



Date: October 9, 2019

Dear Consultant:

The City of Washington is requesting the services of a consulting engineering firm to perform the described professional services for the project included on the attached list. If your firm would like to be considered for these consulting services, you may express your interest by responding to the appropriate office, which is indicated on the attachments. Limit your letter of interest to no more than 5 pages. This letter should include any information which might help us in the selection process, such as the persons or team you would assign to each project, the backgrounds of those individuals and other projects your company has recently completed or are now active. It is required that your firm's Statement of Qualifications (RSMo 8.285 through 8.291) be submitted with your firm's Letter of Interest, or be on file with the City of Washington. The statement of qualification is not included in the total page count limit.

DBE firms must be listed in the MRCC DBE Directory located on MoDOT's website at www.modot.gov in order to be counted as participation towards an established DBE Goal. We encourage DBE firms to submit letters of interest as prime consultants for any project they feel can be managed by their firm.

It is required that your firm be prequalified with MoDOT and listed in MoDOT's Approved Consultation Prequalification List, or your firm will be considered non-responsive.

We request all letters be received by 12:00 p.m., CDT on Friday, November 1, 2019 at the office of:

Engineering Department
City of Washington
405 Jefferson Street
Washington, MO 63090

The RFQ shall be delivered in a sealed envelope with "RFQ Third Street Overlay and Improvements Project" clearly marked on outside.

Sincerely,

John Nilges, PE
Public Works Director

<i>City of Washington, Project: Third Street Overlay and Improvements Project</i>	
Federal Aid No.:	Project No. STP-6401(602)
Location:	Third Street from Jefferson Street to Hwy 47
Proposed Improvement:	A two-inch asphalt resurfacing with full width cold mill, removal and replacement of all sidewalks and curb and gutter to meet ADA regulations.
Length:	0.65 miles
Approximate Construction Cost:	\$972,000.00
DBE Goal Determination:	16%
Consultant Services Required:	<p><i>The engineering responsibilities may include but are not limited to the following:</i></p> <p><i>The preparation of Conceptual plans, Preliminary Plans, Contract plans and Right of Way Plans. Design services may include, right of way plans, surveying, geotechnical investigations, ADA compliance survey, subsurface utility exploration, public involvement, environmental and historic preservation services/permits, contract documents, assisting with the bidding process, construction support/construction inspection, utility coordination/permits and traffic controls including the preparation of PS&E and final documents.</i></p>
Other Comments:	<i>Submit 4 copies of RFQ</i>
Contact:	John Nilges, PE 405 Jefferson Street Washington, MO 63090 636-390-1015 jnilges@washmo.gov
Deadline:	12:00 p.m., CDT on Friday, November 1, 2019

Pursuant to the Brooks Act for Consultant Selection-the following criteria will be the basis for selection.

Experience and Technical Competence-	Max Points 30
Capacity and Capability-	Max Points 25
Availability of staff assigned to project to attend Project meeting and meet for on-site consultation-	Max Points 10
Past Record of Performance-	Max Points 25
Outline consultants QA/QC plan-	Max Points 10



Surface Transportation Block Grant Program

2018 Call for Projects

For the St. Louis Region

Road Project Type

Sponsoring Agency:

Project Title:

Federal Amount Requested:

Applications Due: June 14, 2018 by 4:00 pm



EAST-WEST GATEWAY
Council of Governments

Creating Solutions Across Jurisdictional Boundaries

SURFACE TRANSPORTATION BLOCK GRANT PROGRAM (STP-S)
ROAD – 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 road project type. There are separate project application forms for the other project types, including: bridge, traffic flow, safety, 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 February 26, 2018 and ends on June 14, 2018 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. 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 April 20, 2018 to EWG at stps@ewgateway.org. EWG staff will review the applications submitted and will return comments by email by May 10, 2018. If a preliminary application is submitted for feedback, a final application must still be submitted by June 14, 2018.

If you have any questions, contact Jason Lange at 314/421-4220 (MO) or 618/274-2750 (IL), or email at stps@ewgateway.org.

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. Submit one paper copy and one electronic copy; both versions must include all required signatures and attachments. Save the electronic copy as a PDF file using the following format:
2018STPS_[Sponsor]_[Project Name].pdf.

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:
 - geographic scale project categorization (i.e., ‘within community’ or ‘outside community’)
 - score for Environmental Justice
 - score for employment density
 - score for intermodal connections (i.e., located in an industrial site area or connected to Primary Highway Freight System)
- ☐ **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.

Attachment B:

- ☐ **Photographs** – attach photo(s) of the current roadway.
- ☐ **Detailed map** – if applicable, provide a map showing:
 - transit routes along or intersecting project limits
 - activity centers along project limits (i.e., a business district, retail center, medical facility, community center, park)
 - schools located within ½ mile of project limits
 - freight facilities along project limits (i.e., intermodal freight facility, major freight generator, logistic center, manufacturing or warehouse industrial land, port)
- ☐ **Typical section** – show details of before and after roadway improvements.
- ☐ **Road condition** – show PASER calculations and include map documenting where pavement was inspected. Photos should be taken to document each location evaluated. The sponsor must perform visual inspection of a section of pavement at a uniform distance for at least every ¼ mile of the project limits. If a project is located outside of a municipal boundary and is greater than one mile in length, perform inspection every ½ mile of the project limits.

Attachment C:

- ☐ **Crash rate and fatal and serious injury crash rate** – use the Safety Calculator sheet in the Safety Supplement excel file provided by EWG. This form calculates the project's total crash rate and the fatal and serious injury crash rate. Input all crashes by severity occurring from 2011-2015 along the project limits.
- ☐ **Summary of crashes** – use the Crash Summary Form sheet in the Safety Supplement excel file provided by EWG. This form is used to log a summary of the individual crashes occurring from 2011-2015 along the project limits. Provide ALL fatal and serious injury crashes AND 10 minor injury and/or property damage only crashes that coincide with proposed countermeasure.
- ☐ **Crash reports** – attach a full crash report for each crash listed in the Crash Summary Form. Number the provided crash reports to match the order they are listed in the summary.
- ☒ **Crash Modification Factor (CMF)** – if project includes safety countermeasures, include CMF sheets from the CMF Clearinghouse website: www.cmfclearinghouse.org.

Attachment D:

- ☐ **Documentation of an approved or adopted plan, ordinance, and/or policy** – 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 April 20, 2018
- ☐ Final application – Due June 14, 2018

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: <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					Is this application request for a piece of a larger project (phase) or the entire length of 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 previously competed for funds for this specific project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															
If yes, when?															
Estimated completion (construction) month/year:															

ROADWAY INFORMATION			
Name of street or facility to be improved:			
Does the sponsoring agency own and maintain this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>If no, a letter of support for this project is required from the facility owner.</i>			
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) ² :			
	CURRENT:	PROPOSED:	
Traffic volumes (AADT):	Year:	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 <input type="checkbox"/> Unknown	
Curb and gutter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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:			
Sidewalk condition:	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None	n/a	
On-road bicycle facility ³ ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Shared-use path or sidepath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Shared-use path or sidepath width:			
Located on or intersect transit route?	<input type="checkbox"/> On route <input type="checkbox"/> Intersects route <input type="checkbox"/> No	n/a	

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

² PASER Manual: http://epdfiles.engr.wisc.edu/pdf_web_files/tic/manuals/asphalt-paser_02_rev13.pdf.

³ On-road bicycle facility includes: bike lanes (separated, buffered, and standard) and shared-lane markings.

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 (i.e., 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 ☐ Unknown

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

☐ Electric

☐ Phone

☐ Gas

☐ Water

☐ Cable TV

☐ Storm sewer

☐ Sanitary sewer

☐

☐

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 ☐ Unknown

Is there a railroad within 500' of project limits?

☐ Yes ☐ No ☐ Unknown

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 ☐ Unknown

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

☐ Yes ☐ No ☐ Unknown

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_sect504qa.cfm.

PROJECT DESCRIPTION

Provide a brief description of the purpose of the project and the scope of work. 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	11/2018	11/2018	1
Execute agreement (project sponsor and DOT)			
Engineering services contract submitted and approved*			
Obtain environmental clearances (106, CE-2, 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). 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				
Implementation	FY				
Construction Engineering	FY				
TOTAL PROJECT COST					
Identify the source(s) of local matching funds, and the amount for each source:					

SAFETY

Project type:

- ☐ Road segment
☐ Intersection

Total number of crashes from 2011-2015 along project limits:

Total crash rate:

Fatal and serious injury crash rate:

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):

Are there any undocumented safety issues?

☐ Yes ☐ No ☐ Unknown

If yes, describe the undocumented safety issues:

Does the project include any safety countermeasures?

☐ Yes ☐ No ☐ Unknown

If yes, identify the safety countermeasure(s) proposed, its Crash Modification Factor (CMF), and the CMF ID below (i.e., installation of safety edge treatment – CMF: 0.923 – CMF ID: 4303):

Countermeasure	CMF	CMF ID

MULTIMODAL

Describe the existing conditions of the bicycle/pedestrian environment where the proposed facility will be constructed:

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 other:

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

- ☐ Yes ☐ No ☐ Unknown

If yes, describe:

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

- ☐ New sidewalks
- ☐ Sidewalk reconstruction
- ☐ Construction of new curb ramps
- ☐ Curb ramp reconstruction
- ☐ Sidewalk/roadway separation
- ☐ Pedestrian signals/push buttons/beacons
- ☐ Marked crosswalks
- ☐ Midblock crossings
- ☐ Wayfinding, furniture, or other end of trip facilities
- ☐ Pedestrian-scale lighting
- ☐ Other
- ☐ None

Describe other:

If the project incorporates any safety, traffic calming, or design improvements, describe the improvements (i.e., improvements at a rail-grade crossing, road diets, bulb-outs, 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 ☐ Unknown

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

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

☐ Yes ☐ No ☐ Unknown

If yes, identify the improvements:

Does the project provide direct access to a school?

☐ Yes ☐ No ☐ Unknown

Is the project within ½ mile of a school?

☐ Yes ☐ No ☐ Unknown

If yes, identify the school(s):

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

☐ Yes ☐ No ☐ Unknown

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 (i.e., ITS technologies, traffic operational improvements)?

☐ Yes ☐ No ☐ Unknown

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

INTERMODAL CONNECTIONS

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

☐ Yes ☐ No ☐ Unknown

If yes, what is the name of the industrial site area (i.e., 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?

☐ Yes ☐ No ☐ Unknown

If yes, identify the facility, major freight generator, or port:

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

ENVIRONMENT

Does the project incorporate any of the following green infrastructure improvements?

- ☐ Bioswales
- ☐ Rain gardens
- ☐ Pervious pavements
- ☐ Pervious strips
- ☐ Green bulb-outs
- ☐ Solar powered fixtures
- ☐ Other
- ☐ None

Describe other:

If green infrastructure elements are included, describe its relationship to this project:

NOTIFICATION OF TITLE VI & NONDISCRIMINATION REQUIREMENTS

Title VI

A recipient of any federal funds from the U.S. Department of Transportation (“DOT”) must comply with federal statutes, regulations, executive orders, and other pertinent directives that govern nondiscrimination in federally assisted programs. Below is a list of the statutes and regulations that may apply to a recipient’s program; however, other federal requirements regarding nondiscrimination may be imposed by DOT.

- A. Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. §§ 2000d *et seq.*
- B. All requirements imposed by or pursuant to the Code of Federal Regulations, Title 49: Transportation, Subtitle A: Office of the Secretary of Transportation, Part 21: *Nondiscrimination in Federally-Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act of 1964.*

As part of federal requirements, a recipient of funds from DOT must ensure that it has written policies and procedures in place to ensure nondiscrimination in its programs, up to and including, developing a Title VI Plan.

Nondiscrimination

A recipient of any federal funds from the U.S. Department of Transportation (“DOT”) must comply with federal statutes, regulations, executive orders, and other pertinent directives that govern nondiscrimination in federally assisted programs. Below is a list of the statutes and regulations that may apply to a recipient’s program; however, other federal requirements regarding nondiscrimination may be imposed by DOT.

- A. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d, and implementing regulations at 49 CFR Part 21 – *Nondiscrimination in Federally Assisted Programs of the Department of Transportation—Effectuation of Title VI of the Civil Rights Act.*
- B. The equal employment opportunity provisions of 49 U.S.C. § 5332 and Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e *et seq.*, and implementing regulations, including:
 - 1. 41 CFR Part 60 – *Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.*
- C. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. §§ 1681 *et seq.*, and implementing regulations at 49 CFR Part 25 – *Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance.*
- D. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794, and the Americans with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101 *et seq.*, and implementing regulations, including:
 - 1. 49 CFR Part 37—*Transportation Services for Individuals with Disabilities (ADA).*
 - 2. 49 CFR Part 27—*Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefiting from Federal Financial Assistance.*
 - 3. 36 CFR Part 1192 and 49 CFR Part 38—*Americans with Disabilities (ADA) Accessibility Specifications for Transportation Vehicles.*
 - 4. 28 CFR Part 35—*Nondiscrimination on the Basis of Disability in State and Local Government Services.*
 - 5. 28 CFR Part 36—*Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities.*
 - 6. 41 CFR Subpart 101 – 119—*Accommodations for the Physically Handicapped.*
 - 7. 29 CFR Part 1630—*Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act.*
 - 8. 47 CFR Part 64, Subpart F—*Telecommunications Relay Services and Related Customer Premises Equipment for the Hearing and Speech Disabled.*
 - 9. 36 CFR Part 1194—*Electronic and Information Technology Accessibility Standards.*
 - 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 Vo. 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.

Name (print)

Title

Signature

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: Third Street Overlay and Improvements

Local Match Amount: \$183,598

Sponsoring Agency: City of Washington

Chief Elected Official (or Chief Executive Officer):

Name (print): Darren Lamb

Signature: 

Date: 6/11/18

Chief Financial Officer:

Name (print): Mary Sprung

Signature: 

Date: 6/11/18

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): _____

Title: _____ Email: _____

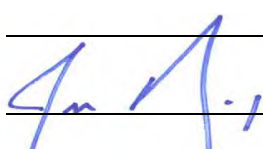
Signature:  _____

Date: _____

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

Name (print): _____

Title: _____ Email: _____

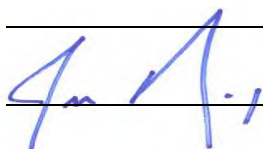
Signature:  _____

Date: _____

Person of Responsible Charge – Construction Phase

Name (print): _____

Title: _____ Email: _____

Signature:  _____

Date: _____

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

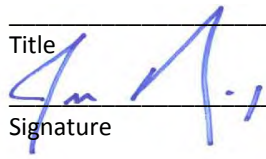
The State Department of Transportation and the Federal Highway Administration (FHWA) have the right and responsibility to review and monitor the acquisition procedures of any federally funded transportation project for adherence to The Uniform Relocation Assistance and Real Property Acquisition Policies 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.

Name (print)

Title



Signature

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.

Name (print)

Title

Signature

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
Cost Estimate

Project Location Map

PROJECT LOCATION

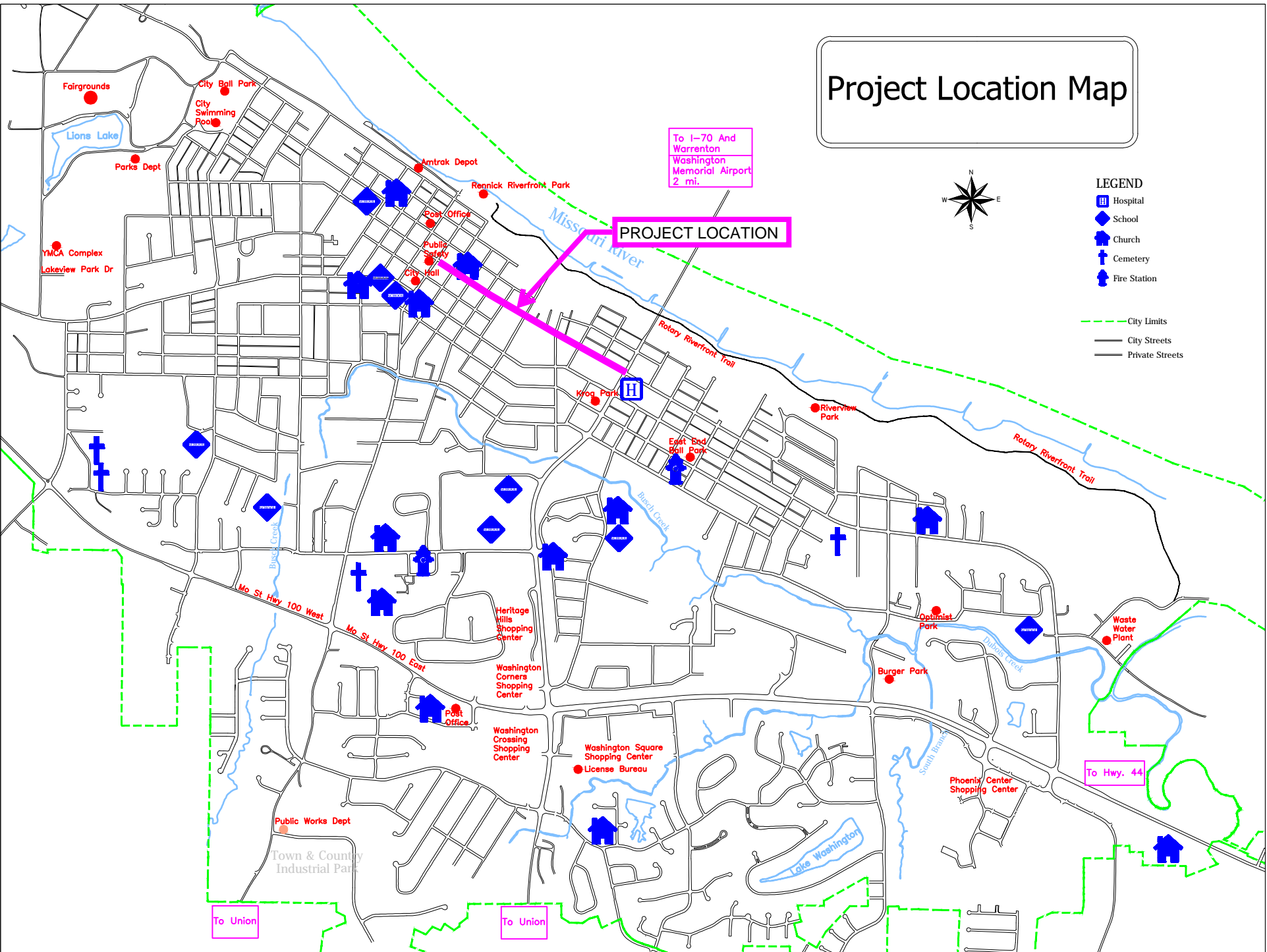
To I-70 And
Warrenton
Washington
Memorial Airport
2 mi.



