the west leg of Vogel Road and the installation of a traffic signal and turn lanes. There is a section adjacent to the through lane, south of Vogel Road, that has a drop off in need of repair.

Short Term Recommendations:

- Clear vegetation where possible
- Provide centerline rumble strips



- Add wider marked centerline
- Repair drop off adjacent to pavement edge near Vogel Road
- Relocate guy cable away from pavement near water facility

Mid Term Recommendations:

- Add shoulders/widen inside of curves
- Provide guardrail where warranted

Long Term Recommendations:

- Improve the horizontal and vertical alignment on Old Lemay Ferry Road to meet AASHTO standards
- Provide shoulders along entire segment

The short term recommendations from Miller Road to Vogel Road are depicted in **Exhibit 7**.

Vogel Road to Pin Oak Drive: The section of Old Lemay Ferry Road between Vogel Road and Pin Oak Drive has utility poles in close proximity to the southbound lanes as noted in **Exhibit 8**. These poles are along a generally straight section of the roadway, with one being marked with a hazard marker, due to the close proximity to the travel lane (approximately one foot to the driving lane). Multiple residential driveways are on this section that could benefit from the removal of vegetation to improve sight distance.

There is grated drain across Spring Drive which creates a hazardous condition for northbound motorists on Old Lemay Ferry Road leaving the pavement. The drain is currently unmarked. Both Spring Drive and Adobe Drive would benefit from the installation of a southbound left-turn lane to serve the subdivision.

Short Term Recommendations:

- Clear vegetation where possible
- Provide centerline rumble strips
- Add wider marked centerline
- Install hazard marker at Spring Drive for the grated inlet (noted in **Exhibit 7**)

Mid Term Recommendations:

- Add shoulders/widen inside of curves
- Provide guardrail where warranted
- Relocate existing utility pole with hazard marker away from roadway

Long Term Recommendations:

