



## **REQUEST FOR QUALIFICATIONS PURPOSE, BACKGROUND, AND SCOPE OF SERVICES**

### **SECTION 1. PURPOSE AND INTRODUCTION**

The Missouri Highways and Transportation Commission have determined that the Kirkwood Road Improvement Project is consistent with the goals of the Surface Transportation Program and has awarded the City of Kirkwood grant funding for the project. The City of Kirkwood is requesting Professional Engineering and Construction Services for Federal Project STP-5502(611) North Kirkwood Road Improvement Project located on Kirkwood Road from 100' south of Swan Avenue to Adams Avenue.

#### **I. BACKGROUND AND PROJECT DESCRIPTION**

The proposed project is a pavement preservation project of existing infrastructure within the right-of-way of Kirkwood Road from approximately 100' south of Swan, where the City of Kirkwood takes over maintenance of Kirkwood Road from MoDOT, to Adams Avenue, roughly 0.665 miles. The project will stop at Adams Avenue due to future streetscape project plans in downtown Kirkwood. The aforementioned streetscape conceptual design is scheduled to take place in year 2020.

The curb ramps and pedestrian push buttons have already been upgraded at Adams, Washington and Essex with the Kirkwood Road CMAQ Signal Optimization Project Federal Project ID# CMAQ 5502(605).

A city wide pavement conditions report was completed last in 2015. Kirkwood Road, in 2015, was given a pavement rating of 62 out of 100. In January, 2020, the PASER rating for the project was developed and is included later in this application. Current rating is 3.7.

The Kirkwood Road project will consist of the following improvements:

- Asphalt Milling and Overlay 100' south of Swan to Adams Avenue (excluding areas of CMAQ 5502(605))
- Concrete Curb Repair - Approximately 60% of curbs are anticipated to be replaced.
- ADA Improvements
  - Non-ADA Compliant Concrete Curb Ramp Replacements
  - Non-ADA Compliant Sidewalk Replacement
  - ADA Compliant Crosswalks (excluding areas of CMAQ 5502(605))
  - New Mid-Block Crossing with Pedestrian Hybrid Beacon (PHB) north of Washington Ave.
  - Install ADA and MetroBus compliant landing pads at bus stops
- Enclosed Storm Sewer System Rehabilitation
- Pavement Marking & Signage Updates



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The project length is 0.665 miles and the approximate construction cost is \$1,607,938. Project duration is anticipated to be 10 months. A DBE goal of 16% has been established by MoDOT for this project. DBE firms must be listed in the MRCC DBE Directory located on MoDOT's website at [www.modot.gov](http://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 Consultant Prequalification List](#), or your firm will be considered non-responsive.

<b>City/County: City of Kirkwood (St. Louis County) Route: North Kirkwood Road Improvement Project</b>	
TIP#	7114-22
Federal Aid No:	STP-5502(611)
Location:	Kirkwood Road from 100' south of Swan Avenue to Adams Avenue
Proposed Improvement:	Resurfacing, upgrade sidewalks, PHB
Length:	0.665 Miles
Approximate Construction Cost:	\$ 1,607,938
DBE Goal Determination:	16%
Consultant Services Required:	See Scope of Services below.
Contact:	Name: Cassandra James, Sr. Procurement Officer/Analyst Phone: (314) 822-5853
Deadlines:	Questions: September 22, 2021 at 5:00pm RFQ: October 7, 2021 at 3:00pm
<ul style="list-style-type: none"><li>• Submissions of qualifications will only accepted electronically through the E-Procurement Platform at <a href="https://kirkwoodmo.ionwave.net">https://kirkwoodmo.ionwave.net</a>. All questions are to be submitted through the E- Procurement Platform. The Letter of interest should not exceed 5 pages total. A page is defined as 8-1/2 by 11 inches and printed on one side.</li></ul>	

## SECTION 2. SUBMITTAL REQUIREMENTS

Discuss the qualifications of your firm's project team and its ability to provide professional services as presented in Section 3. Particularly discuss the following elements.

### A. General Consultant Information

List the general information of your Firm including name, mailing address, location, phone number, fax number and email address of firm/person submitting the proposal.



**B. Related Experience and Past Performance of Firm**

Indicate the related and special experience of your Firm within the past five years, in conducting services of similar scope and magnitude, with the City of Kirkwood and other agencies. Include the name of the client and project, location, scope of work and services provided, date completed, and contact, including telephone number. Emphasize the specialties and strengths of your firm. Also, discuss the firm's ability and experience studying and evaluating signalized intersections and mid-block crossings for a safe design, appropriate signal timing and appropriate traffic control devices.

**C. Personnel Availability and Work Load**

List a Brief resume of each key person(s) and/or specialist(s) to be assigned to these projects and indicate your Firm's current work load and availability of personnel to complete projects in a timely and professional manner. Include the number of employees available in your Firm, classified by their field(s) of experience.

**D. Proposed Sub-Consultants, Joint Ventures or Partnership Agreements**

Identify any sub-consultants you may use to augment your efforts. Include their personnel qualifications, experience and anticipated tasks.

### **SECTION 3. SCOPE OF SERVICES**

The City of Kirkwood is requesting qualifications for the consulting services for Preliminary Engineering and Construction Engineering that may include but are not limited to the following services in accordance with LPA Manual section 136.11. The descriptions of the requested services are not all inclusive of the tasks required:

**Preliminary Engineering**

1. A review of the existing preliminary plans (available in E-Procurement Platform).
2. Topographic Surveying. Provide surveying for design (if necessary).
3. The preparation Right-of-Way plans, and final plans, specifications and construction estimates (PS&E) in accordance with MoDOT LPA and FHWA regulations. Preparation of right-of-way plans, exhibits, and title commitments for parcels where right-of-way or easements are required. Right of way design will include acquisition (appraisals and negotiations).
4. Coordination with Missouri Department of Transportation (MoDOT)
5. Coordination with Metropolitan St. Louis Sewer District (MSD)
6. Coordination with the Missouri Department of Natural Resources (DNR)
7. Coordination with Metro Transit (Metro)
8. Coordination with Utilities, identifying conflicts, and relocation
9. Threatened and Endangered Species Documentation and Application
10. Prepare Request for Environmental Review in accordance with section 136.6.2 of the LPA manual for submittal to MoDOT's Environmental Division



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11. Assistance with Public Involvement Meeting / Hearing using FHWA Virtual Public Involvement.
12. Specify location and standard ADA curb ramp detail type on plans where right-of-way availability and grades allow.
13. Design of a minimum of four ADA compliant landing pads at bus stops and coordination with Metro Transit to meet Metro bus stop standards. Include design of temporary bus stop access that is ADA compliant.
14. Pavement Borings and Design. Detailed design of a mill and Hot Mix Asphalt overlay of Kirkwood Road and side street tie-ins, where street drainage should be taken into consideration. Investigate base repair needs.
15. Non-ADA Compliant Sidewalk and Curb Ramp Replacement. Detailed design (showing sidewalks, bus landing pads, curb cuts, detectable warning panels, etc.,) meet ADA requirements (where necessary).
16. Traffic study(s) as necessary to provide safe pedestrian crossings at uncontrolled crosswalks.
17. Pedestrian Hybrid Beacon (north of Washington Ave.) Traffic Signal Design
18. Temporary and Permanent Striping Plan with Mid-Block Crossing
19. Temporary Traffic Control Plan
20. Sign replacement plan
21. Retaining Wall Design (if necessary-not anticipated)
22. Subsurface Utility Investigation (if necessary)
23. Culvert Design (if necessary)
24. Drainage Structure Rehabilitation Design (if necessary)
25. Water Quality Design (if necessary)
26. Submittal of preliminary plans (in AutoCAD® and Adobe® formats) with Utility Scoping Checklist for each utility (see EPG figure 136.7.8).

### Construction Engineering

1. Conduct a preconstruction conference to discuss project details with the Contractor, City, and Utilities.
2. Perform Pre-construction digital color photos and video of features shall include, but not be limited to, residential and commercial entrances, sidewalks, outside of houses (front and sides), retaining walls, fences, steps, traffic signals, and landscaping. Photos and videos will be labeled with project name, direction and road name, time and dated. The finished product shall be a bright, sharp, clear picture free of distortion and show sufficient detail acceptable to the City.
3. Perform site visits to observe and document the Contractor's progress and quality of work, and to determine if the work conforms to the contract documents. It is anticipated that survey staking and layout will be accomplished by the contractor's forces. The Consultant will accompany MoDOT and FHWA representatives on visits of the project site as requested.
4. Check shop drawing submittals and review schedules and drawings submitted by the Contractor.





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5. Reject work not conforming to the project documents. Immediately bring to the attention of the City, failure by the Contractor to comply with a plan or specification requirement, any problem, trends toward borderline compliance, or any other occurrence, which may be of interest to the City as well as all situations incapable of disposition in the field. He/she will also be available to attend conferences for the disposition of such matters when so requested by the City.
6. Prepare change orders for issuance by the City as necessary and ensure that proper approvals are made prior to work being performed.
7. Conduct a pre-paving conference to discuss paving and traffic control details with the Contractor.
8. Review payrolls; perform wage rate and Commercially Useful Function interviews, review on-site bulletin board postings, equal employment opportunity and other related items called for in the contract documents.
9. Materials Testing and Acceptance. Perform and review material tests in accordance with the Off-Systems Guide Schedule for Federal-Aid Acceptance Sampling and Testing (FAST) table in the LPA Manual, review material certifications furnished by Contractor, and arrange for field and laboratory testing of samples. Approve and reject materials and their placement as needed.
10. Maintain progress diary and other project records, measure and document quantities, document traffic control, and prepare monthly estimates for payments due the Contractor.
11. Be present during critical construction operations, including but not limited to the following:
  - a. concrete delivery, placing, and finishing
  - b. curb ramp and ADA facility forming
  - c. work affecting existing utilities
  - d. subgrade and base preparation
  - e. asphaltic concrete placement
  - f. signal and sign work
  - g. striping
12. Perform erosion control inspections following any runoff events and at a minimum once every 7 days while land is disturbed in the project. Document the erosion control inspections and inform the contractor of any deficiencies. Perform follow up inspections to ensure deficiencies are addressed promptly by Contractor.
13. Participate in semi and final inspections, provide the City with project documentation (diaries, test results, measurements, certifications, etc.), and provide as-built plans (in AutoCAD® and Adobe® formats) for MSD and the City's records.
14. Submit monthly reimbursement requests to the Missouri Department of Transportation for construction services paid in full by the City.



## SECTION 4. SUBMISSION OF QUALIFICATIONS

Submissions of Qualifications will only be accepted electronically through the E-Procurement Platform at <https://kirkwoodmo.ionwave.net>. The Letter of interest should not exceed 5 pages total 6 (a page is defined as 8-1/2 by 11 inches), **by 3:00 p.m. local time on October 7, 2021**. Qualifications submitted after this date and time will not be eligible for consideration.

## SECTION 5. EVALUATION CRITERIA

Pursuant to the Brooks Act (40 USC 1102, 23 CFR 172.3) for Consultant Selection – the following criteria will be the basis for selection.

### **Experience and Technical Competence -**

**30 Max Points**

- Project Manager has appropriate qualifications and has successfully managed similar projects (10 points)
- Technical Leads have appropriate qualifications and have successfully performed on similar projects (10 points)
- Plan for sub-consultants to contribute meaningfully to this project (10 points)

### **Project Approach -**

**40 Max Points**

- Statements concerning Project Team availability appear realistic (10 points)
- Proposed project approach demonstrates a thorough understanding of the City's needs. (25 points)
- Consultant states they will prepare plans natively in AutoCAD® (5 points)

### **Past Record of Performance -**

**30 Max Points**

- Prior projects presented are representative of the technical challenges of the project being solicited (15 points)
- Prior projects include federal-aid projects for Missouri Local Public Agencies (15 points)

## SECTION 6. MISCELLANEOUS

### 1. Incurring Costs

This Request for Qualifications does not commit the City to award a Contract or to pay for any cost incurred by successful or unsuccessful submittal in the preparation for this request.

### 2. Confidentiality

The City shall follow the Missouri Sunshine Law, section 610, therefore all documentation, proposals, bids, contracts and other documentation submitted to the City in response to this Request for Proposal is subject to this law. In the event any Firm submitting a proposal shall include any information deemed "proprietary or confidential" such information shall be clearly marked. The City as a public entity cannot and does not warrant that information will not be disclosed.



### 3. Logo

The City's logo is trademarked and should not be used in responding to this proposal.

### 4. Conflict of Interest

Firm will disclose all business interests or family relationships with any city officer or employee who was, is, or will be involved in Firm's selection, negotiation, drafting, signing, administration, or evaluating Firm's performance. As used in this section, the term "Firm" shall include any employee of Firm who was, is, or will be involved in the negotiation, drafting, signing, administration, or performance of the Agreement. As used in this section, the term "family relationship" refers to the following: spouse or domestic partner; any dependent parent, parent-in-law, child, son-in-law, or daughter-in-law; or any parent, parent-in-law, sibling, uncle, aunt, cousin, niece or nephew residing in the household of a civic leader, elected official, city officer or employee described above.

Through submittal Firm certifies, to the best of their knowledge, that they have no conflict of interest regarding provision of the services as detailed herein. Firm will inform the City if a potential conflict of interest arises during the period in which services are rendered.

### 5. Non-Discrimination

The Firm shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or disability. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection of training, including apprenticeship. Firm shall state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or disability. Firm shall incorporate the foregoing requirements of this paragraph in all of its subcontracts for work performed under the terms and conditions of this anticipated contract. A breach of this provision may be grounds for Contract termination.

### 6. Governing Law

Firm shall at all times observe and comply with all Federal and State laws, all local laws, ordinances, and regulations existing at the time of or enacted subsequent to the execution of the contract which, if in any manner, affect the prosecution of the work. Firm shall indemnify and save harmless the City and all of its representatives, and employees against any claim or liability arising from or based on the violation of any such law, ordinance, regulation, order, or decree, whether by himself, his employees, or his sub-contractors.



#### 7. City to be Indemnified and Held Harmless

The anticipated contract shall require that Firm covenants and agrees to release the City and any municipal partners from any and all liabilities of any kind or nature in which the right, cause of action or claim of any kind or nature whatsoever may hereafter accrue to Firm, its employees or agents, by virtue of the anticipated contract between Firm and the City. Firm further covenants and agrees to indemnify and hold the City harmless from any and all claims, rights or causes of actions or damages of every kind and nature whatsoever which may arise as a result of the anticipated contract between the City and Firm and Firm shall defend or pay the cost of defense of the City arising by virtue of any claim or cause of action for damages. Firm agrees to pay any and all amounts which the City may be required to pay for damages or amounts which the City may be required to pay for damages or compensation connected with any claim arising by virtue of the anticipated contract between Firm and the City.

#### 8. Firm's Declaration

Firm will not be permitted to use, to its advantage, any omission or error in the Request for Proposal, the specifications, requirements, or the contract documents and the City reserves the right to issue new instructions for such error or omission if originally specified. Through submittal Firm states that they have examined the information and conditions surrounding the operation of the service contemplated by the Proposal, and is familiar with the requirements as to equipment, supplies and labor of such undertaking; and that Firm has carefully prepared, examined and checked the Proposal to ascertain that no mistake or error is contained the Proposal; and that Firm will make no claim for correction or modification after the closing time for the receipt of the proposals.

#### 9. Binding Effect

The anticipated agreement for services contained in this Request for Proposal shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, executors, administrators, legal representatives, successors and assigns.

#### 10. Award of Contract

The award of the contract, if it be awarded, will be made to the most qualified Firm(s). Services under the anticipated contract will be performed on an "as needed" basis, the City does not guarantee the use of the anticipated contract during the contract term. The award of the anticipated contract will not be determined solely on price, but as a review of the proposed Firm in its entirety. The City will notify the Firm(s) after proposal receipt what information, if any, is required. The City reserves the right to reject any or all proposals and to waive any irregularities therein. The successful Firm will be notified by letter mailed to the address shown on the proposal response that their proposal has been accepted and that they have been awarded the Contract.



#### 11. Agreement and Term

It is the intent of the City to enter into a single or multiple agreement(s) with selected Firm(s). The selected Firm(s) will enter into written contract(s) (the "Agreement") with the City of Kirkwood with the terms and conditions set forth herein and provide service at the rates submitted in the accepted Proposal Response. The resulting contract(s) will be subject to termination by the City in the event of sale or destruction of the facilities or misfeasance, nonfeasance or malfeasance of the Firm.

#### 12. Termination of Contract by Convenience

The City or Firm may terminate the anticipated contract at any time during its term by giving 60-day written notice of such intention to terminate this contract and setting forth a specific termination date.

#### 13. Laws to be Observed

The successful Firm shall have a valid business license, hold all applicable certifications, and agree to maintain them throughout the terms of the anticipated agreement. Firm shall at all times observe and comply with all Federal and State laws, all local laws, ordinances, and regulations existing at the time of or enacted subsequent to the execution of the contract which, if in any manner, affect the prosecution of the contract. Firm shall indemnify and save harmless the City and all of its representatives, and employees against any claim or liability arising from or based on the violation of any such law, ordinance, regulation, order, or decree, whether by himself, his employees, or his subcontractors.

#### 14. Insurance Requirements

Indicate your ability to provide general and automotive liability insurance at rates per State of Missouri statutory requirements.

#### 15. E-Verify

Indicate your ability to provide a signed e-verify affidavit of compliance of Missouri Revised Statute section 285.530.1 in that is shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri.

#### 16. Payment Terms

All requests for payment shall be submitted to the Purchasing Department located at 212 South Taylor Avenue, Kirkwood, MO 63122. Billing submitted shall only include approved costs; any additions that have not been approved by the City shall be excluded for payment. Payment on billing will be issued within thirty (30) days following receipt of complete documentation as is required for the project in question.



## 17. Invoicing

All contracted work completed must include the following information on the related invoice for payment.

- a) Contract or Purchase Order Number
- b) Date of invoice
- c) Invoice number
- d) Description of Service(s)
- e) Payment amount requested

## 18. Questions and Clarifications

All questions shall be submitted electronically through the E-Procurement Platform at <https://kirkwoodmo.ionwave.net> by 5:00 p.m. local time on September 22, 2021.

## 19. Amendment Issuance

If Firm has any questions which arise concerning the true meaning or intent of the specifications or any other requirements stated herein, Firm shall request that an interpretation be made in an Addendum. Failure to request an Addendum governing any such question shall not relieve Firm from delivery in accordance with the intent of the specifications. If it becomes evident that the material contained within this Request for Proposal requires amendment, the Director of Procurement shall issue a formal written amendment to these documents for distribution to all known prospective respondents. The issuance of an amendment may be released until the stated date and time of proposal receipt. If it is deemed necessary by the City, the amendment may extend the current proposal receipt deadline.

## 20. Proposal Acceptance

- a) The City of Kirkwood reserves the right to accept proposals in whole or in part, and to reject any and all proposals, and to negotiate separately as necessary to serve the best interests of the City.
- b) Notifications of award will be made by the Director of Procurement following passage of a resolution by the council accepting the proposal.
- c) The proposal must remain valid for at least ninety (90) days after submittal date.
- d) It is the intent of the City of Kirkwood to contract for this service as soon as possible.





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September 1, 2021

Dear Consultant:

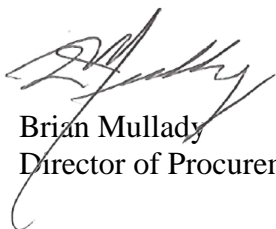
The City of Kirkwood is requesting the services of a consulting engineering firm to perform the described professional services for the project included on the attached list. If your firm would like to be considered for these consulting services, you may express your interest by responding to the appropriate office, which is indicated on the attachments. Limit your letter of interest to no more than five (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 Qualification (RSMo 8.285 through 8.291) be submitted with your firm's Letter of Interest, or be on file with City of Kirkwood. 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](http://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 Consultant Prequalification List, or your firm will be considered non-responsive.

Firms are to download the Request for Statements of Qualifications from the City of Kirkwood's EProcurement Platform by registering at <https://kirkwoodmo.ionwave.net>. Submission of qualifications will be accepted until the date and time listed in the E-Procurement Platform. All questions are to be submitted through the E-Procurement Platform by the date and time listed in the E-Procurement Platform.

Sincerely,



Brian Mullady  
Director of Procurement



## SUBMITTAL REQUIREMENTS, TERMS, AND CONDITIONS

### SECTION 1. SUBMITTAL REQUIREMENTS

Discuss the qualifications of your firm's project team and its ability to provide professional services as presented in Section 3. Particularly discuss the following elements.

A. General Consultant Information

List the general information of your Firm including name, mailing address, location, phone number, fax number and email address of firm/person submitting the proposal.

B. Related Experience and Past Performance of Firm

Indicate the related and special experience of your Firm within the past five years, in conducting services of similar scope and magnitude, with the City of Kirkwood and other agencies. Include the name of the client and project, location, scope of work and services provided, date completed, and contact, including telephone number. Emphasize the specialties and strengths of your firm. Specifically elaborate on experience with road safety audits. Also, discuss the firm's ability and experience studying and evaluating mid-block crossings for a safe design and appropriate traffic control devices.

C. Personnel Availability and Work Load

List a Brief resume of each key person(s) and/or specialist(s) to be assigned to these projects and indicate your Firm's current work load and availability of personnel to complete projects in a timely and professional manner. Include the number of employees available in your Firm, classified by their field(s) of experience.

D. Proposed Sub-Consultants, Joint Ventures or Partnership Agreements

Identify any sub-consultants you may use to augment your efforts. Include their personnel qualifications, experience and anticipated tasks.

### SECTION 2. EVALUATION CRITERIA

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

Experience and Technical Competence -	<u>40</u>	Max Points
Capacity and Capability -	<u>30</u>	Max Points
Past Record of Performance -	<u>30</u>	Max Points



## **SECTION 3. MISCELLANEOUS**

### **1. Incurring Costs**

This Request for Qualifications does not commit the City to award a Contract or to pay for any cost incurred by successful or unsuccessful submittal in the preparation for this request.

### **2. Confidentiality**

The City shall follow the Missouri Sunshine Law, section 610, therefore all documentation, qualifications, proposals, bids, contracts and other documentation submitted to the City in response to this Request for Qualifications is subject to this law. In the event any Firm submitting qualifications shall include any information deemed "proprietary or confidential" such information shall be clearly marked. The City as a public entity cannot and does not warrant that information will not be disclosed.

### **3. Logo**

The City's logo is trademarked and should not be used in responding to this request.

### **4. Conflict of Interest**

Firm will disclose all business interests or family relationships with any city officer or employee who was, is, or will be involved in Firm's selection, negotiation, drafting, signing, administration, or evaluating Firm's performance. As used in this section, the term "Firm" shall include any employee of Firm who was, is, or will be involved in the negotiation, drafting, signing, administration, or performance of the Agreement. As used in this section, the term "family relationship" refers to the following: spouse or domestic partner; any dependent parent, parent-in-law, child, son-in-law, or daughter-in-law; or any parent, parent-in-law, sibling, uncle, aunt, cousin, niece or nephew residing in the household of a civic leader, elected official, city officer or employee described above.

Through submittal Firm certifies, to the best of their knowledge that they have no conflict of interest regarding provision of the services as detailed herein. Firm will inform the City if a potential conflict of interest arises during the period in which services are rendered.



## 5. Non-Discrimination

The Firm shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or disability. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection of training, including apprenticeship. Firm shall state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or disability. Firm shall incorporate the foregoing requirements of this paragraph in all of its subcontracts for work performed under the terms and conditions of this anticipated contract. A breach of this provision may be grounds for Contract termination.

## 6. Governing Law

Firm shall at all times observe and comply with all Federal and State laws, all local laws, ordinances, and regulations existing at the time of or enacted subsequent to the execution of the contract which, if in any manner, affect the prosecution of the work. Firm shall indemnify and save harmless the City and all of its representatives, and employees against any claim or liability arising from or based on the violation of any such law, ordinance, regulation, order, or decree, whether by himself, his employees, or his sub- contractors.

## 7. City to be Indemnified and Held Harmless

The anticipated contract shall require that Firm covenants and agrees to release the City and any municipal partners from any and all liabilities of any kind or nature in which the right, cause of action or claim of any kind or nature whatsoever may hereafter accrue to Firm, its employees or agents, by virtue of the anticipated contract between Firm and the City. Firm further covenants and agrees to indemnify and hold the City harmless from any and all claims, rights or causes of actions or damages of every kind and nature whatsoever which may arise as a result of the anticipated contract between the City and Firm and Firm shall defend or pay the cost of defense of the City arising by virtue of any claim or cause of action for damages. Firm agrees to pay any and all amounts which the City may be required to pay for damages or amounts which the City may be required to pay for damages or compensation connected with any claim arising by virtue of the anticipated contract between Firm and the City.

## 8. Firm's Declaration

Firm will not be permitted to use, to its advantage, any omission or error in the Request for Qualifications, the specifications, requirements, or the contract



documents and the City reserves the right to issue new instructions for such error or omission if originally specified. Through submittal Firm states that they have examined the information and conditions surrounding the operation of the service contemplated by the Request for Qualifications, and is familiar with the requirements as to equipment, supplies and labor of such undertaking; and that Firm has carefully prepared, examined and checked the Qualifications to ascertain that no mistake or error is contained the Qualifications; and that Firm will make no claim for correction or modification after the closing time for the receipt of the qualifications.

#### 9. Award of Contract

The award of the contract, if it be awarded, will be made to the most qualified Firm(s). The award of the anticipated contract will not be determined solely on price, but as a review of the proposed Firm in its entirety. The City will notify the Firm(s) after qualifications receipt what information, if any, is required. After the receipt of qualifications, the City will solicit a proposal from the selected Firm. The City reserves the right to reject any or all proposals and to waive any irregularities therein. The successful Firm will be notified by letter mailed to the address shown on the proposal response that their proposal has been accepted and that they have been awarded the Contract.

#### 10. Agreement and Term

It is the intent of the City to enter into a single or multiple agreement(s) with selected Firm(s). The selected Firm(s) will enter into written contract(s) (the "Agreement") with the City of Kirkwood with the terms and conditions set forth herein and provide service at the rates submitted in the accepted Proposal Response. The resulting contract(s) will be subject to termination by the City in the event of sale or destruction of the facilities or misfeasance, nonfeasance or malfeasance of the Firm.

#### 11. Termination of Contract by Convenience

The City may terminate the anticipated contract at any time during its term by giving 30 days written notice of such intention to terminate this contract and setting forth a specific termination date. The City shall compensate Firm for all approved services rendered at the point of termination.

#### 12. Laws to be Observed

The successful Firm shall have a valid business license, hold all applicable certifications, and agree to maintain them throughout the terms of the anticipated agreement. Firm shall at all times observe and comply with all



Federal and State laws, all local laws, ordinances, and regulations existing at the time of or enacted subsequent to the execution of the contract which, if in any manner, affect the prosecution of the contract. Firm shall indemnify and save harmless the City and all of its representatives, and employees against any claim or liability arising from or based on the violation of any such law, ordinance, regulation, order, or decree, whether by himself, his employees, or his subcontractors.

#### 13. Insurance Requirements

Indicate your ability to obtain professional liability insurance. Provide the value of professional liability, general and automotive liability insurance that your firm can provide. Also provide the form of insurance program that your firm is under. Indicate your ability to provide general and automotive liability insurance at rates per State of Missouri statutory requirements.

#### 14. E-Verify

Indicate your ability to provide a signed e-verify affidavit of compliance of Missouri Revised Statute section 285.530.1 in that is shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri.

#### 15. Amendment Issuance

If Firm has any questions which arise concerning the true meaning or intent of the specifications or any other requirements stated herein, Firm shall request that an interpretation be made in an Addendum. Failure to request an Addendum governing any such question shall not relieve Firm from delivery in accordance with the intent of the specifications. If it becomes evident that the material contained within this Request for Qualifications requires amendment, the Director of Procurement shall issue a formal written amendment to these documents for distribution to all known prospective respondents. The issuance of an amendment may be released until the stated date and time of qualification receipt. If it is deemed necessary by the City, the amendment may extend the current qualification receipt deadline.