LEGEND

- Hospital
- School
- Church
- Cemetery
- Fire Station

- City Limits
- City Streets
- Private Streets



Estimate of Project Costs	
---------------------------	--

Project Sponsor: City of Washington, MO

Project Title: Third Street Overlay and Improvements

Date: 5/1/2018

Specific Roadway Items	
1	1.0000
2	2.0000
3	3.0000
4	4.0000
5	5.0000
6	6.0000
7	7.0000
8	8.0000
9	9.0000
10	10.0000
11	11.0000
12	12.0000
13	13.0000
14	14.0000
15	15.0000
16	16.0000
17	17.0000
18	18.0000
19	19.0000
20	20.0000
21	21.0000
22	22.0000
23	23.0000
24	24.0000
25	25.0000
26	26.0000
27	27.0000
28	28.0000
29	29.0000
30	30.0000
31	31.0000
32	32.0000
33	33.0000
34	34.0000
35	35.0000
36	36.0000
37	37.0000
38	38.0000
39	39.0000
40	40.0000
41	41.0000
42	42.0000
43	43.0000
44	44.0000
45	45.0000
46	46.0000
47	47.0000
48	48.0000
49	49.0000
50	50.0000
51	51.0000
52	52.0000
53	53.0000
54	54.0000
55	55.0000
56	56.0000
57	57.0000
58	58.0000
59	59.0000
60	60.0000
61	61.0000
62	62.0000
63	63.0000
64	64.0000
65	65.0000
66	66.0000
67	67.0000
68	68.0000
69	69.0000
70	70.0000
71	71.0000
72	72.0000
73	73.0000
74	74.0000
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80	80.0000
81	81.0000
82	82.0000
83	83.0000
84	84.0000
85	85.0000
86	86.0000
87	87.0000
88	88.0000
89	89.0000
90	90.0000
91	91.0000
92	92.0000
93	93.0000
94	94.0000
95	95.0000
96	96.0000
97	97.0000
98	98.0000
99	99.0000
100	100.0000

Item	Quantity	Unit	Unit Price	Amount
Mobilization	1	Lump Sum	\$20,000.00	\$20,000.00
Traffic Control	1	Lump Sum	\$10,000.00	\$10,000.00
Full Width Mill	14,104	Sq. Yd.	\$2.15	\$30,323.60
Asphalt Surface Course, BP-2	1,552	Tons	\$70.00	\$108,640.00
Curb & Gutter Removal/Replacement*	5,532	Ln. Ft.	\$28.00	\$154,896.00
Remove and Replace Sign - Install Sign Post Sleeve 4" Dia. SCH 40 PVC	30	Each	\$300.00	\$9,000.00
Replace Existing Grated Inlet with New Curb Inlet	10	Each	\$3,500.00	\$35,000.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
- - - - -				\$0.00
SUBTOTAL:				\$367,859.60

Specific Bicycle Items	
1. Bicycle frame	2. Bicycle wheels
3. Bicycle tires	4. Bicycle handlebars
5. Bicycle seat	6. Bicycle pedals
7. Bicycle chain	8. Bicycle gears
9. Bicycle brakes	10. Bicycle lights
11. Bicycle bell	12. Bicycle fenders
13. Bicycle rack	14. Bicycle lock
15. Bicycle pump	16. Bicycle repair kit
17. Bicycle helmet	18. Bicycle gloves
19. Bicycle socks	20. Bicycle shoes
21. Bicycle jersey	22. Bicycle shorts
23. Bicycle cap	24. Bicycle bag
25. Bicycle water bottle	26. Bicycle repair tools
27. Bicycle repair manual	28. Bicycle repair videos
29. Bicycle repair courses	30. Bicycle repair books
31. Bicycle repair kits	32. Bicycle repair tools
33. Bicycle repair manuals	34. Bicycle repair videos
35. Bicycle repair courses	36. Bicycle repair books
37. Bicycle repair kits	38. Bicycle repair tools
39. Bicycle repair manuals	40. Bicycle repair videos
41. Bicycle repair courses	42. Bicycle repair books
43. Bicycle repair kits	44. Bicycle repair tools
45. Bicycle repair manuals	46. Bicycle repair videos
47. Bicycle repair courses	48. Bicycle repair books
49. Bicycle repair kits	50. Bicycle repair tools
51. Bicycle repair manuals	52. Bicycle repair videos
53. Bicycle repair courses	54. Bicycle repair books
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57. Bicycle repair manuals	58. Bicycle repair videos
59. Bicycle repair courses	60. Bicycle repair books
61. Bicycle repair kits	62. Bicycle repair tools
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65. Bicycle repair courses	66. Bicycle repair books
67. Bicycle repair kits	68. Bicycle repair tools
69. Bicycle repair manuals	70. Bicycle repair videos
71. Bicycle repair courses	72. Bicycle repair books
73. Bicycle repair kits	74. Bicycle repair tools
75. Bicycle repair manuals	76. Bicycle repair videos
77. Bicycle repair courses	78. Bicycle repair books
79. Bicycle repair kits	80. Bicycle repair tools
81. Bicycle repair manuals	82. Bicycle repair videos
83. Bicycle repair courses	84. Bicycle repair books
85. Bicycle repair kits	86. Bicycle repair tools
87. Bicycle repair manuals	88. Bicycle repair videos
89. Bicycle repair courses	90. Bicycle repair books
91. Bicycle repair kits	92. Bicycle repair tools
93. Bicycle repair manuals	94. Bicycle repair videos
95. Bicycle repair courses	96. Bicycle repair books
97. Bicycle repair kits	98. Bicycle repair tools
99. Bicycle repair manuals	100. Bicycle repair videos
101. Bicycle repair courses	102. Bicycle repair books
103. Bicycle repair kits	104. Bicycle repair tools
105. Bicycle repair manuals	106. Bicycle repair videos
107. Bicycle repair courses	108. Bicycle repair books
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111. Bicycle repair manuals	112. Bicycle repair videos
113. Bicycle repair courses	114. Bicycle repair books
115. Bicycle repair kits	116. Bicycle repair tools
117. Bicycle repair manuals	118. Bicycle repair videos
119. Bicycle repair courses	120. Bicycle repair books
121. Bicycle repair kits	122. Bicycle repair tools
123. Bicycle repair manuals	124. Bicycle repair videos
125. Bicycle repair courses	126. Bicycle repair books
127. Bicycle repair kits	128. Bicycle repair tools
129. Bicycle repair manuals	130. Bicycle repair videos
131. Bicycle repair courses	132. Bicycle repair books
133. Bicycle repair kits	134. Bicycle repair tools
135. Bicycle repair manuals	136. Bicycle repair videos
137. Bicycle repair courses	138. Bicycle repair books
139. Bicycle repair kits	140. Bicycle repair tools
141. Bicycle repair manuals	142. Bicycle repair videos
143. Bicycle repair courses	144. Bicycle repair books
145. Bicycle repair kits	146. Bicycle repair tools
147. Bicycle repair manuals	148. Bicycle repair videos
149. Bicycle repair courses	150. Bicycle repair books
151. Bicycle repair kits	152. Bicycle repair tools
153. Bicycle repair manuals	154. Bicycle repair videos
155. Bicycle repair courses	156. Bicycle repair books
157. Bicycle repair kits	158. Bicycle repair tools
159. Bicycle repair manuals	160. Bicycle repair videos
161. Bicycle repair courses	162. Bicycle repair books
163. Bicycle repair kits	164. Bicycle repair tools
165. Bicycle repair manuals	166. Bicycle repair videos
167. Bicycle repair courses	168. Bicycle repair books
169. Bicycle repair kits	170. Bicycle repair tools
171. Bicycle repair manuals	172. Bicycle repair videos
173. Bicycle repair courses	174. Bicycle repair books
175. Bicycle repair kits	176. Bicycle repair tools
177. Bicycle repair manuals	178. Bicycle repair videos
179. Bicycle repair courses	180. Bicycle repair books
181. Bicycle repair kits	182. Bicycle repair tools
183. Bicycle repair manuals	184. Bicycle repair videos
185. Bicycle repair courses	186. Bicycle repair books
187. Bicycle repair kits	188. Bicycle repair tools
189. Bicycle repair manuals	190. Bicycle repair videos
191. Bicycle repair courses	192. Bicycle repair books
193. Bicycle repair kits	194. Bicycle repair tools
195. Bicycle repair manuals	196. Bicycle repair videos
197. Bicycle repair courses	198. Bicycle repair books
199. Bicycle repair kits	200. Bicycle repair tools
201. Bicycle repair manuals	202. Bicycle repair videos
203. Bicycle repair courses	204. Bicycle repair books
205. Bicycle repair kits	206. Bicycle repair tools
207. Bicycle repair manuals	208. Bicycle repair videos
209. Bicycle repair courses	210. Bicycle repair books
211. Bicycle repair kits	212. Bicycle repair tools
213. Bicycle repair manuals	214. Bicycle repair videos
215. Bicycle repair courses	216. Bicycle repair books
217. Bicycle repair kits	218. Bicycle repair tools
219. Bicycle repair manuals	220. Bicycle repair videos
221. Bicycle repair courses	222. Bicycle repair books
223. Bicycle repair kits	224. Bicycle repair tools
225. Bicycle repair manuals	226. Bicycle repair videos
227. Bicycle repair courses	228. Bicycle repair books
229. Bicycle repair kits	230. Bicycle repair tools
231. Bicycle repair manuals	232. Bicycle repair videos
233. Bicycle repair courses	234. Bicycle repair books
235. Bicycle repair kits	236. Bicycle repair tools
237. Bicycle repair manuals	238. Bicycle repair videos
239. Bicycle repair courses	240. Bicycle repair books
241. Bicycle repair kits	242. Bicycle repair tools
243. Bicycle repair manuals	244. Bicycle repair videos
245. Bicycle repair courses	246. Bicycle repair books
247. Bicycle repair kits	248. Bicycle repair tools
249. Bicycle repair manuals	250. Bicycle repair videos
251. Bicycle repair courses	252. Bicycle repair books
253. Bicycle repair kits	254. Bicycle repair tools

Item	Quantity	Unit	Unit Price	Amount
Signage (Bicycle, etc.)	1	LS	\$5,000.00	\$5,000.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
SUBTOTAL				\$5,000.00

Specific Pedestrian Items	
1	Handbag
2	Backpack
3	Shopping bag
4	Travel bag
5	Tool bag
6	Toolbox
7	Toolbox
8	Toolbox
9	Toolbox
10	Toolbox
11	Toolbox
12	Toolbox
13	Toolbox
14	Toolbox
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99	Toolbox
100	Toolbox

Item	Quantity	Unit	Unit Price	Amount
Sidewalk Removal/Replacement*	27,273	Sq. Ft.	\$6.00	\$163,638.00
ADA Access Ramps Removal/Replacement*	5,000	Sq. Ft.	\$22.00	\$110,000.00
Street Apron, 8" Thick R/R, High Early Concrete*	1,688	Sq. Ft.	\$15.00	\$25,320.00
Driveway Apron, 6" Thick R/R*	3,324	Sq. Ft.	\$12.00	\$39,888.00
Sidewalk Trench Drains	192	Ln. Ft.	\$125.00	\$24,000.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
SUBTOTAL				\$362,846.00

Specific Transit Items				
Item	Quantity	Unit	Unit Price	Amount
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
SUBTOTAL				\$0.00

Miscellaneous Other Items				
Item	Quantity	Unit	Unit Price	Amount
Restore Vegetation	1	Lump Sum	\$10,000.00	\$10,000.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
-----	-----	-----	-----	\$0.00
SUBTOTAL				\$10,000.00

Construction Cost Total	\$745,705.60
Contingency	\$37,285.28
Inflation	\$25,000.00
Preliminary Engineering	\$60,000.00
Right-of-Way	\$10,000.00
Construction Engineering/Inspection	\$40,000.00
Project Total *	\$917,990.88

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

ATTACHMENT "B"

Detailed Map
Typical Road Section
Road Condition / Photographs

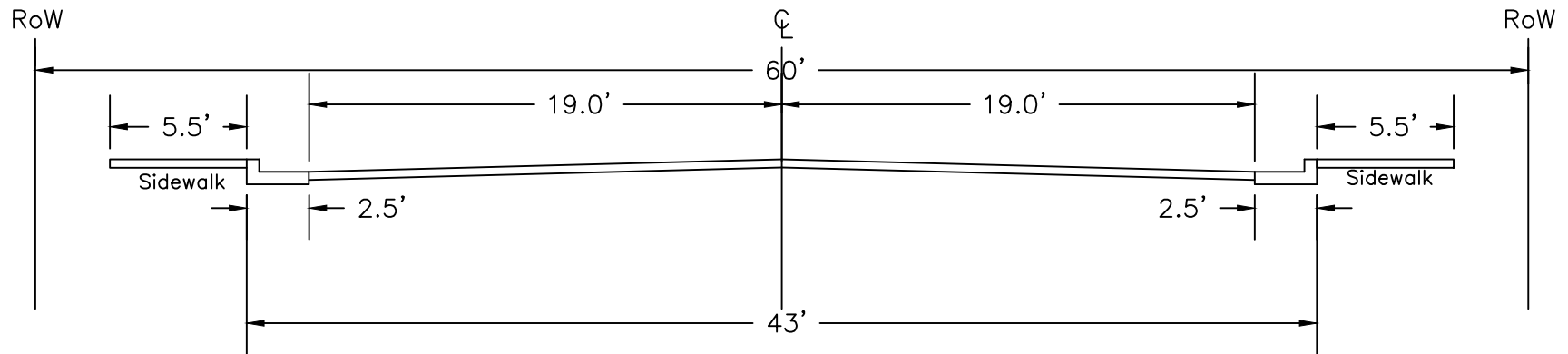
Location Map Exhibit A



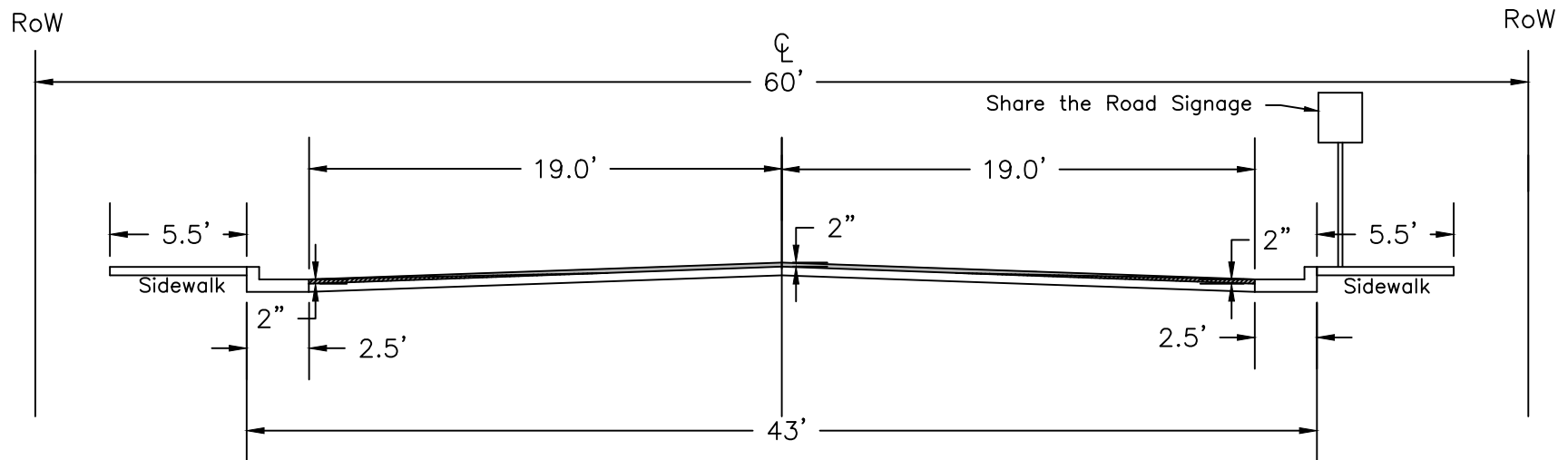
0 400 FEET



Typical Roadway Sections



Existing
A1



Proposed
A2

Overlay Area
14' Taper Milling Area

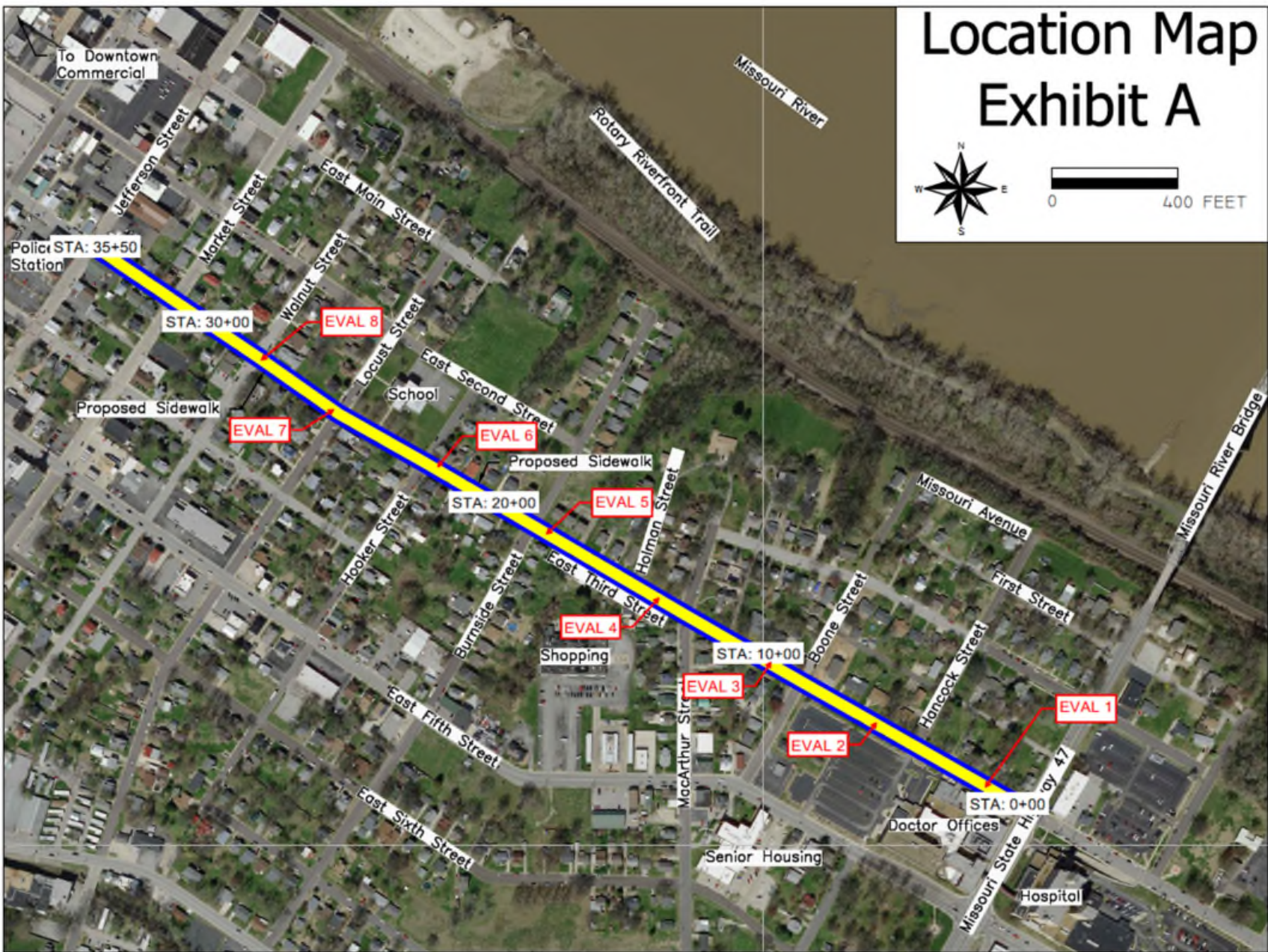


PASER RATING EVALUATION


Third Street
(Hwy 47 to Jefferson Street)
Washington, MO


PASER EVALUATION SUMMARY

STREET	EVAL NUMBER	STATION	SIDE	RATING	LENGTH
THIRD	1	1+50	BOTH	5	150
THIRD	2	5+50	BOTH	5	400
THIRD	3	9+50	BOTH	5	400
THIRD	4	13+50	BOTH	5	400
THIRD	5	17+50	BOTH	4	400
THIRD	6	21+50	BOTH	4	400
THIRD	7	25+50	BOTH	4	400
THIRD	8	29+50	BOTH	5	400
			PASER RATING = 4.6		





CALCULATIONS AND PHOTOS

EVAL NUMBER 1		
PASER RATING	DESCRIPTION	PHOTO
5	<p>Longitudinal Cracking</p> <p>Traverse Cracking</p> <p>Block Cracking</p> <p>Unconfined joint separation</p>	


EVAL NUMBER 2		
PASER RATING	DESCRIPTION	PHOTO
5	<p>Longitudinal Cracking</p> <p>Traverse Cracking</p> <p>Block Cracking</p> <p>Unconfined joint separation</p>	


CALCULATIONS AND PHOTOS

EVAL NUMBER 3		
PASER RATING	DESCRIPTION	PHOTO
5	<p>Longitudinal Cracking</p> <p>Traverse Cracking</p> <p>Block Cracking</p> <p>Unconfined joint separation</p>	


EVAL NUMBER 4		
PASER RATING	DESCRIPTION	PHOTO
5	<p>Longitudinal Cracking</p> <p>Traverse Cracking</p> <p>Unconfined joint separation</p> <p>Utility Patch</p>	


CALCULATIONS AND PHOTOS

EVAL NUMBER 5		
PASER RATING	DESCRIPTION	PHOTO
4	<p>Longitudinal Cracking</p> <p>Traverse Cracking</p> <p>Block Cracking</p> <p>Unconfined joint separation</p>	

EVAL NUMBER 6		
PASER RATING	DESCRIPTION	PHOTO
4	<p>Longitudinal Cracking</p> <p>Traverse Cracking</p> <p>Block Cracking</p> <p>Unconfined joint separation</p> <p>Utility Patch</p>	

CALCULATIONS AND PHOTOS

EVAL NUMBER 7		
PASER RATING	DESCRIPTION	PHOTO
4	<p>Longitudinal Cracking</p> <p>Traverse Cracking</p> <p>Block Cracking</p> <p>Unconfined joint separation</p> <p>Utility Patch</p>	

EVAL NUMBER 8		
PASER RATING	DESCRIPTION	PHOTO
5	<p>Longitudinal Cracking</p> <p>Traverse Cracking</p> <p>Block Cracking</p> <p>Unconfined joint separation</p> <p>Utility Patch</p>	

ATTACHMENT "C"

Crash Rate
Summary of Crashes
Crash Reports

04.04.18

Safety Calculator

Sponsoring Agency: City of Washington

copied from crash summary form

Project Title: Third Street Overlay and Improvments

* 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. If EWG has questions or concerns about the locations of crashes, they may ask sponsors to submit an additional map with crash locations.