- Provide shoulders along entire segment

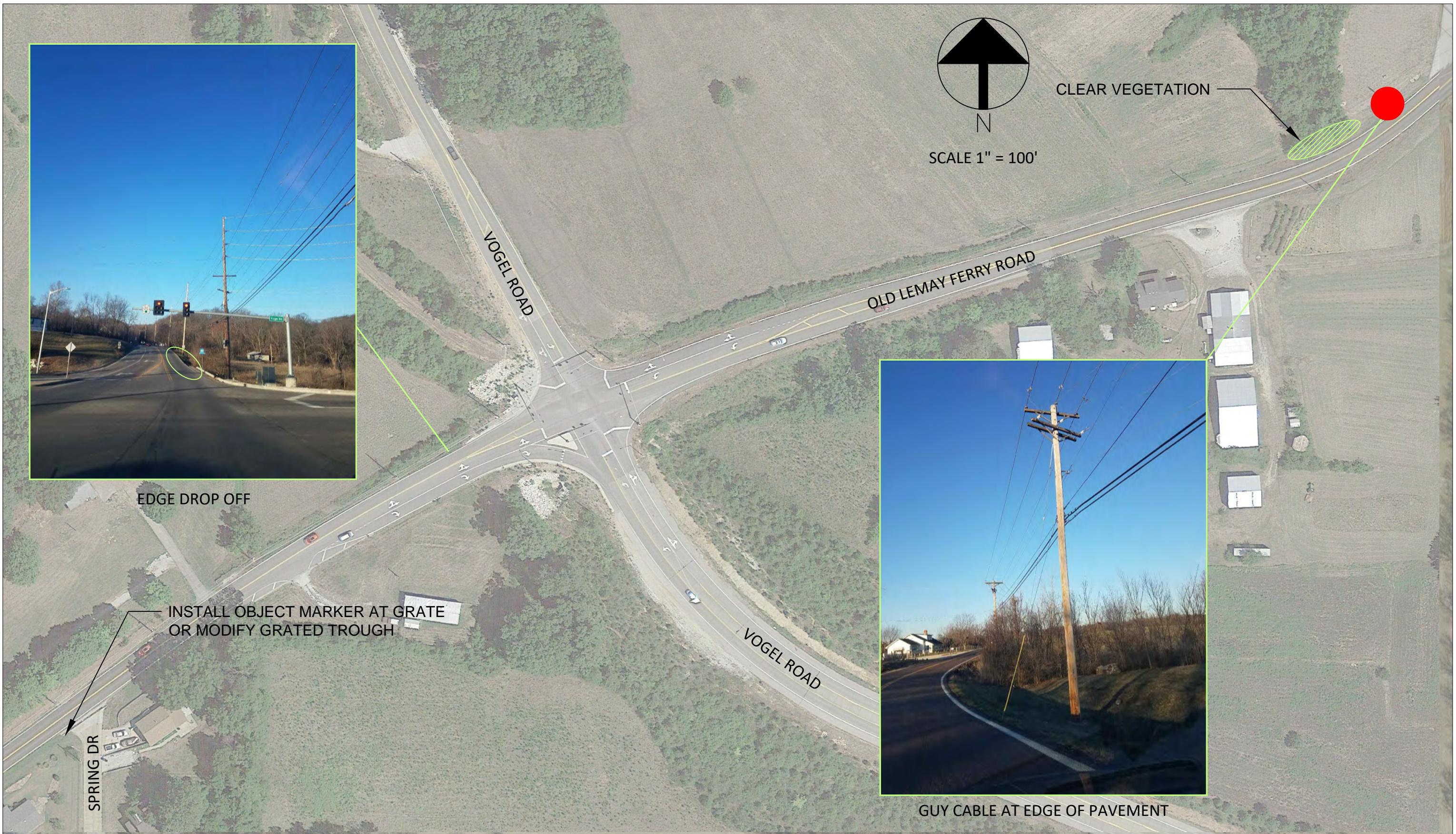


Exhibit 7: Old Lemay Ferry Road near Vogel Road



Exhibit 8: Old Lemay Ferry Road near Black Oak Drive

Job# 11-18-1
4/05/18



Pin Oak Drive to Double Tree Drive/Sherri Lane: There is a current project that will improve the section from Pin Oak Drive to Double Tree Drive/Sherri Lane, so no observations or recommendations were made for this section in this study.

Double Tree Drive/Sherri Lane to Seckman Road/Lions Den Road: The County has applied for improvement funding to address the section from Double Tree Drive to Seckman Road/Lions Den Road. There are steep grades in this section with substandard horizontal curves. Utility poles are adjacent to the driving lanes in curve sections as noted in **Exhibit 9**. The curves appear to be adequately signed with the appropriate curve signs and chevrons. Vegetation hinders sight lines around the curves and has the ability to obscure signage. Intersection signage, school bus stop and limited sight distance signs are in place to warn and inform drivers.

Guardrail and shoulder improvements would be a benefit on the downgrades. There is one area on the downgrade, closer to Seckman Road/Lions Den Road, that has already been improved with the addition of shoulder on the outside of the curve.

The intersection of Seckman Road/Lions Den Road has been improved with turn lanes, shoulders and operates under All-Way STOP control.

Short Term Recommendations:

- Clear vegetation where possible
- Provide centerline rumble strips
- Add wider marked centerline
- Install high visibility, fluorescent curve/turn warning signs

Mid Term Recommendations:

- Add shoulders/widen inside of curves
- Provide guardrail where warranted

Long Term Recommendations:

- Add shoulders along entire segment
- Improve the horizontal and vertical alignment on Old Lemay Ferry Road to meet AASHTO standards

Seckman Road/Lions Den Road to Regency Woods: From the intersection of Seckman Road/Lions Den Road to Byrne Road, the roadway is a straight section with ditches on both sides. However, the ditching does not provide a recoverable area for motorists leaving the pavement. The guardrail on the bridge at the creek crossing just south of Seckman Road does not have crashworthy end sections, just end terminals and object markers.



Exhibit 9: Old Lemay Ferry Road north of Seckman Road/Lions Den Road



Past Byrne Road, there are abrupt drop offs on the south edge of the traveled way, as well as several driveways with limited sight distance and challenging alignments. The sight distance and horizontal geometrics of Old Lemay Ferry Road provide challenges at Regency Woods. Additionally, the pavement section just north of Regency Woods is in poor condition and the super-elevation of the horizontal curve needs to be improved.