WHERE COMMUNITY AND SPIRIT MEET®

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**Addendum #1 Summary  
Request for Qualifications # 13837**

**Professional Engineering and Construction Services  
for  
Federal Project STP-5502(611) North Kirkwood Road Improvement Project**

The following items have been amended:

1) **Question:** Would like to request a copy of the funding application:

**Answer:** "2020STPS\_Kirkwood\_Kirkwood Road Improvements" Project Application Form-Surface Transportation Block Grant Program, has been added to the Request for Qualifications under the "Attachments" tab in the solicitation.

**A checkbox has been added to the attributes tab to acknowledge the receipt of Addendum #1**



## Surface Transportation Block Grant Program

2020 Call for Projects

For the St. Louis Region

### Road Project Type

---

Sponsoring Agency:

---

Project Title:

---

Federal Amount Requested:

---

**Applications Due: February 13, 2020 by 4:00 pm**



**EAST-WEST GATEWAY**  
Council of Governments

Creating Solutions Across Jurisdictional Boundaries

November 8, 2019

## 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 on **November 8, 2019** and ends on **February 13, 2020** 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](mailto:stps@ewgateway.org). Save the electronic copy as a PDF file using the following format: 2020STPS\_[Sponsor]\_[Project Name].pdf. Please submit one application per email. Electronic copies can also be delivered on a CD or USB drive. You will receive an email confirmation within one business day of submittal. If you do not receive confirmation or have questions about the application, contact EWG staff.

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

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

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

Project sponsors wanting feedback on applications may submit a preliminary copy by **January 8, 2020** to EWG at [stps@ewgateway.org](mailto:stps@ewgateway.org). EWG staff will review the applications submitted and will return comments by email by **January 22, 2020**. If a preliminary application is submitted for feedback, a final application must still be submitted by **February 13, 2020**.

#### CONTACT INFORMATION

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

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

## PROJECT CHECKLIST AND SUBMITTAL REQUIREMENTS

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

The materials should be submitted in the following order.

### Project Application:

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

### Attachment A:

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

### Attachment B:

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

Attachment C:

- ☐ **Crash reports** – attach full crash reports for all fatal and serious injury crashes and up to 10 minor injury and/or property damage only crashes that coincide with the safety countermeasure within the project limits from 2013-2017. Redact any personal information (e.g. names, addresses, etc.). Crash reports are not required if the project has no safety countermeasures.

Attachment D: (optional)

- ☐ **Documentation of an approved or adopted plan, ordinance, and/or policy that supports the project** – do not attach entire plan documents, only include the necessary pages.
- ☐ n/a **Letters of support** – endorsements or petitions from associations, boards, school districts, citizens, businesses, etc. Only attach letters of support that pertain to specific project.
- ☐ n/a **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.
- ☐ n/a **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):

- ☐ n/a Preliminary application (for comments) – Due **January 8, 2020**
- ☐ Final application – Due **February 13, 2020**

SPONSOR INFORMATION									
Sponsoring agency:									
Secondary sponsor agency (if applicable):									
<b>Chief Elected Official/Chief Executive Director:</b>									
Name:					Title:				
Street address:									
City:		State:		County:		ZIP code:			
<b>Project contact:</b>									
Name:					Title:				
Agency:									
Street address:									
City:		State:		County:		ZIP code:			
Phone Number:					E-mail address:				
<b>Application contact:</b>									
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 received federal funds for this specific road segment within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If yes, when?									
Does this project touch MoDOT or IDOT right-of-way? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, a letter of support for this project is required from the state DOT.</i>									
Does the sponsoring agency own and maintain this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, a letter of support for this project is required from the facility owner.</i>									
If no, who owns the facility?									



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

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

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

<sup>3</sup> On-road bicycle facility includes: bike lanes (separated, buffered, and standard). Shared-lane markings (sharrows) and share the road signage are not bicycle facilities. View the EWG Bicycle Planning Guide for a description on bicycle facilities: [https://www.ewgateway.org/wp-content/uploads/2018/07/BicyclePlanningGuide\\_June2018.pdf](https://www.ewgateway.org/wp-content/uploads/2018/07/BicyclePlanningGuide_June2018.pdf).

## LAND ACQUISITION INFORMATION

Status of right-of-way acquisition (all properties, permanent and/or temporary easements, Temporary Slope Construction License (TSCL), and other rights-of-way):

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

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

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

Right-of-way acquisition by:

Right-of-way condemnation by:

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

- ☐ Yes ☐ No ☐ Unknown

## UTILITY COORDINATION

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

Will the project involve any coordination with utilities?

- ☐ Yes ☐ No

*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

Is there a railroad within 500' of project limits?

☐ Yes ☐ No

Name of railroad:

Number of crossings impacted:

Are the crossings active?

☐ Yes ☐ No

Width of crossing:

What is the crossing type?

- ☐ Timber  
☐ Rubberized  
☐ Asphalt  
☐ Concrete  
☐ Other

Describe other:

## PROJECT MAINTENANCE

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

Estimated annual cost to maintain facility and funding source(s):

## 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 plan<sup>4</sup>.

Does your local public agency have more than 50 employees?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

<sup>4</sup> FHWA Questions and Answers about ADA/Section 504: [https://www.fhwa.dot.gov/civilrights/programs/ada/ada\\_sect504qa.cfm](https://www.fhwa.dot.gov/civilrights/programs/ada/ada_sect504qa.cfm).

## PROJECT DESCRIPTION

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

## COMMUNITY SUPPORT

Describe the public involvement activities to date on the proposed project:

## PROJECT DEVELOPMENT SCHEDULE

Note: many stages can occur concurrently.

Activity Description	Start Date (MM/YYYY)	Finish Date (MM/YYYY)	Time Frame (Months)
Receive notification letter	10/2020	10/2020	1
Execute agreement (project sponsor and DOT)			
<b>Engineering services contract submitted and approved*</b>			
Obtain environmental clearances (106, CE2, T&E, etc.)			
Public meeting/hearing			
Develop and submit preliminary plans			
Preliminary plans approved			
Develop and submit right-of-way plans			
Review and approval of right-of-way plans			
<b>Submit and receive approval for notice to proceed for right-of-way acquisition (A-Date)*</b>			
Right-of-way acquisition			
Utility coordination			
Develop and submit PS&E			
<b>District approval of PS&amp;E/advertise for bids*</b>			
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: federal participation for a phase of work must not exceed 80% in Missouri for all phases of work and 80% in Illinois for construction/construction engineering phase only. In Illinois, PE and right-of-way must be paid with local funds.

Activity <sup>5</sup>	Starting Federal Fiscal Year <sup>6</sup>	Total Phase Cost	STP-S Funds Requested	Sponsor Share	Sponsor Share Percentage
PE / Planning / Environmental Studies	FY				
Right-of-Way	FY				
Construction Engineering	FY				
Construction / Implementation	FY				
<b>TOTAL PROJECT COST</b>					
Identify the source(s) of local matching funds (e.g., state DOT, city, county, county road board, county motor fuel tax, private entity), and the amount for each source:					

<sup>5</sup> **Illinois:** construction/construction engineering funds are available in FY 2024.

**Missouri:** preliminary engineering funds are available in FY 2022, right-of-way in FY 2022 or FY 2023, and construction/construction engineering in FY 2023 or FY 2024.

<sup>6</sup> Fiscal years are federal fiscal years (October 1 through September 30).

## SAFETY

Were there any crashes along project limits from 2013-2017? **Note:** a project can still potentially receive partial points if it does not have crashes, but includes a preventive safety countermeasure.

☐ Yes ☐ No

### Total number of crashes by severity type along project limits:

Fatal (K on the KABCO scale):	
Serious injury (A on the KABCO scale):	
Minor injury (B and C on the KABCO scale):	
Property damage only (O on the KABCO scale):	
Total number of crashes from 2013-2017 along project limits:	

Does the project include safety countermeasure(s)?

☐ Yes ☐ No

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

Countermeasure	CMF	CMF ID

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

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

Are there any undocumented safety issues?

☐ Yes ☐ No

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



## MULTIMODAL

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

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

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

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

- ☐ New sidewalks (where none currently exist)
- ☐ Sidewalk spot slab improvements
- ☐ Sidewalk reconstruction
- ☐ Construction of new curb ramps (where none currently exist)
- ☐ Curb ramp reconstruction
- ☐ Sidewalk/roadway separation
- ☐ Wayfinding, furniture, or other end of trip facilities
- ☐ Pedestrian-scale lighting (e.g., glare shielded, lower height (12’ to 16’), in-pavement)
- ☐ Other
- ☐ None

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

Does the proposed project incorporate any of the following intersection or crossing treatments?

- ☐ Pedestrian signals/push buttons
- ☐ Countdown timers
- ☐ Leading pedestrian interval (LPI)
- ☐ Bicycle signals or bicycle detection
- ☐ Rectangular Rapid-Flashing Beacon (RRFB)
- ☐ Pedestrian Hybrid Beacon (PHB or HAWK)
- ☐ Marked crosswalks (standard parallel crosswalk markings)
- ☐ High-visibility crosswalks (e.g., ladder, zebra, or continental crosswalk markings)
- ☐ Raised crosswalks
- ☐ Midblock crossings
- ☐ Pedestrian refuge islands
- ☐ Curb radius reduction
- ☐ Curb extension or bulb-outs
- ☐ Bicycle boxes
- ☐ Colored pavement crossings for bicycles lanes marked through intersection
- ☐ Other
- ☐ None

Describe the intersection or crossing treatments (including 'other') in detail and identify crosswalk locations:

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

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

If yes, identify the improvements:

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

☐ Yes ☐ No

Is the project within ½ mile of a school?

☐ Yes ☐ No

If yes, identify the school(s):

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

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

☐ Yes ☐ No

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

## SYSTEM RELIABILITY

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

☐ Yes ☐ No

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

## INTERMODAL CONNECTIONS

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

☐ Yes ☐ No

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

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

☐ Yes ☐ No

If yes, identify the facility or major freight generator:

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

## ENVIRONMENT

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

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

Describe the green infrastructure improvements (including 'other') in detail:

## 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 Vol. 70 No. 74087—*DOT Policy Guidance Concerning Recipients’ Responsibilities to Limited English Proficiency (LEP) Person*.

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

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

Russell B. Hawes

\_\_\_\_\_  
Name (print)

Chief Administrative Officer

\_\_\_\_\_  
Title

  
\_\_\_\_\_  
Signature

February 13, 2020

\_\_\_\_\_  
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: Kirkwood Road Improvements

Local Match Amount: \$321,588.00

Sponsoring Agency: City of Kirkwood, MO

### Chief Elected Official (or Chief Executive Officer):

Name (print): Russell B. Hawes

Signature: 

Date: February 13, 2020

### Chief Financial Officer:

Name (print): Jennifer Forgy

Signature: 

Date: February 13, 2020



## 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): Chris Krueger, PE

Title: City Engineer Email: kruegeca@kirkwoodmo.org

Signature: 

Date: February 13, 2020

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

Name (print): Chris Krueger, PE

Title: City Engineer Email: kruegeca@kirkwoodmo.org

Signature: 

Date: February 13, 2020

### Person of Responsible Charge – Construction/Implementation Phase

Name (print): Chris Krueger, PE

Title: City Engineer Email: kruegeca@kirkwoodmo.org

Signature: 

Date: February 13, 2020



## 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.

Chris Krueger, PE

Name (print)

City Engineer

Title



Signature

February 13, 2020

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.

Chris Krueger, PE

\_\_\_\_\_  
Name (print)

City Engineer

\_\_\_\_\_  
Title

  
\_\_\_\_\_  
Signature

February 13, 2020

\_\_\_\_\_  
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.

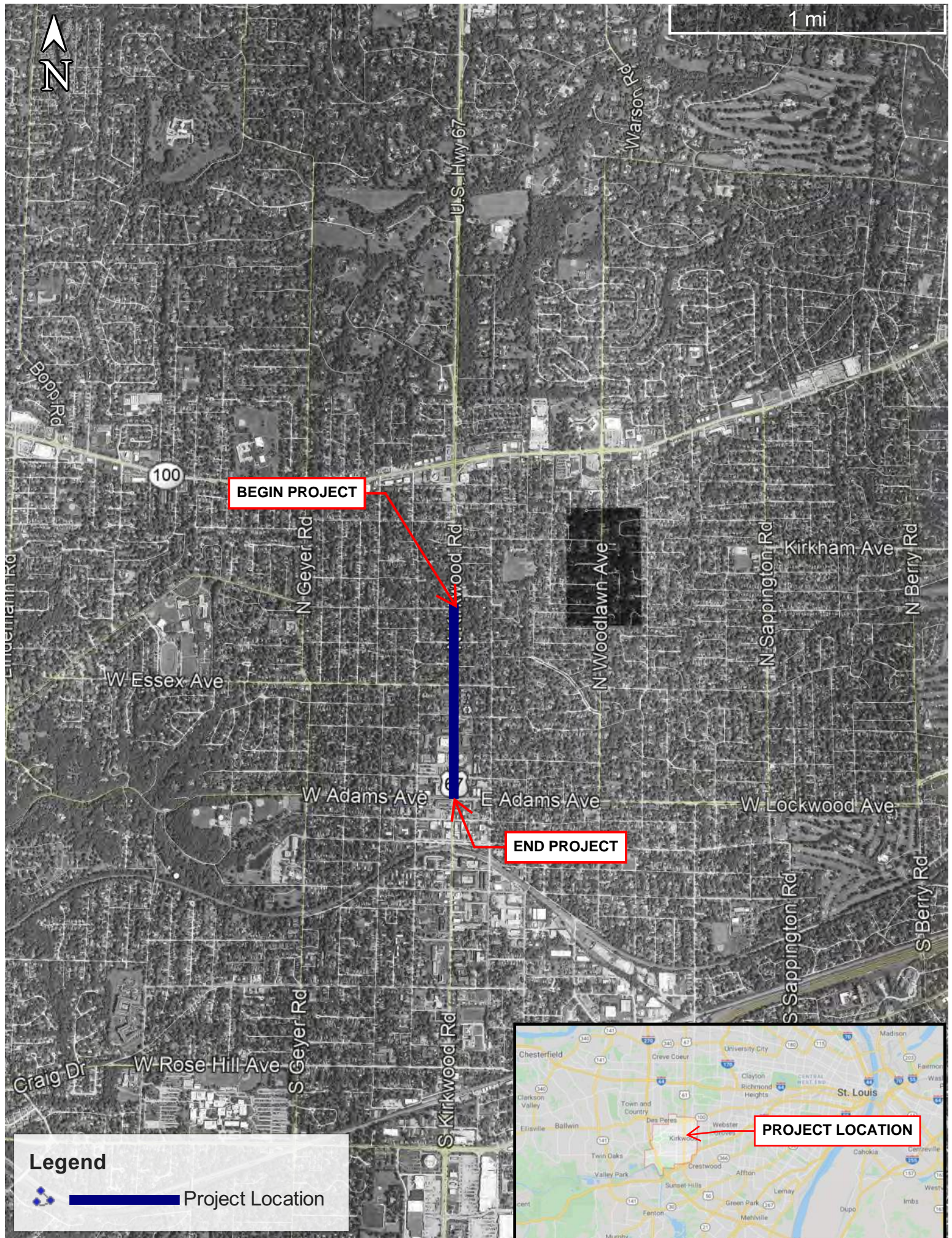
One-time extensions of up to three (3) months may be granted by EWG staff and one-time extensions greater than three (3) months, but not more than nine (9) months, will go to the Board of Directors for their consideration and approval. Projects requesting schedule advancements will be handled on a case-by-case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

## APPENDIX A

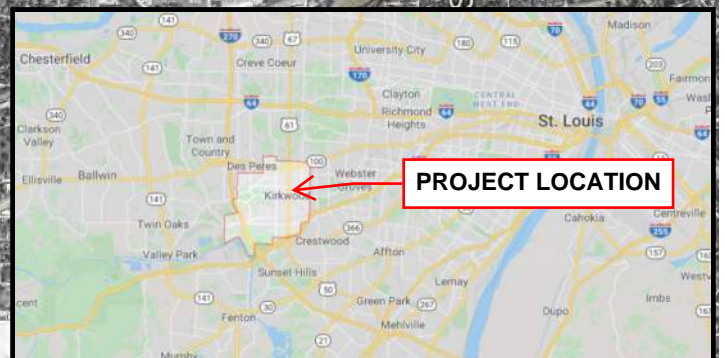




### Legend



Project Location





### Estimate of Project Costs

Project Sponsor: City of Kirkwood, MO

Project Title: Kirkwood Road Improvements, Phase 1

Date: 2/13/2020

#### Specific Roadway Items

Item	Quantity	Unit	Unit Price	Amount
REMOVAL OF IMPROVEMENTS	1	LS	\$46,780.00	\$46,780.00
LINEAR GRADING CLASS 1 (CURB & GUTTER)	41	STA	\$660.00	\$27,060.00
BITUMINOUS PAVEMENT MIXTURE TYPE "C" (EXCLUDES DRIVEWAY TIE-INS )	1,620	TONS	\$75.00	\$121,500.00
TACK COAT	840	GAL	\$5.00	\$4,200.00
WATER (ADJUSTING WATER VALVE)	12	EA	\$250.00	\$3,000.00
GAS (ADJUSTING GAS VALVE)	3	EA	\$250.00	\$750.00
ADJUSTING MANHOLE (TELEPHONE, WATER OR SEWER)	6	EA	\$750.00	\$4,500.00
COLDMILLING BITUMINOUS PAVEMENT FOR REMOVAL OF SURFACE (< 3 IN. THICK)	16,700	SY	\$10.00	\$167,000.00
CONTRACTOR FURHISHED SURVEYING AND STAKING	1	LS	\$10,310.00	\$10,310.00
SODDING	1,520	SY	\$8.00	\$12,160.00
CURB INLET CHECK	14	EA	\$200.00	\$2,800.00
WATTLE LOGS	3,500	LF	\$8.00	\$28,000.00
MSD STANDARD CURB INLET	4	EA	\$2,500.00	\$10,000.00
18" REINFORCED CONCRETE PIPE, CLASS III	250	LF	\$95.00	\$23,750.00
CLASS 3 EXCAVATION	83	CY	\$45.00	\$3,750.00
PAVEMENT MARKING (4" YELLOW OR WHITE LANE/EDGE LINE)	9,000	LF	\$0.15	\$1,350.00
PREFORMED MARKING TAPE (6" WHITE CROSSWALK)	100	LF	\$25.00	\$2,500.00
PREFORMED MARKING TAPE (24" WHITE STOP BAR)	240	LF	\$50.00	\$12,000.00
PREFORMED MARKING TAPE (WHITE LEFT/RIGHT ARROW)	12	EA	\$500.00	\$6,000.00
PREFORMED MARKING TAPE (WHITE STRAIGHT ARROW)	14	EA	\$500.00	\$7,000.00
PREFORMED MARKING TAPE (WHITE COMB STRAIGHT/LEFT/RIGHT ARROW)	8	EA	\$500.00	\$4,000.00
PREFORMED MARKING TAPE (12" WHITE YIELD LANE TRIANGLES)	88	EA	\$250.00	\$22,000.00
SINGAGE (1% OF TOTAL COST)	1	LS	\$9,360.00	\$9,360.00
TRAFFIC CONTROL (2% OF TOTAL COST)	1	LS	\$18,900.00	\$18,900.00
MOBILIZATION (10% OF TOTAL COST)	1	LS	\$93,560.00	\$93,560.00
MID-BLOCK CROSSING	1	LS	\$100,000.00	\$100,000.00
				\$0.00
				\$0.00
			<b>SUBTOTAL</b>	<b>\$742,230.00</b>

#### Specific Bicycle Items

Item	Quantity	Unit	Unit Price	Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			<b>SUBTOTAL</b>	<b>\$0.00</b>

Specific Pedestrian Items				
Item	Quantity	Unit	Unit Price	Amount
LINEAR GRADING CLASS 1 (SIDEWALK & PAVED APPR.)	68	STA	\$660.00	\$45,078.00
TYPE 5 AGGREGATE FOR BASE (4 IN. THICK) (FOR SIDEWALK INSTALLATION)	3,800	SY	\$8.00	\$30,400.00
BITUMINOUS PAVEMENT MIXTURE TYPE "C" (DRIVEWAY TIE-INS )	90	TONS	\$75.00	\$6,750.00
CONCRETE PAVEMENT, 6 IN. (DRIVEWAY TIE-INS)	540	SY	\$65.00	\$35,100.00
WATER (ADJUSTING WATER VALVE)	12	EA	\$250.00	\$3,000.00
GAS (ADJUSTING GAS VALVE)	3	EA	\$250.00	\$750.00
ADJUSTING MANHOLE (TELEPHONE, WATER OR SEWER)	6	EA	\$750.00	\$4,500.00
TRUNCATED DOMES	120	SF	\$25.00	\$3,000.00
PAVED APPROACH, 6 IN.	860	SY	\$65.00	\$55,928.89
CONCRETE SIDEWALK , 4" IN.	1,900	SY	\$45.00	\$85,500.00
CONCRETE CURB RAMP (7" THICK)	56	EA	\$1,200.00	\$67,200.00
SODDING	759	SY	\$8.00	\$6,071.11
REMOVE AND RELOCATE LIGHT POLE	2	EA	\$2,500.00	\$5,000.00
REMOVE AND RELOCATE POWER POLE	2	EA	\$12,000.00	\$24,000.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			<b>SUBTOTAL</b>	<b>\$372,278.00</b>

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
			<b>SUBTOTAL</b>	<b>\$0.00</b>

Miscellaneous Other Items				
Item	Quantity	Unit	Unit Price	Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			<b>SUBTOTAL</b>	<b>\$0.00</b>

<b>Construction Cost Total</b>	<b>\$1,114,508.00</b>
<b>Contingency</b>	<b>\$111,500.00</b>
<b>Inflation</b>	<b>\$36,800.00</b>
<b>Preliminary Engineering</b>	<b>\$126,300.00</b>
<b>Right-of-Way</b>	<b>\$117,730.00</b>
<b>Construction Engineering/Inspection</b>	<b>\$101,100.00</b>
<b>Project Total *</b>	<b>\$1,607,938.00</b>

## APPENDIX B



## PHOTOGRAPHS



Photo 1: North end of project Station 0+00  
(looking north)



Photo 2: W Mermod Ave (looking north)



Photo 3: W Mermod Ave. (looking south)



Photo 4: W Mermod Ave (looking south)

## PHOTOGRAPHS



Photo 5: Essex Ave (looking south)



Photo 6: South of Essex Ave (looking north)



Photo 7: South of Essex Ave (looking south)



Photo 8: Bodley Ave (looking south)



## PHOTOGRAPHS



Photo 9: Bodley Ave (looking south)



Photo 10: Bodley Ave (looking north)



Photo 11: Walgreens (looking north)



Photo 12: Walgreens (looking south)

## PHOTOGRAPHS



Photo 13: Commercial Zoning (looking south)



Photo 14: Washington (looking south)



Photo 15: Washington (looking north)



Photo 16: Utilities in front of BP (looking south)



## PHOTOGRAPHS



Photo 17: Washington Intersection (looking south)

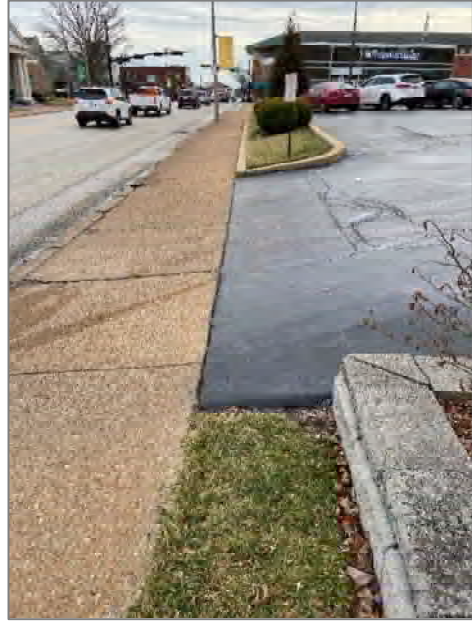


Photo 18: Commercial Apron South of Washington (looking south)

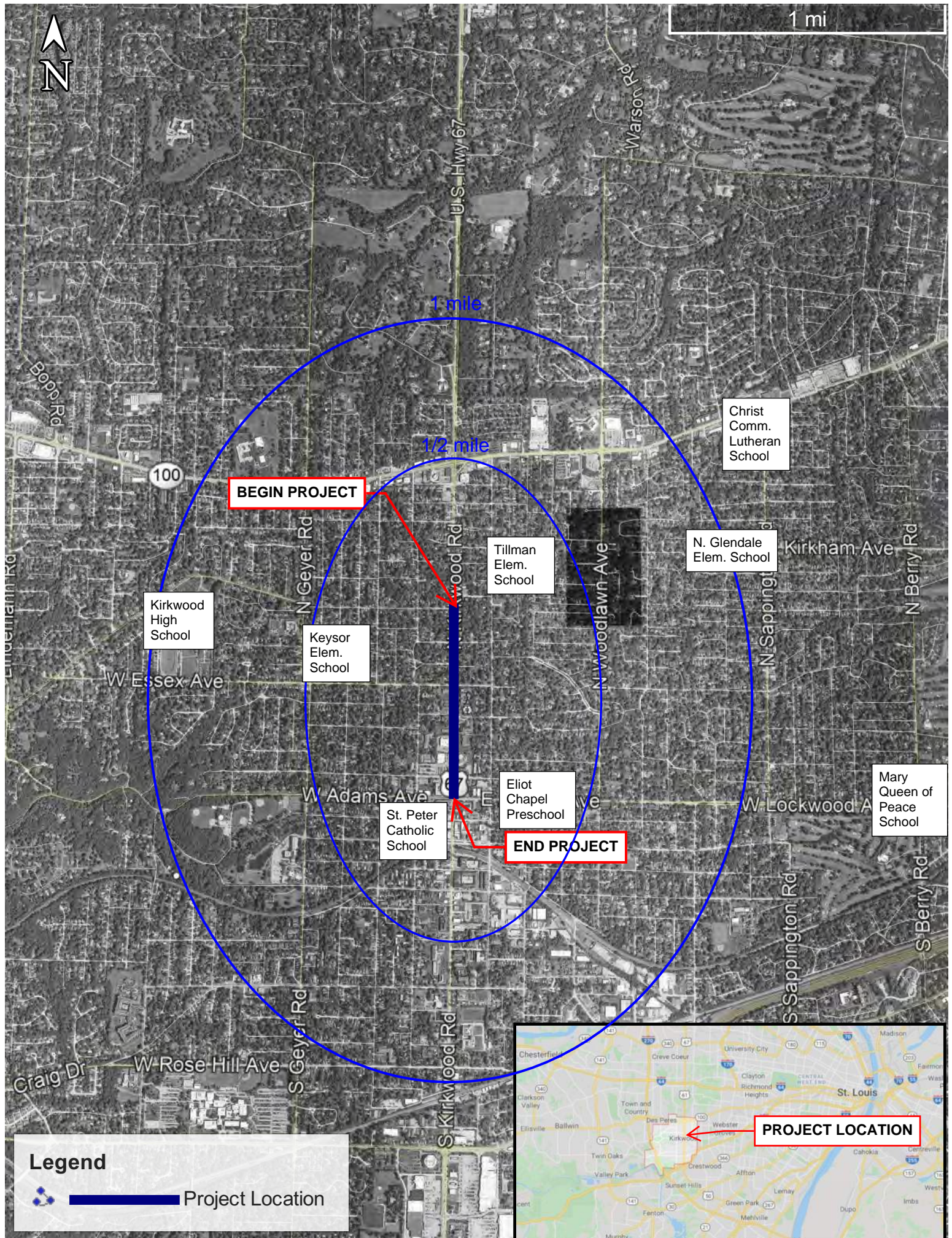


Photo 19: Adams (looking north)



Photo 20: Adams (looking south)





1 mi

1 mile

1/2 mile

**BEGIN PROJECT**

Christ  
Comm.  
Lutheran  
School

N. Glendale  
Elem. School

Tillman  
Elem.  
School

Keysor  
Elem.  
School

Kirkwood  
High  
School

**END PROJECT**

St. Peter  
Catholic  
School

Eliot  
Chapel  
Preschool

Mary  
Queen of  
Peace  
School

# Legend

 Project Location

**PROJECT LOCATION**



THIS MEDIA SHOULD  
NOT BE CONSIDERED  
A CERTIFIED  
DOCUMENT."