Following Data Required for Road, Traffic Flow, Safety, or Freight/Economic Development Project Applications

	Value	Comment
Number of Crashes from 2011-2015:		
Fatal (K)	-	Input
Serious Injury (A)	-	Input
Minor Injury (B,C)	5	Input
Property Damage Only (O)	5	Input
Total	10	
Project Type		
Segment or Intersection	Segment	Select from drop down list
Project Average Daily Traffic	3,500	Number of vehicles
Project Length	0.65	in miles

Following Data Required Only For Safety Project Applications

* Safety Project Applicants MUST fill out the 'Safety Application Supplement' sheet to correspond with the data below

Lifespan of Countermeasure		Years
Maintenance Cost of Countermeasure		Annual dollars
CMF		From CMF clearing house
Years To Construction Phase		Years
Duration of Construction Phase		Years, minimum of one year*
Total Project Cost		Dollars, include all phases of the project

Key:

Inputs

Results

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

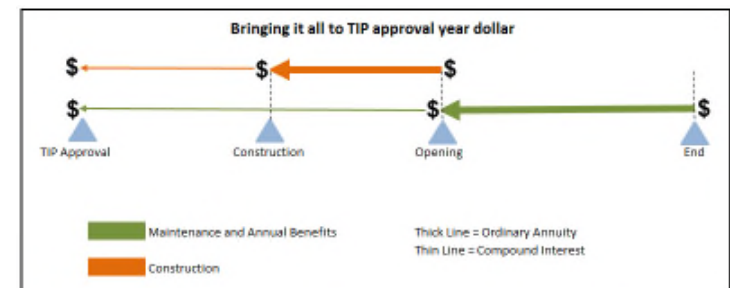
Clear Data

Outputs

5 Year Crash Data (per 100 million miles)	
Crash Rate	240.9
Fatality & Serious Injury Crash Rate	0.00
Benefit/Cost Ratio	-

CHECKS

Annual Benefit	86,171
PVB	-
PVC	-
PVC Construction	-
PVC Maintenance	-
BCR	-



04.04.18

Crash Summary Form

Sponsoring Agency: City of Washington

Project Title: Third Street Overlay and Improvements

* Provide details for ALL fatal and serious injury crashes AND 10 minor injury and/or property damage only crashes that coincide with countermeasure within the project limits for 2011-2015.

Note : if the project limits has 20 minor injury/property damage only crashes, only provide information for 10 in the summary. If the project limits has 3 minor injury/property damage only crashes, provide information for those 3 crashes in the summary.

* Fill out a separate row for each crash.

* Provide information on the location (i.e. Main St at Bradley St OR Jackson St - 250' north of Morton Ave), probable contributing circumstances, severity level of crash (the crash should be documented as the "highest" severity listed in the crash report), and the primary countermeasure to eliminate or mitigate the collision (the countermeasure must be consistent with the project scope).

* Attach a full crash report for each crash listed in the summary. Number the provided crash report to match the order they are listed in the summary.

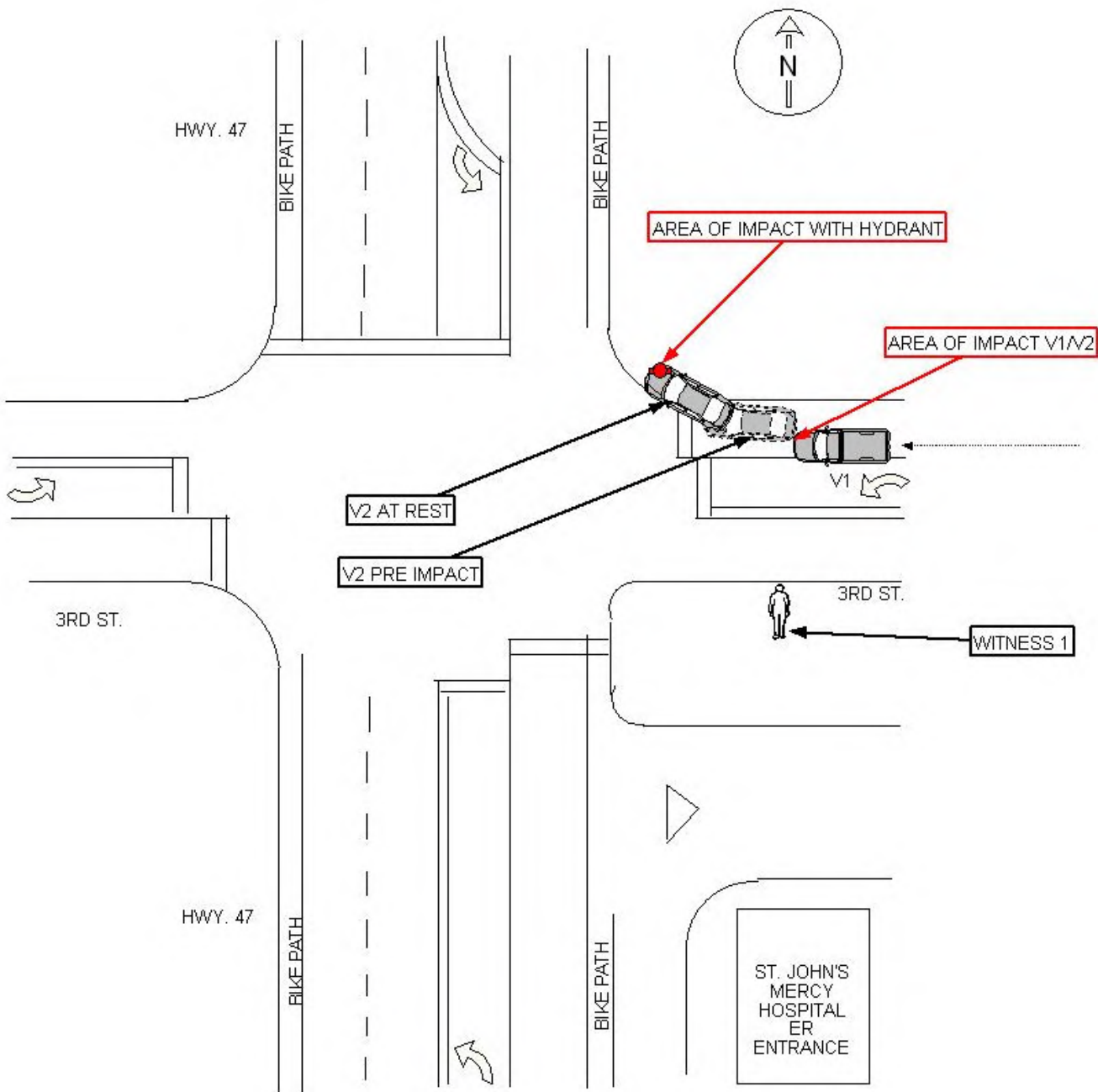
#	Date	Collision Location (provide location details)	Probable Contributing Circumstances of Crash (speed, failed to yield, alcohol, distracted, etc.)	Severity Level of Crash	Primary Countermeasure (must be consistent with project scope)	How does countermeasure address safety concern?
Example	1/3/2015	Main St at Bradley St	distracted and speed	Serious Injury	add rumblestrips	Rumble strips on the shoulders warn drivers that they are entering a part of the roadway not intended for routine traffic use
1	7/7/2013	East Third St at MO 47	distracted	Minor Injury		
2	1/4/2012	East Third St at Locust St	failed to yield	Minor Injury		
3	9/18/2015	East Third St at MacArthur St	alcohol	Minor Injury		
4	9/16/2013	East Third St at MO 47	following too close	Minor Injury		
5	10/14/2014	East Third St at Hooker St	failed to yield	Minor Injury		
6	9/23/2011	East Third St at MacArthur St	failed to yield	Property Damage Only		
7	9/24/2011	East Third St at Locust St	failed to yield / inattentive	Property Damage Only		
8	12/29/2011	East Third St at Holman St	improper lane usage / physical impairment	Property Damage Only		
9	1/3/2012	East Third St at Jefferson St	improper lane usage / distracted	Property Damage Only		
10	6/13/2012	East Third St at MO 47	improper turn	Property Damage Only		
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

add rows as needed

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0360800														
SPACE USED FOR BARCODE				WASHINGTON P.D. 301 JEFFERSON STREET WASHINGTON, MO 63090														
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION 		PROPERTY DAMAGE ONLY 		NO. INJURED 4		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 13-001566				
NO. VEH. INV. 2		CRASH DATE 07/07/2013		CRASH TIME (MIL.) 1839		NOTIFIED DATE 07/07/2013		TIME NOTIFIED (MIL.) 1840		INVESTIGATION DATE 07/07/2013		TIME ARRIVED (MIL.) 1842		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		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		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input checked="" 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) <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 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 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 / GCWVR 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 checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.						
EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency										
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency										
2 - LOCATION																		
COUNTY 036-FRANKLIN				MUNICIPALITY 2810-WASHINGTON				BEAT / ZONE EAST		TRP/DIST/PCT N/A		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W						
ON CST 3RD ST						RDWY. DIR. WEST		DISTANCE FROM 0 Feet NA		LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		INTERSECTING MO 47		SPEED LIMIT 30				
SPEED LIMIT 20		ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other										INT. DIR. N		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"/> Two-Way; Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown								ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				ROAD PROFILE <input checked="" 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"/> 4-way Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)								ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)										
ROAD SURFACE <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)								WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <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																		
CITY OF WASHINGTON 405 JEFFERSON ST, WASHINGTON, MO 63090 - DAMAGED FIRE HYDRANT AND CONCRETE-INTERNAL DAMAGE TO HYDRANT AND CRACKING ON CONCRETE AROUND HYDRANT. -																		
4 - WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative																		
NAME SEHRT, KARLA R				ADDRESS (Street, City, State, Zip) 1604 THIRD PARKWAY, WASHINGTON, MO, 63090								PHONE NUMBER 636-432-3594						
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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <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		<input type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <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"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (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 NES <input checked="" type="radio"/> W U	V2 NES <input checked="" type="radio"/> W U	V3 NES W U	V4 NES W U	V5 NES W U	V6 NES W U
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INDICATE NORTH




INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																		
NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 02 SIEBERT, DAVID A - 20-7 SOUTHWINDS CIRCLE DR, WASHINGTON, MO, 63090															PHONE NUMBER 636-388-6168			
DRIVER LICENSE / ID NUMBER U057175001		STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class _____ <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA		Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		Unknown (Explain) <input type="checkbox"/>		MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)							
DATE OF BIRTH 06/19/1966	SEX M	SEAT LOC FL	INJ 4	TRANS-PORT 2	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	<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 <input type="checkbox"/> Expired PROGRESSIVE INSC.				PHONE NO. (Optional)		POLICY NUMBER <input type="checkbox"/> NA 13083714		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle								
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input checked="" type="checkbox"/> SAD															PHONE NUMBER <input checked="" type="checkbox"/> SAD			
YEAR 1998	MAKE BUICK		MODEL CENTURY & CUSTOM WGN, ES				COLOR RED		VEH. TYPE 01	TOTAL NO. OF OCC. 3								
LICENSE - PLATE NO. HJ3C9K	STATE MO	YEAR 2014	VIN 2 G 4 W S 5 2 M 6 W 1 4 3 8 2 0 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) <input type="checkbox"/> None / No Damage				TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA														
INITIAL IMPACT NO.: <input type="checkbox"/> NA 9 14 13 12 11 10 9 15 16 17 18 19 - Windshield 20 - Burned 21 - Towed Unit				MIKE'S TOWING - Phone#: 636-239-9644 1805 EAST 5TH STREET WASHINGTON, MO 63090														
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 / GCWV 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 <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <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"/> 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)															ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA			
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 12 34 01 20 36															ANIMAL CODE(S)		FIXED OBJECT CODE(S) 35	
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"/> 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 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 type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Controls: <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)										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <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)																		
SIEBERT, KRYSTAL M 437 BIRCHWOOD CT, WASHINGTON, MO 63090								DATE OF BIRTH MM-DD-YYYY 08/14/1987	SEX F	SEAT LOC SR	INJ 4	TRANS-PORT 2	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	PHONE NUMBER 636-388-6370		
SIEBERT, ANTHONY P 20-7 SOUTHWINDS CIRCLE DR, WASHINGTON, MO 63090								12/23/1990	M	FR	4	2	2	03	05	636-388-6168		
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 - Rental Vehicle		<input type="checkbox"/> Not In Commerce - Other Vehicle		MC / MX / ICC NO.		USDOT NO.										
CARGO BODY 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"/> Pole Trailer <input type="checkbox"/> Log	<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"/> 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		INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known		1. Fatal	(For Medical Treatment)		1. None / NA	1. None
B - Pedalcycle		2. Disabling		1. NA	3. Not Deployed	2. Not Used
M - Motorcycle		3. Evident - Not Disabling	1. No	2. No	4. Removed	9. Deployed - Combination
CP - Commercial Passenger		4. Probable - Not Apparent	2. EMS	3. Partially	10. Deployment Unknown	3. Shoulder Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	3. Other	4. Totally	U. Air Bag Presence Unknown	4. Lap Belt Only
OU - Occupant - Unenclosed Load Area		U. Unknown	U. Unknown	U. Unknown		5. Shoulder and Lap Belt
RC - Rail Crew		N. NA	N. NA			7. DOT Compliant MC Helmet
SV - Other (Explain in Narrative)						8. No Helmet
NA - Not Applicable						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
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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)

THIS CRASH OCCURRED AS V1 AND V2 WERE WESTBOUND 3RD AT THE INTERSECTION OF 3RD AND 47. V2 STOPPED FOR A RED ELECTRIC SIGNAL AND WAS REAR ENDED BY V1. V2 WAS THEN FORCED FORWARD AND STRUCK A FIRE HYDRANT CAUSING DAMAGE TO THE HYDRANT.

D1 STATED THAT HE WAS WESTBOUND 3RD STREET APPROACHING 47 WHEN HE NOTICED THAT THE TRAFFIC SIGNAL WAS RED. D1 SAID THAT HE TRIED TO STOP BUT HIS FOOT SLIPPED OFF THE BRAKE. D1 STATED THAT HE THEN REAR ENDED V2.

D2 STATED THAT HE WAS COMPLETELY STOPPED IN TRAFFIC WAITING TO TURN NORTH ON 47 FROM WESTBOUND 3RD WHEN HE WAS REAR ENDED BY V1. D2 SAID THAT HIS VEHICLE WAS THEN FORCED FORWARD INTO A FIRE HYDRANT.

D1 COMPLAINED OF BACK PAIN AND WAS TRANSPORTED BY EMS TO MERCY HOSPITAL. V1 DID NOT SUSTAIN DISABLING DAMAGE BUT WAS REMOVED PER OWNER REQUEST BY STURMS TOWING SINCE HE WAS TRANSPORTED BY EMS.

D2 AS WELL AS BOTH PASSENGERS OF V2 COMPLAINED OF NECK AND BACK PAIN AND WERE TRANSPORTED BY EMS TO MERCY HOSPITAL. V2 SUSTAINED DISABLING DAMAGE AND WAS REMOVED FROM THE SCENE BY MIKES WRECKER. IT SHOULD BE NOTED THAT ADDITIONAL DAMAGE WAS CAUSED TO THE PASSENGER SIDE OF THE VEHICLE AS A RESULT OF THE EXTRICATION FROM THE FIRE HYDRANT.

CITY OF WASHINGTON WATER DEPARTMENT RESPONDED TO INSPECT THE HYDRANT AND INFORMED THAT IT SUSTAINED INTERNAL DAMAGE AS A RESULT OF THE CRASH.

WITNESS 1 SAID THAT SHE OBSERVED V1 TRAVELING WESTBOUND 3RD STREET. W1 SAID THAT IT APPEARED AS IF D1 HAD HIS HEAD AND EYES DOWN TOWARDS HIS LAP WHEN HE REAR ENDED V2.