Short Term Recommendations:

- Clear vegetation where possible
- Provide centerline rumble strips
- Add wider marked centerline
- Install high visibility, fluorescent curve/turn warning signs
- Install high friction surface treatment on curve section just north of Regency Woods and restripe
- Install crashworthy guardrail and end terminals on bridge just south of Seckman Road

Mid Term Recommendations:

- Add shoulders/widen inside of curves
- Provide guardrail where warranted
- Improve super-elevation of the horizontal curve just north of Regency Woods Place.

Long Term Recommendations:

- Add shoulders along entire segment
- Improve the horizontal and vertical alignment on Old Lemay Ferry Road to meet AASHTO standards

Regency Woods to East Four Ridge Road/Frisco Hill Road: The section between Regency Woods and East Four Ridge Road/Frisco Hill Road has steep grades compounded with a series of back to back horizontal curves absent of adequate tangent sections. As the road section meanders back and forth, the utility poles do as well, with utility poles near the pavement on both the insides and outsides of curves as noted in **Exhibit 10**. Vegetation impairs clear views through the curves. There are significant drop offs adjacent to the traveled way. The intersection at East Four Ridge Road/Frisco Hill Road has awkward geometry and sight distance issues.

Short Term Recommendations:

- Clear vegetation where possible
- Provide centerline rumble strips
- Add wider marked centerline
- Install high visibility, fluorescent curve/turn warning signs
- Install taller double chevron signs at curves with reflector strips on posts
- Install high friction surface treatment on winding road section north of East Four Ridge Road/Frisco Hill Road and restripe