TE

DATE PREPARED

02/03/20

ROUTE	STATE
.	MO

STRICT	SHEET NO.
--------	-----------

COUNTY

OB NO.

CONTRACT ID.

PROJECT NO.

BRIDGE NO.

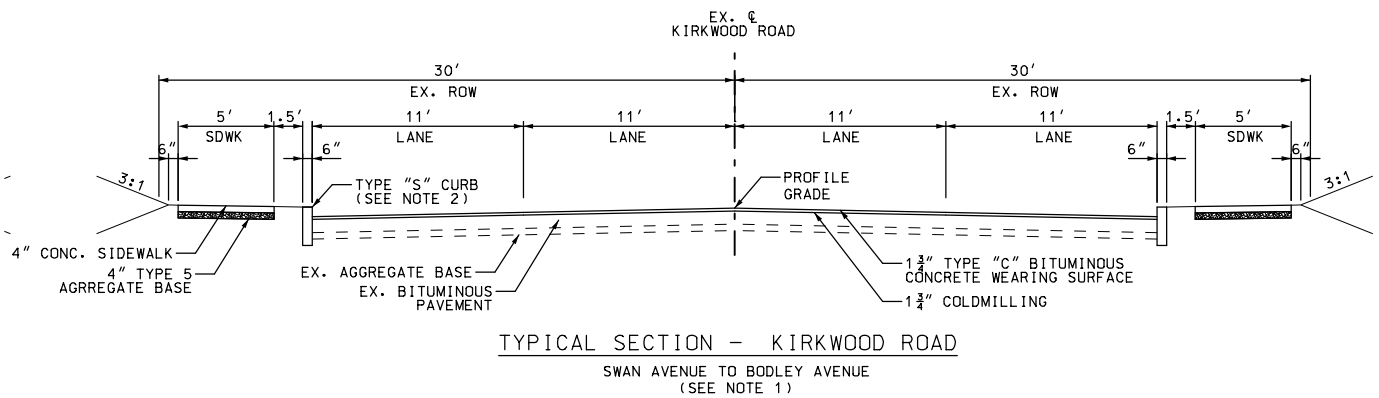
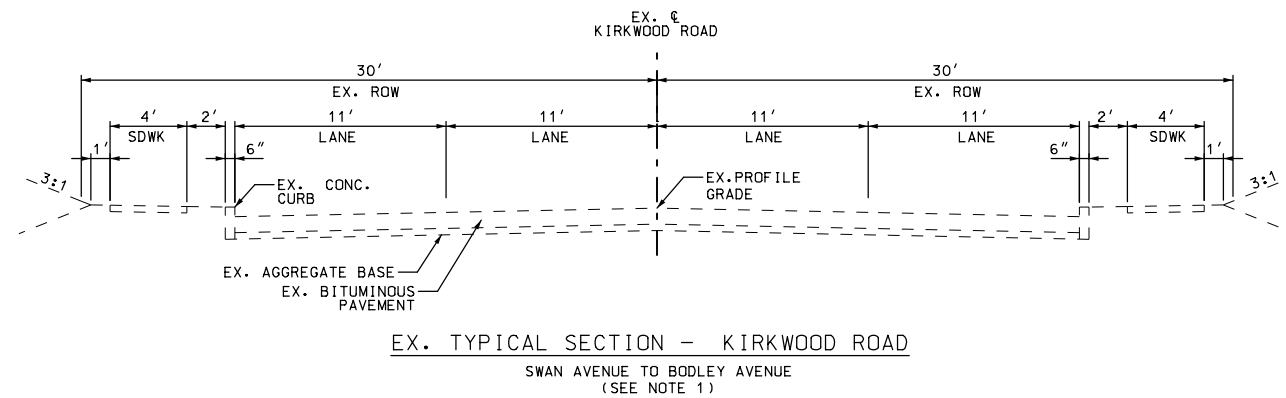
[illegible]

**G&W**  
ENGINEERING

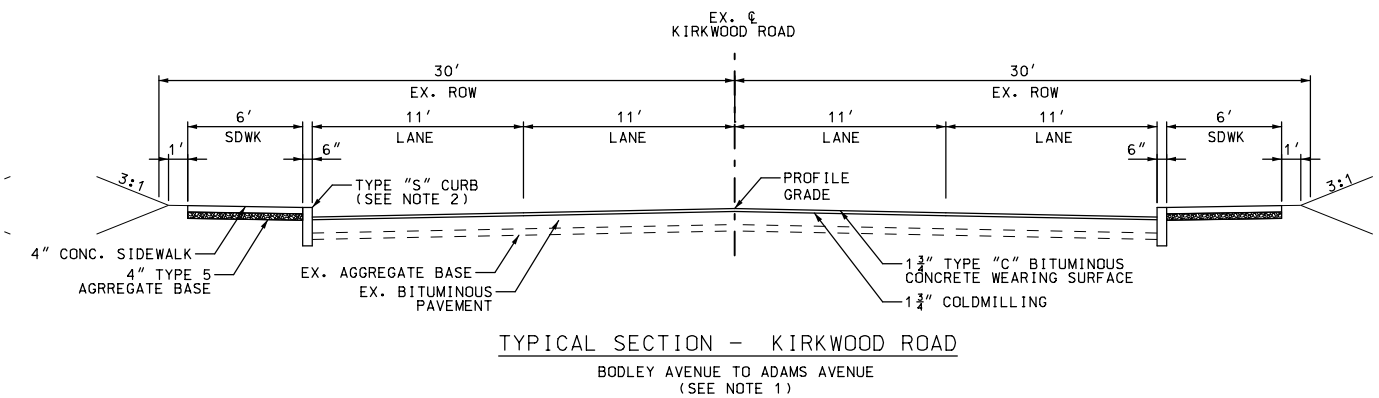
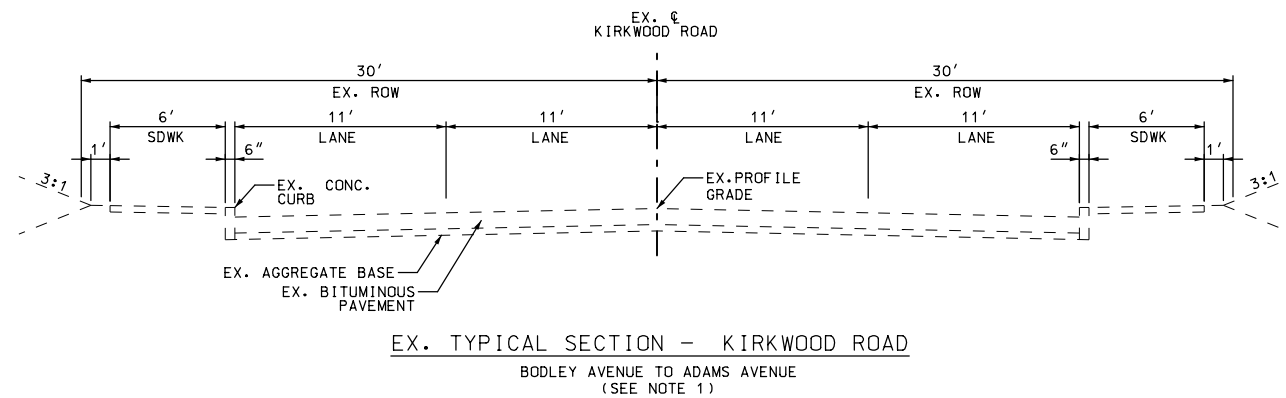
138 WELDON PARKWAY  
(314) 469-3737  
ST. LOUIS, MO 63043  
PROJECT NUMBER: CV19-071000  
WWW.GANDWENGINEERING.COM  
MISSOURI STATE CERTIFICATE OF AUTHORITY # 200201667



TYPICAL SECTIONS  
KIRKWOOD ROAD

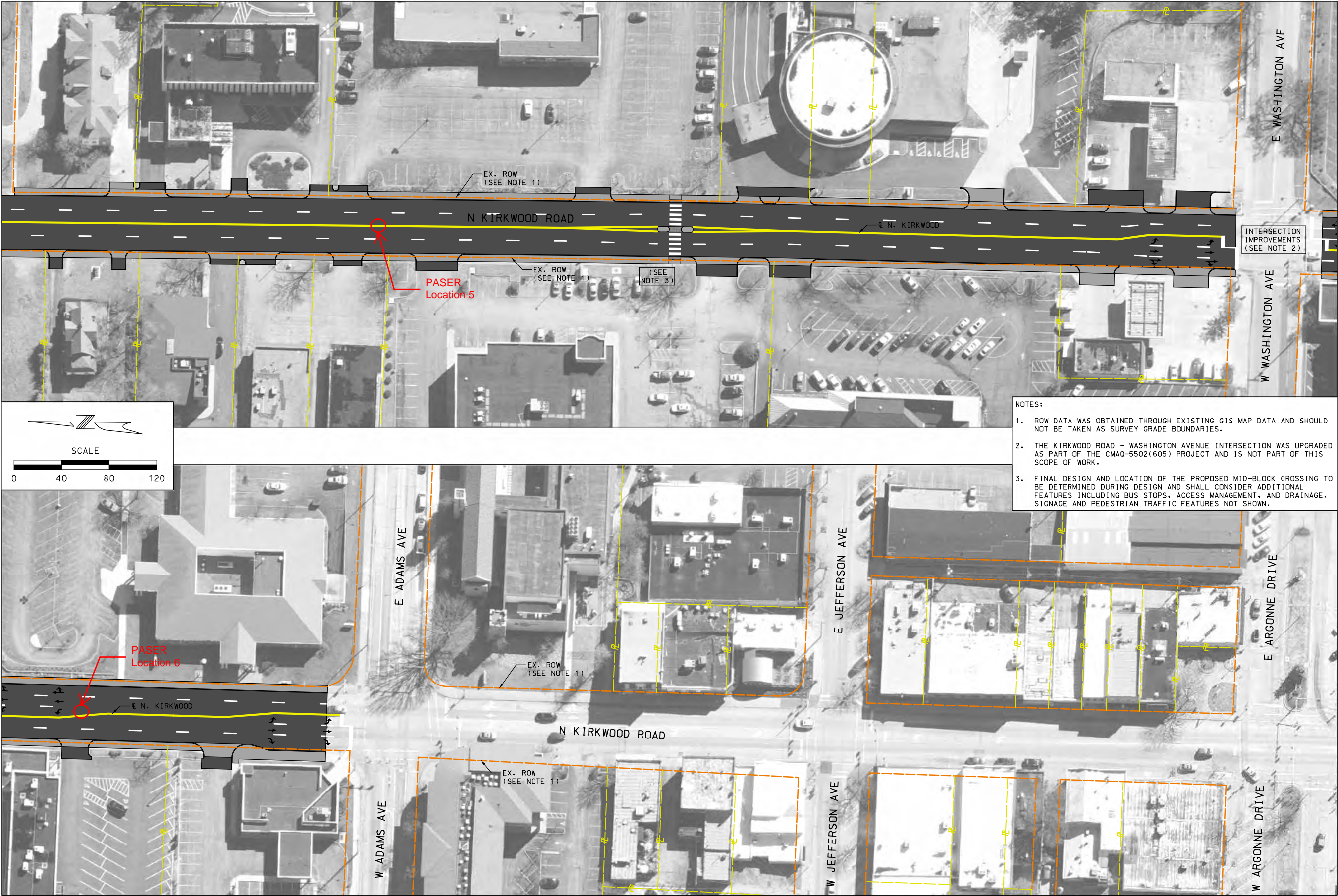


- NOTES
1. SEE PLANS FOR SIDEWALK DEVIATIONS FROM THE TYPICALS SHOWN
  2. FINAL TYPE "S" CURB INSTALLATION TO BE LOCATED BY THE ENGINEER









"THIS MEDIA SHOULD NOT BE CONSIDERED A CERTIFIED DOCUMENT."

DATE	
DATE PREPARED	
02/07/20	
ROUTE	STATE
DISTRICT	SHEET NO.
COUNTY	
JOB NO.	
CONTRACT ID.	
PROJECT NO.	
BRIDGE NO.	

DATE	DESCRIPTION



138 WILDON PARKWAY  
ST. LOUIS, MO 63043  
(314) 469-3737  
WWW.GANDWENGINEERING.COM  
MISSOURI STATE CERTIFICATE OF AUTHORITY # 200001857



N KIRKWOOD ROAD  
CONCEPTUAL PLAN  
(SHEET 2 OF 2)

## Road Condition Evaluation Form

East-West Gateway Council of Governments (EWG) uses the Pavement Surface Evaluation and Rating (PASER) Manual to evaluate pavement condition. This visual rating system developed by the University of Wisconsin Transportation Information Center uses ratings ranging from 1 (failed) to 10 (excellent). If sponsors are unfamiliar with PASER, they are encouraged to review the PASER manuals online:

Asphalt Manual: <https://epd.wisc.edu/tic/publication/asphalt-paser-manual/>

Concrete Manual: <https://epd.wisc.edu/tic/publication/concrete-paser-manual/>

### INSTRUCTIONS:

The first evaluation should be performed at the beginning of the project limits, with subsequent evaluations occurring at a uniform distance each 1/8 mile (660 feet) along the roadway until reaching the other end of the limits. If the project is less than 3/8 mile (1,980 feet), conduct three evaluations at a uniform distance (e.g., a 1/4 mile project would include three evaluations, spaced 440' apart). If the project is greater than one mile in length, conduct at least eight evaluations at a uniform distance (e.g., a 1 1/2 mile project would include eight evaluations, spaced 990' apart).

Record the PASER rating for each location in the table below. If multiple roadways are within the project limits, simply list the new roadway name in the column on the left. You may attach another sheet with additional locations if needed. Attach an evaluation sheet for each location (see next pages), a picture of each location, and a map showing all evaluation locations. Select the evaluation sheet that matches the surface type (asphalt or concrete).

Roadway Name	Location #	Distance from start point	PASER Rating
	1	START	
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		
	16		
AVERAGE PASER:			

**Asphalt Evaluation Sheet**

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating: \_\_\_\_\_

Check all that apply:

Raveling

Rutting

Transverse Cracks

Longitudinal Cracks

Flushing

Distortion

Reflection Cracks

Block Cracks

Polishing

Patches

Slippage Cracks

Alligator Cracks

Potholes

Comments:

Drainage:

Comments:



Kirkwood Road – PASER Location 1



Photo 1: Patching & Raveling



Photo 2: Polishing



Photo 3: Longitudinal Cracking & Raveling

**Asphalt Evaluation Sheet**

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating: \_\_\_\_\_

Check all that apply:

Raveling

Rutting

Transverse Cracks

Longitudinal Cracks

Flushing

Distortion

Reflection Cracks

Block Cracks

Polishing

Patches

Slippage Cracks

Alligator Cracks

Potholes

Comments:

Drainage:

Comments:

Kirkwood Road – PASER Location 2



Photo 1: Patching & Raveling



Photo 2: Polishing



Photo 3: Longitudinal & Transverse Cracking

**Asphalt Evaluation Sheet**

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating: \_\_\_\_\_

Check all that apply:

Raveling

Rutting

Transverse Cracks

Longitudinal Cracks

Flushing

Distortion

Reflection Cracks

Block Cracks

Polishing

Patches

Slippage Cracks

Alligator Cracks

Potholes

Comments:

Drainage:

Comments:



Kirkwood Road – PASER Location 3

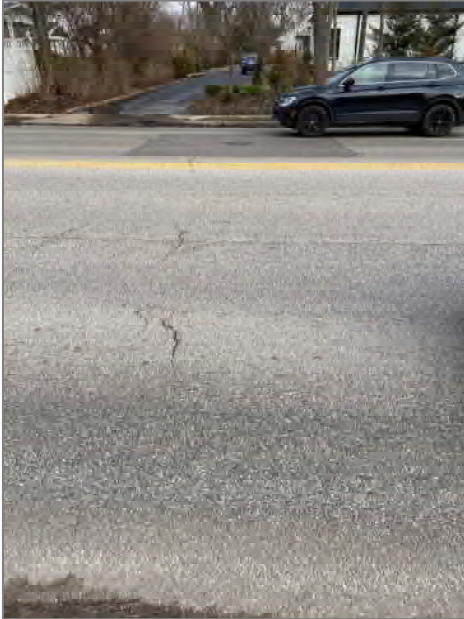


Photo 1: Patching & Polishing



Photo 2: Wheel Path Rutting



Photo 3: Longitudinal & Transverse Cracking



**Asphalt Evaluation Sheet**

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating: \_\_\_\_\_

Check all that apply:

Raveling

Rutting

Transverse Cracks

Longitudinal Cracks

Flushing

Distortion

Reflection Cracks

Block Cracks

Polishing

Patches

Slippage Cracks

Alligator Cracks

Potholes

Comments:

Drainage:

Comments:

Kirkwood Road – PASER Location 4



Photo 1: Patching & Polishing



Photo 2: Wheel Path Rutting



Photo 3: Longitudinal & Transverse Cracking

**Asphalt Evaluation Sheet**

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating: \_\_\_\_\_

Check all that apply:

Raveling

Rutting

Transverse Cracks

Longitudinal Cracks

Flushing

Distortion

Reflection Cracks

Block Cracks

Polishing

Patches

Slippage Cracks

Alligator Cracks

Potholes

Comments:

Drainage:

Comments:

Kirkwood Road – PASER Location 5



Photo 1: Patching & Polishing



Photo 2: Wheel Path Rutting



Photo 3: Longitudinal & Transverse Cracking

**Asphalt Evaluation Sheet**

(Provide this page for each location.)

Roadway Name: \_\_\_\_\_

Date: \_\_\_\_\_

Evaluation Location #: \_\_\_\_\_ Distance from Start Point: \_\_\_\_\_ Location PASER Rating: \_\_\_\_\_

Check all that apply:

Raveling

Rutting

Transverse Cracks

Longitudinal Cracks

Flushing

Distortion

Reflection Cracks

Block Cracks

Polishing

Patches

Slippage Cracks

Alligator Cracks

Potholes

Comments:

Drainage:

Comments:



Kirkwood Road – PASER Location 6



Photo 1: Patching & Polishing



Photo 2: Wheel Path Rutting



Photo 3: Longitudinal & Transverse Cracking

## APPENDIX C



# CRASH LIST - KIRKWOOD ROAD (2013-2019)

Map	Rpt No	Weekday	Date	Time	Veh Count	Type	Severity	At Street	On Street	Light Cond	Injured	Killed
Mapped	'1347'	Mon	1/7/2013	14:45:00	3	Motor Vehicle in Transport	Person Injury	CST WOODBINE	US 61	Daylight	1	0
Mapped	'13124'	Tue	1/15/2013	13:41:00	3	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'13292'	Fri	2/1/2013	17:54:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Dark-Lighted	0	0
Mapped	'13323'	Mon	2/4/2013	17:59:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Dark-Lighted	0	0
Mapped	'13332'	Tue	2/5/2013	14:15:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'13513'	Mon	2/25/2013	12:36:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'13555'	Fri	3/1/2013	9:55:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'13588'	Mon	3/4/2013	15:30:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'13589'	Mon	3/4/2013	15:59:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'13757'	Thu	3/21/2013	14:00:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Daylight	0	0
Mapped	'13815'	Wed	3/27/2013	12:45:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'13860'	Mon	4/1/2013	10:15:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'13981'	Sat	4/13/2013	16:15:00	2	Motor Vehicle in Transport	Person Injury	CST JEWEL	US 61	Daylight	2	0
Mapped	'131028'	Wed	4/17/2013	17:55:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'131034'	Thu	4/18/2013	13:35:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Daylight	0	0
Mapped	'131061'	Sat	4/20/2013	9:05:00	2	Pedalcycle	Person Injury	CST WOODBINE	US 61	Daylight	1	0
Mapped	'131120'	Thu	4/25/2013	16:15:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Daylight	0	0
Mapped	'131118'	Thu	4/25/2013	16:20:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'131231'	Tue	5/7/2013	15:58:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'131260'	Fri	5/10/2013	12:47:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'131294'	Mon	5/13/2013	18:35:00	2	Motor Vehicle in Transport	Person Injury	CST ESSEX	US 61	Daylight	1	0
Mapped	'131336'	Fri	5/17/2013	8:51:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'131426'	Fri	5/24/2013	9:15:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'131474'	Thu	5/30/2013	15:02:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'131553'	Thu	6/6/2013	10:00:00	1	Fixed Object	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'131560'	Thu	6/6/2013	19:10:00	2	Parked Motor Vehicle	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'131572'	Fri	6/7/2013	17:07:00	2	Motor Vehicle in Transport	Property Damage	CST SWAN	US 61	Daylight	0	0
Mapped	'131624'	Wed	6/12/2013	13:25:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Daylight	0	0
Mapped	'131688'	Mon	6/17/2013	13:15:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'131752'	Mon	6/24/2013	10:10:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Daylight	0	0
Mapped	'131797'	Thu	6/27/2013	17:47:00	3	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'131826'	Mon	7/1/2013	13:25:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Daylight	0	0
Mapped	'131829'	Mon	7/1/2013	16:50:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'131964'	Sat	7/13/2013	9:45:00	3	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'132024'	Thu	7/18/2013	17:10:00	1	Fixed Object	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'132179'	Sun	8/4/2013	15:40:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'132191'	Mon	8/5/2013	11:50:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'132204'	Tue	8/6/2013	14:35:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'132232'	Thu	8/8/2013	17:35:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'132473'	Fri	8/30/2013	12:19:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'132705'	Fri	9/20/2013	15:43:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'132750'	Wed	9/25/2013	15:53:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'132802'	Wed	10/2/2013	10:30:00	2	Motor Vehicle in Transport	Person Injury	CST BODLEY	US 61	Daylight	2	0
Mapped	'132817'	Thu	10/3/2013	16:25:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'132812'	Fri	10/4/2013	13:30:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'132826'	Fri	10/4/2013	16:46:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'132832'	Sat	10/5/2013	11:21:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'132834'	Sat	10/5/2013	14:12:00	2	Motor Vehicle in Transport	Property Damage	CST PEEKE	US 61	Daylight	0	0
Mapped	'132946'	Tue	10/15/2013	12:47:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'132999'	Sat	10/19/2013	13:15:00	1	Animal	Property Damage	CST PEEKE	US 61	Daylight	0	0
Mapped	'133041'	Wed	10/23/2013	12:29:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'133132'	Thu	10/31/2013	12:02:00	3	Motor Vehicle in Transport	Person Injury	CST SWAN	US 61	Daylight	1	0
Mapped	'133135'	Thu	10/31/2013	17:25:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'133143'	Fri	11/1/2013	13:30:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'133150'	Fri	11/1/2013	20:25:00	3	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Dark-Lighted	0	0
Mapped	'133194'	Wed	11/6/2013	22:40:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Dark-Lighted	0	0
Mapped	'133220'	Sat	11/9/2013	22:30:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Dark-Lighted	0	0
Mapped	'133406'	Tue	11/26/2013	17:06:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Dark-Lighted	0	0
Mapped	'133403'	Wed	11/27/2013	14:21:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'133429'	Sat	11/30/2013	20:25:00	2	Motor Vehicle in Transport	Person Injury	CST WOODBINE	US 61	Dark-Lighted	1	0
Mapped	'133448'	Mon	12/2/2013	17:30:00	3	Motor Vehicle in Transport	Person Injury	CST PEEKE	US 61	Dark-Lighted	1	0
Mapped	'133579'	Tue	12/17/2013	12:27:00	3	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'133595'	Wed	12/18/2013	12:18:00	3	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'133610'	Wed	12/18/2013	15:00:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'1493'	Fri	1/10/2014	18:00:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'1477'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'1480'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'1481'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'1482'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'1484'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'1485'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'1486'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'1487'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'14113'	Fri	1/10/2014	18:30:00	1	Other Non Collision	Property Damage	CST PEEKE	US 61	Dark-Lighted	0	0
Mapped	'14118'	Mon	1/13/2014	16:48:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'14197'	Wed	1/22/2014	11:35:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'14302'	Mon	2/3/2014	14:59:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'14355'	Sun	2/9/2014	23:00:00	1	Pedestrian	Fatal	CST BODLEY	US 61	Dark-Lighted	0	1
Mapped	'14372'	Wed	2/12/2014	7:31:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Daylight	0	0
Mapped	'14484'	Wed	2/26/2014	14:20:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'14493'	Thu	2/27/2014	12:45:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL AVE	US 61	Daylight	0	0
Mapped	'14514'	Fri	2/28/2014	13:17:00	2	Motor Vehicle in Transport	Person Injury	CST ESSEX	US 61	Daylight	1	0
Mapped	'14554'	Tue	3/4/2014	16:48:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'14705'	Wed	3/26/2014	16:15:00	3	Motor Vehicle in Transport	Person Injury	CST WOODBINE	US 61	Daylight	2	0
Mapped	'14744'	Sun	3/30/2014	0:30:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Dark-Lighted	0	0
Mapped	'14807'	Sat	4/5/2014	10:30:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL	US 61	Daylight	0	0