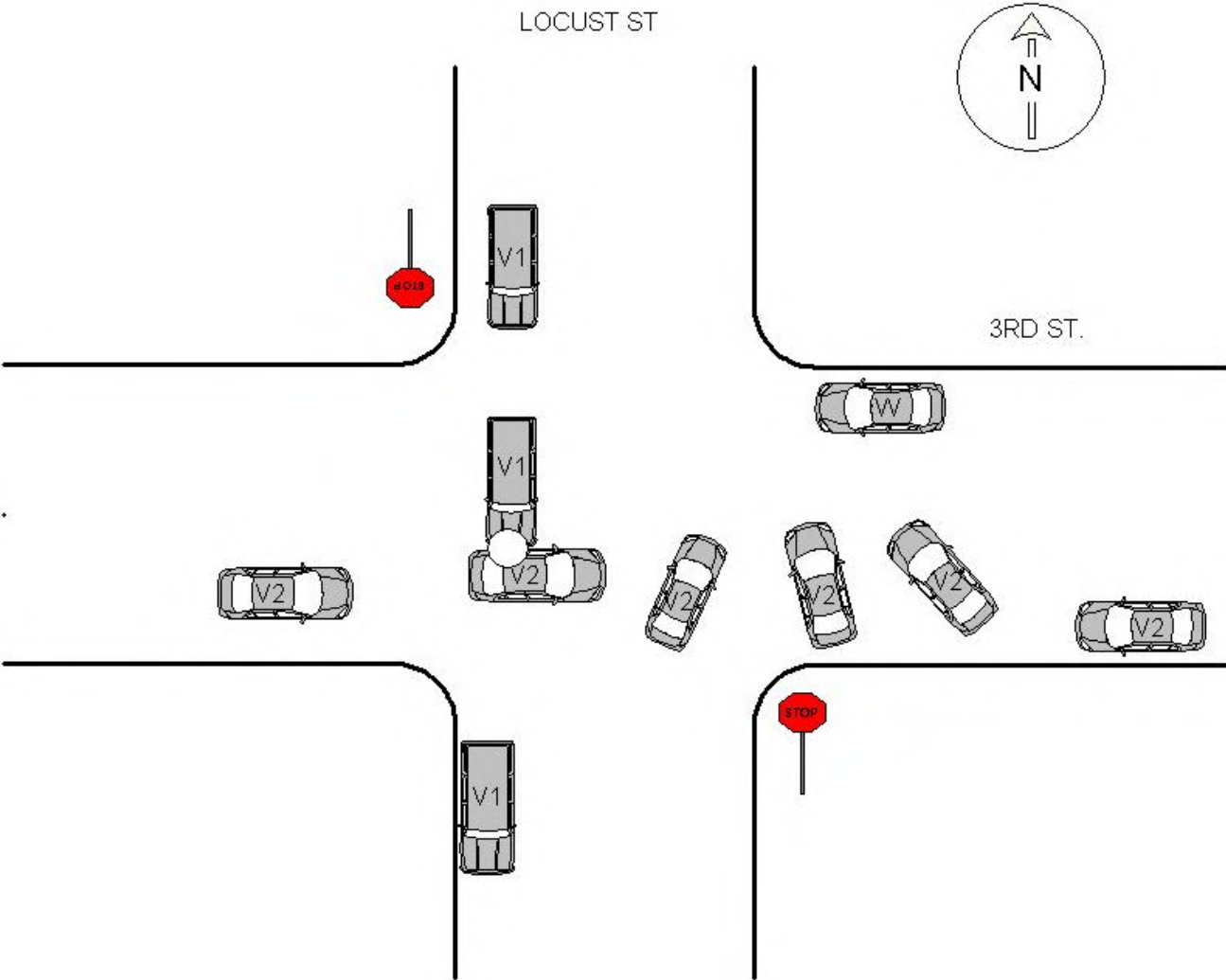
10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME GRISSOM, MICHAEL JEFFERY	DSN / BADGE NO. 00299	BEAT / ZONE EAST	TROOP / DISTRICT / PRECINCT N/A
REVIEWING OFFICER NAME GARRETT, GREGORY	DSN / BADGE NO. 00263	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0360800 WASHINGTON P.D. 301 JEFFERSON STREET WASHINGTON, MO 63090																			
SPACE USED FOR BARCODE																							
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION 		PROPERTY DAMAGE ONLY 		NO. INJURED 1		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 12-000033									
NO. VEH. INV. 2		CRASH DATE 01/04/2012		CRASH TIME (MIL.) 1512		NOTIFIED DATE 01/04/2012		TIME NOTIFIED (MIL.) 1512		INVESTIGATION DATE 01/04/2012		TIME ARRIVED (MIL.) 1513		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		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		DIRECTIONAL ANALYSIS FOR IMPACT WITH 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 checked="" 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) <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 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 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 / GCWVR 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 checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.											
EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency															
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency															
2 - LOCATION																							
COUNTY 036-FRANKLIN				MUNICIPALITY 2810-WASHINGTON				BEAT / ZONE EAST		TRP/DIST/PCT N/A		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W											
ON CST 3RD ST						RDWY. DIR. EAST		DISTANCE FROM 0 Feet NA Miles		LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		INTERSECTING CST LOCUST ST											
SPEED LIMIT 30		ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other										SPEED LIMIT 20		INT. DIR. N									
												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								ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				ROAD PROFILE <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input checked="" type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)											
INTERSECTION TYPE <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection								ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water															
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"/> 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 type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative																							
NAME				ADDRESS (Street, City, State, Zip)								PHONE NUMBER											
ALFERMANN, TRACY				1921 DISCOVERY CT., WASHINGTON, MO, 63090								314-520-6799											
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		NA	OTHER ACTIONS			NA / None			Working In Trafficway			Unknown			SCHOOL INFO.			NA					
<input type="checkbox"/> With Signal		<input type="checkbox"/> Not At Crosswalk	<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"/> Walking / Running In Trafficway			<input type="checkbox"/> Other (Explain)			<input type="checkbox"/> Going To / From School			<input type="checkbox"/> Getting On / Off School Bus		
<input type="checkbox"/> Against Signal		<input type="checkbox"/> In Marked Crosswalk	<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.			<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"/> No Signal		<input type="checkbox"/> In Unmarked Crosswalk																					
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown																					
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)																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
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INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER																																												
01 BAKER, NOREEN M - 134 WILLOW CREEK RD, UNION, MO, 63084															636-584-3169																																												
DRIVER LICENSE / ID NUMBER					STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid		<input type="checkbox"/> Expired		LIC TYPE		<input checked="" type="checkbox"/> Operator Class F		<input type="checkbox"/> Permit		<input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT																																						
G057295003					MO		<input type="checkbox"/> NA		<input type="checkbox"/> Susp / Rev / Denied		<input type="checkbox"/> Disqual CDL		<input type="checkbox"/> NA		<input type="checkbox"/> CDL Class		<input type="checkbox"/> MC Only		<input type="checkbox"/> Unlicensed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA																																						
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)																																					
11/12/1959					F	FL	5	1	3	01	05	<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 (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 <input type="checkbox"/> Not Required					SECURA															PX2648767					<input checked="" type="checkbox"/> Vehicle																																		
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)																									PHONE NUMBER																																		
YEAR		MAKE				MODEL				COLOR				VEH. TYPE		TOTAL NO. OF OCC.																																											
2000		FORD				EXPEDITION				MAROC				01		1																																											
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE															TOWED DUE TO DIS. DAMAGE																																				
SC2-Z3G		MO		2012		1 F M R U 1 6 6 9 Y L C 5 0 7 7 5		<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 type="checkbox"/> None / No Damage															TOWED BY					<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																													
INITIAL IMPACT NO:										18 - Undercarriage 22 - Cargo																																																	
1										19 - Windshield 23 - Unknown																																																	
1										20 - Burned 24 - Other (Explain)																																																	
1										21 - Towed Unit																																																	
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 (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 checked="" type="checkbox"/> Sport Utility Vehicle										<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) (Does not apply to Truck Tractors)																			
<input type="checkbox"/> Limousine (7-8 W/Driver)										<input type="checkbox"/> Intercity										<input type="checkbox"/> 3 Wh										<input type="checkbox"/> Other Vehicle (Code)																													
<input type="checkbox"/> Limousine (9-15 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"/> Motorized Bicycle										<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"/> Pedalcycle										<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"/> To / From School																														<input type="checkbox"/> Unknown (Explain)										<input type="checkbox"/> Truck Tractor With Three Units										<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																								
12 09 18 34																																			<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"/> 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 checked="" 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															TRAFFIC CONTROL										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																																		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown															<input type="checkbox"/> None <input type="checkbox"/> Unknown										<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No																																		
															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)										<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																		
Workers Present															Other: <input checked="" type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone																																												

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 02 LEWANDOWSKI, KAMIL H. - 21-302 VILLAGE WEST, WASHINGTON, MO, 63090										PHONE NUMBER 636-667-4286			
DRIVER LICENSE / ID NUMBER L2946 42468 06856		STATE NJ	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class _____ <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA		Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)				
DATE OF BIRTH 06/19/1985	SEX M	SEAT LOC FL	INJ 4	TRANS-PORT 2	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 03	VISION OBSTRUCTED <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	<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 GEICO INS		<input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER 4185 85 68 30		<input type="checkbox"/> NA <input checked="" type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle			
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD LEWANDOWSKI, CYNTHIA A & - 21 VILLAGE WEST CT A, WASHINGTON, MO, 63090										PHONE NUMBER <input checked="" type="checkbox"/> SAD			
YEAR 2000	MAKE MAZDA		MODEL PROTEGE/FAMILIA		COLOR GREEN		VEH. TYPE 01	TOTAL NO. OF OCC. 1					
LICENSE - PLATE NO. SH8-Y2D	STATE MO	YEAR 2012	VIN J M 1 B J 2 2 2 6 Y 0 2 4 3 3 5 5	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) <input type="checkbox"/> None / No Damage				TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA									
INITIAL IMPACT NO: <input type="checkbox"/> NA 11				STURM'S/COUNTY WIDE TOWING - Phone#: 636-239-3636 1808 E 5TH STREET WASHINGTON, MO 63090									
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 / GCWV 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 <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <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"/> 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)										ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA			
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 01 34										ANIMAL CODE(S)		FIXED OBJECT CODE(S)	
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"/> 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													
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 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)								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		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) <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 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											
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		INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known	FR SR TR	1. Fatal	(For Medical Treatment)		1. None / NA	1. None
B - Pedalcycle	FC SC TC	2. Disabling		1. NA	9. Deployed - Combination	2. Not Used
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	1. No	2. No	10. Deployment Unknown	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable - Not Apparent	2. EMS	3. Partially	U. Air Bag Presence Unknown	4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	3. Other	4. Totally		5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown	U. Unknown	U. Unknown		7. DOT Compliant MC Helmet
RC - Rail Crew		N. NA	N. NA			8. No Helmet
SV - Other (Explain in Narrative)						10. Booster Seat
NA - Not Applicable						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 In Bicycle Lane	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
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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)

VEHICLE #1 WAS HEADING SOUTH ON LOCUST STREET AND HAD STOPPED FOR THE STOP SIGN AT LOCUST AND 3RD STREET. WHEN SHE PULLED OUT INTO TRAFFIC SHE COLLIDED WITH VEHICLE #2 WHICH WAS HEADING EAST ON 3RD STREET.

DRIVER OF VEHICLE #1 STATED THAT SHE WAS HEADING SOUTH ON LOCUST STREET AND HAD JUST STOPPED FOR THE POSTED STOP SIGN AT LOCUST AND 3RD STREET. AFTER CHECKING FOR TRAFFIC AND SEEING NONE, SHE PULLED OUT INTO THE INTERSECTION WHERE SHE COLLIDED WITH VEHICLE #2. DRIVER #1 ALSO STATED THAT THERE WAS A GLARE DUE TO THE POSITION OF THE SUN.

DRIVER OF VEHICLE #2 STATED THAT HE WAS HEADING EAST ON 3RD STREET AT LOCUST STREET. AS HE ENTERED THE INTERSECTION HIS VEHICLE WAS STRUCK BY VEHICLE #1. THE IMPACT CAUSED VEHICLE #2 TO SPIN 180 DEGREES COUNTER CLOCK WISE. DRIVER WAS TRANSPORTED TO MERCY HOSPITAL BY WASHINGTON AREA AMBULANCE DISTRICT PERSONNEL.

WITNESS (ALFERMANN) STATED THAT SHE WAS HEADING WEST ON 3RD STREEET AND APPROACHING THE INTERSECTION WHEN SHE OBSERVED VEHICLE #1 STOP FOR THE POSTED STOP SIGN AT LOCUST AND 3RD STREET. AS VEHICLE #1 PULLED FORWARD IT STRUCK THE DRIVER'S SIDE OF VEHICLE #2.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME HANNEKEN, BILL C	DSN / BADGE NO. 00242	BEAT / ZONE EAST	TROOP / DISTRICT / PRECINCT N/A
REVIEWING OFFICER NAME ARMSTRONG, JAMES	DSN / BADGE NO. 00256	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

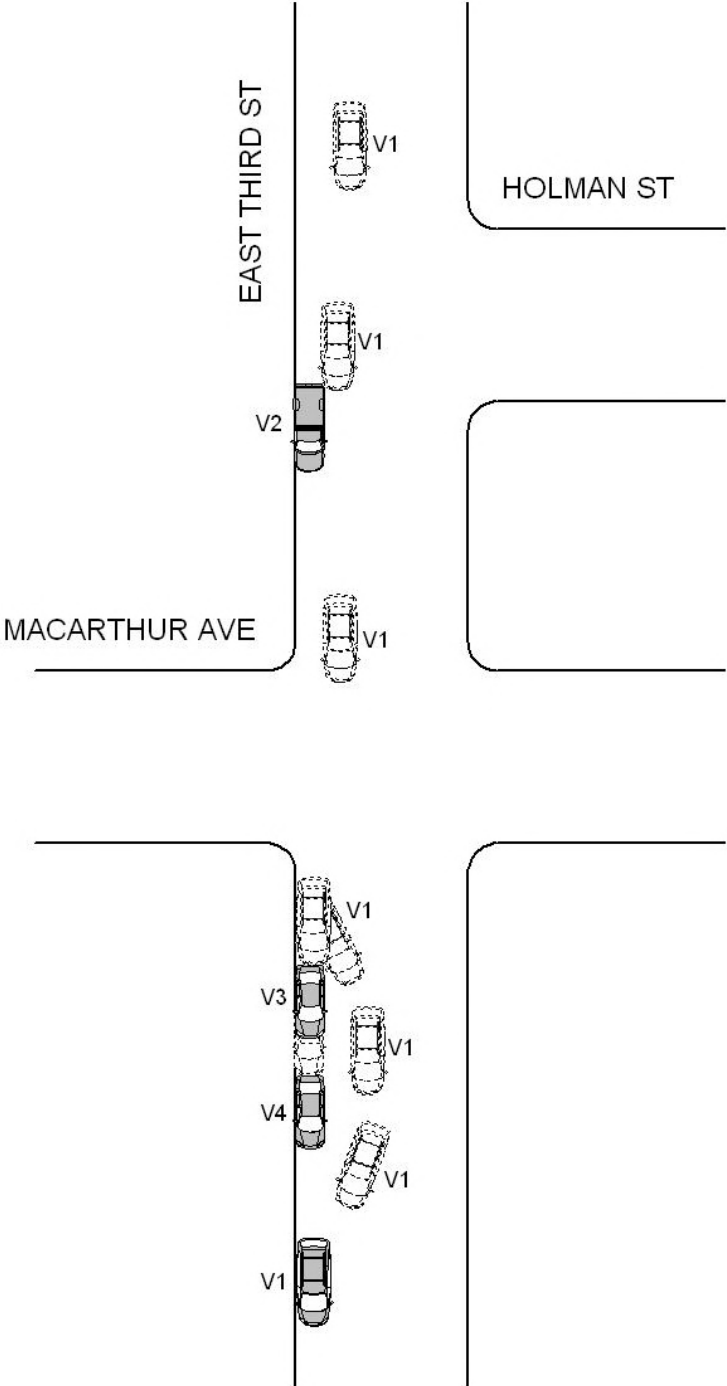
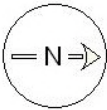
1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0360800 WASHINGTON P.D. 301 JEFFERSON STREET WASHINGTON, MO 63090													
SPACE USED FOR BARCODE																	
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION 		PROPERTY DAMAGE ONLY 		NO. INJURED 1		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 15-002211			
NO. VEH. INV. 4		CRASH DATE 09/18/2015		CRASH TIME (MIL.) 1815		NOTIFIED DATE 09/18/2015		TIME NOTIFIED (MIL.) 1820		INVESTIGATION DATE 09/18/2015		TIME ARRIVED (MIL.) 1822		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CRASH TYPE	ROADWAY <input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input checked="" type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		DIRECTIONAL ANALYSIS FOR IMPACT WITH 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 (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 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 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 / GCWVR 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 checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.					
EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
2 - LOCATION																	
COUNTY 036-FRANKLIN				MUNICIPALITY 2810-WASHINGTON				BEAT / ZONE EAST		TRP/DIST/PCT N/A		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W					
ON CST 3RD ST						RDWY. DIR. EAST		DISTANCE FROM 125 Feet NA		LOCATION <input type="checkbox"/> After <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CST MACARTHUR ST					
SPEED LIMIT 30		ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other						Miles		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; 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				ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input checked="" 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 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"/> 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 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 <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <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				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 <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

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 BRENNHECKE, LUCINDA H - 219 JEFFERSON ST APT 4, WASHINGTON, MO, 63090													PHONE NUMBER 660-216-9274			
DRIVER LICENSE / ID NUMBER T980214578				STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown				LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> CDL Class <input type="checkbox"/> Building <input type="checkbox"/> Interm / Grad <input type="checkbox"/> MC Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)						
DATE OF BIRTH 10/06/1973		SEX F	SEAT LOC FL	INJ 4	TRANS-PORT 2	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	<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 AMERICAN FAMILY INSC.				PHONE NO. (Optional) 636-239-9100				POLICY NUMBER 0740-7344-04-69 FPPA MO				<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) YEAR 2000 MAKE CHEVROLET MODEL ASTRO VAN INCLD 4X2, 4X4 COLOR WHITE VEH. TYPE 01 TOTAL NO. OF OCC. 1													PHONE NUMBER <input checked="" type="checkbox"/> SAO			
LICENSE - PLATE NO. FG4-X1Y				STATE MO		YEAR 2016		VIN 1 G N D M 1 9 W 9 Y B 1 3 1 8 5 7				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 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 <input type="checkbox"/> Unknown <input type="checkbox"/> NA MIKE'S TOWING - Phone#: 636-239-9644 1805 EAST 5TH STREET WASHINGTON, MO 63090								
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> 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 <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																
EMERGENCY VEHICLE INVOLVEMENT <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input checked="" type="checkbox"/> NA <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated																
CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> NA																
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 01 20 35 29 20 35 <input type="checkbox"/> Unknown <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8) <input type="checkbox"/> ALCOHOL USE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA																
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <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 checked="" 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) <input type="checkbox"/> 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 <input type="checkbox"/> Traffic Control <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" 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																
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 - Rental Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle				MC / MX / ICC NO.				USDOT NO.								
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"/> Unknown				HAZARDOUS MATERIALS <input type="checkbox"/> PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> 4-DIGIT NO. <input type="checkbox"/> CLASS <input type="checkbox"/> HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> 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)												PHONE NUMBER											
02 None																							
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		<input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE		<input type="checkbox"/> Operator Class <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> Interm / Grad		MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)											
NA		NA		<input checked="" type="checkbox"/> NA				<input checked="" type="checkbox"/> NA															
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"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)										
NA		N	NA	N	N	N	N	N	<input checked="" type="checkbox"/> NA														
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY <input type="checkbox"/> Expired AMERICAN FAMILY INSC.						PHONE NO. (Optional)		POLICY NUMBER <input type="checkbox"/> NA 2424-8885-13-93 FPPA MO		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle											
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD												PHONE NUMBER <input type="checkbox"/> SAD											
STRUBBERG, DALE K - 528 E THIRD ST, WASHINGTON, MO, 63090												314-691-4532											
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.													
1972		CHEVROLET		C10		BLACK		02		0													
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE													
9PS-705		MO		2016		C C E 1 4 2 J 1 1 9 8 3 2		<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 type="checkbox"/> None / No Damage												TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA											
INITIAL IMPACT NO: <input type="checkbox"/> NA 9																							
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"/> 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 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 / GCWV 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 <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <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"/> 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)												ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> NA											
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown												ANIMAL CODE(S)		FIXED OBJECT CODE(S)									
13 34																							
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)												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 <input type="checkbox"/> 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)								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		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"/> 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)												DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER		
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 <input type="checkbox"/> Not In Commerce - Rental Vehicle												MC / MX / ICC NO. <input type="checkbox"/> USDOT NO. <input type="checkbox"/>											
CARGO BODY 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"/> Pole Trailer <input type="checkbox"/> Log <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"/> Unknown																							
HAZARDOUS MATERIALS <input type="checkbox"/> 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

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER																																																																							
03 None																																																																																			
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		<input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE		<input type="checkbox"/> Operator Class <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> Interm / Grad		MC ENDORSEMENT																																																																							
NA		NA		<input checked="" type="checkbox"/> NA				<input checked="" type="checkbox"/> NA				<input type="checkbox"/> Yes <input type="checkbox"/> No <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		<input type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment <input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain)																																																																						
NA		N	NA	N	N	N	N	N	<input checked="" type="checkbox"/> NA																																																																										
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"/> Vehicle																																																																							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		AMERICAN FAMILY INSC.						2507-3943-03-90 FPPA MO																																																																											
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD												PHONE NUMBER <input type="checkbox"/> SAD																																																																							
WILLIAMS, JESSICA L - 26089 VALLEY LAKE DR, WRIGHT CITY, MO, 63390												636-744-5987																																																																							
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.																																																																									
2011		KIA MOTORS CORP		SOUL		GRAY		02		0																																																																									
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE																																																																									
HA8-Y0A		MO		2017		K N D J T 2 A 2 1 B 7 3 3 1 9 1 5		<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 type="checkbox"/> None / No Damage												TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																																																							
INITIAL IMPACT NO: <input type="checkbox"/> NA 8																																																																																			
18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit																																																																																			
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"/> 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 / GCWV 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 <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <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"/> 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)												ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> NA																																																																							
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown												ANIMAL CODE(S)		FIXED OBJECT CODE(S)																																																																					
13 34																																																																																			
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)												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																																																																					
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 <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"/> 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 type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																																																					
7F. OCCUPANTS - NAME (Last, First, MI)												DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER																																																														
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 <input type="checkbox"/> Not In Commerce - Rental Vehicle												MC / MX / ICC NO.												USDOT NO.																																																											
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"/> 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											

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER											
04 None																							
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		<input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE		<input type="checkbox"/> Operator Class <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> Interm / Grad		MC ENDORSEMENT		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)									
NA		NA		<input checked="" type="checkbox"/> NA				<input checked="" type="checkbox"/> NA															
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"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)								
NA		N	NA	N	N	N	N	N	<input checked="" type="checkbox"/> NA														
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"/> Vehicle											
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		FARMERS INSC.						191968186															
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD												PHONE NUMBER <input type="checkbox"/> SAD											
YENZER, MATTHEW R - 513 W NINTH ST, WASHINGTON, MO, 63090												636-744-5553											
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.													
2002		VOLKSWAGEN		PASSAT		SILVER /		02		0													
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE													
PL0-K2L		MO		2016		W V W P D 6 3 B 5 2 P 0 3 1 2 0 8		<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 type="checkbox"/> None / No Damage												TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA											
INITIAL IMPACT NO:		2 3 4 5 6 7		18 - Undercarriage		22 - Cargo																	
<input type="checkbox"/> NA 8		1 15 16 17		19 - Windshield		23 - Unknown																	
		14 13 12 11 10		20 - Burned		24 - Other (Explain)																	
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"/> 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 / GCWV 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 <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <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"/> 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)												ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> NA											
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown												ANIMAL CODE(S)		FIXED OBJECT CODE(S)									
13 37																							
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)												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"/> 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)												DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER		
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 <input type="checkbox"/> Not In Commerce - Rental Vehicle												MC / MX / ICC NO.		USDOT NO.									
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"/> Unknown <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 <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	INJURY	TRANSPORTED	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	<div> <div>FR SR TR</div> <div>FC SC TC</div> <div>FL SL TL</div> </div> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 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
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ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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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
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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)
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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
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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)
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9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

UPON ARRIVAL ON SCENE I FOUND ALL VEHICLES PARKED ON EAST BOUND EAST THIRD STREET AS FAR RIGHT AS POSSIBLE. VEHICLE 2 WAS PARKED IN FRONT OF THE OWNERS RESIDENCE AT 528 EAST THIRD STREET. VEHICLES 3,4 AND 1 WERE PARKED APPROXIMATELY 45 FEET, 60 FEET AND 75 FEET EAST OF MACARTHUR RESPECTIVELY.