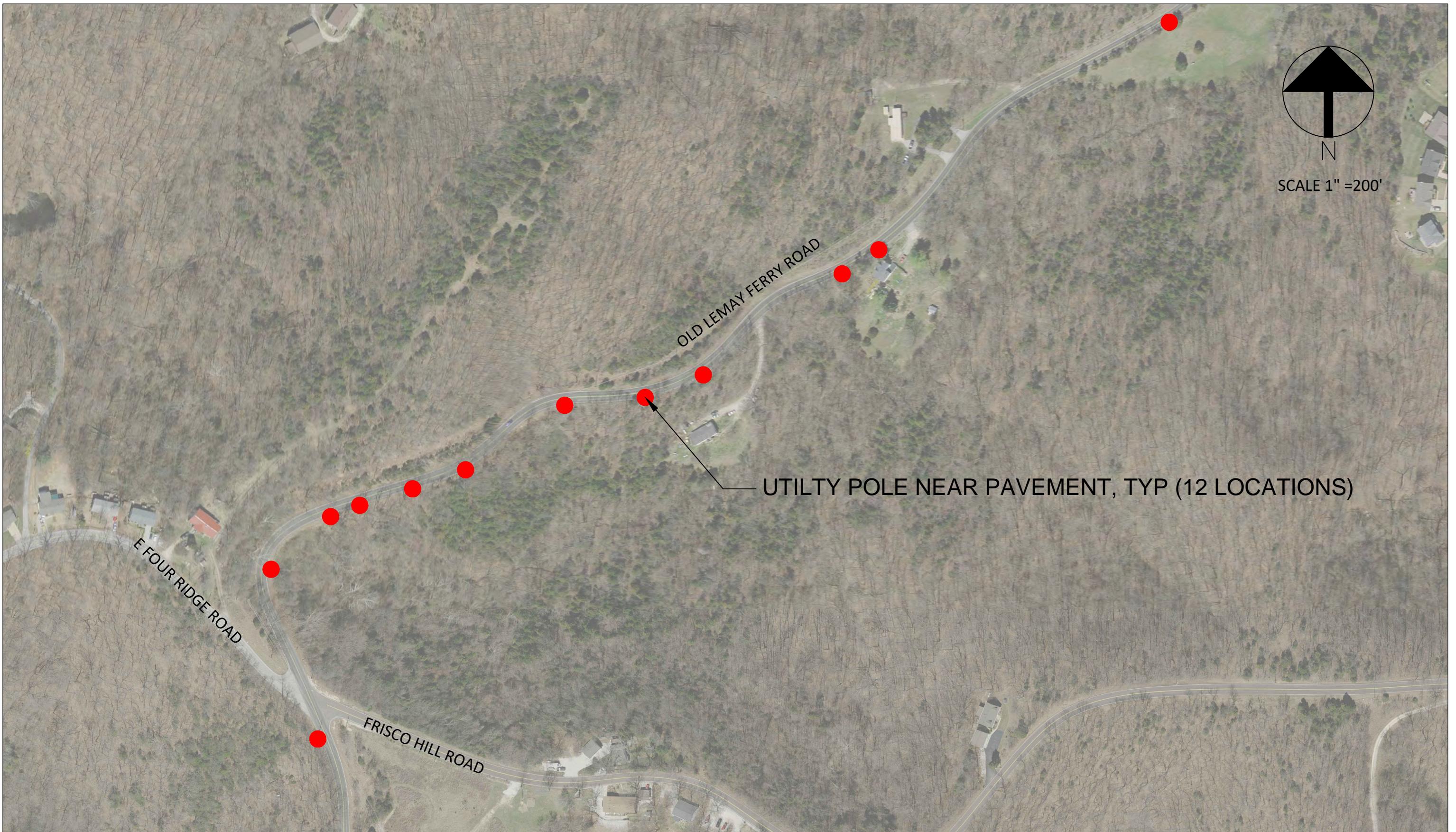


Exhibit 10: Old Lemay Ferry Road near East Four Ridge Road/Frisco Hill Road

Job# 11-18-1
4/05/18



Mid Term Recommendations:

- Add shoulders/widen inside of curves
- Provide guardrail where warranted
- Relocate utility poles on the inside and outside of the curve sections (noted in **Exhibit 10**) further from the road
- Clear the vegetation obstructing the sight distance in the northeast, northwest and southwest quadrants of the Old Lemay Ferry and East Four Ridge Road/Frisco Hill intersection.
- If right-of-way cannot be acquired to clear the vegetation, install Intersection Conflict Warning System to provide motorists on Old Lemay Ferry heightened awareness of the cross street due to existing sight distance deficiencies.

A conceptual drawing of the recommended improved shoulders through the horizontal curves and guardrail, along with the recommended vegetation removal, is depicted in **Exhibit 11**.

Long Term Recommendations:

- Add shoulders along entire segment
- Improve the intersection of Old Lemay Ferry Road and East Four Ridge Road/Frisco Hill Road to provide horizontal and vertical improvements to address the existing sight distance deficiencies
- Improve the horizontal curves through the winding road section north of East Four Ridge Road/Frisco Hill Road

A conceptual drawing of the long term recommendations near East Four Ridge Road/Frisco Hill Road is depicted in **Exhibit 12**.

East Four Ridge Road/Frisco Hill Road to Kneff Road/Dry Fork Road: The section from East Four Ridge Road/Frisco Hill Road to Kneff Road/Dry Fork Road has steep grades, utility poles, drop offs, vegetation impeding visibility and multiple driveways. On the downgrade approaching Kneff Road/Dry Fork Road, southbound vehicles on Old Lemay Ferry Road do not have adequate stopping sight distance to see vehicles waiting to turn left into Kneff Road.

Short Term Recommendations:

- Clear vegetation where possible
- Provide centerline rumble strips
- Add wider marked centerline
- Install high visibility, fluorescent curve/turn warning signs
- Install high friction surface treatment between East Four Ridge Road/Frisco Hill Road and Kneff Road/Dry Fork Road and restripe



Exhibit 11: Mid-term Improvements for Old Lemay Ferry Road near East Four Ridge Road/ Frisco Hill Road



Exhibit 12: Long-term Improvements for Old Lemay Ferry Road near East Four Ridge Road / Frisco Hill Road

Job# 11-18-1
4/05/18



Mid Term Recommendations:

- Add shoulders/widen inside of curves
- Provide guardrail where warranted
- Clear the vegetation obstructing the sight distance in the northwest quadrant of the Old Lemay Ferry and Kneff Road/Dry Fork Road intersection (may also require some grading).
- Provide a southbound left-turn lane at Kneff Road
- Relocate utility poles (noted in **Exhibit 13**) away from road edge

A conceptual drawing of the recommended southbound left-turn lane, along with the recommended vegetation removal, at Kneff Road is depicted in **Exhibit 14**.