# CRASH LIST - KIRKWOOD ROAD (2013-2019)

Map	Rpt No	Weekday	Date	Time	Veh Count	Type	Severity	At Street	On Street	Light Cond	Injured	Killed
Mapped	'14815'	Sun	4/6/2014	15:25:00	3	Motor Vehicle in Transport	Person Injury	CST BODLEY	US 61	Daylight	1	0
Mapped	'14870'	Thu	4/10/2014	18:00:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL	US 61	Daylight	0	0
Mapped	'14921'	Mon	4/14/2014	13:18:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'141022'	Tue	4/22/2014	17:07:00	2	Motor Vehicle in Transport	Person Injury	CST JEWEL	US 61	Daylight	1	0
Mapped	'141156'	Sun	5/4/2014	14:54:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'141198'	Thu	5/8/2014	17:25:00	3	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'141203'	Fri	5/9/2014	13:40:00	2	Motor Vehicle in Transport	Person Injury	CST WOODBINE	US 61	Daylight	1	0
Mapped	'141221'	Sun	5/11/2014	15:00:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'141248'	Tue	5/13/2014	17:08:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON	US 61	Dark-Lighted	1	0
Mapped	'141265'	Thu	5/15/2014	13:45:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'141270'	Thu	5/15/2014	18:20:00	3	Motor Vehicle in Transport	Person Injury	CST ESSEX	US 61	Daylight	1	0
Mapped	'141320'	Tue	5/20/2014	16:00:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'141325'	Wed	5/21/2014	11:25:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'141332'	Wed	5/21/2014	19:45:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Dark-Lighted	0	0
Mapped	'141585'	Mon	6/16/2014	10:45:00	3	Motor Vehicle in Transport	Person Injury	CST BODLEY	US 61	Daylight	2	0
Mapped	'141604'	Tue	6/17/2014	17:16:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'141630'	Thu	6/19/2014	12:21:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'141633'	Thu	6/19/2014	15:20:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'141650'	Fri	6/20/2014	20:05:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'141757'	Sun	6/29/2014	11:40:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'141780'	Tue	7/1/2014	13:55:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Daylight	0	0
Mapped	'141798'	Thu	7/3/2014	14:18:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'141921'	Wed	7/16/2014	12:15:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'141945'	Fri	7/18/2014	10:15:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY	US 61	Daylight	0	0
Mapped	'142026'	Sat	7/26/2014	13:42:00	1	Fixed Object	Person Injury	CST ESSEX	US 61	Daylight	1	0
Mapped	'142052'	Tue	7/29/2014	11:35:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'142062'	Wed	7/30/2014	12:39:00	2	Motor Vehicle in Transport	Person Injury	CST ESSEX	US 61	Daylight	2	0
Mapped	'142075'	Thu	7/31/2014	17:31:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL	US 61	Daylight	0	0
Mapped	'142524'	Sat	9/13/2014	11:45:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'142529'	Sat	9/13/2014	17:00:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'142564'	Tue	9/16/2014	21:05:00	2	Motor Vehicle in Transport	Person Injury	CST ADAMS	US 61	Dark-Lighted	1	0
Mapped	'142652'	Wed	9/24/2014	16:10:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	CST KIRKWOOD RD	Daylight	0	0
Mapped	'142747'	Thu	10/2/2014	16:00:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'142780'	Tue	10/7/2014	10:00:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'143022'	Wed	10/29/2014	20:45:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS	US 61	Dark-Lighted	0	0
Mapped	'143166'	Mon	11/10/2014	17:05:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'143342'	Fri	11/28/2014	11:30:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'143364'	Mon	12/1/2014	14:50:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL	US 61	Daylight	0	0
Mapped	'143416'	Sun	12/7/2014	16:40:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Daylight	0	0
Mapped	'143457'	Thu	12/11/2014	15:53:00	2	Pedestrian	Person Injury	CST WOODBINE	US 61	Daylight	1	0
Mapped	'143475'	Fri	12/12/2014	19:00:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Dark-Lighted	0	0
Mapped	'143527'	Wed	12/17/2014	7:15:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY AVE	US 61	Daylight	0	0
Mapped	'143573'	Sun	12/21/2014	13:00:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL	US 61	Daylight	0	0
Mapped	'143607'	Fri	12/26/2014	11:13:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY AVE	US 61	Daylight	0	0
Mapped	'143614'	Sat	12/27/2014	10:55:00	2	Motor Vehicle in Transport	Person Injury	CST ESSEX	US 61	Daylight	1	0
Mapped	'143637'	Mon	12/29/2014	21:22:00	3	Motor Vehicle in Transport	Person Injury	CST ESSEX	US 61	Dark-Lighted	1	0
Mapped	'1560'	Fri	1/9/2015	10:45:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'15209'	Mon	1/26/2015	15:10:00	3	Motor Vehicle in Transport	Person Injury	CST ESSEX	US 61	Daylight	2	0
Mapped	'15230'	Wed	1/28/2015	13:02:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Daylight	0	0
Mapped	'15340'	Tue	2/10/2015	16:50:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'15409'	Thu	2/19/2015	10:56:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY AVE	US 61	Daylight	0	0
Mapped	'15563'	Fri	3/6/2015	16:25:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'15564'	Fri	3/6/2015	17:37:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'15806'	Thu	4/2/2015	13:14:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'15902'	Mon	4/13/2015	8:40:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY AVE	US 61	Daylight	0	0
Mapped	'15982'	Sun	4/19/2015	11:00:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'15997'	Mon	4/20/2015	15:55:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'15999'	Mon	4/20/2015	17:10:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL AVE	CST KIRKWOOD RD	Daylight	0	0
Mapped	'151116'	Sat	5/2/2015	12:05:00	2	Motor Vehicle in Transport	Person Injury	CST JEWEL	US 61	Daylight	1	0
Mapped	'151243'	Fri	5/15/2015	17:03:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'151536'	Mon	6/15/2015	17:45:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'151616'	Tue	6/23/2015	15:30:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'151679'	Mon	6/29/2015	23:08:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Dark-Lighted	0	0
Mapped	'151828'	Fri	7/17/2015	16:20:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL AVE	US 61	Dark-Lighted	0	0
Mapped	'151869'	Thu	7/23/2015	16:35:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Daylight	0	0
Mapped	'151899'	Mon	7/27/2015	18:14:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'152084'	Wed	8/12/2015	21:15:00	2	Motor Vehicle in Transport	Property Damage	CRD ADAMS AVE	US 61	Dark-Lighted	0	0
Mapped	'152283'	Wed	9/2/2015	11:29:00	2	Motor Vehicle in Transport	Person Injury	CST ESSEX	US 61	Daylight	2	0
Mapped	'152360'	Wed	9/9/2015	16:58:00	2	Motor Vehicle in Transport	Property Damage	CST MERMOD	US 61	Daylight	0	0
Mapped	'152396'	Sat	9/12/2015	15:45:00	1	Fixed Object	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'152491'	Sun	9/20/2015	10:39:00	3	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'152709'	Tue	10/13/2015	14:05:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'152749'	Sat	10/17/2015	12:00:00	3	Pedalcycle	Person Injury	CST ADAMS AVE	US 61	Daylight	1	0
Mapped	'152858'	Wed	10/28/2015	7:30:00	1	Fixed Object	Property Damage	CST JEWEL	US 61	Daylight	0	0
Mapped	'152990'	Fri	11/13/2015	11:35:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'152993'	Fri	11/13/2015	13:06:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON DR	US 61	Daylight	0	0
Mapped	'153045'	Thu	11/19/2015	9:35:00	3	Motor Vehicle in Transport	Person Injury	CST BODLEY AVE	US 61	Daylight	1	0
Mapped	'153058'	Fri	11/20/2015	11:45:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'153187'	Tue	11/24/2015	22:00:00	1	Fixed Object	Property Damage	CST WOODBINE	US 61	Dark-Lighted	0	0
Mapped	'153148'	Sat	11/28/2015	16:45:00	3	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	US 61	Dark-	0	0
Mapped	'153159'	Mon	11/30/2015	9:42:00	1	Fixed Object	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'153300'	Sat	12/12/2015	20:20:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Dark-Lighted	0	0
Mapped	'153357'	Wed	12/16/2015	19:24:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Dark-Lighted	0	0
Mapped	'153417'	Tue	12/22/2015	12:30:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'153446'	Sat	12/26/2015	10:59:00	1	Fixed Object	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'1652'	Wed	1/6/2016	18:00:00	4	Motor Vehicle in Transport	Person Injury	CST WOODBINE	US 61	Dark-Lighted	3	0

# CRASH LIST - KIRKWOOD ROAD (2013-2019)

Map	Rpt No	Weekday	Date	Time	Veh Count	Type	Severity	At Street	On Street	Light Cond	Injured	Killed
Mapped	'16105'	Wed	1/13/2016	14:10:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'16128'	Fri	1/15/2016	8:18:00	3	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'16151'	Sun	1/17/2016	14:00:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'16240'	Fri	1/29/2016	11:45:00	1	Pedestrian	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'16294'	Fri	2/5/2016	9:47:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'16306'	Sat	2/6/2016	12:30:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'16400'	Wed	2/17/2016	11:02:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	US 61	Daylight	0	0
Mapped	'16410'	Thu	2/18/2016	10:06:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'16439'	Sun	2/21/2016	17:20:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'16441'	Mon	2/22/2016	11:15:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'16486'	Fri	2/26/2016	22:05:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Dark-Lighted	0	0
Mapped	'16555'	Sat	3/5/2016	11:45:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'16572'	Mon	3/7/2016	14:00:00	3	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Daylight	0	0
Mapped	'16590'	Tue	3/8/2016	18:58:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Dark-Lighted	0	0
Mapped	'16600'	Wed	3/9/2016	19:14:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'16648'	Tue	3/15/2016	17:42:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Dark-Lighted	0	0
Mapped	'16657'	Wed	3/16/2016	20:03:00	4	Motor Vehicle in Transport	Person Injury	CST WOODBINE	US 61	Dark-Lighted	1	0
Mapped	'16679'	Fri	3/18/2016	14:30:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'16730'	Wed	3/23/2016	12:18:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'16816'	Fri	4/1/2016	17:26:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Dark-Lighted	0	0
Mapped	'16850'	Mon	4/4/2016	17:22:00	2	Motor Vehicle in Transport	Person Injury	CST SWAN	US 61	Daylight	1	0
Mapped	'16930'	Wed	4/13/2016	8:40:00	4	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'16923'	Wed	4/13/2016	14:05:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'16940'	Thu	4/14/2016	17:43:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'16985'	Wed	4/20/2016	6:37:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'16993'	Wed	4/20/2016	17:55:00	3	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'16995'	Thu	4/21/2016	20:30:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Dark-Lighted	0	0
Mapped	'161051'	Tue	4/26/2016	14:31:00	2	Motor Vehicle in Transport	Person Injury	CST BODLEY AVE	US 61	Daylight	1	0
Mapped	'161074'	Thu	4/28/2016	17:18:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'161091'	Sat	4/30/2016	13:04:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY AVE	US 61	Daylight	0	0
Mapped	'161155'	Fri	5/6/2016	12:55:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'161180'	Sun	5/8/2016	3:36:00	1	Fixed Object	Property Damage	CST PEEKE	US 61	Dark-	0	0
Mapped	'161199'	Mon	5/9/2016	17:55:00	3	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'161250'	Sat	5/14/2016	17:40:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'161295'	Thu	5/19/2016	14:40:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'161369'	Tue	5/24/2016	10:35:00	2	Parked Motor Vehicle	Property Damage	CST ADAMS AVE	US 61	Daylight	0	0
Mapped	'161399'	Thu	5/26/2016	14:00:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'161407'	Fri	5/27/2016	17:07:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'161513'	Tue	6/7/2016	13:30:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'161550'	Fri	6/10/2016	13:50:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'161581'	Tue	6/14/2016	8:44:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'161758'	Fri	7/1/2016	14:50:00	3	Motor Vehicle in Transport	Property Damage	CST WOODBINE	US 61	Daylight	0	0
Mapped	'162000'	Sun	7/24/2016	16:30:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'162125'	Fri	8/5/2016	8:52:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON	US 61	Daylight	0	0
Mapped	'162150'	Mon	8/8/2016	11:00:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'162243'	Tue	8/16/2016	17:52:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	US 61	Daylight	0	0
Mapped	'162333'	Thu	8/25/2016	15:20:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Daylight	0	0
Mapped	'162415'	Fri	9/2/2016	13:30:00	2	Motor Vehicle in Transport	Property Damage	CST E BODLEY AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'162418'	Fri	9/2/2016	17:18:00	3	Motor Vehicle in Transport	Person Injury	CST WASHINGTON AVE	US 61	Daylight	2	0
Mapped	'162429'	Sat	9/3/2016	15:30:00	2	Motor Vehicle in Transport	Property Damage	CST E WASHINGTON AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'162439'	Sun	9/4/2016	23:00:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Dark-Lighted	0	0
Mapped	'162677'	Wed	9/28/2016	17:55:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'162680'	Wed	9/28/2016	23:06:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	CST KIRKWOOD AVE	Dark-Lighted	0	0
Mapped	'162748'	Thu	10/6/2016	14:56:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL AVE	US 61	Daylight	0	0
Mapped	'162770'	Sun	10/9/2016	13:55:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'162866'	Mon	10/17/2016	17:13:00	2	Motor Vehicle in Transport	Property Damage	CST E WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'162892'	Wed	10/19/2016	17:00:00	2	Motor Vehicle in Transport	Person Injury	CST E BODLEY AVE	US 61	Daylight	1	0
Mapped	'162950'	Tue	10/25/2016	16:10:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON AVE	US 61	Daylight	1	0
Mapped	'162977'	Thu	10/27/2016	18:18:00	2	Motor Vehicle in Transport	Property Damage	CST SWAN DR	CST KIRKWOOD RD	Dark-Lighted	0	0
Mapped	'163075'	Mon	11/7/2016	8:10:00	5	Motor Vehicle in Transport	Person Injury	CST ESSEX AVE	US 61	Daylight	4	0
Mapped	'163156'	Sun	11/13/2016	12:58:00	2	Motor Vehicle in Transport	Property Damage	CST PEEKE AVE	US 61	Daylight	0	0
Mapped	'163233'	Sun	11/20/2016	12:14:00	3	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'163261'	Tue	11/22/2016	20:50:00	3	Motor Vehicle in Transport	Property Damage	CST E WASHINGTON AVE	US 61	Dark-Lighted	0	0
Mapped	'163313'	Mon	11/28/2016	16:15:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'163349'	Thu	12/1/2016	12:00:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'163462'	Mon	12/12/2016	9:28:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'163505'	Thu	12/15/2016	16:58:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Dark-Lighted	0	0
Mapped	'163531'	Fri	12/16/2016	15:45:00	2	Motor Vehicle in Transport	Person Injury	CST PEEKE AVE	US 61	Daylight	1	0
Mapped	'163529'	Fri	12/16/2016	16:30:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL AVE	US 61	Dark-	0	0
Mapped	'163530'	Fri	12/16/2016	16:30:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL AVE	US 61	Dark-	0	0
Mapped	'163528'	Fri	12/16/2016	16:30:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL AVE	US 61	Dark-	0	0
Mapped	'163593'	Thu	12/22/2016	12:28:00	2	Motor Vehicle in Transport	Property Damage	CST WEST ADAMS AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'163626'	Mon	12/26/2016	13:48:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	US 61	Daylight	0	0
Mapped	'163635'	Tue	12/27/2016	16:00:00	2	Motor Vehicle in Transport	Property Damage	CST E BODLEY AVE	US 61	Daylight	0	0
Mapped	'163659'	Thu	12/29/2016	15:00:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	CST KIRKWOOD RD	Daylight	0	0
Mapped	'1722'	Tue	1/3/2017	16:28:00	2	Motor Vehicle in Transport	Property Damage	CST WEST ADAMS AVE	US 61	Daylight	0	0
Mapped	'1763'	Sun	1/8/2017	12:02:00	2	Motor Vehicle in Transport	Person Injury	CST JEWEL AVE	CST KIRKWOOD AVE	Daylight	1	0
Mapped	'17195'	Sat	1/21/2017	22:09:00	2	Motor Vehicle in Transport	Person Injury	CST WASHINGTON AVE	US 61	Dark-Lighted	1	0
Mapped	'17220'	Tue	1/24/2017	14:10:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX	US 61	Daylight	0	0
Mapped	'17391'	Sat	2/11/2017	17:34:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'17443'	Fri	2/17/2017	21:10:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	CST KIRKWOOD AVE	Dark-Lighted	0	0
Mapped	'17450'	Sat	2/18/2017	15:55:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'17557'	Wed	3/1/2017	18:30:00	2	Parked Motor Vehicle	Property Damage	CST ADAMS AVE	US 61	Dark-Lighted	0	0
Mapped	'17570'	Thu	3/2/2017	14:10:00	2	Motor Vehicle in Transport	Property Damage	CST JEWEL AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'17574'	Thu	3/2/2017	15:30:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'17608'	Mon	3/6/2017	19:21:00	1	Fixed Object	Property Damage	CST SWAN DR	US 61	Daylight	0	0

# CRASH LIST - KIRKWOOD ROAD (2013-2019)

Map	Rpt No	Weekday	Date	Time	Veh Count	Type	Severity	At Street	On Street	Light Cond	Injured	Killed
Mapped	'17607'	Mon	3/6/2017	19:21:00	1	Fixed Object	Property Damage	CST SWAN DR	US 61	Dark-	0	0
Mapped	'17663'	Mon	3/13/2017	16:22:00	3	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'17741'	Thu	3/23/2017	11:40:00	2	Motor Vehicle in Transport	Property Damage	CST W BODLEY AVE	US 61	Daylight	0	0
Mapped	'17754'	Fri	3/24/2017	13:58:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY AVE	US 61	Daylight	0	0
Mapped	'17802'	Thu	3/30/2017	13:45:00	2	Motor Vehicle in Transport	Property Damage	CST W WASHINGTON AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'17827'	Sun	4/2/2017	18:29:00	1	Fixed Object	Property Damage	CST ADAMS	US 61	Daylight	0	0
Mapped	'17918'	Wed	4/12/2017	10:58:00	2	Motor Vehicle in Transport	Personl Injury	CST ADAMS AVE	US 61	Daylight	2	0
Mapped	'171002'	Wed	4/19/2017	17:15:00	2	Motor Vehicle in Transport	Personl Injury	CST WASHINGTON	US 61	Daylight	1	0
Mapped	'171238'	Fri	5/12/2017	16:37:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'171319'	Sat	5/20/2017	21:35:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	US 61	Dark-Lighted	0	0
Mapped	'171310'	Sun	5/21/2017	11:30:00	2	Motor Vehicle in Transport	Property Damage	CST SWAN DR	CST KIRKWOOD RD	Daylight	0	0
Mapped	'171327'	Sun	5/21/2017	13:28:00	1	Fixed Object	Personl Injury	CST ESSEX AVE	US 61	Daylight	1	0
Mapped	'171337'	Mon	5/22/2017	18:10:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'171365'	Thu	5/25/2017	18:15:00	2	Motor Vehicle in Transport	Property Damage	CST E BODLEY AVE	US 61	Daylight	0	0
Mapped	'171416'	Thu	6/1/2017	16:34:00	2	Motor Vehicle in Transport	Personl Injury	CST JEWEL AVE	CST KIRKWOOD AVE	Daylight	1	0
Mapped	'171418'	Thu	6/1/2017	17:18:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'171638'	Tue	6/20/2017	17:50:00	2	Motor Vehicle in Transport	Property Damage	CST E WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'171660'	Sat	6/24/2017	7:17:00	2	Motor Vehicle in Transport	Property Damage	CST W ESSEX AVE	US 61	Daylight	0	0
Mapped	'171712'	Thu	6/29/2017	8:00:00	2	Motor Vehicle in Transport	Personl Injury	CST E WASHINGTON AVE	US 61	Daylight	1	0
Mapped	'171826'	Mon	7/10/2017	15:53:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	US 61	Daylight	0	0
Mapped	'171855'	Thu	7/13/2017	18:40:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'171865'	Fri	7/14/2017	14:20:00	2	Motor Vehicle in Transport	Property Damage	CST E WASHINGTON AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'171904'	Tue	7/18/2017	14:57:00	2	Motor Vehicle in Transport	Personl Injury	CST WASHINGTON AVE	US 61	Daylight	2	0
Mapped	'171959'	Mon	7/24/2017	17:51:00	2	Motor Vehicle in Transport	Personl Injury	CST MERMOD PL	CST KIRKWOOD AVE	Daylight	1	0
Mapped	'172037'	Wed	8/2/2017	14:25:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'172100'	Tue	8/8/2017	15:17:00	2	Motor Vehicle in Transport	Property Damage	CST PEEKE AVE	US 61	Daylight	0	0
Mapped	'172112'	Wed	8/9/2017	15:25:00	2	Motor Vehicle in Transport	Personl Injury	CST MERMOD	US 61	Daylight	1	0
Mapped	'172176'	Mon	8/14/2017	16:40:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'172193'	Tue	8/15/2017	16:25:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'172211'	Fri	8/18/2017	10:43:00	2	Motor Vehicle in Transport	Property Damage	CRD WEST ADAMS AVE	US 61	Daylight	0	0
Mapped	'172342'	Fri	9/1/2017	9:45:00	2	Motor Vehicle in Transport	Personl Injury	CST ESSEX AVE	US 61	Daylight	1	0
Mapped	'172351'	Fri	9/1/2017	16:00:00	2	Motor Vehicle in Transport	Personl Injury	CST WASHINGTON AVE	US 61	Daylight	2	0
Mapped	'172375'	Tue	9/5/2017	7:10:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'172441'	Mon	9/11/2017	13:15:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	US 61	Daylight	0	0
Mapped	'172611'	Thu	9/28/2017	11:00:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'172681'	Sat	10/7/2017	14:50:00	3	Motor Vehicle in Transport	Personl Injury	CST BODLEY AVE	US 61	Daylight	3	0
Mapped	'172708'	Tue	10/10/2017	12:03:00	2	Motor Vehicle in Transport	Property Damage	CST ESSEX AVE	US 61	Daylight	0	0
Mapped	'172711'	Tue	10/10/2017	14:16:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'172779'	Tue	10/17/2017	15:48:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'172786'	Wed	10/18/2017	11:20:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'172830'	Sun	10/22/2017	13:25:00	2	Motor Vehicle in Transport	Property Damage	CST MERMOD PL	US 61	Daylight	0	0
Mapped	'172912'	Wed	11/1/2017	18:50:00	2	Motor Vehicle in Transport	Property Damage	CST PEEKE AVE	US 61	Dark-Lighted	0	0
Mapped	'172984'	Fri	11/10/2017	9:55:00	2	Motor Vehicle in Transport	Property Damage	CRD ADAMS	US 61	Daylight	0	0
Mapped	'172985'	Fri	11/10/2017	10:20:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Daylight	0	0
Mapped	'173074'	Sat	11/18/2017	10:20:00	2	Motor Vehicle in Transport	Property Damage	CST ADAMS AVE	CST KIRKWOOD AVE	Daylight	0	0
Mapped	'173093'	Sun	11/19/2017	19:25:00	2	Motor Vehicle in Transport	Property Damage	CST WASHINGTON AVE	US 61	Dark-Lighted	0	0
Mapped	'173156'	Mon	11/27/2017	10:00:00	2	Motor Vehicle in Transport	Property Damage	CST E BODLEY AVE	US 61	Daylight	0	0
Mapped	'173180'	Thu	11/30/2017	12:20:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Daylight	0	0
Mapped	'173191'	Fri	12/1/2017	11:35:00	2	Motor Vehicle in Transport	Property Damage	CST E BODLEY AVE	US 61	Daylight	0	0
Mapped	'173292'	Tue	12/12/2017	17:20:00	2	Motor Vehicle in Transport	Personl Injury	CST ADAMS AVE	CST KIRKWOOD AVE	Dark-Lighted	1	0
Mapped	'173294'	Tue	12/12/2017	19:20:00	2	Motor Vehicle in Transport	Property Damage	CST WOODBINE AVE	US 61	Dark-Lighted	0	0
Mapped	'173381'	Sat	12/23/2017	21:28:00	2	Motor Vehicle in Transport	Property Damage	CST BODLEY AVE	US 61	Dark-Lighted	0	0

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## MISSOURI UNIFORM CRASH REPORT

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1 - GENERAL CRASH INFORMATION  SPACE USED FOR BARCODE				AGENCY NAME AND ORI MO0954300 KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122															
LEFT THE SCENE DRIVER NO. 1		CLEARED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CRASH CLASSIFICATION <input type="checkbox"/>		PROPERTY DAMAGE ONLY NO. INJURED NO. KILLED 0 1		REPORT / CASE / INCIDENT NUMBER 14-355											
NO. VEH. INV. 1		CRASH DATE 02/09/2014		CRASH TIME (MIL.) 2300		NOTIFIED DATE 02/09/2014		TIME NOTIFIED (MIL.) 2304		INVESTIGATION DATE 02/09/2014		TIME ARRIVED (MIL.) 2306		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
CRASH TYPE <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 checked="" type="checkbox"/> Pedestrian				Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle				DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Angle <input type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Rear to Side <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY WHOM SGT. TIM DIXON 261				AVAILABLE FROM <input checked="" 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 095-ST. LOUIS COUNTY		MUNICIPALITY 1330-KIRKWOOD		BEAT / ZONE 4802		TRP/DIST/PCT 2ND		GPS COORDINATES (DD MM SS.S FORMAT) LAT. N 38 35 11.3 LONG. W -90 24 22.3											
ON US 61		RDWY. DIR. North		DISTANCE FROM 183 Feet		LOCATION <input type="checkbox"/> After <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CST BODLEY AVE											
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 25		INT. DIR. E		GEO - CODE NA							
TRAFFICWAY <input type="checkbox"/> One-Way <input 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"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection				<input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (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"/> Standing Water <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <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 checked="" 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 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 checked="" type="checkbox"/> Other Pedestrian																			
NO. 1		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) AUFFENBERG, JOSEPH M - 123 EAST BODLEY UNIT C1, KIRKWOOD, MO, 63122										PHONE NUMBER							
DATE OF BIRTH 12/28/1963		SEX M		STRUCK BY VEH # 1		INJ 01		TRANS-PORT 02		SAFETY DEVICES 01		LOCATION <input checked="" 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 checked="" type="checkbox"/> NA		<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown		<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown		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 checked="" type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input checked="" type="checkbox"/> Against Traffic				SCHOOL INFO. <input checked="" 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 checked="" type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)						DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA				ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown									

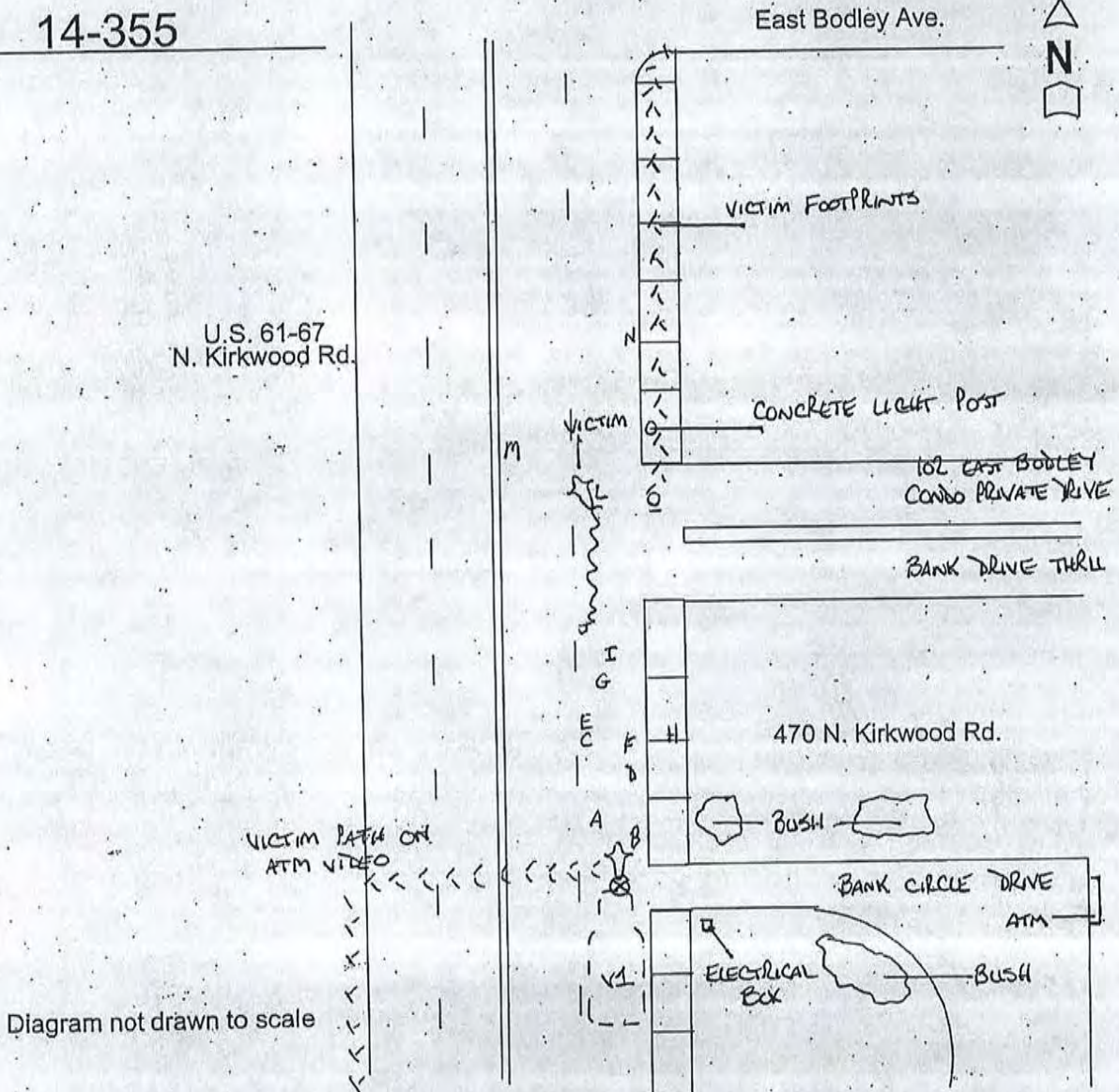


6. COLLISION DIAGRAM Compass Direction Before Crash Event(s) (Circle One)

V1 NESWU V2 NESWU V3 NESWU V4 NESWU V5 NESWU V6 NESWU

INDICATE NORTH

Report # 14-355



Det David S. D. 24  
A. P. Ray 112



NO. 01	7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) Unknown											PHONE NUMBER			
DRIVER LICENSE / ID NUMBER			STATE		LIC STATUS		LIC TYPE		Operator Class		Permit		MC ENDORSEMENT		
					<input type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input checked="" type="checkbox"/> NA		<input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Unknown		<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)	
			XX	U	U	U	U	U	<input type="checkbox"/> NA	<input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	<input type="checkbox"/> Stopped Veh <input type="checkbox"/> Clare	<input type="checkbox"/> Unknown (Explain)	
PROOF OF INSURANCE			INSURANCE COMPANY					PHONE NO. (Optional)			POLICY NUMBER			<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required			UNKNOWN INS								<input checked="" type="checkbox"/> NA				
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)													PHONE NUMBER		
YEAR		MAKE			MODEL				COLOR		VEH. TYPE		TOTAL NO. OF OCC.		
											U		1		
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE				TOWED DUE TO DIS. DAMAGE			
UNKNOWN		XX				U N K N O W N		<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.										22 - Cargo					
1 2 3 4 5 6 7 8 9 10 11 12 13 14										23 - Unknown					
15 16 17 18 19 20 21										24 - Other (Explain)					
<input checked="" type="checkbox"/> NA															
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"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code)	
<input type="checkbox"/> Single-unit Truck; 2 axes, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axes <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 / GCWW 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														ALCOHOL USE	
<input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)														<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> NA	
SEQUENCE OF EVENTS CODES														ANIMAL CODE(S)	
01 30														FIXED OBJECT CODE(S)	
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES														15	
<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 checked="" type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)														DISTRRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA (See Codes in Section 8)	
7E. WORK ZONE														CONTROL MALFUNCTIONING / INOPERATIVE / MISSING	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown														<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
TRAFFIC CONTROL														Yield Sign	
<input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown														<input type="checkbox"/> School Zone <input type="checkbox"/> Other (Explain)	
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)															
Other: <input type="checkbox"/> Stop Sign <input 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)														PHONE NUMBER	
ADDRESS (Street, City, State, Zip)															
7G. COMMERCIAL MOTOR VEHICLE														USDOT NO.	
<input checked="" type="checkbox"/> NA														<input type="checkbox"/> SAO	
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														MC / MX / ICC NO.	
<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	
CARGO BODY TYPE														HAZARDOUS MATERIAL NAME	
<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															



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		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

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

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

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

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

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

DRIVER ONE WAS APPARENTLY NORTH ON U.S. 61, 67, NORTH KIRKWOOD ROAD, STRUCK PEDESTRIAN WHO WAS WALKING SOUTH IN NORTHBOUND CURB LANE AND LEFT THE SCENE WITHOUT STOPPING.