INVESTIGATION ON SCENE FOUND THAT BRENNECKE (DRIVER 1) WAS EAST BOUND ON EAST THIRD STREET WHEN SHE RAN OFF THE ROADWAY TO THE RIGHT AND STRUCK VEHICLE 2 WHICH WAS LEGALLY PARKED AT 528 EAST THIRD ST. BRENNECKE THEN RETURNED TO THE ROADWAY AND CONTINUED EAST BOUND UNTIL SHE RAN OFF THE ROADWAY TO THE RIGHT AGAIN AND CRASHED INTO THE REAR OF VEHICLE 3, WHICH WAS LEGALLY PARKED JUST EAST OF MACARTHUR STREET. THIS IMPACT WAS GREAT ENOUGH TO PUSH VEHICLE 3 FORWARD INTO THE REAR OF VEHICLE 4, WHICH WAS ALSO LEGALLY PARKED JUST EAST OF MACARTHUR. BRENNECKE THEN RETURNED TO THE ROADWAY AND CONTINUED EAST BOUND ON EAST THIRD STREET UNTIL SHE WAS ABLE TO PULL OVER AS FAR RIGHT AS POSSIBLE AND PARKED HER VEHICLE IN FRONT OF VEHICLE 4.

BRENNECKE'S VEHICLE APPEARED TO HAVE SUSTAINED MODERATE TO MAJOR DAMAGE TO THE ENTIRE FRONT END. BRENNECKE COMPLAINED OF AN INJURY AND REQUESTED AN AMBULANCE.

THE BLACK 1972 CHEVROLET (VEH 2) APPEARED TO HAVE SUSTAINED MINOR DAMAGE TO THE DRIVER SIDE REAR CORNER. THIS WAS A SIDESWIPE COLLISION. THE GRAY 2011 KIA (VEH 3) APPEARED TO HAVE SUSTAINED MAJOR DAMAGE TO THE ENTIRE REAR END AND MODERATE TO MAJOR DAMAGE TO THE ENTIRE FRONT END. THIS WAS A DIRECT IMPACT CRASH OF BRENNECKE'S VEHICLE INTO THE REAR OF THIS VEHICLE CAUSING IT TO BE PUSHED FORWARD INTO VEHICLE 4. THE SILVER 2002 VOLKSWAGEN (VEH 4) APPEARED TO HAVE SUSTAINED MINOR TO MODERATE DAMAGE TO THE REAR END WHEN VEHICLE 3 WAS PUSHED INTO IT.

VEHICLE 1 AND VEHICLE 3 WERE TOWED FROM THE SCENE DUE TO DISABLING DAMAGE FROM THE IMPACT.

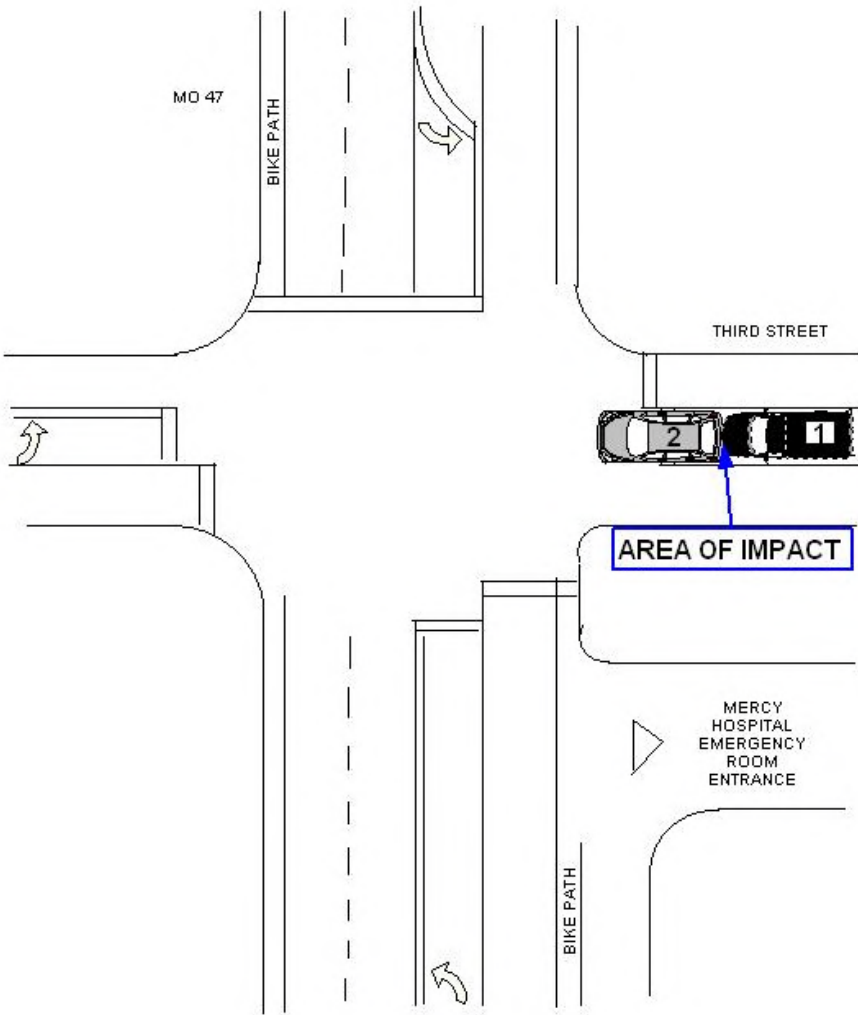
10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME WALTERS, GREGORY M.	DSN / BADGE NO. 00281	BEAT / ZONE EAST	TROOP / DISTRICT / PRECINCT N/A
REVIEWING OFFICER NAME GRISSOM, MICHAEL	DSN / BADGE NO. 00299	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0360800 WASHINGTON P.D. 301 JEFFERSON STREET WASHINGTON, MO 63090																			
SPACE USED FOR BARCODE																							
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION 		PROPERTY DAMAGE ONLY 		NO. INJURED 2		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 13-002240									
NO. VEH. INV. 2		CRASH DATE 09/16/2013		CRASH TIME (MIL.) 1153		NOTIFIED DATE 09/16/2013		TIME NOTIFIED (MIL.) 1155		INVESTIGATION DATE 09/16/2013		TIME ARRIVED (MIL.) 1158		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		COLLISION INVOLVING <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		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input checked="" 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) <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 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input checked="" 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 / GCWVR 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency															
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency															
2 - LOCATION																							
COUNTY 036-FRANKLIN		MUNICIPALITY 2810-WASHINGTON		BEAT / ZONE EAST		TRP/DIST/PCT N/A		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W															
ON CST 3RD ST				RDWY. DIR. WEST		DISTANCE FROM 0 Feet NA Miles		LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		INTERSECTING MO 47		SPEED LIMIT 30		INT. DIR. N		GEO - CODE NA							
SPEED LIMIT 20		ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other																					
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				ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input checked="" type="checkbox"/> Level <input 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"/> 4-way Intersection <input type="checkbox"/> T-Intersection								<input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout		<input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain)		ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet		<input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost		<input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt		<input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water		<input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain)			
ROAD SURFACE <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt								<input type="checkbox"/> Brick <input type="checkbox"/> Gravel		<input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface		<input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)		WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy		<input type="checkbox"/> Rain <input type="checkbox"/> Snow		<input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp)		<input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind		<input type="checkbox"/> Other (Explain) <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"/> On Sidewalk				<input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway		<input type="checkbox"/> On Median / Crossing Island <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		<input type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <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"/> 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"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <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** 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



NOT TO SCALE


GARRETT #263
09-16-2013
13-002240

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER													
01 MOREAU, TERRY L - 9318 ALTHEA AVE, ST LOUIS, MO, 63109										314-569-8673													
DRIVER LICENSE / ID NUMBER				STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid		<input type="checkbox"/> Expired		LIC TYPE		<input checked="" type="checkbox"/> Operator Class F		<input type="checkbox"/> Permit		<input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT			
K211270018				MO		<input type="checkbox"/> NA		<input type="checkbox"/> Susp / Rev / Denied		<input type="checkbox"/> Disqual CDL		<input type="checkbox"/> NA		<input type="checkbox"/> CDL Class		<input type="checkbox"/> MC Only		<input type="checkbox"/> Unlicensed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA			
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)		
11/20/1969				M	FL	5	1	2	03	05	<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 (Explain)		
PROOF OF INSURANCE				INSURANCE COMPANY								PHONE NO. (Optional)				POLICY NUMBER				<input type="checkbox"/> NA		<input checked="" type="checkbox"/> Driver	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required				FARMERS INSURANCE								314-352-2875				192953037						<input type="checkbox"/> Vehicle	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)																		PHONE NUMBER					
																		<input checked="" type="checkbox"/> SAD					
YEAR		MAKE				MODEL				COLOR		VEH. TYPE		TOTAL NO. OF OCC.									
1999		DODGE				RAM 1500 PU				BLACK		01		1									
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE													
9MT918		MO		2015		1 B 7 H C 1 3 Z 0 X J 6 3 1 2 8 1		<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		TOWED BY		<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA									
INITIAL IMPACT NO:										2 1 3 4 5 6 7		18 - Undercarriage		22 - Cargo									
										1 15 16 17 8		19 - Windshield		23 - Unknown									
										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													
<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"/> School Bus		<input type="checkbox"/> 2 Wh		<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"/> Intercity		<input type="checkbox"/> 3 Wh		<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"/> Transit / Commuter		<input type="checkbox"/> 4 Wh		<input checked="" type="checkbox"/> Pickup		<input type="checkbox"/> Truck Tractor With Two Units		<input type="checkbox"/> Unknown					
<input type="checkbox"/> Motorized Bicycle										<input type="checkbox"/> Charter / Tour		<input type="checkbox"/> 5 Wh / More		<input type="checkbox"/> Other Heavy Truck		<input type="checkbox"/> Truck Tractor With Three Units							
<input type="checkbox"/> Pedalcycle										<input type="checkbox"/> Other		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown (Explain)									
<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"/> 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		ANIMAL CODE(S)		FIXED OBJECT CODE(S)									
12 01 34														<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"/> 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 checked="" 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		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										TRAFFIC CONTROL		CONTROL MALFUNCTIONING / INOPERATIVE / MISSING											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										<input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> NA											
Workers Present										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)													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER															
02 WINISTOERFER, NICOLE A - 513 EAST 11TH ST, WASHINGTON, MO, 63090												636-239-5126															
DRIVER LICENSE / ID NUMBER				STATE		LIC STATUS		Valid <input type="checkbox"/> Expired <input checked="" type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown <input type="checkbox"/>		LIC TYPE		Operator Class <input checked="" type="checkbox"/> F <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> MC Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/>		MC ENDORSEMENT													
T980911340				MO						NA <input type="checkbox"/>		CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/>		Unlicensed <input type="checkbox"/>													
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	Not Obstructed <input checked="" type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh <input type="checkbox"/>	Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment <input type="checkbox"/>	Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/>	Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/>	Other (Explain) <input type="checkbox"/>	Unknown (Explain) <input type="checkbox"/>												
08/01/1972		F	FL	4	1	2	03	05																			
PROOF OF INSURANCE				INSURANCE COMPANY				PHONE NO. (Optional)				POLICY NUMBER				NA <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle <input type="checkbox"/>											
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required				ALLIED PROPERTY AND CASUALTY INS				NOT LISTED				PPCM0043035122															
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER															
												<input checked="" type="checkbox"/> SAD															
YEAR		MAKE				MODEL				COLOR		VEH. TYPE		TOTAL NO. OF OCC.													
2011		CHEVROLET				HHR				GRAY		01		2													
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE																	
FG5K6A		MO		2015		3 G N B A C F U 2 B S 5 1 0 7 4 3		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
VEHICLE DAMAGE (Mark all damaged areas)												TOWED BY															
<input type="checkbox"/> None / No Damage												<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA															
INITIAL IMPACT NO: 2 3 4 5 6 7 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit																											
<input type="checkbox"/> NA 8																											
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles												Vehicle Used As Public Conveyance <input type="checkbox"/>															
<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"/> 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															
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"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")												<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> 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 <input type="checkbox"/> Unknown												ANIMAL CODE(S)				FIXED OBJECT CODE(S)											
12 01 12 34																<input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA											
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES												None <input type="checkbox"/>															
<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 checked="" 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				CONTROL MALFUNCTIONING / INOPERATIVE / MISSING											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown												<input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown				<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input 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)															
												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)												DATE OF BIRTH				SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	PHONE NUMBER				
WINISTOERFER, ELLA N												03/17/2003				F	FR	4	1	2	03	05	636-239-5126				
513 EAST 11TH ST, WASHINGTON, MO 63090																											
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 <input type="checkbox"/>				PHONE NUMBER				SAO <input type="checkbox"/>							
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 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"/> 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		INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known		1. Fatal	(For Medical Treatment)		1. None / NA	1. None
B - Pedalcycle		2. Disabling		1. NA	3. Not Deployed	2. Not Used
M - Motorcycle		3. Evident - Not Disabling	1. No	2. No	4. Removed	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable - Not Apparent	2. EMS	3. Partially	5. Deployed - Front	4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	3. Other	4. Totally	6. Deployed - Side	5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown	U. Unknown	U. Unknown	7. Deployed - Curtain	7. DOT Compliant
RC - Rail Crew		N. NA	N. NA		8. Deployed - Other (Knee, Air Belt, etc.)	MC Helmet
SV - Other (Explain in Narrative)						8. No Helmet
NA - Not Applicable						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
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ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

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

VEHICLE ONE WAS BEHIND VEHICLE TWO ON WESTBOUND EAST THIRD IN THE TURN LANE TO GO SOUTHBOUND MO 47. BOTH VEHICLES WERE STOPPED IN TRAFFIC DUE TO A RED ELECTRIC SIGNAL. UPON RECEIVING A SIGNAL TO PROCEED, BOTH VEHICLES BEGAN TO MAKE THEIR TURN. DURING WHICH TIME, VEHICLE ONE RAN INTO THE BACK OF VEHICLE TWO. BOTH VEHICLES THEN RELOCATED TO THE SHOULDER OF WESTBOUND EAST THIRD, WEST OF MO 47 UNDER THEIR OWN POWER.

DRIVER ONE STATED THAT HE WASN'T SURE IF THEY HAD A GREEN LIGHT OR A FLASHING YELLOW LIGHT AND AS THEY WERE MAKING THEIR TURN, VEHICLE TWO STOPPED AND HE RAN INTO THE REAR OF IT.

DRIVER TWO STATED THAT SHE WAS UNSURE IF THEY HAD A GREEN LIGHT OR A FLASHING YELLOW LIGHT. DRIVER TWO ALSO COULDN'T ADVISE IF SHE HAD SLOWED DOWN OR STOPPED FOR ANY REASON DURING THE TURN. DRIVER TWO STATED THAT AS THEY WERE MAKING THE TURN, SHE WAS HIT HARD BY VEHICLE ONE.

DRIVER ONE DID NOT COMPLAIN OF INJURIES AT THE SCENE. DRIVER TWO COMPLAINED OF BACK AND SHOULDER PAIN. THE RF PASSENGER OF VEHICLE TWO COMPLAINED OF HEAD PAIN. OCCUPANTS OF VEHICLE TWO WERE EVALUATED AT THE SCENE BY EMS AND THEY REFUSED TRANSPORT TO THE LOCAL HOSPITAL FOR FURTHER EVALUATION.

VEHICLE ONE SUSTAINED NO APPARENT DAMAGE. VEHICLE TWO SUSTAINED MINOR DAMAGE TO THE REAR BUMPER.

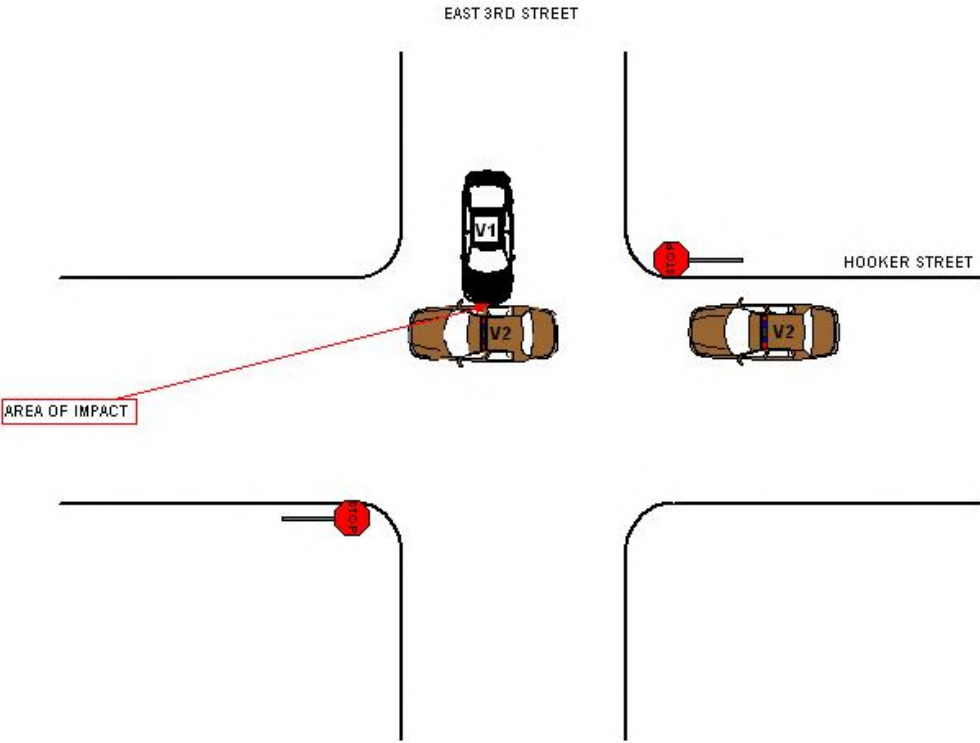
10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME GARRETT, GREGORY M.	DSN / BADGE NO. 00263	BEAT / ZONE EAST	TROOP / DISTRICT / PRECINCT N/A
REVIEWING OFFICER NAME STAPP, MICHAEL	DSN / BADGE NO. 00228	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0360800													
SPACE USED FOR BARCODE				WASHINGTON P.D. 301 JEFFERSON STREET WASHINGTON, MO 63090													
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION 		PROPERTY DAMAGE ONLY 		NO. INJURED 1		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 14-002314			
NO. VEH. INV. 2		CRASH DATE 10/14/2014		CRASH TIME (MIL.) 1348		NOTIFIED DATE 10/14/2014		TIME NOTIFIED (MIL.) 1351		INVESTIGATION DATE 10/14/2014		TIME ARRIVED (MIL.) 1353		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		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		DIRECTIONAL ANALYSIS FOR IMPACT WITH 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 checked="" 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) <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 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input checked="" 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 / GCWVR 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM 						AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
2 - LOCATION																	
COUNTY 036-FRANKLIN		MUNICIPALITY 2810-WASHINGTON		BEAT / ZONE EAST		TRP/DIST/PCT N/A		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W									
ON CST 3RD ST				RDWY. DIR. EAST		DISTANCE FROM 0 Feet NA Miles		LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		INTERSECTING CST HOOKER ST		SPEED LIMIT 30		INT. DIR. W			
ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		Unknown										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								ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input 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 checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)								ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)									
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input checked="" type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)								WEATHER CONDITION <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <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"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown		NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown		OTHER ACTIONS <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.		NA / None <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		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"/> 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) 		NA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		ALCOHOL USE	

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1	N	<input checked="" type="radio"/> E	S	W	U
		V2	N	E	<input checked="" type="radio"/> 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

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 FRANKENBERG, KAYLA D - 4485 OLD HIGHWAY 100, WASHINGTON, MO, 63090													PHONE NUMBER 636-667-0895			
DRIVER LICENSE / ID NUMBER S057346006			STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown				LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> NA <input type="checkbox"/> Intern / Grad <input type="checkbox"/> Unlicensed				MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)			
DATE OF BIRTH 08/30/1988		SEX F	SEAT LOC FL	INJ 3	TRANS-PORT 1	EJEC-TION 2	AIR BAG 05	SAFETY DEVICES 05	VISION OBSTRUCTED <input type="checkbox"/> NA <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	<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 AMERICAN FAMILY INSC.						PHONE NO. (Optional) 636-239-7707		POLICY NUMBER 0830-8811-12-70-FPPA-MO			<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle		
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) FRANKENBERG, MARK R - 1000 E MAIN ST, MARTHASVILLE, MO, 63357													PHONE NUMBER SAO			
YEAR 2009		MAKE DODGE			MODEL AVENGER			COLOR BLACK		VEH. TYPE 01		TOTAL NO. OF OCC. 1				
LICENSE - PLATE NO. FE0E2X		STATE MO		YEAR 2015		VIN 1 B 3 L C 4 6 B 9 9 N 5 5 4 6 2 7						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						TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA										
INITIAL IMPACT NO: <input type="checkbox"/> NA 1				18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit		22 - Cargo 23 - Unknown 24 - Other (Explain)		STURM'S/COUNTY WIDE TOWING - Phone#: 636-239-3636 369 W.W. INDUSTRIAL PARK WASHINGTON, MO 63090								
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 <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <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 07 34 <input type="checkbox"/> Unknown										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 <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) (See Codes in Section 8) <input checked="" type="checkbox"/> NA																
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 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)																
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" 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																
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 / 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 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"/> 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				

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 02 PARKS, BRITTANY N - 1 BRUNS LANE, UNION, MO, 63084												PHONE NUMBER 636-583-2560								
DRIVER LICENSE / ID NUMBER P149198029			STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <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"/> Interm / Grad			Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		Unknown (Explain) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)					
DATE OF BIRTH 05/29/1989		SEX F	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input type="checkbox"/> NA		Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		Sign <input checked="" 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 MOPERM					PHONE NO. (Optional)			POLICY NUMBER LP202520141			NA <input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle						
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD FRANKLIN COUNTY MISSOURI, - 1 BRUNS LANE, UNION, MO, 63084												PHONE NUMBER <input checked="" type="checkbox"/> SAD								
YEAR 2011		MAKE FORD			MODEL CROWN VICTORIA INCL CROW				COLOR BEIGE		VEH. TYPE 01		TOTAL NO. OF OCC. 1							
LICENSE - PLATE NO. 1235		STATE MO		YEAR		VIN 2 F A B P 7 B V 9 B X 1 5 5 8 2 5		TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage										TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA										
INITIAL IMPACT NO: <input type="checkbox"/> NA 5																				
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"/> 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 / GCWV 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 type="checkbox"/> NA <input checked="" type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <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"/> 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)												ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA								
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 01 34												ANIMAL CODE(S)		FIXED OBJECT CODE(S)						
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 checked="" 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"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway <input type="checkbox"/> Alcohol <input type="checkbox"/> Improper Passing <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Drugs <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Improper Start From Park																				
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 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)																				
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Other: <input checked="" 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)																				
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" 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																				
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 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																				
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	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
<div> <div>FR SR TR</div> <div>FC SC TC</div> <div>FL SL TL</div> </div> 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	(For Medical Treatment) 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 In Bicycle Lane	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
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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)

Driver of Vehicle 1 stated that she was going East when vehicle 2 pulled out from the side street. Driver 1 stated that she attempted to stop but her vehicle slid on the wet pavement. Minor injury to the arm of Driver 1. She refused medical treatment at the scene. Vehicle 1 was towed from the scene.