Long Term Recommendations

- Add shoulders along entire segment
- Improve the horizontal and vertical alignment on Old Lemay Ferry Road to meet AASHTO standards

Kneff Road/Dry Fork Road to Old Highway M: Generally, along this section, the clear zone is unrecoverable in most locations, vegetation impedes visibility on the inside of the curve past Imperial Hills Drive, and there are several driveways with vegetation that restrict sight distance. The existing bridge over the creek just south of Pine Haven Lane has substandard railing and no impact attenuators. Additionally, there is a concrete culvert headwall adjacent to the pavement marked with object markers just north of Etling Drive as shown in **Exhibit 15**. The concrete headwall directly abuts the pavement and should be removed or at a minimum, shielded. The discharge side of the culvert has a vertical drop off that should be shielded with guardrail or extended with additional pipe to eliminate the drop off condition.

The existing utility and lighting pole on the east side of Old Lemay Ferry road just north of Old Highway M is within the existing pavement as shown in **Exhibit 16**. This pole should be relocated behind the curb or shielded from traffic with curbing.

The intersection at Old Highway M operates under All-Way STOP control.

Short Term Recommendations

- Clear vegetation where possible
- Provide centerline rumble strips
- Add wider marked centerline
- Install high visibility, fluorescent curve/turn warning signs
- Install guardrail and end terminals at the bridge just south of Pine Haven Lane (noted in **Exhibit 13**)
- Guardrail and grading improvements at culvert north of Etling Drive



Exhibit 13: Old Lemay Ferry Road near Kneff Road/Dry Fork Road

Job# 11-18-1
4/05/18



Exhibit 14: Mid-term Improvement for Left Turn Lane on Old Lemay Ferry Road at Kneff Road/Dry Fork Road