DIAGRAM COMPLETED BY DETECTIVE DAVID SMITH, DSN #277. SEE SUPPLEMENT FOR LEGEND.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
KIERSTEAD, CHARLES	00142	4802	2ND
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
ALDERMAN, ANDY	00334		

## MISSOURI UNIFORM CRASH REPORT

☐ Continuation ☒ Supplement

ORIGINAL REPORT # 14-355

PAGE 05 OF 06

SUPPLEMENTAL REPORT NO. 1		SUPPLEMENTAL REPORT DATE 02/16/2014		AGENCY NAME AND ORI MO0954300 KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122	
CRASH DATE 02/09/2014	TRP / DIST / PCT 2ND	COUNTY ST. LOUIS COUNTY			
REPORTING OFFICER NAME KIERSTEAD, CHARLES		DSN / BADGE NO. 00142	SUPPLEMENTAL REVIEWING OFFICER NAME ALDERMAN, ANDY		DSN / BADGE NO. 00334

## NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

## 14-355 LEAVING THE SCENE ACCIDENT PEDESTRIAN FATALITY

I RECEIVED A CALL OF A SUBJECT LYING IN THE ROADWAY IN THE 400 BLOCK OF NORTH KIRKWOOD. UPON ARRIVAL I OBSERVED A SUBJECT WHO WAS LATER IDENTIFIED AS JOSEPH MICHAEL AUFFENBERG W/M AGE 50 DOB/12-28-1963 OF 123 EAST BODLEY AVENUE UNIT C1, KIRKWOOD, MO 63122 PHONE 314-800-5366. I OBSERVED HE WAS LYING FACE DOWN WITH HIS HEAD NEAR THE LANE MARKER DIVIDING THE LEFT AND RIGHT NORTHBOUND LANES OF TRAFFIC OF NORTH KIRKWOOD ROAD, U.S. 61, 67 WITH HIS HEAD TO THE NORTHWEST AND HIS FEET TO THE SOUTHEAST. I OBSERVED THAT HE WAS FACE DOWN WITH HIS PANTS AT ABOUT HIS KNEES BLEEDING FROM THE HEAD AREA, UNCONSCIOUS, BUT BREATHING. HIS BREATHING WAS IN SHORT GASPS BUT HE WAS UNRESPONSIVE TO TOUCH OR SPOKEN INQUIRY. HIS COAT AND PANTS WERE BROWN OR TAN COLORED. HIS PANTS WERE AT ABOUT HIS KNEES WHERE THEY HAD APPARENTLY BEEN KNOCKED BY THE FORCE OF THE COLLISION BUT HIS UNDERWEAR WAS IN PLACE. HIS FEET HAD DARK COLORED SOCKS ON. HIS COAT WAS PUSHED SLIGHTLY UP SUCH THAT THE AREA OF HIS BODY FROM HIS LOWER ABDOMEN TO JUST ABOVE HIS KNEES, WITH THE EXCEPTION OF HIS UNDERWEAR AREA, WAS IN DIRECT CONTACT WITH THE SLUSH COVERED PAVEMENT. DUE TO THE COLD TEMPERATURES, I USED THE DISPOSABLE BLANKET FROM MY POLICE VEHICLE TO COVER HIM UNTIL THE ARRIVAL OF KIRKWOOD FIRE DEPT. PARAMEDIC'S. AS THE PARAMEDIC'S MOVED THE VICTIM ONTO A BACKBOARD TO MOVE HIM INSIDE THE AMBULANCE I OBSERVED A QUANTITY OF SMALL BITS OF GLASS FALL FROM HIS HAIR ONTO THE GROUND. THIS GLASS APPEARED CONSISTENT WITH GLASS FROM A SHATTERED WINDSHIELD. I FURTHER OBSERVED THAT THE ROAD CONDITIONS AT THE TIME WERE SLUSHY AND WET FROM THE LIGHT SNOW WHICH HAS FALLEN TODAY. I FURTHER OBSERVED THE VICTIM'S SHOES, HAT, GLASSES, HAT, E-CIG, CIGARETTE LIGHTER AND GLOVES WERE SCATTERED ABOUT THE AREA WHERE THEY HAD APPARENTLY BEEN KNOCKED FROM THE VICTIM BY THE FORCE OF THE IMPACT FROM THE VEHICLE. I OBSERVED THERE APPEARED TO BE SCUFF MARKS FROM THE VICTIM'S BODY SLIDING ON THE SLUSH COVERED PAVEMENT APPROX. 38 FEET FROM WHERE HE LANDED ON THE PAVEMENT TO WHERE HE CAME TO REST.

THERE WERE 2 SUBJECTS ON THE SCENE THAT HAD COME UPON THE VICTIM LYING IN THE ROADWAY BUT DID NOT WITNESS WHAT HAD HAPPENED AND THEY WERE IDENTIFIED BY PTN. VILLALOBOS WHO WILL SUBMIT A SUPPLEMENTAL REPORT. I FURTHER OBSERVED SEVERAL PIECES OF GLASS AND PLASTIC WHICH WERE POSSIBLY FROM THE STRIKING VEHICLE. INFORMATION WAS PUT OUT POINT TO POINT AND LATER IN A TELETYPE FOR SURROUNDING AGENCIES TO BE ON THE LOOKOUT FOR ANY SUSPECT VEHICLES.

I FURTHER OBSERVED THAT FOOTPRINTS IN THE FRESH SNOW MATCHED THE SHOES LYING IN THE AREA FROM THE VICTIM. BASED ON THE FOOTPRINTS, IT APPEARED HE LEFT HIS RESIDENCE AT 123 EAST BODLEY AND WALKED WEST ON BODLEY TO KIRKWOOD, CROSSED THE STREET SOUTH TO THE SIDEWALK ON THE EAST SIDE OF NORTH KIRKWOOD ROAD AND WALKED SOUTH ON THE SIDEWALK ADJACENT TO THE CONDOS OR APARTMENTS AT 102 EAST BODLEY WHICH APPEARED TO HAVE BEEN CLEARED PREVIOUSLY AND HAD ONLY A SMALL AMOUNT OF SNOW FROM TODAY'S SNOWFALL. AT THE POINT WHERE THE SIDEWALK STARTS TO PASS IN FRONT OF U.S. BANK AT 470 N. KIRKWOOD IT APPEARED THE SIDEWALK HAD NEVER BEEN CLEARED OF ANY OF THE RECENT SNOWFALLS AND THE SNOW WAS VERY UNEVEN AND DEEPER THAN THE NEARBY SIDEWALK TO THE NORTH. THE FOOTPRINTS MOVED FROM THE SIDEWALK TO THE CURB LANE OF NORTHBOUND KIRKWOOD APPARENTLY TO AVOID THE DEEPER SNOW ON THE SIDEWALK IN FRONT OF THE BANK AND WERE NOT VISIBLE IN THE TRAVELED PORTION OF THE ROADWAY.

EVIDENCE OFFICER DAVE SMITH DSN 277 WAS CALLED TO THE SCENE AND HE AND SGT. TIM DIXON DSN 261 PHOTOGRAPHED THE SCENE AND COLLECTED EVIDENCE WITH MY ASSISTANCE.

I SPOKE WITH TERRY LETBETTER OF THE ST. LOUIS COUNTY MEDICAL EXAMINERS OFFICE WHO INDICATED THEIR REPORT WAS 14-0999.

SEE ALSO REPORT 14-356.

NOTHING FURTHER AT THIS TIME.

RESPECTFULLY SUBMITTED,

PTN. C. C. KIERSTEAD DSN 142  
PATROL DIVISION A PLATOON



## MISSOURI UNIFORM CRASH REPORT

☐ Continuation ☒ Supplement

ORIGINAL REPORT # 14-355

PAGE 06 OF 06

SUPPLEMENTAL REPORT NO. 2		SUPPLEMENTAL REPORT DATE 02/09/2014		AGENCY NAME AND ORI MO0954300 KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122	
CRASH DATE 02/09/2014	TRP / DIST / PCT 2ND	COUNTY ST. LOUIS COUNTY			
REPORTING OFFICER NAME SMITH, DAVID		DSN / BADGE NO. 00277	SUPPLEMENTAL REVIEWING OFFICER NAME COX, JIM		DSN / BADGE NO. 00000

## NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

Distance from Electrical Box South of scene	Item	Distance from Concrete Light Post North of scene
30 feet	A-victim right glove	97 feet
28 feet	B-victim reading glasses	95 feet 4 inches
41 feet	C-St. Louis Rams stocking cap	87 feet
38 feet	D-plastic vehicle part	84 feet
42 feet	E-plastic chrome part	84 feet 2 inches
41 feet	F-E-cigarette	80 feet 9 inches
46 feet 10 inches	G-piece of ice	78 feet
50 feet	I-piece of ice	59 feet 6 inches
No measurement	I-piece of ice	No measurement
57 feet	J-victim skid mark	65 feet
77 feet	K-broken blue lighter	56 feet
95 feet (south edge)	L-victim blood pool	29 feet 6 inches (north)
110 feet 4 inches	M-victim left glove	23 feet 6 inches
133 feet 7 inches	N-victim left shoe	14 feet 6 inches
99 feet	O-victim footprints	21 feet

## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 04

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0954300 KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122															
SPACE USED FOR BARCODE																			
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						1		0		16-240					
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE					
1		01/29/2016		1145		01/29/2016		1145		01/29/2016		1145		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE													
<input checked="" type="checkbox"/> On Roadway		<input type="checkbox"/> Overturning		<input type="checkbox"/> Animal		<input type="checkbox"/> Front to Front								<input type="checkbox"/> Other (Explain)					
<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Front to Rear								<input type="checkbox"/> Unknown (Explain)					
		<input type="checkbox"/> Cargo / Equip Loss / Shift		<input type="checkbox"/> Fixed Object		<input type="checkbox"/> Rear to Rear													
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Other Object		<input type="checkbox"/> Rear to Side													
		<input type="checkbox"/> Jackknife		<input checked="" type="checkbox"/> Pedestrian		<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)													
						<input type="checkbox"/> Working Motor Vehicle													
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.																			
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 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 type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.																			
EVIDENTIARY PHOTOS TAKEN				BY WHOM				AVAILABLE FROM				<input type="checkbox"/> Investigating Agency							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
RECONSTRUCTION				BY WHOM				AVAILABLE FROM				<input type="checkbox"/> Investigating Agency							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
2 - LOCATION																			
COUNTY				MUNICIPALITY				BEAT / ZONE				TRP/DIST/PCT				GPS COORDINATES (DD MM SS.SS FORMAT)			
095-ST. LOUIS COUNTY				1330-KIRKWOOD				2ND				2ND				LAT: N 38 35 03.37 LONG: W -90 24 22.47			
ON				RDWY. DIR.				DISTANCE FROM				LOCATION				INTERSECTING			
US 61				North				10 Feet				<input type="checkbox"/> NA <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At				CST WASHINGTON			
SPEED LIMIT				ROAD MAINTAINED BY								SPEED LIMIT				INT. DIR.			
30				<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other								25				E			
																GEO - CODE			
																NA			
TRAFFICWAY																			
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other																			
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown																			
ROAD ALIGNMENT																			
<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip																			
<input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)																			
ROAD PROFILE																			
<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 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 checked="" type="checkbox"/> Other Pedestrian																			
NO. NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER																			
1 LEEMAN, CAMDEN - 603 S. ELLIOT, KIRKWOOD, MO, 63122 314-702-0124																			
DATE OF BIRTH		SEX		STRUCK BY VEH #		INJ		TRANS-PORT		SAFETY DEVICES		LOCATION							
02/23/2000		M		1		03		03				<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island							
												<input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown							
CROSSING ROAD		<input type="checkbox"/> NA		OTHER ACTIONS		<input type="checkbox"/> NA / None		Working in Trafficway		<input type="checkbox"/> Unknown		SCHOOL INFO.		<input checked="" type="checkbox"/> NA					
<input type="checkbox"/> With Signal		<input type="checkbox"/> Not At Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle				<input type="checkbox"/> Playing in Trafficway		<input checked="" type="checkbox"/> Other (Explain)		<input type="checkbox"/> Going To / From School							
<input checked="" type="checkbox"/> Against Signal		<input checked="" type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting in Trafficway				<input checked="" type="checkbox"/> Walking / Running in Trafficway				<input type="checkbox"/> Getting On / Off School Bus							
<input type="checkbox"/> No Signal		<input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Pushing / Working On Vehicle				<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic				<input type="checkbox"/> Both Of The Above							
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.								<input type="checkbox"/> Unknown (Explain)							
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																			
<input checked="" type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input checked="" 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 checked="" type="checkbox"/> NA ALCOHOL USE																			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																			



6. COLLISION DIAGRAM

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

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

INDICATE NORTH

U

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DIRECTION: V1- ☒ S E E W  
V2- N S E E W  
V3- N S E E W  
V4- N S E E W

US-61 (KIRKWOOD RD.)

WITNESS ☒ N ☐ W

WASHINGTON AVE.

Crossing Signal

DIAGRAM NOT DRAWN TO SCALE

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 MACK, EVERLENA S - 620 NIRK AVE., KIRKWOOD, MO, 63122															PHONE NUMBER 314-478-0292																																														
DRIVER LICENSE / ID NUMBER H200133051					STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Canceled / Oth Invalid			LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad			<input type="checkbox"/> 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		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)																																															
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required					INSURANCE COMPANY STATE FARM					PHONE NO. (Optional)			POLICY NUMBER 3090817B1225			<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 MACK, EVERLENA - 620 NIRK, ST LOUIS, MO, 63122																		PHONE NUMBER <input checked="" type="checkbox"/> SAD																																											
YEAR 1999		MAKE INFINITI			MODEL QX4			COLOR SILVER /			VEH. TYPE 01		TOTAL NO. OF OCC. 3																																																
LICENSE - PLATE NO. PNOT2U					STATE MO		YEAR 2017		VIN J N R A R 0 7 Y 0 X W 0 6 8 5 6 8					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 12										<table border="1" style="width:100%; font-size: small;"> <tr> <td>2   3   4   5   6   7</td> <td>18 - Undercarriage</td> <td>22 - Cargo</td> </tr> <tr> <td>1   15   16   17   8</td> <td>19 - Windshield</td> <td>23 - Unknown</td> </tr> <tr> <td></td> <td>20 - Burned</td> <td>24 - Other (Explain)</td> </tr> <tr> <td>14   13   12   11   10   9</td> <td>21 - Towed Unit</td> <td></td> </tr> </table>								2   3   4   5   6   7	18 - Undercarriage	22 - Cargo	1   15   16   17   8	19 - Windshield	23 - Unknown		20 - Burned	24 - Other (Explain)	14   13   12   11   10   9	21 - Towed Unit																																	
2   3   4   5   6   7	18 - Undercarriage	22 - Cargo																																																											
1   15   16   17   8	19 - Windshield	23 - Unknown																																																											
	20 - Burned	24 - Other (Explain)																																																											
14   13   12   11   10   9	21 - Towed Unit																																																												
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																																																													
<table border="1" style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td rowspan="5">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 - 28,000 lbs. <input type="checkbox"/> Greater than 28,000 lbs. <input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Van (&lt; 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sport Utility Vehicle</td> <td><input type="checkbox"/> School Bus</td> <td><input type="checkbox"/> 2 Wh</td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)</td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td><input type="checkbox"/> Inter-city</td> <td><input type="checkbox"/> 3 Wh</td> <td><input type="checkbox"/> Other Vehicle (Code)</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td><input type="checkbox"/> Transit / Commuter</td> <td><input type="checkbox"/> 4 Wh</td> <td><input type="checkbox"/> Cargo Van</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td><input type="checkbox"/> Charter / Tour</td> <td><input type="checkbox"/> 5 Wh / More</td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown (Explain)</td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> <td></td> </tr> <tr> <td><input type="checkbox"/> To / From School</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>																		<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / 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 - 28,000 lbs. <input type="checkbox"/> Greater than 28,000 lbs. <input type="checkbox"/> Unknown	<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	<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"/> Inter-city	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code)	<input type="checkbox"/> Truck Tractor With No Units	<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	<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units		<input type="checkbox"/> To / From School					
<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / 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 - 28,000 lbs. <input type="checkbox"/> Greater than 28,000 lbs. <input type="checkbox"/> Unknown																																																								
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<input type="checkbox"/> To / From School																																																													
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other Check "A" / "B" →										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 30										ANIMAL CODE(S)				FIXED OBJECT CODE(S)																																															
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None																																																													
<table border="1" style="width:100%; font-size: x-small;"> <tr> <td><input type="checkbox"/> Vehicle Defects (Explain)</td> <td><input type="checkbox"/> Vision Obstructed</td> <td><input type="checkbox"/> Failed To Dim Headlights</td> <td><input type="checkbox"/> Improper Towing / Pushing</td> <td><input type="checkbox"/> Object / Obstruction in Roadway</td> </tr> <tr> <td><input type="checkbox"/> Speed - Exceeded Limit</td> <td><input type="checkbox"/> Driver Fatigue / Asleep</td> <td><input type="checkbox"/> Failed To Use Lights</td> <td><input type="checkbox"/> Improperly Stopped On Roadway</td> <td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td> </tr> <tr> <td><input type="checkbox"/> Too Fast For Conditions</td> <td><input type="checkbox"/> Improper Signal</td> <td><input type="checkbox"/> Following Too Close</td> <td><input type="checkbox"/> Improper Lane Usage / Change</td> <td><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Violation Signal / Sign</td> <td><input type="checkbox"/> Improper Backing</td> <td><input type="checkbox"/> Wrong Side (Not Passing)</td> <td><input type="checkbox"/> Overcorrected</td> <td><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td><input type="checkbox"/> Failed To Yield</td> <td><input type="checkbox"/> Improper Turn</td> <td><input type="checkbox"/> Wrong Side (One-Way)</td> <td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td> <td rowspan="3">DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)</td> </tr> <tr> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Improper Passing</td> <td><input type="checkbox"/> Physical Impairment (Explain)</td> <td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td> </tr> <tr> <td><input type="checkbox"/> Drugs</td> <td><input type="checkbox"/> Improperly Parked</td> <td><input type="checkbox"/> Improper Start From Park</td> <td><input type="checkbox"/> Animal(s) In Roadway</td> </tr> </table>																		<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway											
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway																																																									
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)																																																									
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)																																																									
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<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 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)																																																													
ELLIS, XAVIER 620 NIRK AVE., KIRKWOOD, MO 63122									DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER 314-478-0292																																											
620 NIRK AVE., KIRKWOOD, MO 63122											F	FR	5	1	2	03	05	314-478-0292																																											
											F	SL	5	1	2	03	11	314-478-0292																																											
														</																																															



8 - CODES									
SEAT LOCATION		FR SR TR FC SC TC FL SL TL	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES		
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable			1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet	10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable	
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)									
1. Going Straight    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									
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)									
<p>DRIVER 1 STATED SHE WAS DRIVING NORTH ON US-61 IN THE CURB LANE OF TRAFFIC AND AS SHE APPROACHED WASHINGTON AVENUE, SHE SAW THE PEDESTRIAN OUT OF HER PERIPHERAL VISION TO HER LEFT. THE PEDESTRIAN RAN INTO THE SIDE OF VEHICLE 1.</p> <p>THE PEDESTRIAN STATED HE WAS WAITING TO CROSS US-61 FROM THE SOUTHWEST CORNER OF WASHINGTON AVENUE TO THE SOUTHEAST CORNER. THE PEDESTRIAN STATED THAT HE THOUGHT IT WAS SAFE TO CROSS AND DID NOT NOTICE THE "NO WALK" SIGNAL. HE RAN ACROSS US-61 DIRECTLY INTO VEHICLE 1 AS IT TRAVELED NORTH ON US-61.</p> <p>THIS OFFICER WITNESSED THE ACCIDENT. I WAS PARKED IN MY PATROL VEHICLE ON THE NORTHWEST CORNER OF US-61 AND WASHINGTON AVENUE. I OBSERVED THE PEDESTRIAN STANDING ON THE SOUTHWEST CORNER OF SAID INTERSECTION. THE ELECTRIC SIGNAL FOR NORTH AND SOUTH BOUND TRAFFIC ON US-61 WAS GREEN. THE "NO WALK" SIGNAL ON THE SOUTHEAST CORNER INDICATED THE PEDESTRIAN DID NOT HAVE THE RIGHT OF WAY. I THEN OBSERVED THE PEDESTRIAN BEGIN RUNNING ACROSS THE STREET IN THE CROSSWALK. HE RAN BETWEEN TWO VEHICLES STOPPED IN TRAFFIC, ON SOUTH US-61, AND INTO THE NORTH BOUND LANES. I OBSERVED THE PEDESTRIAN RUN INTO THE SIDE OF VEHICLE 1.</p> <p>THE PEDESTRIAN, AT THE REQUEST OF HIS PARENTS, WAS NOT TRANSPORTED BY KIRKWOOD EMS. I WAS ADVISED BY HIS PARENTS THAT THEY WOULD BE TRANSPORTING HIM FOR MEDICAL EVALUATION OF HIS INJURIES.</p>									
10. REPORTING AND REVIEWING OFFICER INFORMATION									
REPORTING OFFICER NAME DRAZIC, SHANE				DSN / BADGE NO. 00315		BEAT / ZONE 2ND		TROOP / DISTRICT / PRECINCT 2ND	
REVIEWING OFFICER NAME POPE, CLIFFORD				DSN / BADGE NO. 00186		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.	



## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 06

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0954300 **											
SPACE USED FOR BARCODE				KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122											
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 3		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 17-2681	
NO. VEH. INV. 3		CRASH DATE 10/07/2017		CRASH TIME (MIL.) 1450		NOTIFIED DATE 10/07/2017		TIME NOTIFIED (MIL.) 1454		INVESTIGATION DATE 10/07/2017		TIME ARRIVED (MIL.) 1456		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 / GCWR 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 checked="" 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 095-ST. LOUIS COUNTY				MUNICIPALITY 1330-KIRKWOOD				BEAT / ZONE 1ST		TRP/DIST/PCT 1ST		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 35 14.97 LONG: W -90 24 22.52			
ON US 61				RDWY. DIR. SOUTH		DISTANCE FROM 21 Feet		LOCATION <input type="checkbox"/> After <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CST BODLEY AVE					
SPEED LIMIT 30		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				21 Feet		<input checked="" type="checkbox"/> Before <input type="checkbox"/> At		SPEED LIMIT 25		INT. DIR. W		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 type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)															
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)								ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)							
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)								WEATHER CONDITION <input type="checkbox"/> Clear <input checked="" 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 type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative															
NAME				ADDRESS (Street, City, State, Zip)								PHONE NUMBER			
KRAUSZ, MICHELLE				421 E BODLEY AVE, KIRKWOOD, MO, 63122								314-795-5018			
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



US 61



P.O.I.#1

P.O.I.#2

E BODLEY



*Not To Scale*

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER																			
01 HICKS, GARY L - 658 S FILLMORE, KIRKWOOD, MO, 63122										314-821-1977																			
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		Valid		Expired		LIC TYPE		Operator Class		Permit		Unknown (Explain)		MC ENDORSEMENT											
W204131004		MO		NA		Susp / Rev / Denied		Disqual CDL		NA		CDL Class A		MC Only		Unlicensed		Yes No NA											
DATE OF BIRTH		SEX		SEAT LOC		INJ		TRANS-PORT		EJEC-TION		AIR BAG		SAFETY DEVICES		VISION OBSTRUCTED		Not Obstructed		Trees / Brush		Sign		Moving Veh		Other (Explain)			
		M		FL		5		1		2		05		05		NA		Windshield		Building		Hillcrest		Stopped Veh		Unknown (Explain)			
PROOF OF INSURANCE		INSURANCE COMPANY		Expired		PHONE NO. (Optional)		POLICY NUMBER		NA		Driver Vehicle																	
Yes No Not Required		GUIDE ONE MUTUAL INSURANCE						BA1772-202																					
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER																			
GRACE, COMMUNITY B - 11479 DORSETT DR, MARYLAND HTS, MO, 63043										SAD																			
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.																			
1999		CHEVROLET		EXPRESS FULL-SIZE VAN		WHITE		01		3																			
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE																			
YD0P4E		MO		2017		1 G A G G 2 5 R 8 X 1 0 9 6 7 5 9		Yes No		Yes No																			
VEHICLE DAMAGE (Mark all damaged areas)		None / No Damage		TOWED BY		Unknown NA																							
INITIAL IMPACT NO:		3 4 5 6 7		18 - Undercarriage		22 - Cargo		D & L TOWING INC - Phone#: 636-946-4700																					
NA 1		19 16 17		19 - Windshield		23 - Unknown		825 MARSHALL ROAD																					
		13 12 11 10 9		20 - Burned		24 - Other (Explain)		VALLEY PARK, MO 63088																					
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles										Vehicle Used As Public Conveyance																			
Passenger Car										Small Bus (9-15 W/Driver)		Motorcycle		Motor Home		Single-unit Truck; 2 axles, 6 tires		GVW / GCWV RATING											
Van (< 9 W/Driver)										Large Bus (16+ W/Driver)		ATV		Farm Implements		Single-unit Truck; 3 or more axles		(Not Licensed Weight)											
Passenger Van (9+ W/Driver)														Construction Equip. Heavy Mach.		Veh. Pulling Another Unit(s)		(Pickups, Cargo Vans, All Trucks,											
Sport Utility Vehicle										School Bus		2 Wh		Other Vehicle (Code)		(Does not apply to Truck Tractors)		Placard Veh. Only)											
Limousine (7-8 W/Driver)										Intercity		3 Wh		Cargo Van		Truck Tractor With No Units		Less than or											
Limousine (9-15 W/Driver)										Transit / Commuter		4 Wh		Pickup		Truck Tractor With One Unit		equal to 10,000 lbs.											
Motorized Bicycle										Charter / Tour		5 Wh / More		Other Heavy Truck		Truck Tractor With Two Units		10,001 - 26,000 lbs.											
Pedalcycle										Other		Unknown		Unknown (Explain)		Truck Tractor With Three Units		Greater than 26,000 lbs.											
To / From School																		Unknown											
EMERGENCY VEHICLE INVOLVEMENT										NA		CONTRIBUTING TRAFFIC CONDITIONS		NA				ALCOHOL USE											
Police Ambulance										A. Emergency Vehicle on Emergency Run		Congestion Ahead		Other Incident Ahead				Yes Unk											
Fire Other (Must check "A" / "B")										B. Stationary With Emergency Equip. Activated		Crash Ahead		Unknown (Explain)				No NA											
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES										Additional Codes Listed in Narrative (See Codes in Section 8)		ANIMAL CODE(S)		FIXED OBJECT CODE(S)															
01 07 34										Unknown																			
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES										None																			
Vehicle Defects (Explain)										Vision Obstructed		Failed To Dim Headlights		Improper Towing / Pushing		Object / Obstruction in Roadway													
Speed - Exceeded Limit										Driver Fatigue / Asleep		Failed To Use Lights		Improperly Stopped On Roadway		Distacted / Inattentive (Designate Type)													
Too Fast For Conditions										Improper Signal		Following Too Close		Improper Lane Usage / Change		Unknown (Explain)													
Violation Signal / Sign										Improper Backing		Wrong Side (Not Passing)		Overcorrected		Other (Explain)													
Failed To Yield										Improper Turn		Wrong Side (One-Way)		Improper Riding / Clinging To Veh. Exterior		DISTRACED / INATTENTIVE CODE(S)		NA											
Alcohol										Improper Passing		Physical Impairment (Explain)		Failed To Secure Load / Improper Loading		(See Codes in Section 8)													
Drugs										Improperly Parked		Improper Start From Park		Animal(s) In Roadway															
7E. WORK ZONE										TRAFFIC CONTROL		None Unknown		CONTROL MALFUNCTIONING / INOPERATIVE / MISSING															
Yes No Unknown										Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)				Yes (Explain) No															
Workers Present										Other Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus				Unknown NA															
Yes No Unknown										Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)																			
7F. OCCUPANTS - NAME (Last, First, MI)										DATE OF BIRTH		SEX		SEAT LOC		INJ		TRANS-PORT		EJEC-TION		AIR BAG		SAFETY DEVICES		PHONE NUMBER			
HICKS, OCTAVIA																													
658 S FILLMORE, KIRKWOOD, MO 63122												F		FR		4		1		2		05		05		314-821-1977			
WILLIAMS, MERIDITH																													
111 E WOODBINE, KIRKWOOD, MO 63122												F		SL		4		2		2		03		05		314-698-3245			
7G. COMMERCIAL MOTOR VEHICLE										NA		Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																	
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)										SAO																			
COMMERCIAL / NON-COMMERCIAL										Interstate Carrier Intrastate Carrier		Not In Commerce - Government Vehicle Not In Commerce - Rental Vehicle		Not In Commerce - Other Vehicle		MC / MX / ICC NO.		USDOT NO.											
																NA		NA											
CARGO BODY TYPE										Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal Container Chassis		Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log		NA (No Cargo Body) Other Unknown															
HAZARDOUS MATERIALS										PLACARD DISPLAYED		4-DIGIT NO.		CLASS		HM CARGO PRESENT		HM CARGO RELEASED		HAZARDOUS MATERIAL NAME									
										Yes No Unknown		NA		NA		Yes No Unknown		Yes No Unknown											



NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 03 KOLESAREK, JOAN - 2350 SEVEN PINES DR, ST LOUIS, MO, 63146													PHONE NUMBER 314-795-8791					
DRIVER LICENSE / ID NUMBER T980787337			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"/> 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		SEX F	SEAT LOC FL	INJ 4	TRANSPORT 1	EJECTION 2	AIR BAG 03	SAFETY DEVICES 05	VISION OBSTRUCTED <input type="checkbox"/> NA <input type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input checked="" 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					PHONE NO. (Optional)			POLICY NUMBER 4170854592			<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle				
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) KOLESAREK, ANDREW G - 2350 SEVEN PINES DR, SAINT LOUIS, MO, 63146															PHONE NUMBER 314-795-8791			
YEAR 2001		MAKE MAZDA			MODEL TRIBUTE MULTI PURPOSE				COLOR BLACK		VEH. TYPE 01		TOTAL NO. OF OCC. 1					
LICENSE - PLATE NO. UD5Y9R			STATE MO		YEAR 2017		VIN 4 F 2 Y U 0 8 1 5 1 K M 4 2 5 8 7			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 INITIAL IMPACT NO: 2 3 4 5 6 7 18 - Undercarriage 22 - Cargo 1 15 16 17 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 14 13 12 11 10 21 - Towed Unit															TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA			
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																		
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") A. Emergency Vehicle on Emergency Run 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 SEQUENCE OF EVENTS CODES 08 34 Additional Codes Listed in Narrative (See Codes in Section 8)																		
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) (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 Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus 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 checked="" type="checkbox"/> Unknown																		
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANSPORT EJECTION 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																		



NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)														PHONE NUMBER									
02 FRENCH, MABEL C - 1611 SCHULTE RD, ST LOUIS, MO, 63146														314-450-6890									
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 <u>E</u> <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT									
V204037008				MO		<input type="checkbox"/> NA				<input type="checkbox"/> NA		<input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <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)									
PROOF OF INSURANCE				INSURANCE COMPANY				<input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required														<input type="checkbox"/> SAD									
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD														PHONE NUMBER									
FRENCH, MABEL C - 1611 SCHULTE RD, SAINT LOUIS, MO, 63146																							
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.													
2001		ACURA		MDX		GRAY		01		3													
LICENSE - PLATE NO.				STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE											
YK8E2Z				MO		2017		2 H N Y D 1 8 2 6 1 H 5 2 2 3 4 9		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<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:								18 - Undercarriage 22 - Cargo 23 - Unknown 24 - Other (Explain)								D & L TOWING INC - Phone#: 636-946-4700							
<input type="checkbox"/> NA 8								15 16 17 13 12 11 10								825 MARSHALL ROAD							
																VALLEY PARK, MO 63088							
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"/> 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)																							
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 01 08 34 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"/> 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 <input type="checkbox"/> Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																							
TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown <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"/> 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"/> Yield Sign <input type="checkbox"/> Other (Explain)																							
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown																							
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																							
LEDESMA, SABRINA 1611 SCHULTE RD, ST LOUIS, MO 63146 [REDACTED] F FR 5 1 2 05 05 314-450-6890																							
[REDACTED] [REDACTED] M SR 5 1 2 03 12 [REDACTED]																							
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																							



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

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)			
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport
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 (**)
			37. Collision Inv. Other Object (Explain)
			38. Other Non-collision
			39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane
			40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation
			41. Collision Inv. Working MV
			42. Downhill Runaway
			43. Fell/Jumped From MV
			44. Thrown/Falling Object
			45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
			46. Ran Off Roadway - Other (Explain)
			47. Cross Separator

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

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

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

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

OTHER VEHICLE CODES			
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	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 1 ADVISED HE WAS SOUTH ON KIRKWOOD ROAD AT BODLEY IN THE INSIDE LANE. DRIVER 1 ADVISED VEHICLE IN FRONT OF HIM HAD STOPPED, AND HE SLAMMED ON HIS BRAKES. DRIVER 1 ADVISED HE STRUCK VEHICLE 2 IN THE REAR.

DRIVER 2 ADVISED SHE WAS SOUTH ON KIRKWOOD ROAD AT BODLEY IN THE INSIDE LANE. DRIVER 2 ADVISED VEHICLE 3 WAS STOPPED TO MAKE A LEFT TURN ONTO BODLEY. DRIVER 2 ADVISED SHE WAS STOPPED BEHIND VEHICLE 3, WHEN VEHICLE 1 STRUCK HER IN THE REAR CAUSING HER TO MOVE FORWARD AND STRIKE VEHICLE 3.

DRIVER 3 ADVISED SHE WAS SOUTH ON KIRKWOOD ROAD AT BODLEY IN THE INSIDE LANE. DRIVER 3 ADVISED SHE WAS STOPPED BECAUSE SHE WAS GOING TO MAKE A LEFT TURN ONTO BODLEY. DRIVER 3 ADVISED SHE WAS STRUCK IN THE REAR.

WITNESS 1 ADVISED SHE WAS ON EAST BODLEY AT KIRKWOOD ROAD STOPPED AT THE STOP SIGN. WITNESS 1 THOUGHT VEHICLE 2 STRUCK VEHICLE 3 FIRST, AND THEN VEHICLE 1 STRUCK VEHICLE 2.

PASSENGER 2 IN VEHICLE NUMBER 1 WAS TRANSPORTED TO HOSPITAL BY KIRKWOOD PARAMEDICS BECAUSE OF A HEAD INJURY AND A KNEE INJURY. PASSENGER 1 OF VEHICLE NUMBER 1 HAND AND HEAD WAS INJURED AND WAS GOING TO TAKE HERSELF TO THE HOSPITAL.

DRIVER 3 ADVISED SHE HAD NECK PAIN, AND WAS GOING TO TAKE HERSELF TO THE HOSPITAL.

VEHICLE NUMBER 1 AND VEHICLE NUMBER 2 WERE BOTH TOWED FROM SCENE BECAUSE OF DISABLING DAMAGE.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
JONES, CAREY L	00387	1ST	1ST
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
POPE, CLIFFORD	00186		

## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 06

<b>1 - GENERAL CRASH INFORMATION</b>  SPACE USED FOR BARCODE				AGENCY NAME AND ORI <b>MO0954300</b> <b>KIRKWOOD POLICE DEPARTMENT</b> <b>131 W. MADISON KIRKWOOD, MO 63122</b>											
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 <input type="checkbox"/> 1		NO. INJURED 0		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 13-3132	
NO. VEH. INV. 3		CRASH DATE 10/31/2013		CRASH TIME (MIL.) 1202		NOTIFIED DATE 10/31/2013		TIME NOTIFIED (MIL.) 1202		INVESTIGATION DATE 10/31/2013		TIME ARRIVED (MIL.) 1207		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CRASH TYPE <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		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"/> Angle <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Rear to Side <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									
<b>2 - LOCATION</b>															
COUNTY 095-ST. LOUIS COUNTY				MUNICIPALITY 1330-KIRKWOOD				BEAT / ZONE 4801		TRP/DIST/PT 1ST		GPS COORDINATES (DD MM SS.SS FORMAT) LAT. N 38 35 38.1 LONG: W -90 24 22.8			
ON US 61				RDWY. DIR. South		DISTANCE FROM 500 Feet		LOCATION <input type="checkbox"/> NA <input checked="" type="checkbox"/> After Before <input type="checkbox"/> At		INTERSECTING CST SWAN					
SPEED LIMIT 30		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				Unknown		SPEED LIMIT 25		INT. DIR. W		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 type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)			
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)						ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)									
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)						WEATHER CONDITION <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)									
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)															
<b>3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES</b> <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															
<b>4 - WITNESS</b> <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative															
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER															
<b>5 - PEDESTRIAN</b> <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian															
NO. NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER															
DATE OF BIRTH		SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown								
CROSSING ROAD <input type="checkbox"/> NA		OTHER ACTIONS <input type="checkbox"/> NA / None			Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)				SCHOOL INFO. <input type="checkbox"/> NA						
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle			<input type="checkbox"/> Playing In Trafficway				<input type="checkbox"/> Going To / From School						
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting In Trafficway			<input type="checkbox"/> Walking / Running In Trafficway				<input type="checkbox"/> Getting On / Off School Bus						
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Pushing / Working On Vehicle			<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic				<input type="checkbox"/> Both Of The Above						
<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.							<input type="checkbox"/> Unknown (Explain)						
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None							DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA				ALCOHOL USE				
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)											<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)															



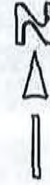
6. COLLISION DIAGRAM Compass Direction Before Crash Event(s) (Circle One) V1 N E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE NORTH

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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



US 61

A.O.I.

A.O.I.

Trailer Vch #1

Vch #2

Vch #3

Swan 500ft



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
01 WIEST, SCOTT A - 1303 FOREST WAY, WENTZVILLE, MO, 63385											
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		LIC TYPE		Operator Class		MC ENDORSEMENT	
S139101017		MO		<input checked="" type="checkbox"/> NA		<input checked="" type="checkbox"/> NA		<input checked="" type="checkbox"/> E		<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 checked="" type="checkbox"/> Other (Explain)
		M	FL	5	1	2	03	05	<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Load on Veh	<input checked="" type="checkbox"/> Other (Explain)
PROOF OF INSURANCE		INSURANCE COMPANY				PHONE NO. (Optional)		POLICY NUMBER		<input checked="" type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		FARM BUREAU						APV0518730			
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.	
1996		FORD		ECONOLINE E250		WHITE		01		1	
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE	
2HS 308		MO		2014		1 F T F S 2 4 Y X T H A 5 7 7 3 C		<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	
INITIAL IMPACT NO. 1										<input checked="" type="checkbox"/> NA	
15 16 17 18 19 20 21 22 23 24											
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles										Vehicle Used As Public Conveyance	
<input checked="" type="checkbox"/> Passenger Car										<input type="checkbox"/> Motor Home	
<input checked="" type="checkbox"/> Van (< 9 W/Driver)										<input type="checkbox"/> Farm Implements	
<input type="checkbox"/> Passenger Van (9+ W/Driver)										<input type="checkbox"/> Construction Equip. Heavy Mach.	
<input type="checkbox"/> Sport Utility Vehicle										<input type="checkbox"/> Other Vehicle (Code)	
<input type="checkbox"/> Limousine (7-8 W/Driver)										<input type="checkbox"/> Cargo Van	
<input type="checkbox"/> Limousine (9-15 W/Driver)										<input type="checkbox"/> Pickup	
<input type="checkbox"/> Motorized Bicycle										<input type="checkbox"/> Other Heavy Truck	
<input type="checkbox"/> Pedalcycle										<input type="checkbox"/> Unknown (Explain)	
<input type="checkbox"/> To / From School										<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	
<input type="checkbox"/> Small Bus (9-15 W/Driver)										<input type="checkbox"/> Single-unit Truck; 3 or more axles	
<input type="checkbox"/> Large Bus (16+ W/Driver)										<input type="checkbox"/> Veh. Pulling Another Unit(s)	
<input type="checkbox"/> School Bus										<input type="checkbox"/> Truck Tractor With No Units	
<input type="checkbox"/> Intercity										<input type="checkbox"/> Truck Tractor With One Unit	
<input type="checkbox"/> Transit / Commuter										<input type="checkbox"/> Truck Tractor With Two Units	
<input type="checkbox"/> Charter / Tour										<input type="checkbox"/> Truck Tractor With Three Units	
<input type="checkbox"/> Other										<input type="checkbox"/> GVW / GCWV RATING	
<input type="checkbox"/> 2 Wh										<input type="checkbox"/> (Not Licensed Weight)	
<input type="checkbox"/> 3 Wh										<input type="checkbox"/> (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)	
<input type="checkbox"/> 4 Wh										<input type="checkbox"/> Less than or equal to 10,000 lbs.	
<input type="checkbox"/> 5 Wh / More										<input type="checkbox"/> 10,001 - 26,000 lbs.	
<input type="checkbox"/> Unknown										<input type="checkbox"/> Greater than 26,000 lbs.	
<input type="checkbox"/> Unknown (Explain)										<input type="checkbox"/> Unknown	
EMERGENCY VEHICLE INVOLVEMENT										CONTRIBUTING TRAFFIC CONDITIONS	
<input checked="" type="checkbox"/> NA										<input checked="" type="checkbox"/> NA	
<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										ALCOHOL USE	
SEQUENCE OF EVENTS CODES										<input type="checkbox"/> Yes <input type="checkbox"/> Unk	
01 34										<input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES										DISTRACTED / INATTENTIVE CODE(S)	
<input type="checkbox"/> Vehicle Defects (Explain)										<input type="checkbox"/> NA	
<input type="checkbox"/> Speed - Exceeded Limit										<input type="checkbox"/> Object / Obstruction in Roadway	
<input type="checkbox"/> Too Fast For Conditions										<input checked="" type="checkbox"/> Distracted / Inattentive (Designate Type)	
<input type="checkbox"/> Violation Signal / Sign										<input type="checkbox"/> Unknown (Explain)	
<input type="checkbox"/> Failed To Yield										<input type="checkbox"/> Other (Explain)	
<input type="checkbox"/> Alcohol										<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S)	
<input type="checkbox"/> Drugs										<input type="checkbox"/> (See Codes in Section 8)	
<input type="checkbox"/> Vision Obstructed										03	
<input type="checkbox"/> Driver Fatigue / Asleep											
<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											
7E. WORK ZONE										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No	
TRAFFIC CONTROL										<input checked="" type="checkbox"/> NA	
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											
<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)											
OCCUPANTS - NAME (Last, First, MI)										DATE OF BIRTH	
7F.										MM-DD-YYYY	
ADDRESS (Street, City, State, Zip)										SEX	
										SEAT LOC	
										INJ	
										TRANS-PORT	
										EJEC-TION	
										AIR BAG	
										SAFETY DEVICES	
										PHONE NUMBER	
7G. COMMERCIAL MOTOR VEHICLE										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.	
<input checked="" type="checkbox"/> NA											
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
										<input type="checkbox"/> SAO	
COMMERCIAL / NON-COMMERCIAL										MC / MX / ICC NO.	
<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle										USDOT NO.	
<input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle											
CARGO BODY TYPE										HAZARDOUS MATERIAL NAME	
<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											



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 02 GIBSON, TIMOTHY (X) - 2997 KINCAID, ST LOUIS, MO, 63114										PHONE NUMBER									
DRIVER LICENSE / ID NUMBER N118035001		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 E <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA		<input type="checkbox"/> 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 [REDACTED]		SEX M	SEAT LOC FL	INJ 4	TRANS-PORT 2	EJEC-TION 2	AIR BAG 01	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY <input type="checkbox"/> Expired				PHONE NO. (Optional)		POLICY NUMBER <input type="checkbox"/> NA		<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle									
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input checked="" type="checkbox"/> SAD										PHONE NUMBER <input type="checkbox"/> SAD									
YEAR 1988		MAKE CHEVROLET		MODEL TRUCK				COLOR BROWN		VEH. TYPE 01		TOTAL NO. OF OCC. 1							
LICENSE - PLATE NO. 2FC 764		STATE MO		YEAR 2018		VIN 2 G C D C 1 4 H 5 J 1 1 9 5 6 8 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) INITIAL IMPACT NO: 21 [Diagram showing impact points 1-17]										TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA									
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																			
<table border="0"><tr><td><input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (&lt; 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</td><td><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</td><td><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</td><td><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)</td><td><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</td><td>GVW / GCWW 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</td></tr></table>														<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 / GCWW 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
<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 / GCWW 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 SEQUENCE OF EVENTS CODES 12 34 <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									
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None <table border="0"><tr><td><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</td><td><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</td><td><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</td><td><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</td><td><input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)</td><td>DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)</td></tr></table>														<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)
<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 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) <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 PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		4-DIGIT NO.		CLASS		HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAZARDOUS MATERIAL NAME							



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																	
7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 03 HANNEKE, JANET M - 4751 MUSIC LANE, ST LOUIS, MO, 63128												PHONE NUMBER (314) 303-0250					
DRIVER LICENSE / ID NUMBER N200169028		STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> NA		<input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Unknown		LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad		<input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)					
DATE OF BIRTH [REDACTED]		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"/> 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 STATE FARM						PHONE NO. (Optional)		POLICY NUMBER 390 8820 F20 25E		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle					
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] SAD												PHONE NUMBER <input checked="" type="checkbox"/> SAD					
YEAR 2001		MAKE JEEP		MODEL GRAND CHEROKEE				COLOR RED		VEH. TYPE 01		TOTAL NO. OF OCC. 1					
LICENSE - PLATE NO. KEO P5Z		STATE MO		YEAR 2015		VIN 1 J 4 G X 4 8 S 3 1 C 5 4 8 7 4 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) INITIAL IMPACT NO: 2 1 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 8															TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA		
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) (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) SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 12 34																	
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																	
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus 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 checked="" type="checkbox"/> Unknown																	
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH 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) [REDACTED] SAO												PHONE NUMBER [REDACTED] SAO					
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <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					



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

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)									
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object				
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV				
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle 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

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

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

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

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

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

VEHICLE # 3 WAS STOPPED IN TRAFFIC WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE # 2.

VEHICLE # 2 WAS STOPPED IN TRAFFIC WHEN HE WAS STRUCK FROM BEHIND BY VEHICLE # 1. THIS COLLISION PUSHED HIS VEHICLE INTO THE REAR OF VEHICLE # 3.

DRIVER # 1 STATED HE WAS SOUTHBOUND ON US 61 AND WENT TO ADJUST HIS RADIO IN HIS VEHICLE. AFTER ADJUSTING HIS RADIO HE BROUGHT HIS ATTENTION BACK TO THE ROADWAY AT WHICH TIME HE NOTICED VEHICLE # 2 STOPPED IN TRAFFIC. DRIVER # 1 COULD NOT STOP IN TIME TO AVOID COLLIDING WITH VEHICLE # 2.

DRIVER # 2 COMPLAINED OF HEAD AND NECK PAIN. HE WAS TRANSPORTED TO THE HOSPITAL BY KIRKWOOD EMS. HIS VEHICLE WAS RELEASED TO HIS REPORTED BOSS, JACKSON SIEBER.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PATTERSON, JIMMIE	DSN / BADGE NO. 00312	BEAT / ZONE 4801	TROOP / DISTRICT / PRECINCT 1ST
REVIEWING OFFICER NAME ALDERMAN, ANDY	DSN / BADGE NO. 00334	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.



## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 06

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0954300 KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122											
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 NO. KILLED <input type="checkbox"/> 1 0		REPORT / CASE / INCIDENT NUMBER 14-3637					
NO. VEH. INV. 3		CRASH DATE 12/29/2014		CRASH TIME (MIL.) 2122		NOTIFIED DATE 12/29/2014		TIME NOTIFIED (MIL.) 2123		INVESTIGATION DATE 12/29/2014		TIME ARRIVED (MIL.) 2128		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 / GCWR 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 095-ST. LOUIS COUNTY		MUNICIPALITY 1330-KIRKWOOD		BEAT / ZONE 1ST		TRP/DIST/PCT 1ST		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 35 20.327 LONG: W -90 24 22.85							
ON US 61		RDWY. DIR. South		DISTANCE FROM 30 Feet Miles		LOCATION <input type="checkbox"/> After <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CST ESSEX							
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 25		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 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 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)

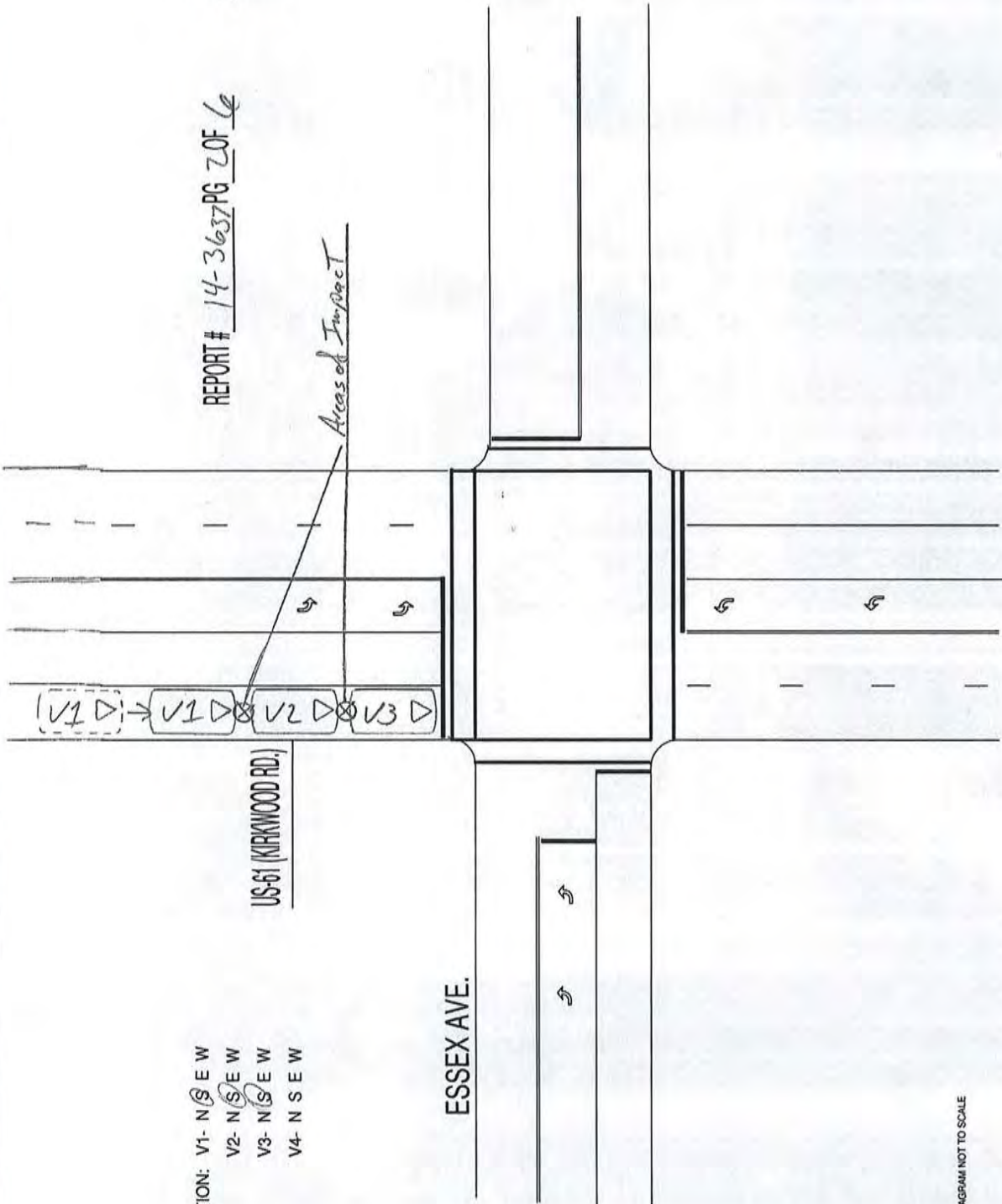
V1 N S W U V2 N S W U V3 N S W U V4 N S W U V5 N S W U V6 N S W U

INDICATE  
NORTH



REPORT # 14-3637 PG 2 OF 6

Areas of Impact



US-61 (KIRKWOOD RD.)

ESSEX AVE.