Driver 2 stated that she was going South bound leaving from the stop sign and did not see vehicle 1. She stated that they both tried to avoid the collision but vehicle 1 slid on the wet pavement.

Moderate damage was sustained by both vehicles.

10. REPORTING AND REVIEWING OFFICER INFORMATION

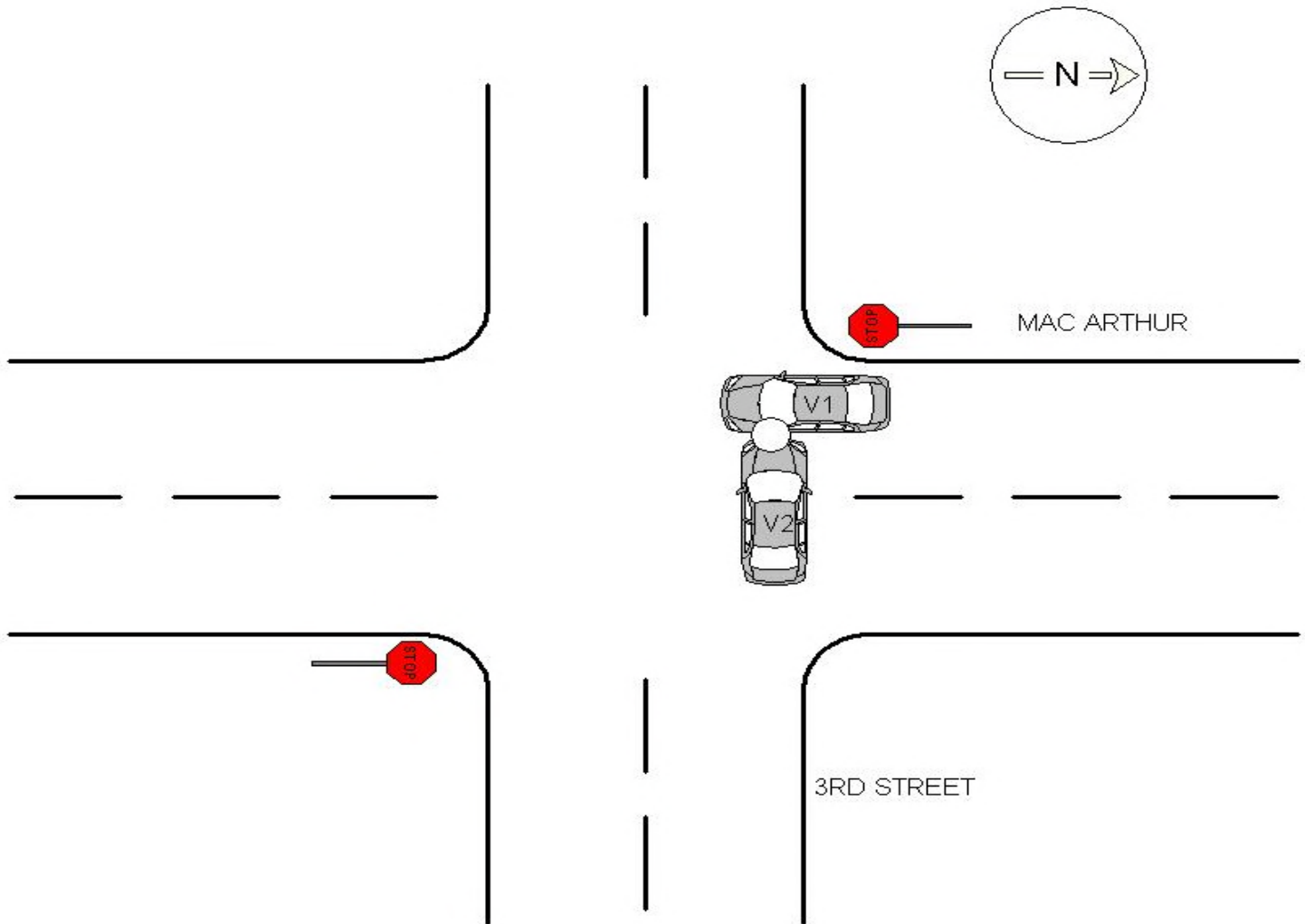
REPORTING OFFICER NAME KAPUSTKA, JOE E.	DSN / BADGE NO. 00261	BEAT / ZONE EAST	TROOP / DISTRICT / PRECINCT N/A
REVIEWING OFFICER NAME GARRETT, GREGORY	DSN / BADGE NO. 00263	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

SPACE USED FOR BARCODE				1 - AGENCY NAME AND ORI WASHINGTON P.D. - MO0360800 301 JEFFERSON STREET, WASHINGTON, MO, 63090 636-390-1050								
LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO		ACCIDENT CLASSIFICATION <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		NUMBER INJURED 0		NUMBER KILLED 0		REPORT / CASE / INCIDENT NUMBER 11-002042		
NUMBER OF VEHICLES INVOLVED 2		ACCIDENT DATE 09-23-2011		ACCIDENT TIME (MIL.) 1027		TIME NOTIFIED (MIL.) 1027		TIME ARRIVED (MIL.) 1031		INVESTIGATION DATE 09-23-2011		
2 - LOCATION												
COUNTY FRANKLIN			MUNICIPALITY WASHINGTON			BEAT / ZONE 2810 EAST		TRP / DIST / PCT N/A		INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
ON CST 3RD ST				DISTANCE FROM NA FEET		LOCATION <input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input checked="" type="checkbox"/> AT		INTERSECTING STREET OR ROADWAY CST MACARTHUR ST				
ROADWAY DIRECTION WEST			SPEED LIMIT 30		MILES NA		SPEED LIMIT 25		GEO - CODE		GPS LONGITUDE	
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input checked="" type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER												
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES											<input checked="" type="checkbox"/> NONE	
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT NA												
4. DRIVER'S FULL NAME (LAST, FIRST, MI) MANHART, JASON, M.												
ADDRESS (STREET, CITY, STATE, ZIP) 23 MACARTHUR, WASHINGTON, MO, 63090												
DRIVER LICENSE NUMBER / ID NUMBER S057070006		STATE MO		TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS F <input type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> 5. MC ONLY		MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA		
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY FARMERS INSC.				<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER NA 14 14618-64-27				
YEAR 2005		MAKE FORD		MODEL FOCUS INCLD. SE				COLOR GRAY				
LIC. PLATE NO. ME5-P2G		STATE MO		YEAR 2012		VIN 1FAP34N75W164465				TOTAL NO. OF OCCUPANTS 1		
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER MANHART, JASON M _G, .												
ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER 23 MCARTHUR, WASHINGTON, MO, 63090												
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE						TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOW CO. INFORMATION MIKE'S TOWING 408 PARMENTIER EST., WASHINGTON, MO, 63090				
5. DRIVER'S FULL NAME (LAST, FIRST, MI) SCHMITT, KATIE, M..												
ADDRESS (STREET, CITY, STATE, ZIP) 16558 CONCORD HILL RD, MARTHASVILLE, MO, 63357												
DRIVERS LICENSE NUMBER / ID NUMBER P057156002		STATE MO		TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS F <input type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> 5. MC ONLY		MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA		
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY AMERICAN FAMILY INSC.				<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER NA 0670-9325-05-75				
YEAR 2002		MAKE CHEVROLET		MODEL CAVALIER INCLD CS LS				COLOR BLUE				
LIC. PLATE NO. HE2-G5W		STATE MO		YEAR 2012		VIN 1G1JC524227347535				TOTAL NO. OF OCCUPANTS 2		
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER SCHMITT, GLEN G _EL, .												
ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER 16588 CONCORD HILL R, MARTHASVILL, E, 63335												
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE						TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOW CO. INFORMATION STURM'S/COUNTY WIDE TOWING 1808 E 5TH STREET, WASHINGTON, MO, 63090				
6 - WITNESS <input checked="" type="checkbox"/> NONE IDENTIFIED												
NAME OF WITNESS				ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE NO.				

7. COLLISION
DIAGRAMDirection Prior to Impact
(circle one)V1 N E S WV2 N E S W

V3 N E S W

V4 N E S W

Est. Speed - Fatalis Only
V1 0 V2 0 V3 V4

8. EVIDENTIARY PHOTOS TAKEN

☐ YES ☒ NO BY WHOM

AVAILABLE FROM

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

☐ YES ☒ NO BY WHOM

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> <input type="checkbox"/> 3. Improperly Stopped on Roadway <input type="checkbox"/> <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> <input type="checkbox"/> 7. Violation Signal / Sign <input type="checkbox"/> <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked P1 P2 <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P1 _____ P2 _____ V1 _____ V2 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 22. None	19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway 26. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 3. Brick <input type="checkbox"/> 5. Dirt / Sand <input checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-Surface	20. VISION OBSCURED V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input type="checkbox"/> <input type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. Not Obscured 23. LIGHT CONDITION <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Indeterminate (explain)	21. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input checked="" type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input type="checkbox"/> <input checked="" type="checkbox"/> 12. None 24. WEATHER CONDITION <input type="checkbox"/> 1. Clear <input checked="" type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (explain)	22. ROAD CHARACTER ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input checked="" type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest 25. ROAD CONDITION <input type="checkbox"/> 1. Dry <input checked="" type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)
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27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. a truck with GCVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard <input checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided	E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other
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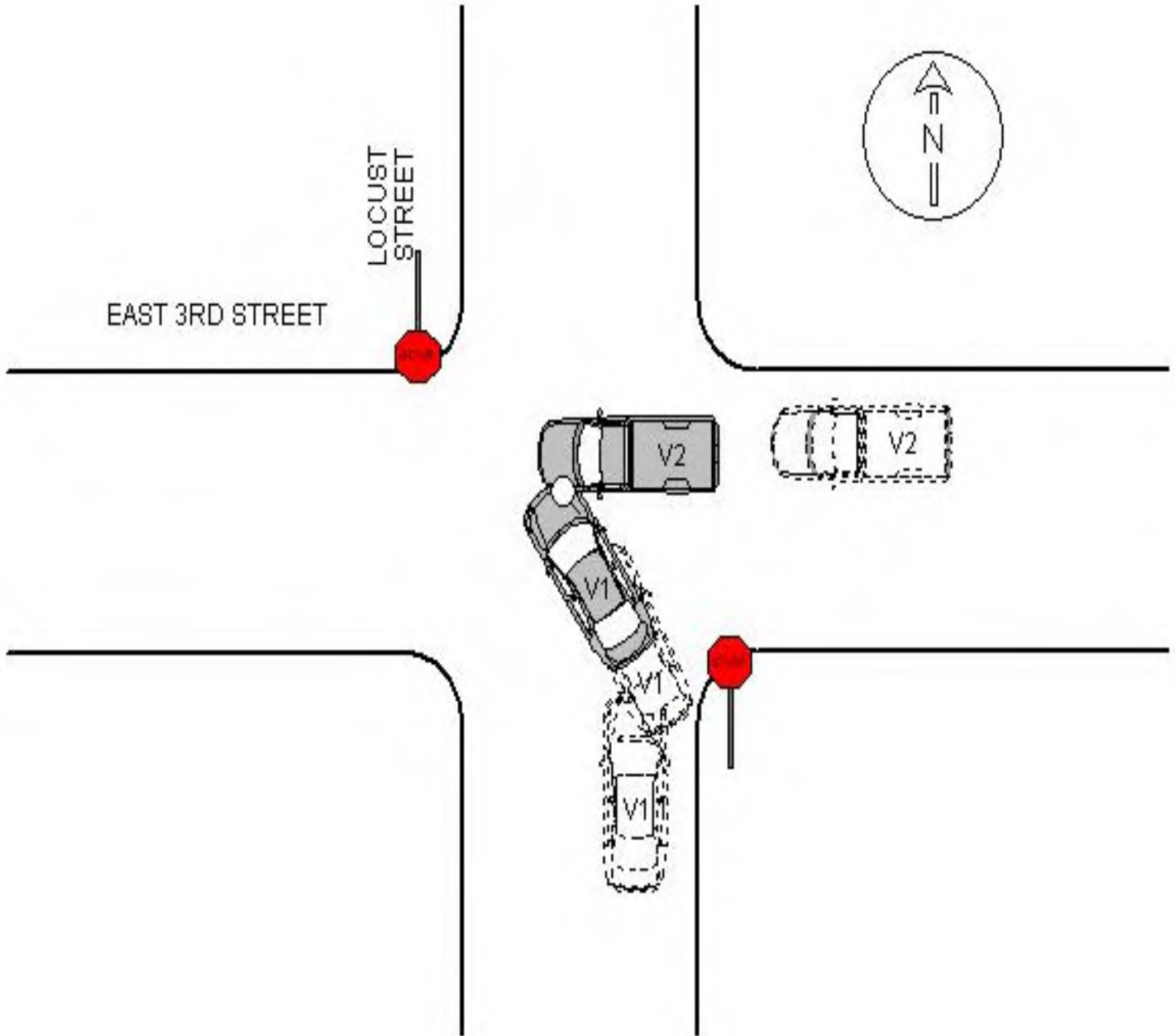
28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

DRIVER OF VEHICLE #1 STATED THAT HE WAS HEADING SOUTH ON MACARTHUR AND HAD JUST STOPPED FOR THE POSTED STOP SIGN. AFTER STOPPING FOR THE STOP SIGN HE STARTED TO PULL FORWARD. DRIVER #1 FURTHER STATED THAT AS HE STARTED TO PULL FORWARD HE SAW VEHICLE #2 APPROACHING FROM THE EAST. HE HESITATED FOR A SECOND, HE THEN CONTINUED TO PULL OUT AND WAS STRUCK BY VEHICLE #2

DRIVER AND PASSENGER IN VEHICLE #2 STATED THAT THEY WERE HEADING WEST ON 3RD STREET WHEN VEHICLE #1 PULLED OUT IN FRONT OF THEIR VEHICLE. DRIVER #2 STATED THAT WHEN SHE SAW VEHICLE #1 PULL OUT SHE STEPPED ON HER BRAKES BUT THEY LOCKED UP AND SHE STARTED TO SLIDE ON THE WET PAVEMENT.

29. REPORTING OFFICER SIGNATURE BILL HANNEKEN	DSN / BADGE NO. 00242	BEAT / ZONE EAST	TROOP / DIST / PCT N/A
REVIEWING OFFICER 1 SIGNATURE KESTERSON, PAUL	DSN / BADGE NO. 00279	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

SPACE USED FOR BARCODE				1 - AGENCY NAME AND ORI WASHINGTON P.D. - MO0360800 301 JEFFERSON STREET, WASHINGTON, MO, 63090 636-390-1050							
LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO		ACCIDENT CLASSIFICATION <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		NUMBER INJURED 0		NUMBER KILLED 0		REPORT / CASE / INCIDENT NUMBER 11-002062	
NUMBER OF VEHICLES INVOLVED 2		ACCIDENT DATE 09-24-2011		ACCIDENT TIME (MIL.) 1905		TIME NOTIFIED (MIL.) 1907		TIME ARRIVED (MIL.) 1910		INVESTIGATION DATE 09-24-2011	
2 - LOCATION											
COUNTY FRANKLIN		MUNICIPALITY WASHINGTON		BEAT / ZONE 2810 EAST		TRP / DIST / PCT N/A		INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
ON CST 3RD ST		DISTANCE FROM NA FEET		LOCATION <input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input checked="" type="checkbox"/> AT		INTERSECTING STREET OR ROADWAY CST LOCUST ST		SPEED LIMIT 20		GPS LONGITUDE	
ROADWAY DIRECTION WEST		SPEED LIMIT 30		MILES NA		GEO - CODE		GPS LONGITUDE		LATITUDE	
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input checked="" type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER											
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> NONE											
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT NA											
4. DRIVER'S FULL NAME (LAST, FIRST, MI) COLLETTE, THOMAS, M.											
ADDRESS (STREET, CITY, STATE, ZIP) 3227 HWY A, WASHINGTON, MO, 63090											
DRIVER LICENSE NUMBER / ID NUMBER U211168019		STATE MO		TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS F <input type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> 5. MC ONLY		MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY AMERICAN FAMILY INSC.		<input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER <input type="checkbox"/> NA 1848-8391-03-91-FPPA-MO					
YEAR 1996		MAKE DODGE		MODEL INTREPID		COLOR WHITE					
LIC. PLATE NO. SH4K8D		STATE MO		YEAR 2012		VIN 1B3HD46T5TF137387		TOTAL NO. OF OCCUPANTS 1			
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) <input checked="" type="checkbox"/> SAME AS DRIVER											
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE INITIAL IMPACT NO. <input type="checkbox"/> NA 2											
5. DRIVER'S FULL NAME (LAST, FIRST, MI) BREDENSTEINER, ROBERT, J.											
ADDRESS (STREET, CITY, STATE, ZIP) 30 ROCK CHURCH DR, O FALLON, MO, 63368											
DRIVERS LICENSE NUMBER / ID NUMBER D1202446		STATE MO		TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS F <input type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> 5. MC ONLY		MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY AMERICAN FAMILY INSC.		<input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER <input type="checkbox"/> NA 1104-7679-01					
YEAR 2005		MAKE DODGE		MODEL DAKOTA		COLOR BLACK					
LIC. PLATE NO. 1SS691		STATE MO		YEAR 2013		VIN 1D7HW48N15S306425		TOTAL NO. OF OCCUPANTS 2			
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER ADDRESS (STREET, CITY, STATE, ZIP) <input checked="" type="checkbox"/> SAME AS DRIVER											
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE INITIAL IMPACT NO. <input type="checkbox"/> NA 14											
6 - WITNESS <input checked="" type="checkbox"/> NONE IDENTIFIED											
NAME OF WITNESS ADDRESS (STREET, CITY, STATE, ZIP) TELEPHONE NO.											