Job# 11-18-1
4/05/18



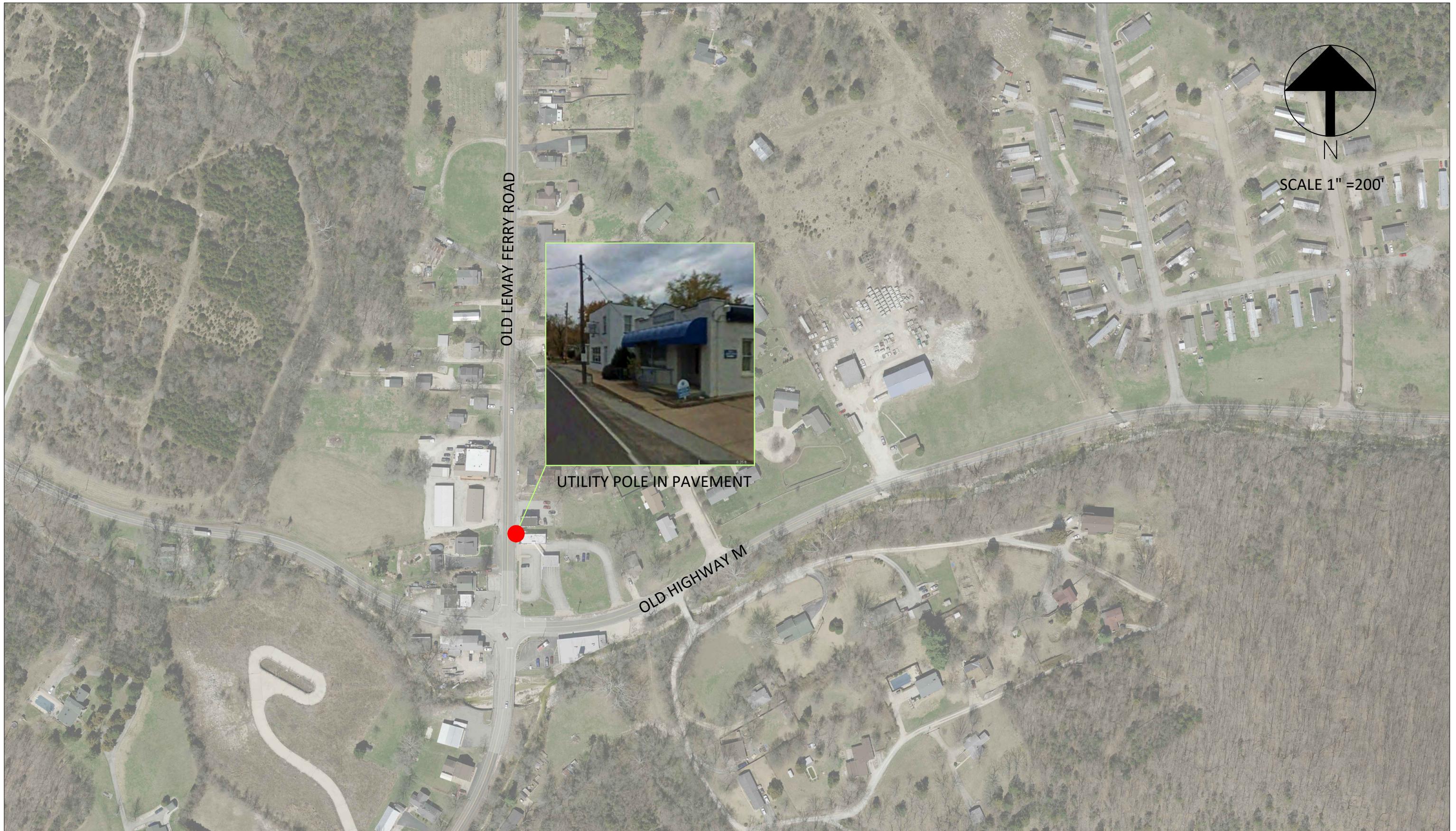


Exhibit 16: Old Lemay Ferry Road near Old Highway M

Job# 11-18-1
4/05/18



Mid Term Recommendations

- Add shoulders/widen inside of curves
- Provide guardrail where warranted
- Relocate utility pole from shoulder to a location behind curb just north of Old Highway M
- Improve culvert north of Etling Drive and extend out of clear zone

Long Term Recommendations:

- Add shoulders along entire segment
- Improve the horizontal and vertical alignment on Old Lemay Ferry Road to meet AASHTO standards

RECOMMENDATIONS

Based on the field review findings, crash data analysis and anticipated crash reduction factors, a list of near-term and long-term improvements to specifically address the higher crash locations are summarized in **Table 6**. Approximate unit costs are also provided in the table.

We trust that this corridor study will be useful to the County in promoting safety on Old Lemay Ferry Road. Please contact me in our St. Louis office should there be any questions regarding this report or if you require additional information.

Sincerely,

Shawn Lerai White, P.E., PTOE
Associate - Senior Traffic Engineer





Table 6: Summary of Recommended Improvement Measures on Old Lemay Ferry Corridor

RECOMMENDED IMPROVEMENT	EXISTING CRASHES PER YEAR (TOTAL/5)	CRASH REDUCTION FACTOR (CRF)	POTENTIAL REDUCTION IN CRASHES PER YEAR ¹	ESTIMATED UNIT COST	NOTES
Near Term Recommendations					
ENTIRE CORRIDOR – SYSTEMATIC IMPROVEMENT					
Clear Vegetation along roadway with particular attention at drives and intersections to improve visibility		Unknown		Routine Maintenance	May need easements from property owners to clear sight distance obstructions
Install centerline rumble strips with 6" wide double yellow markings	25	14%	3.5	\$1 per foot if over one mile	
Install 6" wide white edge line	25	17.5%	4.4	\$ 1 per foot	
Install high visibility, fluorescent curve signs	25	18%	4.5	\$ 750 each	
WINDING ROAD SEGMENT NORTH OF EAST FOUR RIDGE ROAD/FRISCO HILL ROAD					
Install high friction surface treatment (with bauxite)	5	62%	3.1	\$25 - \$35 per Square Yard every 8 years	Over 75% of crashes run-off-road and loss of control; 53% of crashes on wet pavement
Add shoulders/widen the inside radius of the curves to provide recovery area	4 PDO 1 Injury	2% PDO 17.85% Injury	0.08 PDO 0.18 Injury	on exhibits	Over 75% of crashes run-off-road and loss of control
INTERSECTION AT EAST FOUR RIDGE ROAD/FRISCO HILL ROAD					
Install Intersection Conflict Warning System to provide motorists on Old Lemay Ferry heightened awareness of the cross street	1	55%	0.6	\$100,000 Each	