DIRECTION: V1- N S E W  
V2- N S E W  
V3- N S E W  
V4- N S E W

DIAGRAM NOT TO SCALE

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 TARLAS, DANIEL G - 27 OLD WESTBURY LN, ST LOUIS, MO, 63119										PHONE NUMBER 3149685010																																																			
DRIVER LICENSE / ID NUMBER X204193021		STATE MO		LIC STATUS <input type="checkbox"/> Valid <input type="checkbox"/> Expired <input checked="" 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"/> Unknown (Explain) <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> NA <input type="checkbox"/> Intern / Grad		MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)																																																					
DATE OF BIRTH [REDACTED]		SEX M	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"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain) <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY <input type="checkbox"/> Expired BANKERS STANDARD INS				PHONE NO. (Optional) 800-945-7461		POLICY NUMBER <input type="checkbox"/> NA 268037777A		<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 TARLAS, DANIEL - 27 OLD WESTBURY, WEBSTER GROVES, MO, 63119										PHONE NUMBER <input type="checkbox"/> SAD																																																			
YEAR 2007		MAKE CHEVROLET		MODEL TAHOE				COLOR TAN	VEH. TYPE 01	TOTAL NO. OF OCC. 1																																																			
LICENSE - PLATE NO. DE9A0Z		STATE MO		YEAR 2015		VIN 1GNFK13027R199023				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																																																											
INITIAL IMPACT NO: <input type="checkbox"/> NA 1		15		16		17		18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit		TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																																			
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																																																													
<table border="0" style="width:100%;"><tr><td><input type="checkbox"/> Passenger Car</td><td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td><td><input type="checkbox"/> Motorcycle</td><td><input type="checkbox"/> Motor Home</td><td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td><td rowspan="5">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</td></tr><tr><td><input type="checkbox"/> Van (&lt; 9 W/Driver)</td><td><input type="checkbox"/> Large Bus (16+ W/Driver)</td><td><input type="checkbox"/> ATV</td><td><input type="checkbox"/> Farm Implements</td><td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td></tr><tr><td><input type="checkbox"/> Passenger Van (9+ W/Driver)</td><td><input type="checkbox"/> School Bus</td><td><input type="checkbox"/> 2 Wh</td><td><input type="checkbox"/> Construction Equip. Heavy Mach.</td><td><input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)</td></tr><tr><td><input checked="" type="checkbox"/> Sport Utility Vehicle</td><td><input type="checkbox"/> Intercity</td><td><input type="checkbox"/> 3 Wh</td><td><input type="checkbox"/> Other Vehicle (Code) _____</td><td><input type="checkbox"/> Truck Tractor With No Units</td></tr><tr><td><input type="checkbox"/> Limousine (7-8 W/Driver)</td><td><input type="checkbox"/> Transit / Commuter</td><td><input type="checkbox"/> 4 Wh</td><td><input type="checkbox"/> Cargo Van</td><td><input type="checkbox"/> Truck Tractor With One Unit</td></tr><tr><td><input type="checkbox"/> Limousine (9-15 W/Driver)</td><td><input type="checkbox"/> Charter / Tour</td><td><input type="checkbox"/> 5 Wh / More</td><td><input type="checkbox"/> Pickup</td><td><input type="checkbox"/> Truck Tractor With Two Units</td><td></td></tr><tr><td><input type="checkbox"/> Motorized Bicycle</td><td><input type="checkbox"/> Other</td><td><input type="checkbox"/> Unknown</td><td><input type="checkbox"/> Other Heavy Truck</td><td><input type="checkbox"/> Truck Tractor With Three Units</td><td></td></tr><tr><td><input type="checkbox"/> Pedalcycle</td><td></td><td></td><td><input type="checkbox"/> Unknown (Explain)</td><td></td><td></td></tr><tr><td><input type="checkbox"/> To / From School</td><td></td><td></td><td></td><td></td><td></td></tr></table>												<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / 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	<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	<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"/> 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"/> 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"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With Two Units		<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					
<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 / 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																																																								
<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																																																									
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<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)																																																										
<input type="checkbox"/> To / From School																																																													
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> B. Stationary With Emergency Equip. Activated						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)																																																													
SEQUENCE OF EVENTS CODES: <input type="checkbox"/> Unknown 12 01 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 type="checkbox"/> None																																																													
<table border="0" style="width:100%;"><tr><td><input type="checkbox"/> Vehicle Defects (Explain)</td><td><input type="checkbox"/> Vision Obstructed</td><td><input type="checkbox"/> Failed To Dim Headlights</td><td><input type="checkbox"/> Improper Towing / Pushing</td><td><input type="checkbox"/> Object / Obstruction in Roadway</td></tr><tr><td><input type="checkbox"/> Speed - Exceeded Limit</td><td><input type="checkbox"/> Driver Fatigue / Asleep</td><td><input type="checkbox"/> Failed To Use Lights</td><td><input type="checkbox"/> Improperly Stopped On Roadway</td><td><input type="checkbox"/> Distracted / Inattentive (Designate Type)</td></tr><tr><td><input type="checkbox"/> Too Fast For Conditions</td><td><input type="checkbox"/> Improper Signal</td><td><input type="checkbox"/> Following Too Close</td><td><input type="checkbox"/> Improper Lane Usage / Change</td><td><input type="checkbox"/> Unknown (Explain)</td></tr><tr><td><input type="checkbox"/> Violation Signal / Sign</td><td><input type="checkbox"/> Improper Backing</td><td><input type="checkbox"/> Wrong Side (Not Passing)</td><td><input type="checkbox"/> Overcorrected</td><td><input checked="" type="checkbox"/> Other (Explain)</td></tr><tr><td><input type="checkbox"/> Failed To Yield</td><td><input type="checkbox"/> Improper Turn</td><td><input type="checkbox"/> Wrong Side (One-Way)</td><td><input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior</td><td rowspan="3">DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)</td></tr><tr><td><input type="checkbox"/> Alcohol</td><td><input type="checkbox"/> Improper Passing</td><td><input type="checkbox"/> Physical Impairment (Explain)</td><td><input type="checkbox"/> Failed To Secure Load / Improper Loading</td></tr><tr><td><input type="checkbox"/> Drugs</td><td><input type="checkbox"/> Improperly Parked</td><td><input type="checkbox"/> Improper Start From Park</td><td><input type="checkbox"/> Animal(s) In Roadway</td></tr></table>												<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input checked="" type="checkbox"/> Other (Explain)	<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway																	
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway																																																									
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<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input checked="" 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 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) <input type="checkbox"/> SAO										PHONE NUMBER <input type="checkbox"/> SAO																																																			
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <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																																																			



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 02 NGUYEN, THUY - 4405 GRACE AVE, ST LOUIS, MO, 63116										PHONE NUMBER 3146304184					
DRIVER LICENSE / ID NUMBER X200256009		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"/> Intern / 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 [REDACTED]		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 AAA				PHONE NO. (Optional) 8777363922		POLICY NUMBER A47344321		<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 checked="" type="checkbox"/> SAD										PHONE NUMBER <input checked="" type="checkbox"/> SAD					
YEAR 2012		MAKE TOYOTA		MODEL COROLLA				COLOR RED		VEH. TYPE 01		TOTAL NO. OF OCC. 1			
LICENSE - PLATE NO. R295639		STATE IL		YEAR 2015		VIN 5 Y F B U 4 E E 4 C P 0 5 4 8 1 1				TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage						TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA									
INITIAL IMPACT NO: <input type="checkbox"/> NA 8						D & L TOWING INC - Phone#: 636-946-4700 825 MARSHALL ROAD VALLEY PARK, MO 63088									
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 SEQUENCE OF EVENTS CODES 12 34 01 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 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 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)															
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 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, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 03 SCHWARZE, JOHN D - 1177 CLAYTON PLACE, TOWN & COUNTRY, MO, 63131										PHONE NUMBER 3149973371																			
DRIVER LICENSE / ID NUMBER Z147007003		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"/> 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"/> Interm / Grad <input type="checkbox"/> NA		MC ENDORSEMENT <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 [REDACTED]		SEX M		SEAT LOC FL		INJ 5		TRANS-PORT 1		EJEC-TION 2		AIR BAG 03		SAFETY DEVICES 05		VISION OBSTRUCTED <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> 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 LIBERTY MUTUAL				PHONE NO. (Optional) 8002252467				POLICY NUMBER A052481141014045				<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 SCHWARZE, DANIEL J - 1177 CLAYTON PL DR, ST LOUIS, MO, 63131										PHONE NUMBER <input checked="" type="checkbox"/> SAD																			
YEAR 1997		MAKE MERCURY		MODEL MOUNTAINEER SPORT UTILIT				COLOR GREEN		VEH. TYPE 01		TOTAL NO. OF OCC. 2																	
LICENSE - PLATE NO. KE8G0P		STATE MO		YEAR 2015		VIN 4 M 2 D U 5 5 P 5 V U J 0 3 4 5 1				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) 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) <input type="checkbox"/> NA 8										TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																			
VEHICLE BODY TYPES - Automobiles / Specially 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) (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) SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 12 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"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs										<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked				<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park				<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway				<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)							
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										TRAFFIC CONTROL <input 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 M		SEAT LOC FR		INJ 5		TRANS-PORT 1		EJEC-TION 2		AIR BAG 03		SAFETY DEVICES 05		PHONE NUMBER			
CHRISMER, DYLAN 425 S LINDBERGH, ST LOUIS, MO 63131										08/24/1997														3145704184					
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"/> 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 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	<table><tr><td>FR</td><td>SR</td><td>TR</td></tr><tr><td>FC</td><td>SC</td><td>TC</td></tr><tr><td>FL</td><td>SL</td><td>TL</td></tr></table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES		
		FR	SR	TR													
		FC	SC	TC													
		FL	SL	TL													
		1. Fatal	(For Medical Treatment)	1. NA	1. None / NA	9. Deployed -	1. None	10. Booster Seat									
2. Disabling		2. No	3. Not Deployed	Combination	2. Not Used	11. Child Restraint - Forward Facing											
3. Evident -		3. Partially	4. Removed	10. Deployment	3. Shoulder Belt Only	12. Child Restraint - Rear Facing											
Not Disabling		4. Totally	5. Deployed - Front	Unknown	4. Lap Belt Only	13. Other Helmet											
4. Probable -		U. Unknown	6. Deployed - Side	U. Air Bag Presence	5. Shoulder and Lap Belt	14. Reflective Clothing											
Not Apparent		N. NA	7. Deployed - Curtain	Unknown	7. DOT Compliant	15. Other											
5. None Apparent			8. Deployed - Other		MC Helmet	U. Use Unknown											
U. Unknown			(Knee, Air Belt, etc.)		8. No Helmet	N. Not Applicable											
N. NA																	

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					

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 HE WAS SOUTH ON US 61 IN THE RIGHT HAND LANE, STOPPED AT THE RED ELECTRIC SIGNAL AT ESSEX. HE STATED VEHICLES #2 AND #3 BEGAN TO GO AFTER THE ELECTRIC SIGNAL TURNED GREEN, AND FOR SOME REASON THEY STOPPED AND HE STRUCK VEHICLE #2, WHICH IN TURN MOVED FORWARD AND STRUCK VEHICLE #3.

DRIVER OF VEHICLE #1 STATED HE WAS NOT INJURED AND REFUSED MEDICAL ATTENTION.

DRIVER OF VEHICLE #2 STATED SHE WAS SOUTH ON US 61 IN THE RIGHT HAND LANE, STOPPED AT THE RED ELECTRIC SIGNAL AT ESSEX. SHE STATED VEHICLE #1 STRUCK HER FROM BEHIND AND SHE WAS PUSHED INTO AND STRUCK VEHICLE #3. DRIVER #2 STATED THE ELECTRIC SIGNAL WAS RED AND NEVER TURNED GREEN IN HER FAVOR WHEN THE CRASH OCCURRED.

DRIVER OF VEHICLE #2 STATED HER LEFT SHOULDER HURT. KIRKWOOD EMS 1517 RESPONDED PER RUN #14-3956 AND TRANSPORTED DRIVER #2 TO DES PERES HOSPITAL FOR TREATMENT.

DRIVER OF VEHICLE #3 STATED HE WAS SOUTH ON US 61 IN THE RIGHT HAND LANE, STOPPED AT THE RED ELECTRIC SIGNAL AT ESSEX. HE STATED HE OBSERVED IN HIS REAR VIEW MIRROR VEHICLE #1 APPROACH AND STRIKE VEHICLE #2, WHICH WAS PUSHED FORWARD, CAUSING VEHICLE #2 TO STRIKE HIS VEHICLE. DRIVER OF VEHICLE #3 STATED THE ELECTRIC SIGNAL WAS RED AT THE TIME THE CRASH OCCURRED.

PASSENGER OF VEHICLE #3 STATED THEY WERE STRUCK FROM BEHIND BY VEHICLE #2. HE HAD NOTHING FURTHER TO ADD TO THE INVESTIGATION.

DRIVER AND PASSENGER OF VEHICLE #3 STATED THEY WERE NOT INJURED AND REFUSED MEDICAL ATTENTION OFFERED TO THEM.

10. REPORTING AND REVIEWING OFFICER INFORMATION									
REPORTING OFFICER NAME VESELSKY, JOSEPH				DSN / BADGE NO. 00357		BEAT / ZONE 1ST		TROOP / DISTRICT / PRECINCT 1ST	
REVIEWING OFFICER NAME WILSON, MIKE				DSN / BADGE NO. 00271		REVIEWING OFFICER 2 NAME			DSN / BADGE NO.



## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 06

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0954300 KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122													
SPACE USED FOR BARCODE																	
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 1		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION 1		PROPERTY DAMAGE ONLY 0		NO. INJURED 0		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 15-3045			
NO. VEH. INV. 3		CRASH DATE 11/19/2015		CRASH TIME (MIL.) 0935		NOTIFIED DATE 11/19/2015		TIME NOTIFIED (MIL.) 0940		INVESTIGATION DATE 11/19/2015		TIME ARRIVED (MIL.) 0942		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 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 / GCWR 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 095-ST. LOUIS COUNTY		MUNICIPALITY 1330-KIRKWOOD		BEAT / ZONE 1ST		TRP/DIST/PCT 1ST		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 35 14.9 LONG: W -90 24 22.6									
ON US 61		RDWY. DIR. South		DISTANCE FROM 30 Feet		LOCATION <input type="checkbox"/> After <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CST BODLEY AVE									
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 25		INT. DIR. W		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"/> 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 type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative																	
NAME		ADDRESS (Street, City, State, Zip)										PHONE NUMBER					
RIDGEWAY, ROBERT		2541 UNION ROAD, SAINT LOUIS, MO, 63125										314-277-9613					
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 NESWU V2 NESWU V3 NESWU V4 NESWU V5 NESWU V6 NESWU

INDICATE  
NORTH

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6. COLLISION  
DIAGRAM

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

V1 NESWU V2 NESWU V3 NESWU V4 NESWU V5 NESWU V6 NESWU

INDICATE  
NORTH



AREAS OF IMPACT

U.S. 61 (Kirkwood Rd)

BIDLEY

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																
7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 KREHER, MADISON L - 16040 AUTUMN OAKS CIRCLE, BALLWIN, MO, 63021												PHONE NUMBER 636-222-3731				
DRIVER LICENSE / ID NUMBER Y149291003		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"/> 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		<input checked="" type="checkbox"/> 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 [REDACTED]		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"/> 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				PHONE NO. (Optional) 1-800-841-3000		POLICY NUMBER 4321625552		<input type="checkbox"/> NA		<input checked="" type="checkbox"/> Driver Vehicle				
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD KREHER, DANIEL E & - 16040 AUTUMN OAKS CIRCLE, ELLISVILLE, MO, 63021												PHONE NUMBER <input type="checkbox"/> SAD				
YEAR 2014		MAKE HYUNDAI		MODEL HYUNDAI TUCSON (LL)				COLOR WHITE		VEH. TYPE 01		TOTAL NO. OF OCC. 1				
LICENSE - PLATE NO. FL2K0R		STATE MO		YEAR 2016		VIN K M 8 J T C A F 2 E U 8 2 9 8 6 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) INITIAL IMPACT NO: ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿				<input type="checkbox"/> None / No Damage				TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA								
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 axes, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axes <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 / GCWW 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) SEQUENCE OF EVENTS CODES 01 08 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"/> 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 checked="" 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 type="checkbox"/> NA (See Codes in Section 8) 15																
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) <input type="checkbox"/> SAO												PHONE NUMBER <input type="checkbox"/> SAO				
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <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						



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS														
7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 02 THOMPSON, DENNIS R - 18 E. GLENWOOD LN, KIRKWOOD, MO, 63122												PHONE NUMBER 314-6091075		
DRIVER LICENSE / ID NUMBER J147194006		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"/> 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 checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)				
DATE OF BIRTH [REDACTED]		SEX M	SEAT LOC FL	INJ 4	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"/> 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 NATIONAL UNION FIRE INS CO				PHONE NO. (Optional) 877-399-6442		POLICY NUMBER CA6579497		<input type="checkbox"/> NA		<input checked="" type="checkbox"/> Driver Vehicle <input type="checkbox"/> SAD		
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD WHEELS, LT C/O DEER - 18 E GLENWOOD LN, ST LOUIS, MO, 63122												PHONE NUMBER <input type="checkbox"/> SAD		
YEAR 2015		MAKE FORD		MODEL TAURUS INCLD. GL G L S				COLOR BLACK		VEH. TYPE 01		TOTAL NO. OF OCC. 1		
LICENSE - PLATE NO. UK8M8D		STATE MO		YEAR 2016		VIN 1 F A H P 2 E 8 7 F G 1 2 6 4 0 4				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) INITIAL IMPACT NO: 8						TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA								
						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"/> 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 axes, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axes <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) SEQUENCE OF EVENTS CODES 12 34 01 34 <input type="checkbox"/> Unknown ANIMAL CODE(S) <input type="checkbox"/> FIXED OBJECT CODE(S) <input type="checkbox"/> 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 <input type="checkbox"/> 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 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 checked="" type="checkbox"/> Unknown														
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"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> MC / MX / ICC NO. <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle												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		



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 03 COBB, KELLI M - 10402 LEITRIM DR, ST LOUIS, MO, 63123										PHONE NUMBER 314-809-9831		
DRIVER LICENSE / ID NUMBER K114320006		STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Expired <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		MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)		
DATE OF BIRTH [REDACTED]		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		Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain)	
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY STATE FARM				PHONE NO. (Optional)		POLICY NUMBER 165 1603-B25-25C		<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 2013		MAKE CHEVROLET		MODEL EQUINOX (INCLD)				COLOR GRAY		VEH. TYPE 01	TOTAL NO. OF OCC. 1	
LICENSE - PLATE NO. KK9C6F		STATE MO		YEAR 2016		VIN 2 G N A L B E K 4 D 6 3 5 6 5 0 6				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) INITIAL IMPACT NO: 8 None / No Damage 2 - 15 3 - 16 4 - 17 5 - 18 6 - 19 7 - 20 8 - 21 9 - 22 10 - 23 11 - 24 12 - 25 13 - 26 14 - 27 15 - 28 16 - 29 17 - 30 18 - 31 19 - 32 20 - 33 21 - 34 22 - 35 23 - 36 24 - 37 25 - 38 26 - 39 27 - 40 28 - 41 29 - 42 30 - 43 31 - 44 32 - 45 33 - 46 34 - 47 35 - 48 36 - 49 37 - 50 38 - 51 39 - 52 40 - 53 41 - 54 42 - 55 43 - 56 44 - 57 45 - 58 46 - 59 47 - 60 48 - 61 49 - 62 50 - 63 51 - 64 52 - 65 53 - 66 54 - 67 55 - 68 56 - 69 57 - 70 58 - 71 59 - 72 60 - 73 61 - 74 62 - 75 63 - 76 64 - 77 65 - 78 66 - 79 67 - 80 68 - 81 69 - 82 70 - 83 71 - 84 72 - 85 73 - 86 74 - 87 75 - 88 76 - 89 77 - 90 78 - 91 79 - 92 80 - 93 81 - 94 82 - 95 83 - 96 84 - 97 85 - 98 86 - 99 87 - 100 88 - 101 89 - 102 90 - 103 91 - 104 92 - 105 93 - 106 94 - 107 95 - 108 96 - 109 97 - 110 98 - 111 99 - 112 100 - 113 101 - 114 102 - 115 103 - 116 104 - 117 105 - 118 106 - 119 107 - 120 108 - 121 109 - 122 110 - 123 111 - 124 112 - 125 113 - 126 114 - 127 115 - 128 116 - 129 117 - 130 118 - 131 119 - 132 120 - 133 121 - 134 122 - 135 123 - 136 124 - 137 125 - 138 126 - 139 127 - 140 128 - 141 129 - 142 130 - 143 131 - 144 132 - 145 133 - 146 134 - 147 135 - 148 136 - 149 137 - 150 138 - 151 139 - 152 140 - 153 141 - 154 142 - 155 143 - 156 144 - 157 145 - 158 146 - 159 147 - 160 148 - 161 149 - 162 150 - 163 151 - 164 152 - 165 153 - 166 154 - 167 155 - 168 156 - 169 157 - 170 158 - 171 159 - 172 160 - 173 161 - 174 162 - 175 163 - 176 164 - 177 165 - 178 166 - 179 167 - 180 168 - 181 169 - 182 170 - 183 171 - 184 172 - 185 173 - 186 174 - 187 175 - 188 176 - 189 177 - 190 178 - 191 179 - 192 180 - 193 181 - 194 182 - 195 183 - 196 184 - 197 185 - 198 186 - 199 187 - 200 188 - 201 189 - 202 190 - 203 191 - 204 192 - 205 193 - 206 194 - 207 195 - 208 196 - 209 197 - 210 198 - 211 199 - 212 200 - 213 201 - 214 202 - 215 203 - 216 204 - 217 205 - 218 206 - 219 207 - 220 208 - 221 209 - 222 210 - 223 211 - 224 212 - 225 213 - 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626 614 - 627 615 - 628 616 - 629 617 - 630 618 - 631 619 - 632 620 - 633 621 - 634 622 - 635 623 - 636 624 - 637 625 - 638 626 - 639 627 - 640 628 - 641 629 - 642 630 - 643 631 - 644 632 - 645 633 - 646 634 - 647 635 - 648 636 - 649 637 - 650 638 - 651 639 - 652 640 - 653 641 - 654 642 - 655 643 - 656 644 - 657 645 - 658 646 - 659 647 - 660 648 - 661 649 - 662 650 - 663 651 - 664 652 - 665 653 - 666 654 - 667 655 - 668 656 - 669 657 - 670 658 - 671 659 - 672 660 - 673 661 - 674 662 - 675 663 - 676 664 - 677 665 - 678 666 - 679 667 - 680 668 - 681 669 - 682 670 - 683 671 - 684 672 - 685 673 - 686 674 - 687 675 - 688 676 - 689 677 - 690 678 - 691 679 - 692 680 - 693 681 - 694 682 - 695 683 - 696 684 - 697 685 - 698 686 - 699 687 - 700 688 - 701 689 - 702 690 - 703 691 - 704 692 - 705 693 - 706 694 - 707 695 - 708 696 - 709 697 - 710 698 - 711 699 - 712 700 - 713 701 - 714 702 - 715 703 - 716 704 - 717 705 - 718 706 - 719 707 - 720 708 - 721 709 - 722 710 - 723 711 - 724 712 - 725 713 - 726 714 - 727 715 - 728 716 - 729 717 - 730 718 - 731 719 - 732 720 - 733 721 - 734 722 - 735 723 - 736 724 - 737 725 - 738 726 - 739 727 - 740 728 - 741 729 - 742 730 - 743 731 - 744 732 - 745 733 - 746 734 - 747 735 - 748 736 - 749 737 - 750 738 - 751 739 - 752 740 - 753 741 - 754 742 - 755 743 - 756 744 - 757 745 - 758 746 - 759 747 - 760 748 - 761 749 - 762 750 - 763 751 - 764 752 - 765 753 - 766 754 - 767 755 - 768 756 - 769 757 - 770 758 - 771 759 - 772 760 - 773 761 - 774 762 - 775 763 - 776 764 - 777 765 - 778 766 - 779 767 - 780 768 - 781 769 - 782 770 - 783 771 - 784 772 - 785 773 - 786 774 - 787 775 - 788 776 - 789 777 - 790 778 - 791 779 - 792 780 - 793 781 - 794 782 - 795 783 - 796 784 - 797 785 - 798 786 - 799 787 - 800 788 - 801 789 - 802 790 - 803 791 - 804 792 - 805 793 - 806 794 - 807 795 - 808 796 - 809 797 - 810 798 - 811 799 - 812 800 - 813 801 - 814 802 - 815 803 - 816 804 - 817 805 - 818 806 - 819 807 - 820 808 - 821 809 - 822 810 - 823 811 - 824 812 - 825 813 - 826 814 - 827 815 - 828 816 - 829 817 - 830 818 - 831 819 - 832 820 - 833 821 - 834 822 - 835 823 - 836 824 - 837 825 - 838 826 - 839 827 - 840 828 - 841 829 - 842 830 - 843 831 - 844 832 - 845 833 - 846 834 - 847 835 - 848 836 - 849 837 - 850 838 - 851 839 - 852 840 - 853 841 - 854 842 - 855 843 - 856 844 - 857 845 - 858 846 - 859 847 - 860 848 - 861 849 - 862 850 - 863 851 - 864 852 - 865 853 - 866 854 - 867 855 - 868 856 - 869 857 - 870 858 - 871 859 - 872 860 - 873 861 - 874 862 - 875 863 - 876 864 - 877 865 - 878 866 - 879 867 - 880 868 - 881 869 - 882 870 - 883 871 - 884 872 - 885 873 - 886 874 - 887 875 - 888 876 - 889 877 - 890 878 - 891 879 - 892 880 - 893 881 - 894 882 - 895 883 - 896 884 - 897 885 - 898 886 - 899 887 - 900 888 - 901 889 - 902 890 - 903 891 - 904 892 - 905 893 - 906 894 - 907 895 - 908 896 - 909 897 - 910 898 - 911 899 - 912 900 - 913 901 - 914 902 - 915 903 - 916 904 - 917 905 - 918 906 - 919 907 - 920 908 - 921 909 - 922 910 - 923 911 - 924 912 - 925 913 - 926 914 - 927 915 - 928 916 - 929 917 - 930 918 - 931 919 - 932 920 - 933 921 - 934 922 - 935 923 - 936 924 - 937 925 - 938 926 - 939 927 - 940 928 - 941 929 - 942 930 - 943 931 - 944 932 - 945 933 - 946 934 - 947 935 - 948 936 - 949 937 - 950 938 - 951 939 - 952 940 - 953 941 - 954 942 - 955 943 - 956 944 - 957 945 - 958 946 - 959 947 - 960 948 - 961 949 - 962 950 - 963 951 - 964 952 - 965 953 - 966 954 - 967 955 - 968 956 - 969 957 - 970 958 - 971 959 - 972 960 - 973 961 - 974 962 - 975 963 - 976 964 - 977 965 - 978 966 - 979 967 - 980 968 - 981 969 - 982 970 - 983 971 - 984 972 - 985 973 - 986 974 - 987 975 - 988 976 - 989 977 - 990 978 - 991 979 - 992 980 - 993 981 - 994 982 - 995 983 - 996 984 - 997 985 - 998 986 - 999 987 - 1000 988 - 1001 989 - 1002 990 - 1003 991 - 1004 992 - 1005 993 - 1006 994 - 1007 995 - 1008 996 - 1009 997 - 1010 998 - 1011 999 - 1012 1000 - 1013 1001 - 1014 1002 - 1015 1003 - 1016 1004 - 1017 1005 - 1018 1006 - 1019 1007 - 1020 1008 - 1021 1009 - 1022 1010 - 1023 1011 - 1024 1012 - 1025 1013 - 1026 1014 - 1027 1015 - 1028 1016 - 1029 1017 - 1030 1018 - 1031 1019 - 1032 1020 - 1033 1021 - 1034 1022 - 1035 1023 - 1036 1024 - 1037 1025 - 1038 1026 - 1039 1027 - 1040 1028 - 1041 1029 - 1042 1030 - 1043 1031 - 1044 1032 - 1045 1033 - 1046 1034 - 1047 1035 - 1048 1036 - 1049 1037 - 1050 1038 - 1051 1039 - 1052 1040 - 1053 1041 - 1054 1042 - 1055 1043 - 1056 1044 - 1057 1045 - 1058 1046 - 1059 1047 - 1060 1048 - 1061 1049 - 1062 1050 - 1063 1051 - 1064 1052 - 1065 1053 - 1066 1054 - 1067 1055 - 1068 1056 - 1069 1057 - 1070 1058 - 1071 1059 - 1072 1060 - 1073 1061 - 1074 1062 - 1075 1063 - 1076 1064 - 1077 1065 - 1078 1066 - 1079 1067 - 1080 1068 - 1081 1069 - 1082 1070 - 1083 1071 - 1084 1072 - 1085 1073 - 1086 1074 - 1087 1075 - 1088 1076 - 1089 1077 - 1090 1078 - 1091 1079 - 1092 1080 - 1093 1081 - 1094 1082 - 1095 1083 - 1096 1084 - 1097 1085 - 1098 1086 - 1099 1087 - 1100 1088 - 1101 1089 - 1102 1090 - 1103 1091 - 1104 1092 - 1105 1093 - 1106 1094 - 1107 1095 - 1108 1096 - 1109 1097 - 1110 1098 - 1111 1099 - 1112 1100 - 1113 1101 - 1114 1102 - 1115 1103 - 1116 1104 - 1117 1105 - 1118 1106 - 1119 1107 - 1120 1108 - 1121 1109 - 1122 1110 - 1123 1111 - 1124 1112 - 1125 1113 - 1126 1114 - 1127 1115 - 1128 1116 - 1129 1117 - 1130 1118 - 1131 1119 - 1132 1120 - 1133 1121 - 1134 1122 - 1135 1123 - 1136 1124 - 1137 1125 - 1138 1126 - 1139 1127 - 1140 1128 - 1141 1129 - 1142 1130 - 1143 1131 - 1144 1132 - 1145 1133 - 1146 1134 - 1147 1135 - 1148 1136 - 1149 1137 - 1150 1138 - 1151 1139 - 1152 1140 - 1153 1141 - 1154 1142 - 1155 1143 - 1156 1144 - 1157 1145 - 1158 1146 - 1159 1147 - 1160 1148 - 1161 1149 - 1162 1150 - 1163 1151 - 1164 1152 - 1165 1153 - 1166 1154 - 1167 1155 - 1168 1156 - 1169 1157 - 1170 1158 - 1171 1159 - 1172 1160 - 1173 1161 - 1174 1162 - 1175 1163 - 1176 1164 - 1177 1165 - 1178 1166 - 1179 1167 - 1180 1168 - 1181 1169 - 1182 1170 - 1183 1171 - 1184 1172 - 1185 1173 - 1186 1174 - 1187 1175 - 1188 1176 - 1189 1177 - 1190 1178 - 1191 1179 - 1192 1180 - 1193 1181 - 1194 1182 - 1195 1183 - 1196 1184 - 1197 1185 - 1198 1186 - 1199 1187 - 1200 1188 - 1201 1189 - 1202 1190 - 1203 1191 - 1204 1192 - 1205 1193 - 1206 1194 - 1207 1195 - 1208 1196 - 1209 1197 - 1210 1198 - 1211 1199 - 1212 1200 - 1213 1201 - 1214 1202 - 1215 1203 - 1216 1204 - 1217 1205 - 1218 1206 - 1219 1207 - 1220 1208 - 1221 1209 - 1222 1210 - 1223 1211 - 1224 1212 - 1225 1213 - 1226 1214 - 1227 1215 - 1228 1216 -												