7. COLLISION
DIAGRAMDirection Prior to Impact
(circle one)V1 ☒ N E S WV2 ☐ N E S ☒ WV3 ☐ N E S WV4 ☐ N E S WEst. Speed - Fatalis Only
V1 0 V2 0 V3 V4

8. EVIDENTIARY PHOTOS TAKEN

☐ YES ☒ NO BY WHOM

AVAILABLE FROM

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

☐ YES ☒ NO BY WHOM

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> <input type="checkbox"/> 3. Improperly Stopped on Roadway <input type="checkbox"/> <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> <input type="checkbox"/> 7. Violation Signal / Sign <input type="checkbox"/> <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked P1 P2 <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P1 _____ P2 _____ V1 09 V2 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 22. None	19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway 26. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 3. Brick <input type="checkbox"/> 5. Dirt / Sand <input checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-Surface	20. VISION OBSCURED V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. Not Obscured 23. LIGHT CONDITION <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Indeterminate (explain)	21. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input checked="" type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input type="checkbox"/> <input checked="" type="checkbox"/> 12. None 24. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (explain)	22. ROAD CHARACTER ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input checked="" type="checkbox"/> 3. Hillcrest 25. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)
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27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. a truck with GCVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard <input type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided	E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other
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28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

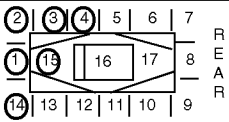
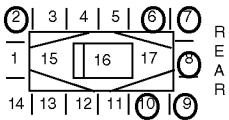
VEHICLE 2 WAS TRAVELING WEST ON EAST 3RD STREET APPROACHING LOCUST STREET. VEHICLE 1 WAS TRAVELING NORTH ON LOCUST STREET APPROACHING EAST 3RD STREET. VEHICLE 1 PROCEEDED INTO THE INTERSECTION AND FAILED TO SEE VEHICLE 2. VEHICLE 2 HIT THE BRAKES AND ATTEMPTED TO AVOID A COLLISION BUT WAS UNABLE TO STOP. THE FRONT PASSENGER SIDE OF VEHICLE 1 COLLIDED WITH THE FRONT DRIVER SIDE OF VEHICLE 2..

DRIVER 1 STATED HE WAS LOOKING FOR THE ADDRESS HE WAS SUPPOSED TO DELIVER A PIZZA TO. HE STATED HE WAS GLANCING BETWEEN THE ROAD AND THE HOUSES TO FIND THE ADDRESS AND WAS DRIVING VERY SLOW. DRIVER 1 BELIEVED HE STOPPED AT THE STOP SIGN ON LOCUST STREET, BUT WAS NOT FOR CERTAIN.

DRIVER 2 STATED HE WAS DRIVING WEST ON EAST 3RD STREET AND DID NOT SEE VEHICLE 1 PULL INTO THE INTERSECTION UNTIL THE LAST MINUTE. WHEN HE HIT THE BRAKES, HE SLID, BUT WAS UNABLE TO STOP BEFORE A COLLISION OCCURRED.

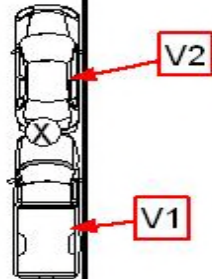
BOTH VEHICLES WERE DRIVABLE AND THERE WERE NO REPORTED INJURIES.

29. REPORTING OFFICER SIGNATURE MELINDA SCHMELZ	DSN / BADGE NO. 00292	BEAT / ZONE EAST	TROOP / DIST / PCT N/A
REVIEWING OFFICER 1 SIGNATURE HANNEKEN, BILL	DSN / BADGE NO. 00242	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

SPACE USED FOR BARCODE				1 - AGENCY NAME AND ORI WASHINGTON P.D. - MO0360800 301 JEFFERSON STREET, WASHINGTON, MO, 63090 636-390-1050			
LEFT THE SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CLEARED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		ACCIDENT CLASSIFICATION <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY	NUMBER INJURED 0	NUMBER KILLED 0	REPORT / CASE / INCIDENT NUMBER 11-002763
NUMBER OF VEHICLES INVOLVED 2		ACCIDENT DATE 12-29-2011		ACCIDENT TIME (MIL.) 0530	TIME NOTIFIED (MIL.) 0549	TIME ARRIVED (MIL.) 0553	INVESTIGATION DATE 12-29-2011
2 - LOCATION							
COUNTY FRANKLIN		MUNICIPALITY WASHINGTON		BEAT / ZONE 2810 EAST	TRP / DIST / PCT N/A	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ON CST 3RD ST		DISTANCE FROM 70 FEET		LOCATION <input checked="" type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY CST HOLMAN ST		
ROADWAY DIRECTION WEST		SPEED LIMIT 30		SPEED LIMIT 25		GEO - CODE	GPS LONGITUDE
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input checked="" type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER							
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> NONE							LATITUDE
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT NA							
4. DRIVER'S FULL NAME (LAST, FIRST, MI) KOPP, JEREMY, M.							
ADDRESS (STREET, CITY, STATE, ZIP) 18867 SPRING VALLEY DR, MARTHASVILLE, MO, 63357							
DRIVER LICENSE NUMBER / ID NUMBER S057188025		STATE MO	TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS F <input type="checkbox"/> 2. CDL CLASS	<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> 5. MC ONLY MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY SHELTER INSC.		<input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER NA 24-1-3466073-8	
YEAR 2003		MAKE CHEVROLET		MODEL SILVERADO PICKUP		COLOR RED	
LIC. PLATE NO. 3PA779		STATE MO	YEAR 2013	VIN 2GCEK19T131241996		TOTAL NO. OF OCCUPANTS 1	
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER KOPP, JOHN E TOD, .							
ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER 420 VAN BUREN CT, WENTZVILLE, MO, 63385							
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE				TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOW CO. INFORMATION STURM'S/COUNTY WIDE TOWING 1808 E 5TH STREET, WASHINGTON, MO, 63090	
5. DRIVER'S FULL NAME (LAST, FIRST, MI) N/A, .							
DRIVERS LICENSE NUMBER / ID NUMBER U		STATE U	TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 2. CDL CLASS	<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED		<input type="checkbox"/> 5. MC ONLY MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY ALLIED		<input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER NA PPCM0027683233-3	
YEAR 2007		MAKE PONTIAC		MODEL GRAND PRIX INCLD GT,LE		COLOR WHITE	
LIC. PLATE NO. DE5E8S		STATE MO	YEAR 2013	VIN 2G2WP552171156662		TOTAL NO. OF OCCUPANTS 0	
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER PEDROTTI, JOYCE F B, .							
ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER 2001 OLD HWY 50 E, UNION, MO, 63084							
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE				TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOW CO. INFORMATION MIKE'S TOWING 408 PARMENTIER EST., WASHINGTON, MO, 63090	
6 - WITNESS <input checked="" type="checkbox"/> NONE IDENTIFIED							
NAME OF WITNESS				ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE NO.	

7. COLLISION DIAGRAM	Direction Prior to Impact (circle one)	V1 N E S <u>W</u>	V2 N E S <u>W</u>	V3 N E S W	V4 N E S W	Est. Speed - FataIs Only			
						V1 0	V2 0	V3	V4

3RD STREET



HOLMAN STREET

8. EVIDENTIARY PHOTOS TAKEN

☒ YES ☐ NO BY WHOM MPO M. WISSBAUM 259

AVAILABLE FROM WASHINGTON P.D.

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

☐ YES ☒ NO BY WHOM

Animal, Fixed Object, and Inattention Codes explained in narrative.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> <input type="checkbox"/> 3. Improperly Stopped on Roadway <input type="checkbox"/> <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> <input type="checkbox"/> 7. Violation Signal / Sign <input type="checkbox"/> <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> <input type="checkbox"/> 15. Improper Start From Park P1 P2 <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P1 _____ P2 _____ V1 _____ V2 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 22. None	19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway 26. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 3. Brick <input type="checkbox"/> 5. Dirt / Sand <input checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-Surface	20. VISION OBSCURED V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input type="checkbox"/> <input type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> <input type="checkbox"/> 12. Not Obscured 23. LIGHT CONDITION <input type="checkbox"/> 1. Daylight <input checked="" type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Indeterminate (explain)	21. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. None 24. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (explain)	22. ROAD CHARACTER ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input checked="" type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest 25. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)
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27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. a truck with GCVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard <input type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided	E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other
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28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

THIS ACCIDENT OCCURED IN THE 500 BLOCK OF EAST 3RD STREET. V1 STRUCK V2, WHICH WAS PARKED ON THE NORTH SIDE OF 3RD STREET, AND THEN LEFT THE SCENE.

THE OWNER OF V2 STATED SHE WAS INSIDE A RESIDENCE AT THE TIME OF THE ACCIDENT AND WAS UNAWARE HER VEHICLE HAD BEEN STRUCK.

DRIVER #1 WAS LOCATED THE FOLLOWING EVENING. HE STATED THAT HE WAS TRAVELING WESTBOUND ON E. THIRD ST. WHEN HE FELL ASLEEP AT WHEEL. HE AWOKE RIGHT BEFORE IMPACT. DRIVER #1 STATED THE HE WAS SCARED AND LEFT THE SCENE.

29. REPORTING OFFICER SIGNATURE JOSEPH RENKEMEYER	DSN / BADGE NO. 00230	BEAT / ZONE EAST	TROOP / DIST / PCT N/A
REVIEWING OFFICER 1 SIGNATURE HANNEKEN, BILL	DSN / BADGE NO. 00242	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

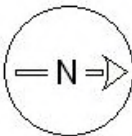
1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0360800													
SPACE USED FOR BARCODE				WASHINGTON P.D. 301 JEFFERSON STREET WASHINGTON, MO 63090													
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION <input checked="" type="checkbox"/>		PROPERTY DAMAGE ONLY 0		NO. INJURED 0		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 12-000022			
NO. VEH. INV. 2		CRASH DATE 01/03/2012		CRASH TIME (MIL.) 1234		NOTIFIED DATE 01/03/2012		TIME NOTIFIED (MIL.) 1234		INVESTIGATION DATE 01/03/2012		TIME ARRIVED (MIL.) 1239		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input checked="" type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		DIRECTIONAL ANALYSIS FOR IMPACT WITH 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 checked="" 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) <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 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input checked="" 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 / GCWVR 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM						AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM						AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
2 - LOCATION																	
COUNTY 036-FRANKLIN				MUNICIPALITY 2810-WASHINGTON				BEAT / ZONE EAST		TRP/DIST/PCT N/A		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W					
ON CST 3RD ST						RDWY. DIR. WEST		DISTANCE FROM 60 <input type="checkbox"/> NA Feet Miles		LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CST JEFFERSON ST					
SPEED LIMIT 30		ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other										SPEED LIMIT 30		INT. DIR. N		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 ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				ROAD PROFILE <input checked="" 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 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"/> 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 <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <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				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 <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)

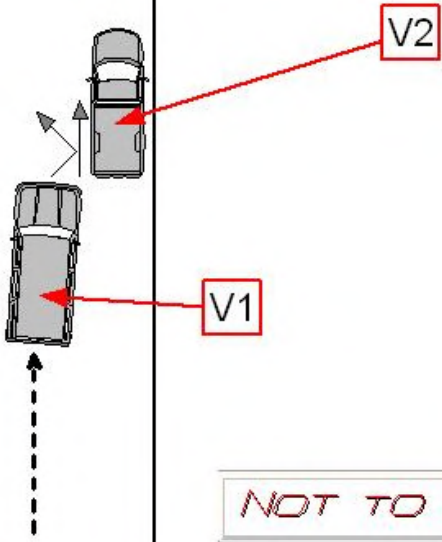
V1 N E S **W** U V2 N E S **W** U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE
NORTH



JEFFERSON ST.

E. THIRD ST.



NOT TO SCALE

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER			
01 LUEKEN, ANDREA F - 7560 BLUFF, WASHINGTON, MO, 63090												636/357-2381			
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE	<input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT						
J057231003		MO	<input type="checkbox"/> NA			<input type="checkbox"/> NA	<input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		<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"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
08/02/1971	F	FL	5	1	2	03	05	<input type="checkbox"/> NA							
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"/> Vehicle			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		FARMERS INSC.				800/435-7764		192244154							
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD												PHONE NUMBER <input type="checkbox"/> SAD			
LUEKEN, CAMERON D & - 7560 BLUFF RD, WASHINGTON, MO, 63090															
YEAR	MAKE	MODEL				COLOR	VEH. TYPE	TOTAL NO. OF OCC.							
2007	FORD	EXPEDITION				WHITE	01	1							
LICENSE - PLATE NO.	STATE	YEAR	VIN	TOWED FROM SCENE				TOWED DUE TO DIS. DAMAGE							
SH0Y3D	MO	2013	1 F M F U 2 0 5 2 7 L A 5 2 6 5 8	<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 type="checkbox"/> None / No Damage														TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA	
INITIAL IMPACT NO:		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)							
<input type="checkbox"/> NA 2															
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 checked="" 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 / GCWV 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"/> Ambulance <input type="checkbox"/> Fire <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"/> 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)												ALCOHOL USE			
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown												<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA			
01 14 35															
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input 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 checked="" 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 checked="" type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)		DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA (See Codes in Section 8)					
								01							
7E. WORK ZONE		TRAFFIC CONTROL <input checked="" 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)								<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		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)															
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 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"/> Unknown		<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			

NO. 02															7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) None															PHONE NUMBER														
DRIVER LICENSE / ID NUMBER NA										STATE NA		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 checked="" type="checkbox"/> NA		<input type="checkbox"/> Susp / Rev / Denied		<input type="checkbox"/> Disqual CDL		<input checked="" type="checkbox"/> NA		<input type="checkbox"/> CDL Class		<input type="checkbox"/> MC Only		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA																				
												<input type="checkbox"/> Canceled / Oth Invalid		<input type="checkbox"/> Unknown				<input type="checkbox"/> Interm / Grad		<input type="checkbox"/> Unlicensed				<input type="checkbox"/> Unknown (Explain)																				
DATE OF BIRTH NA					SEX N	SEAT LOC NA	INJ N	TRANS-PORT N	EJEC-TION N	AIR BAG N	SAFETY DEVICES N	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 checked="" type="checkbox"/> NA		<input type="checkbox"/> Windshield		<input type="checkbox"/> Building		<input type="checkbox"/> Hillcrest		<input type="checkbox"/> Stopped Veh		<input type="checkbox"/> Unknown (Explain)																						
												<input type="checkbox"/> Load on Veh		<input type="checkbox"/> Embankment		<input type="checkbox"/> Parked Veh		<input type="checkbox"/> Glare																										
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 <input type="checkbox"/> Not Required					STATE FARM INSC.															1319736-E25-25D					<input checked="" type="checkbox"/> Vehicle																			
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) BAYSINGER, SUSAN C. - 8032 HWY 100, WASHINGTON, MO, 63090																									PHONE NUMBER 636/239-9517																			
YEAR 1990		MAKE CHEVROLET								MODEL C/K 1500 CK1500								COLOR RED WHITE				VEH. TYPE 01		TOTAL NO. OF OCC. 0																				
LICENSE - PLATE NO. 370XNH					STATE MO		YEAR		VIN I G C D C 1 4 K 9 L Z 2 0 6 7 6 6		TOWED FROM SCENE					TOWED DUE TO DIS. DAMAGE																												
											<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 type="checkbox"/> None / No Damage										TOWED BY					<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																			
INITIAL IMPACT NO: 2 1 3 4 5 6 7 18 - Undercarriage 22 - Cargo										1 15 16 17 8 19 - Windshield 23 - Unknown																																		
<input type="checkbox"/> NA U										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																																												
<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"/> School Bus										<input type="checkbox"/> 2 Wh					<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"/> Intercity										<input type="checkbox"/> 3 Wh					<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"/> Transit / Commuter										<input type="checkbox"/> 4 Wh					<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"/> Charter / Tour										<input type="checkbox"/> 5 Wh / More					<input checked="" type="checkbox"/> Pickup					<input type="checkbox"/> Truck Tractor With Two Units					<input type="checkbox"/> Unknown									
<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 Three Units														
<input type="checkbox"/> Pedalcycle																									<input type="checkbox"/> Unknown (Explain)																			
<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"/> 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 13 34															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 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					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 <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"/> Workers Present															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)										<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No																			
<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 <																													

8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	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	<div> <div>FR SR TR</div> <div>FC SC TC</div> <div>FL SL TL</div> </div> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 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
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ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

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

DRIVER #1 STATED THAT SHE WAS TRAVELING WESTBOUND ON E. THIRD ST. TOWARD JEFFERSON ST. AND LOOKED AT SOMETHING TO HER LEFT. WHEN SHE LOOKED, SHE HEARD A LOUD BUMP AND SAW THAT SHE HAD STRUCK VEHICLE #2.

VEHICLE #2 WAS A PARKED MOTOR VEHICLE.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME WISSBAUM, MICHAEL W.	DSN / BADGE NO. 00259	BEAT / ZONE EAST	TROOP / DISTRICT / PRECINCT N/A
REVIEWING OFFICER NAME HANNEKEN, BILL	DSN / BADGE NO. 00242	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0360800											
SPACE USED FOR BARCODE				WASHINGTON P.D. 301 JEFFERSON STREET WASHINGTON, MO 63090											
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO.		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION <input checked="" type="checkbox"/>		PROPERTY DAMAGE ONLY		NO. INJURED 0		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 12-001188	
NO. VEH. INV. 2		CRASH DATE 06/13/2012		CRASH TIME (MIL.) 2221		NOTIFIED DATE 06/13/2012		TIME NOTIFIED (MIL.) 2221		INVESTIGATION DATE 06/13/2012		TIME ARRIVED (MIL.) 2222		INVEST. AT SCENE <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 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 type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input checked="" 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) <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 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input checked="" 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 / GCWVR 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM				AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM				AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
2 - LOCATION															
COUNTY 036-FRANKLIN		MUNICIPALITY 2810-WASHINGTON		BEAT / ZONE EAST		TRP/DIST/PCT N/A		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W							
ON CST 3RD ST				RDWY. DIR. EAST		DISTANCE FROM 0 <input type="checkbox"/> NA Feet Miles		LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		INTERSECTING MO 47					
SPEED LIMIT 20		ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other								SPEED LIMIT 30		INT. DIR. S		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 ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				ROAD PROFILE <input checked="" type="checkbox"/> Level <input 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 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 CONDITION <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"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)							
ROAD SURFACE <input checked="" 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)								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 type="checkbox"/> Daylight <input checked="" 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 <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <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				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 <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			

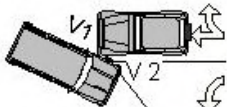
6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1	N	E	<div>S</div>	W	U
		V2	N	E	<div>W</div>	S	U
		V3	N	E	S	W	U
		V4	N	E	S	W	U
		V5	N	E	S	W	U
		V6	N	E	S	W	U

INDICATE NORTH

NOT TO SCALE



EAST THIRD ST



P.O.I.