RECOMMENDED IMPROVEMENT	EXISTING CRASHES PER YEAR (TOTAL/5)	CRASH REDUCTION FACTOR (CRF)	POTENTIAL REDUCTION IN CRASHES PER YEAR ¹	ESTIMATED UNIT COST	NOTES
SEGMENT BETWEEN EAST FOUR RIDGE ROAD/FRISCO HILL ROAD AND KNEFF ROAD/DRY FORK ROAD					
Install high friction surface treatment (with bauxite)	1.8	62%	1.1	\$25 - \$35 per Square Yard every 8 years	75% of crashes on wet pavement
INTERSECTION AT KNEFF ROAD/DRY FORK ROAD					
Construct a southbound left-turn lane at Kneff Road to provide a safe place for motorists to slow down and turn left	0.4	28%	0.1	\$ 500,000	
Long Term Recommendations					
ENTIRE CORRIDOR					
Install minimum 2 foot safety shoulder with shoulder rumble strip	20 PDO 5 Injury	2% PDO 17.85% Injury	0.4 PDO 0.9 Injury	\$330,000 per mile	CRF assumes part of resurfacing project
WINDING ROAD SEGMENT NORTH OF EAST FOUR RIDGE ROAD/FRISCO HILL ROAD					
Improve the horizontal curve alignment to provide smoother curve				on exhibits	
INTERSECTION AT EAST FOUR RIDGE ROAD/FRISCO HILL ROAD					
Improve the intersection to provide horizontal and vertical improvements to address the existing sight distance deficiencies	1	15%	0.2	on exhibits	
INTERSECTION AT KNEFF ROAD/DRY FORK ROAD					
Improve the horizontal curve alignment just north of Kneff Road and maintain a clear sight triangle to address the existing sight distance deficiencies	0.4	15%	0.06	on exhibits (\$ 360,000)	

(1) The estimated reduction in crashes is provided for informational purposes. Also, the reduction in crashes if multiple treatments are implemented would not be cumulative.

Attachment D

- ✓ Letters of Support
- N/A Documentation of an approved or adopted plan, and/or policy that supports the project
- N/A Documentation of public involvement process

Attachment E

✓ Operations and maintenance

N/A ITS architecture consistency

Operations and Maintenance Form

	Name of Local Public Agency	JEFFERSON COUNTY, MISSOURI	
	State	MISSOURI	
1. How many lane miles (total) are maintained by your city/agency, or for transit agencies how many vehicles are in your fleets. <i>If unable to provide lane miles then list centerline miles.</i>			
<i>Lane miles vs Centerline miles</i> If you don't know what the difference between a lane mile and centerline mile contact Jason Lange <input type="text" value="Total Lane Miles"/> (in miles) or <input type="text" value="Total Centerline Miles: 676.8"/> (in miles)			
<i>Transit Agencies Only</i> <input type="text" value="# of Vehicles in Fleet"/>			
2. Budget Information			
	Year of most recent budget	2019	
	Budgeted total revenue	\$20,209,400.00 Entire municipal or county budget	
	Sources of revenue (i.e. sales tax, property tax, motor fuel tax)	Real Estate/ Personal Property Tax, Roadway and Utility Tax, Sales Tax, Motor Vehicle Tax, CART, Motor Vehicle Fees, Road and Bridge Tax and Interest	
3. Total expenditures for transportation operations and maintenance – from your current budget <i>(This would include, in total, how much is budgeted for: salaries, fringe benefits, materials and equipment needed to deliver the roadway and bridge maintenance programs. This includes basic maintenance activities like minor surface treatments such as: sealing, small concrete repairs and pothole patching; mowing right of way; snow removal; replacing signs; striping; repairing guardrail; and repairing traffic signals) - DO NOT INCLUDE CAPITAL IMPROVEMENTS SUCH AS OVERLAY RESURFACING, TIP PROJECTS, OR OTHER MAJOR ROAD/SIDEWALK PROJECTS</i>			
	Total Transportation Operations and Maintenance Expenditures	\$13,312,638.00	

Please use information from the most current budget for your city/agency.

Updated: 10/2018