HWY 47


INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

NO. 01 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) RODGERS, HEATHER A - 1605 E. FIFTH STREET, WASHINGTON, MO, 63090													PHONE NUMBER 417-496-9350		
DRIVER LICENSE / ID NUMBER S159168006			STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> CDL Class <input type="checkbox"/> NA <input type="checkbox"/> Intern / Grad <input type="checkbox"/> Unlicensed		MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown (Explain)				
DATE OF BIRTH 06/14/1985		SEX F	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare	<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Other (Explain)	
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			INSURANCE COMPANY SHELTER INSC.					PHONE NO. (Optional)		POLICY NUMBER 050 5895 D17 25H			<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle		
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 4174969350													PHONE NUMBER 4174969350		
YEAR 2002		MAKE JEEP			MODEL GRAND CHEROKEE				COLOR WHITE		VEH. TYPE 01		TOTAL NO. OF OCC. 1		
LICENSE - PLATE NO. SA9U0S		STATE MO		YEAR 2013		VIN 1 J 4 G L 4 8 K 6 2 W 1 9 2 0 7 0		TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage						TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA									
INITIAL IMPACT NO: <input type="checkbox"/> NA 13						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 checked="" 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) <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 type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")						<input checked="" 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"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)							
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 01 05 34													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 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 checked="" 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) (See Codes in Section 8)															
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input checked="" 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)								CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <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															
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) PHONE NUMBER															
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 - Rental Vehicle						MC / MX / ICC NO.				USDOT NO.					
CARGO BODY 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"/> Pole Trailer <input type="checkbox"/> Log <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"/> 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									

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER																					
02 BOLTE, MEGAN D - 2744 HWY 19, OWENSVILLE, MO, 65066										5732595035																					
DRIVER LICENSE / ID NUMBER				STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid		<input type="checkbox"/> Expired		LIC TYPE		<input checked="" type="checkbox"/> Operator Class F		<input type="checkbox"/> Permit		<input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT											
T017302004				MO		<input type="checkbox"/> NA		<input type="checkbox"/> Susp / Rev / Denied		<input type="checkbox"/> Disqual CDL		<input type="checkbox"/> NA		<input type="checkbox"/> CDL Class		<input type="checkbox"/> MC Only		<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA											
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)			
08/28/1985				F		FL		5		1		2		03		05		<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 (Explain)			
PROOF OF INSURANCE				INSURANCE COMPANY										PHONE NO. (Optional)				POLICY NUMBER				<input type="checkbox"/> NA		<input type="checkbox"/> Driver Vehicle							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required				ALLSTATE INSC CO.														931650842 06/17						<input checked="" type="checkbox"/> Vehicle							
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)																				<input checked="" type="checkbox"/> SAD		PHONE NUMBER				<input type="checkbox"/> SAD					
2007 JEEP JEEP PATRIOT (LL) SILVER /																				VEH. TYPE		TOTAL NO. OF OCC.									
2007 JEEP JEEP PATRIOT (LL) SILVER /																				01		1									
LICENSE - PLATE NO.				STATE		YEAR		VIN		TOWED FROM SCENE				TOWED DUE TO DIS. DAMAGE																	
CD9C0C				MO		2013		1 J 8 F F 2 8 W 5 7 D 3 6 9 3 9 5		<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 type="checkbox"/> None / No Damage										TOWED BY											
<input type="checkbox"/> NA 14										<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																					
INITIAL IMPACT NO:										18 - Undercarriage										22 - Cargo											
1 2 3 4 5 6 7										19 - Windshield										23 - Unknown											
1 15 16 17										20 - Burned										24 - Other (Explain)											
11 10 9										21 - Towed Unit																					
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 checked="" type="checkbox"/> Sport Utility Vehicle																				<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			
<input type="checkbox"/> Limousine (7-8 W/Driver)																				<input type="checkbox"/> Intercity		<input type="checkbox"/> 3 Wh		<input type="checkbox"/> Other Vehicle (Code)		<input type="checkbox"/> Truck Tractor With No Units		Truck Tractors, or Haz Mat			
<input type="checkbox"/> Limousine (9-15 W/Driver)																				<input type="checkbox"/> Transit / Commuter		<input type="checkbox"/> 4 Wh		<input type="checkbox"/> Cargo Van		<input type="checkbox"/> Truck Tractor With One Unit		Placard Veh. Only)			
<input type="checkbox"/> Motorized Bicycle																				<input type="checkbox"/> Charter / Tour		<input type="checkbox"/> 5 Wh / More		<input type="checkbox"/> Pickup		<input type="checkbox"/> Truck Tractor With Two Units		<input type="checkbox"/> Less than or			
<input type="checkbox"/> Pedalcycle																				<input type="checkbox"/> Other		<input type="checkbox"/> Unknown		<input type="checkbox"/> Other Heavy Truck		<input type="checkbox"/> Truck Tractor With Three Units		equal to 10,000 lbs.			
<input type="checkbox"/> To / From School																								<input type="checkbox"/> Unknown (Explain)				<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"/> Police										<input type="checkbox"/> Ambulance										<input type="checkbox"/> Congestion Ahead											
<input type="checkbox"/> Fire										<input type="checkbox"/> Other (Must check "A" / "B")										<input type="checkbox"/> Other Incident Ahead											
										<input type="checkbox"/> A. Emergency Vehicle on Emergency Run										<input type="checkbox"/> Crash Ahead											
										<input type="checkbox"/> B. Stationary With Emergency Equip. Activated										<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)							
12 04 34																								<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 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 checked="" type="checkbox"/> NA					
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 checked="" 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											

8 - CODES

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

DRIVER OF VEHICLE #1 WAS TRAVELING SOUTH ON HIGHWAY 47. DRIVER WAS GOING TO TURN LEFT ON TO EAST THIRD STREET TRAVELING EAST.

DRIVER OF VEHICLE #2 WAS STOPPED FOR A RED LIGHT FACING WEST ON EAST THIRD AT THE INTERSECTION AND WISHING TO TURN RIGHT ON TO HIGHWAY 47 NORTHBOUND.

AS VEHICLE #1 TURNED ON TO EAST THIRD STREET THE VEHICLE CAME INTO CONTACT WITH VEHICLE #2. IT APPEARS FROM THE DEBRIS THAT THE DRIVER OF VEHICLE #1 TURNED IN TO THE PATH OF TRAFFIC THAT MAY BE TURNING RIGHT ON TO HIGHWAY 47.

DRIVER OF VEHICLE #1 STATED THAT SHE HAD JUST BEEN TURNING AND DID NOT SEE VEHICLE #2.

DRIVER OF VEHICLE #2 STATED THAT SHE HAD WATCHED TO MAKE SURE NO TRAFFIC WAS COMING NORTHBOUND BEFORE SHE STARTED TO TURN AND WAS IMPACTED BY VEHICLE #1.

THE DAMAGE TO VEHICLE #1 WAS SUBSTANTIAL AND STARTED IN FRONT OF THE DRIVERS DOOR AND WENT ALL THE WAY BACK TO THE REAR BUMPER.

DAMAGE TO VEHICLE #2 WAS MODERATE TO THE DRIVERS FRONT CORNER AS WELL AS TO THE DOOR WHICH CLOSED WITH DIFFICULTY.

THERE WERE NO INJURIES STATED OR NOTED.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME SAAVEDRA, ERIC M.	DSN / BADGE NO. 00284	BEAT / ZONE EAST	TROOP / DISTRICT / PRECINCT N/A
REVIEWING OFFICER NAME GRISSOM, MICHAEL	DSN / BADGE NO. 00299	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

ATTACHMENT "D"

City Council Resolution of Support
ADA Transition Plan Adoption
Letters of Support
Public Involvement Documentation

A RESOLUTION AUTHORIZING THE CITY OF WASHINGTON TO APPLY FOR FUNDING THROUGH THE EAST-WEST GATEWAY COUNCIL OF GOVERNMENTS TO PROVIDE FOR THE THIRD STREET OVERLAY AND IMPROVEMENTS PROJECT, IN THE CITY OF WASHINGTON, FRANKLIN COUNTY, MISSOURI.

WHEREAS, Third Street pavement, curb and gutter, and sidewalks from Highway 47 to Jefferson Street is in need of reconstruction/rehabilitation; and

WHEREAS, as asphalt overlay would extend the life of these pavements in a cost effective manner; and

WHEREAS, curb and gutter is in need of reconstruction; and

WHEREAS, sidewalks and ADA ramps will be removed and replaced to repair their deteriorating condition and bring into ADA compliance to support a bikeable/walkable community; and

WHEREAS, grant money for such project is available through the East-West Gateway Council of Governments; and

NOW, THEREFORE, be it resolved by the Council of the City of Washington Missouri, as follows:

SECTION 1: That the City of Washington, Missouri shall complete, accept, execute and submit a Surface Transportation Program Application with the East-West Gateway Council of Governments for the purpose of soliciting federal funds for the Third Street Overlay and improvements project.

SECTION 2: That the City Engineer is hereby authorized and directed to execute said Surface Transportation Program Application on behalf of the City of Washington, Missouri.

SECTION 3: That the said Surface Transportation Program Application provides for the process of granting an agreement between the Missouri Department of Transportation and the City of Washington, Missouri, for federal financial assistance in the maximum amount of 80% in federal funds and the minimum amount of 20% in City local match to assist with the project described herein.

<i>Application Fee</i>	\$ 3,627
<i>Grant</i>	\$ 734,392
<i>City Match</i>	\$ 183,598
<i>Total</i>	\$ 921,617

SECTION 4: That this Resolution shall be in full force and effect from and after the date of its adoption.

PASSED: 05-07-18 _____

ATTEST: Sherri Klekamp
Deputy City Clerk

Larry Kuey
President of the City Council

APPROVED: 05-07-18 _____

ATTEST: Sherri Klekamp
Deputy City Clerk

Larry Kuey
Mayor of Washington, Missouri

RESOLUTION NO. 18-11875 INTRODUCED BY: PETTET/HOLTMEIER

A RESOLUTION SUPPORTING AN ADA TRANSITION
PLAN IN THE CITY OF WASHINGTON, MISSOURI.

WHEREAS, the City of Washington is required by Title II of the American with Disabilities Act (ADA) to ensure programs and services are accessible to persons with disabilities (28 CFR 35.149-35.151); and

WHEREAS, this requirement extends to physical access at government facilities and pedestrian facilities in public rights-of-way; and

WHEREAS, The City of Washington ADA Transition Plan provides a plan, identifies existing conditions, and provides schedule to ensure compliance with the ADA.

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the City of Washington, Missouri, as follows:

SECTION 1: The City of Washington ADA Transition Plan, with all included maps, descriptive matter, appendices and other matters contained therein, is hereby supported and is marked Exhibit A, attached hereto and incorporated herein by reference.

Adopted this 4th day of June, 2018 by the City Council of the City of Washington, Missouri.

PASSED: 06-04-18

ATTEST: Sherri Kulkamp
Deputy City Clerk

Sandy Roney
President of City Council

APPROVED: 06-04-18

ATTEST: Sherri Kulkamp
Deputy City Clerk

Sandy Roney
Mayor of Washington, Mo.

JR

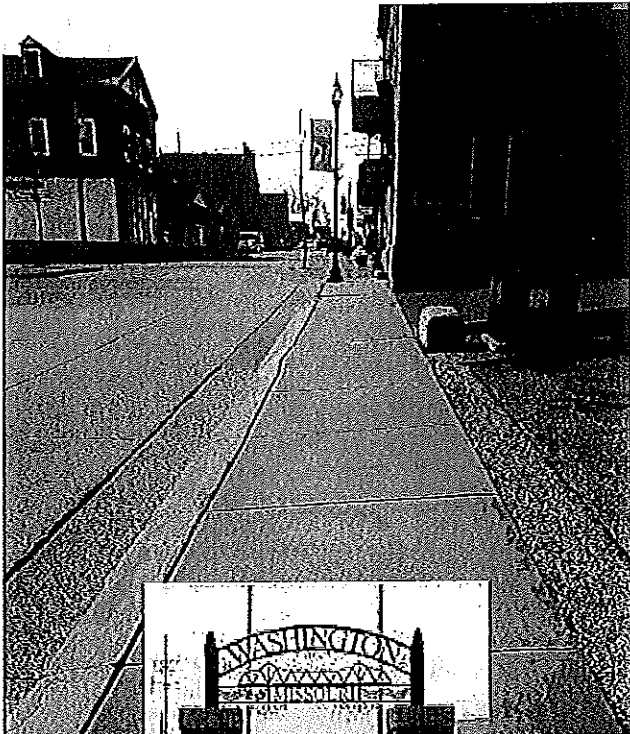
EXHIBIT A

Ex



**CITY OF WASHINGTON ADA
TRANSITION PLAN**

Washington, MO
May 30, 2018



REGULAR MEETING OF WASHINGTON, MISSOURI CITY COUNCIL
May 7, 2018 - 7:00 p.m.

- | 1. <u>INTRODUCTORY ITEMS:</u> | <u>SUGGESTED</u> | <u>COUNCIL ACTION:</u> |
|--|---------------------------|-------------------------------|
| Roll Call /Pledge of Allegiance | | |
| Approval of the Minutes from the April 16, 2018 Council Meetings | Need Motion/Mayor | Memo |
| <u>Approval and Adjustment of Agenda including Consent Agenda:</u> | Need Motion/Mayor | Memo |
| a. City Collector's Report – October & November 2017 | | |
| b. Final Payment Request – Cassette Appliance and Electric – Airport Monument Sign Lighting | | |
| c. Payment Request – Washington Engineering & Architecture, Inc. – Schulze Industrial Park Stormwater Improvement | | |
| 2. <u>PRIORITY ITEMS:</u> | | |
| <u>Mayor's Presentations, Appointments & Re-Appointments:</u> | | |
| a. Mayor's Proclamation – Bicycle Safety Week | | |
| b. Mayor's Proclamation – National Police Week | | |
| c. Mayor's Proclamation – Historic Preservation Month | | |
| d. Mayor's Proclamation – Municipal Clerks Week | | |
| e. Police Department Reappointments | Accept/Approve/Mayor | Memo |
| 3. <u>PUBLIC HEARINGS:</u> | | |
| <u>CITIZENS COMMENTS:</u> | | |
| 4. <u>UNFINISHED BUSINESS:</u> | | |
| 5. <u>REPORT OF DEPARTMENT HEADS:</u> | | |
| 6. <u>ORDINANCES/RESOLUTIONS:</u> | | |
| a. An ordinance authorizing and directing the City of Washington, Missouri to enter into an agreement with Sullentrup Contracting, LLC for labor and materials to build piers and pad for the Washington Police Department Firearms Range. | Read &Int/Read&Vote/Mayor | Memo |

- | | | | |
|-----|---|---------------------------|------|
| b. | An ordinance authorizing and directing the execution of a Temporary Site License by and between the City of Washington, Missouri and New Cingular Wireless PCS, L.L.C., and its Affiliates. | Read &Int/Read&Vote/Mayor | Memo |
| c. | An ordinance accepting the bid from SK Contractors and to approve the purchase and installation of asphalt roofing and materials by the City of Washington, Missouri. | Read &Int/Read&Vote/Mayor | Memo |
| d. | A resolution authorizing the City of Washington to apply for funding through the East-West Gateway Council of Governments to provide for the Third Street Overlay and Improvements Project, in the City of Washington, Franklin County, Missouri. | Read &Int/Vote/Mayor | |
| 7. | <u>COMMISSION, COMMITTEE AND BOARD REPORTS:</u> | | |
| 8. | <u>MAYOR'S REPORT:</u> | | |
| a. | Retirement letter from Chief Halmich | Accept Into Minutes | Memo |
| 9. | <u>CITY ADMINISTRATOR'S REPORT:</u> | | |
| 10. | <u>COUNCIL COMMENTS:</u> | | |
| 11. | <u>CITY ATTORNEY'S REPORT:</u> | | |
| a. | Public vote on whether or not to hold a closed meeting to discuss legal, personnel, and real estate matters pursuant to Section 610.021 RSMo (2000). | Roll Call Vote | |
| 12. | <u>INFORMATION:</u> | | |
| 13. | <u>ADJOURNMENT:</u> | | |

NOTICE: COPIES OF THE PROPOSED ORDINANCES ON THIS AGENDA ARE AVAILABLE FOR PUBLIC INSPECTION
PRIOR TO THE TIME THE BILL IS UNDER CONSIDERATION BY THE CITY COUNCIL.
POSTED BY SHERRI KLEKAMP, DEPUTY CITY CLERK MAY 3, 2018



SCHOOL DISTRICT OF WASHINGTON
220 LOCUST STREET
WASHINGTON, MO 63090
636-231-2000 ~ 636-239-3315 FAX

Dr. Lori VanLeer,
Superintendent
Mr. Kevin Blackburn,
Board President

Dr. Judy Straatmann, *Asst. Supt. Curriculum* ~ Dr. Brendan Mahon, *Asst. Supt. Finance* ~ Dr. Rachael Franssen, *Asst. Supt. Personnel*

May 24, 2018

City of Washington
Attn: Sal Maniaci, Community & Economic Development Director
405 Jefferson Street
Washington, MO 63090

RE: Third Street Improvements

Dear Mr. Maniaci:

In learning of the City of Washington's proposal to make improvements to the sidewalks, curbs, gutters, and asphalt overlay along Third Street, I wished to express my support of this worthwhile project. Improvements of this nature would greatly benefit the school district and the many students who utilize the city sidewalks.

As Superintendent of Schools, my first and foremost concern is for the well-being and safety of all of our students. Any improvements undertaken by the City of Washington that benefits our students are most appreciated. The community would also benefit from these improvements, as they would create access from the pedestrian facilities on the new bridge to Jefferson Street and the downtown area.

I look forward to continuing to work together to keep Washington a community where families wish to live, attend school, and work. As you pursue grant opportunities to assist with these important upgrades, it is my hope that consideration will be given to your request and assistance awarded.

Respectfully,

Dr. Lori VanLeer
Superintendent of Schools



Mercy Hospital
901 East Fifth Street
Washington, MO. 63090
636-239-8000
www.mercy.net

May 23, 2018

To members of Eastwest Gateway,

This letter is written to show support from Mercy Hospital Washington and Mercy Four Rivers Clinic for the City of Washington's application for a street project that will improve Third Street from Highway 47 to Jefferson Street in downtown Washington.

As we understand it, the project includes total reconstruction of the sidewalks, curb and gutter and asphalt overlay of the existing roadway. We have more than 1,000 coworkers and patients who come to our hospital/clinic campus each day, many of whom come to appointments at our medical office building adjacent to Third Street. We particularly appreciate that the proposed project includes the construction of ADA accessible sidewalks, making it safer for coworkers and patients who are wheelchair bound or who use walkers to move about.

Thank you for considering the request of the City of Washington for grant funding for this important street project.

Eric Eoloff, President
Mercy Hospital Washington

David Chalk, M.D., President
Mercy Clinic Four Rivers

City to Seek Grant Funds - For third Street Project

By Gregg Jones, Missourian Staff Writer May 10, 2018 (0)



The city of Washington will — again — seek funds for a Third Street overlay project, but this year officials expect better results.

The city council Monday approved a resolution to seek grant funds for the upgrades to the street and sidewalks.

Last year, the city applied for the same project funded through a federal Surface Transportation Program (STP) grant through the East-West Gateway Council of Governments.



John Nilges, director of public services, said the city was “first out” of funding last year but the application fee was reimbursed.

A new scoring mechanism is expected to be favorable for the city, Nilges added.

He explained that the city’s American with Disabilities Act (ADA) transition plan is underway and that will boost the score for project funding.

Sidewalks and bike paths weigh more heavily on the overall score now than in the past.

The council voted 8-0 Monday night to apply for the STP grant.

Scope of Work

The city is looking to do a 2-inch overlay from Jefferson Street to Highway 47. The project would also include upgrading sidewalks to meet ADA standards, curb and gutter work and other improvements needed.



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debit car*

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MORE:**

Serious about
breast health

So are we.
Meet Dr. Limpe

Mercy
15 TOP
HEALTH SYSTEMS
2018



Not

HIRIN

CHESTERF

"It's a fairly substantial rehab of Third Street," he said.

Nilges said many of the curbs and sidewalks are in poor condition and could use an upgrade. Plans for the project also include making the street more bike-friendly.

If approved, the project would begin in 2022.

The project carries an estimated \$921,617 price tag. The city would have to contribute just 20 percent, \$183,598, of the project's total in addition to the \$3,627 application fee.



Applications must be submitted to be included in the Transportation Improvement Program (TIP) for the St. Louis region. The annual TIP usually is approved by the East-West board in June or July.

STP Projects

Since 1995, Washington has completed 16 projects with STP grants awarded under the annual Transportation Improvement Program (TIP) through the East-West Gateway Council of Governments. The most recent was the Jefferson Street bridge.

An STP grant is allocated for overlay and reconstruction of Bluff Road, from Highway 100 to the city limits. That project is scheduled later this year.

A project scheduled for 2019 includes overlays of Steutermann Road from Highway A to Highway 47 and Bieker Road east of Highway 47. High Street from Highway 100 to Fifth Street and from Highway 100 to Ninth Street.

Past projects include the Lafayette Street railroad improvement in 2015, overlay work on Stafford and 14th streets in 2015, and Highway 100 enhancements in 2013.

The first project completed with East-West grants was the overlay of Bluff Road from Westlink Industrial Drive to the city limits in 1995.



ATTACHMENT "E"

Operations and Maintenance Form

Operations and Maintenance Form

	Name of Local Public Agency	City of Washington	
	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. If unable to provide lane miles then list centerline miles.			
Lane miles vs Centerline miles If you don't know what the difference between a lane mile and centerline mile contact Jason Lange			
Total Lane Miles		(in miles) or	Total Centerline Miles 102 (in miles)
<i>Transit Agencies Only</i>			
# of Vehicles in Fleet			
2. Budget Information			
Year of most recent budget		2017	
Budgeted Total Revenue		\$2,800,000.00	
Sources of Revenue (i.e. sales tax, property tax, motor fuel tax)		Sales tax, Road & Bridge Tax, Motor Fuel/Gas Tax, Investment Income, Grants	
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		\$1,412,500.00	

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

Updated: 2/2018