## 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	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 3 HAD REAR BUMPER DAMAGE. VEHICLE 2 HAD FRONT AND REAR BUMPER DAMAGE AS WELL AS DAMAGED TO THE REAR TRUNK LID AND QUARTER PANELS. VEHICLE 1 HAD DAMAGE TO THE FRONT BUMPER, HOOD, AND FRONT QUARTER PANELS.

DRIVER 1 STATED SHE WAS SOUTHBOUND ON U.S. 61 (KIRKWOOD ROAD) LOOKING DOWN AT HER CENTER CONSOLE. DRIVER 1 STATED WHEN SHE LOOKED UP SHE SAW VEHICLE 2, WHICH WAS SOUTHBOUND ON U.S. 61, STOPPED IN FRONT OF HER. DRIVER 1 STATED SHE ATTEMPTED TO STOP BUT WAS NOT ABLE TO IN TIME TO AVOID A COLLISION. VEHICLE 1 REAR ENDED VEHICLE 2.

DRIVER 2 STATED HE WAS STOPPED IN TRAFFIC ON SOUTHBOUND U.S. 61 WHEN VEHICLE 1, WHICH WAS SOUTHBOUND ON U.S. 61 REAR ENDED VEHICLE 2. THE FORCE OF THE COLLISION FORCED VEHICLE 2 FORWARD. VEHICLE 2 REAR ENDED VEHICLE 3.

DRIVER 3 STATED SHE WAS STOPPED IN TRAFFIC ON SOUTHBOUND U.S. 61 AT BODLEY AVENUE, WHEN VEHICLE 2 REAR ENDED VEHICLE 3.

THE WITNESS WAS SOUTHBOUND ON THE SIDEWALK ON THE EAST SIDE OF U.S. 61 AND SAW VEHICLE'S 2 AND 3 STOPPED IN TRAFFIC AND SAW VEHICLE 1 REAR END VEHICLE 2.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OBRIEN, THOMAS	DSN / BADGE NO. 00302	BEAT / ZONE 1ST	TROOP / DISTRICT / PRECINCT 1ST
REVIEWING OFFICER NAME URBECK, STEVE	DSN / BADGE NO. 00245	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.



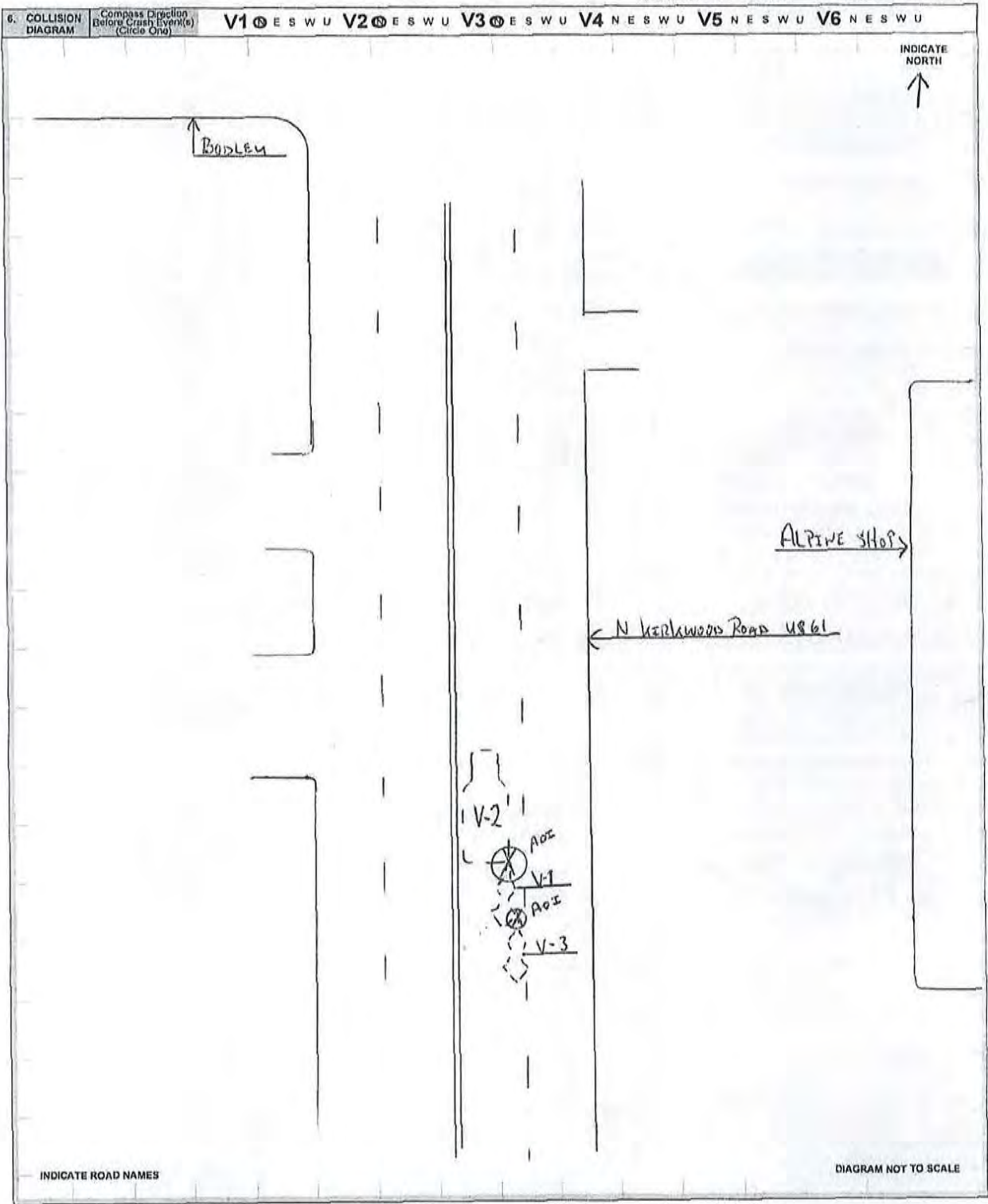
## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 06

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0954300 KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122											
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 14-815	
NO. VEH. INV. 3		CRASH DATE 04/06/2014		CRASH TIME (MIL.) 1525		NOTIFIED DATE 04/06/2014		TIME NOTIFIED (MIL.) 1529		INVESTIGATION DATE 04/06/2014		TIME ARRIVED (MIL.) 1534		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.															
EVIDENTIARY PHOTOS TAKEN <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 095-ST. LOUIS COUNTY				MUNICIPALITY 1330-KIRKWOOD				BEAT / ZONE 2ND		TRP/DIST/PCT 2ND		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 35 10.0 LONG: W -90 24 22.0			
ON US 61				RDWY. DIR. North		DISTANCE FROM 500		LOCATION <input type="checkbox"/> NA <input checked="" type="checkbox"/> After Before		INTERSECTING CST BODLEY AVE					
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				Feet		<input type="checkbox"/> NA <input checked="" type="checkbox"/> After Before		SPEED LIMIT 25		INT. DIR. E		GEO - CODE NA	
TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input checked="" 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 type="checkbox"/> Level <input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)			
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <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 type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative															
NAME				ADDRESS (Street, City, State, Zip)								PHONE NUMBER			
KILEY, DANIEL				1449 FAIRBROOK, ST LOUIS, MO, 63131								314 341-8550			
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 <input checked="" type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W <input type="radio"/> U	V2 <input checked="" type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W <input type="radio"/> U	V3 <input checked="" type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W <input type="radio"/> U	V4 <input type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W <input type="radio"/> U	V5 <input type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W <input type="radio"/> U	V6 <input type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input type="radio"/> W <input type="radio"/> U

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER		
01 BISHOP, PETER S - 3423 WEST RIDGE LN, ST ANN, MO, 63074										314 775-5597		
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		LIC TYPE		MC ENDORSEMENT				
E2857905		MO		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA		<input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		<input checked="" 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			
		M	M	5	1	2	01	07	<input type="checkbox"/> NA			
PROOF OF INSURANCE		INSURANCE COMPANY		PHONE NO. (Optional)		POLICY NUMBER		NA		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Vehicle		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		PROGRESSIVE				47297100-2				<input checked="" type="checkbox"/> SAD		
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.		
1989		HONDA		NT650		RED		01		1		
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE		
CDSLTL		MO		2015		J H 2 R C 3 I 0 6 K M 1 0 2 4 2 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)										TOWED BY		
<input type="checkbox"/> None / No Damage										<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA		
INITIAL IMPACT NO. 2 1 3 4 5 6 7 18 - Undercarriage 22 - Cargo 15 16 17 19 - Windshield 23 - Unknown 8 20 - Burned 29 - Other (Explain) 14 13 12 11 10 9												
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles										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 checked="" 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										Additional Codes Listed in Narrative (See Codes in Section 8)		
SEQUENCE OF EVENTS CODES: <input type="checkbox"/> Unknown										ALCOHOL USE		
01 15 34										<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES										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 checked="" 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										TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)		
Workers Present <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)		
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)										DATE OF BIRTH		
ADDRESS (Street, City, State, Zip)										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		
										<input type="checkbox"/> SAO		
COMMERCIAL / NON-COMMERCIAL										MC / MX / ICC NO.		
<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										USDOT NO.		
CARGO BODY TYPE										HAZARDOUS MATERIALS		
<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
HAZARDOUS MATERIALS										HAZARDOUS MATERIAL NAME		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown												



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER																					
02 LANIGAN, LAURA M - 6040 A SOUTHWEST AVE, ST LOUIS, MO, 63139										636 236-1143																					
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"/> 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"/> Unknown (Explain) <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		MC ENDORSEMENT																			
L114009020		MO										<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain)																					
		F	FL	5	1	2	03	05	<input type="checkbox"/> NA	<input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh <input type="checkbox"/> Building <input type="checkbox"/> Embankment <input type="checkbox"/> Hillcrest <input type="checkbox"/> Stopped 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"/> Vehicle																			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		AAA						A2-269939-1																							
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.																					
2005		NISSAN		ALTIMA		SILVER /		01		2																					
LICENSE - PLATE NO.		STATE		YEAR		VIN		TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE																					
DB7G4B		MO		2015		1 N 4 A L I I D X 5 C 1 6 9 0 1 9		<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																					
INITIAL IMPACT NO:										TOWED BY: <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																					
<input type="checkbox"/> NA 7																															
<table border="1"><tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr><tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td></tr><tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td></tr><tr><td>9</td><td></td><td></td><td></td><td></td></tr></table>										2	3	4	5	6	1	15	16	17	8	14	13	12	11	10	9					18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit	
2	3	4	5	6																											
1	15	16	17	8																											
14	13	12	11	10																											
9																															
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										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										Additional Codes Listed in Narrative (See Codes in Section 8)																					
SEQUENCE OF EVENTS CODES										ANIMAL CODE(S)																					
12 34										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"/> 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										TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown																					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)																					
Workers Present <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)																					
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)										DATE OF BIRTH																					
ADDRESS (Street, City, State, Zip)										MM-DD-YYYY																					
O'REILLY-POL, THOMAS F																															
6040 A SOUTHWEST AVE, ST LOUIS, MO 63139																															
										SEX																					
										M																					
										SEAT LOC																					
										FR																					
										INJ																					
										5																					
										TRANS-PORT																					
										1																					
										EJEC-TION																					
										2																					
										AIR BAG																					
										03																					
										SAFETY DEVICES																					
										05																					
										PHONE NUMBER																					
										203 848 7947																					
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																					
										<input type="checkbox"/> SAO																					
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle										MC / MX / ICC 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										USDOT NO.																					
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, &amp; OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 03 BOSWORTH, MICHAEL J - 4021 MARY RIDGE LN, ST CHARLES, MO, 63304										PHONE NUMBER 443 655-3298											
DRIVER LICENSE / ID NUMBER L035339057		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"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE <input type="checkbox"/> Windshield <input type="checkbox"/> NA		<input checked="" type="checkbox"/> Operator Class <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad		<input checked="" type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		MC ENDORSEMENT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)									
DATE OF BIRTH [REDACTED]		SEX M	SEAT LOC M	INJ 3	TRANS-PORT 2	EJEC-TION 2	AIR BAG 01	SAFETY DEVICES 07	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				PHONE NO. (Optional)		POLICY NUMBER 4267897389		<input type="checkbox"/> NA		<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 2004		MAKE KAWASKI		MODEL NINJA ZX 1				COLOR BLUE		VEH. TYPE 01		TOTAL NO. OF OCC. 1									
LICENSE - PLATE NO. CT9MZ		STATE MO		YEAR 2014		VIN J K A Z X C C 1 7 4 A 0 1 0 0 9 1				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) INITIAL IMPACT NO: 2 1 3 1 4 5 1 6 7 1 15 16 17 8 14 13 12 11 10 9 <input type="checkbox"/> NA <input type="checkbox"/> U										TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA											
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 checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input checked="" 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 / GCWW 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")										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 SEQUENCE OF EVENTS CODES 01 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 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 checked="" 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 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) <input type="checkbox"/> SAO										PHONE NUMBER <input type="checkbox"/> SAO											
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Intrastate Carrier <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"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log										Intermodal Container Chassis		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															
<b>SEAT LOCATION</b> 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	<table border="1"> <tr> <td>FR</td> <td>SR</td> <td>TR</td> </tr> <tr> <td>FC</td> <td>SC</td> <td>TC</td> </tr> <tr> <td>FL</td> <td>SL</td> <td>TL</td> </tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	<b>INJURY</b> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	<b>TRANSPORTED</b> (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	<b>EJECTION</b> 1. NA 2. No 3. Partially 4. Totally U. Unknown	<b>AIR BAG</b> 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	<b>SAFETY DEVICES</b> 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
FR	SR	TR													
FC	SC	TC													
FL	SL	TL													

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
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport
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 (**)
			37. Collision Inv. Other Object (Explain)
			38. Other Non-collision
			39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane
			40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation
			41. Collision Inv. Working MV
			42. Downhill Runaway
			43. Fell/Jumped From MV
			44. Thrown/Falling Object
			45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
			46. Ran Off Roadway - Other (Explain)
			47. Cross Separator

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

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

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

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

OTHER VEHICLE CODES			
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	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 1 STATED HE WAS RIDING IN THE INSIDE TRAFFIC LANE OF KIRKWOOD ROAD (US61) NEXT TO THE DOUBLE YELLOW CENTER LINE. HE SAID HE WAS RIDING BEHIND ANOTHER MOTORCYCLE THAT WAS RIDING IN THE SAME LANE, BUT TO THE RIGHT SIDE. DRIVER ONE SAID A PASSENGER CAR EITHER SLOWED OR WAS STOPPED IN THE SAME LANE IN FRONT OF THEM. HE SAID THE MOTORCYCLE IN FRONT OF HIM WENT TO THE RIGHT OF THE PASSENGER CAR AND CHANGED INTO THE RIGHT LANE. DRIVER ONE SAID HE ALSO MOVED TO THE RIGHT SIDE OF HIS LANE AND WAS INTENDING TO ALSO CHANGE LANES, BUT STRUCK THE REAR OF THE STOPPED PASSENGER CAR (V2). DRIVER ONE SAID HE WAS THEN STRUCK BY VEHICLE 3, A MOTORCYCLE IN THE SAME LANE HE WAS IN, BUT BEHIND HIM.

DRIVER 2 STATED SHE WAS DRIVING IN THE INSIDE TRAFFIC LANE OF KIRKWOOD ROAD (US61) AND WAS STOPPED WAITING TO MAKE A LEFT TURN INTO THE WALGREENS PARKING LOT WHEN SHE WAS STRUCK FROM BEHIND BY VEHICLE 1.

DRIVER 3 STATED HE WAS RIDING IN THE INSIDE TRAFFIC LANE OF KIRKWOOD ROAD (US61) BEHIND DRIVER 1 AND TO THE RIGHT SIDE OF THE LANE. DRIVER 3 SAID HE NOTICED THE CAR STOPPED OR SLOWING IN THE SAME LANE, AND SAW THE MOTORCYCLE THAT WAS BEHIND THE CAR CHANGE LANES AND GO TO THE RIGHT OF THE CAR. HE SAID DRIVER 1 MOVED TO THE RIGHT SIDE OF THE LANE. DRIVER 3 WAS NOT SURE WHAT HAPPENED AFTER THAT. HE SAID BOTH BIKES COLLIDED AND FELL TO THE GROUND. HE COULD NOT BE SURE HOW THE ACCIDENT OCCURRED.

WITNESS KILEY WAS DRIVING NORTH ON KIRKWOOD ROAD (US61) IN THE OUTSIDE TRAFFIC LANE. HE NOTICED VEHICLE 2 STOPPED WAITING TO MAKE A LEFT TURN. HE SAID THE ACCIDENT HAPPENED SO FAST THAT HE WAS NOT SURE HOW THE ACCIDENT OCCURRED. THE WITNESS WAS NOT SURE WHICH MOTORCYCLIST CAUSED THE ACCIDENT.

IT SHOULD BE NOTED THAT VEHICLES 1 AND 3 ARE MOTORCYCLES. THERE IS NOWHERE TO LIST THE DAMAGE THAT WAS DONE TO THEM IN THE REPORT. THEREFORE THE DAMAGE TO BOTH MOTORCYCLES IS LISTED HERE IN THE NARRATIVE. BOTH BIKES SUSTAINED DAMAGE TO THE FRONT FORKS, HANDLEBARS AND RIGHT SIDES.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME NILGES, LARRY	DSN / BADGE NO. 00341	BEAT / ZONE 2ND	TROOP / DISTRICT / PRECINCT 3RD
REVIEWING OFFICER NAME DIXON, TIMOTHY	DSN / BADGE NO. 00261	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.



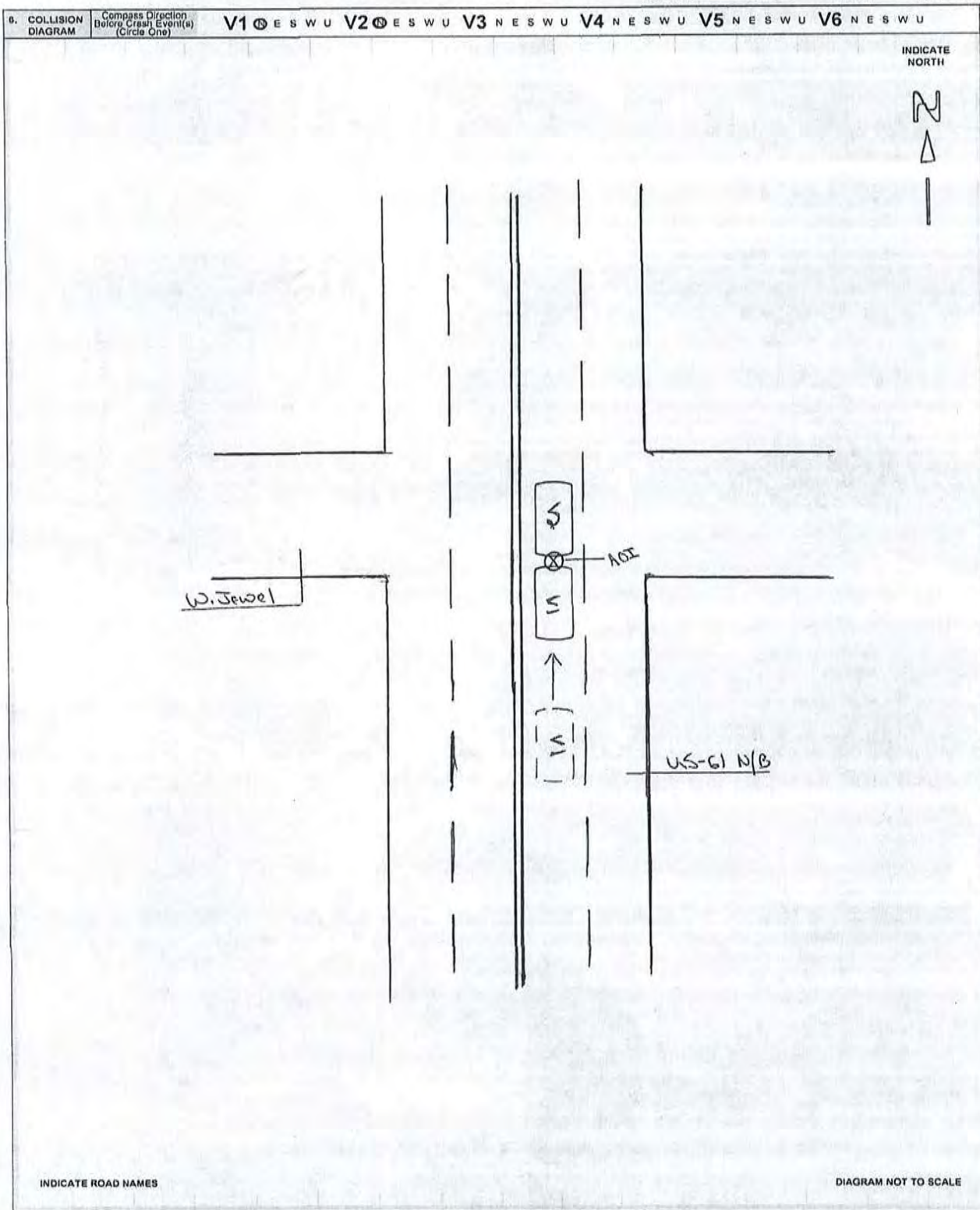
## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 05

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0954300 KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122											
SPACE USED FOR BARCODE															
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO. 1		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION 2		PROPERTY DAMAGE ONLY 0		NO. INJURED 0		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 13-981	
NO. VEH. INV. 2		CRASH DATE 04/13/2013		CRASH TIME (MIL.) 1615		NOTIFIED DATE 04/13/2013		TIME NOTIFIED (MIL.) 1620		INVESTIGATION DATE 04/13/2013		TIME ARRIVED (MIL.) 1623		INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 095-ST. LOUIS COUNTY		MUNICIPALITY 1330-KIRKWOOD		BEAT / ZONE 4802		TRP/DIST/PCT 2ND		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 35 27.0 LONG: W -90 24 22.9							
ON US 61		RDWY. DIR. North		DISTANCE FROM 0		LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		INTERSECTING CST JEWEL							
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				Feet Miles		SPEED LIMIT 25		INT. DIR. W		GEO - CODE NA			
TRAFFICWAY <input type="checkbox"/> One-Way <input 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"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <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"/> 5-way / More <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"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <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"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown		<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown		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 <input checked="" type="radio"/> NESWU	V2 <input checked="" type="radio"/> NESWU	V3 <input type="radio"/> NESWU	V4 <input type="radio"/> NESWU	V5 <input type="radio"/> NESWU	V6 <input type="radio"/> NESWU
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INDICATE NORTH









7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																							
NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 02 MCNAMARA, JESSICA C - 539 BALBOA, SAN DIEGO, CA, 92117												PHONE NUMBER 919-961-1608											
DRIVER LICENSE / ID NUMBER F1293197		STATE CA		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 [REDACTED]		SEX F	SEAT LOC FL	INJ 4	TRANS-PORT 3	EJECT-ION 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 PROGRESSIVE				PHONE NO. (Optional)		POLICY NUMBER 1371978		<input type="checkbox"/> NA		<input checked="" type="checkbox"/> Driver Vehicle <input type="checkbox"/> SAD											
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input checked="" type="checkbox"/> SAD												PHONE NUMBER <input type="checkbox"/> SAD											
YEAR 2007		MAKE TOYOTA		MODEL TOYOTA FJ CRUISER				COLOR SILVER /		VEH. TYPE 01		TOTAL NO. OF OCC. 2											
LICENSE - PLATE NO. UG5W6C		STATE MO		YEAR 2013		VIN J T E B U 1 1 F X 7 0 0 2 7 3 7 7				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) INITIAL IMPACT NO: 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 <input type="checkbox"/> NA 8				<input type="checkbox"/> None / No Damage 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit				TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA															
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) (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 <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) SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 12 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 <input type="checkbox"/> Failed To Secure Load / Improper Loading <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) 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 checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA											
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) SHARYOCK, JENNIFER 141 BREENINGAN PL, CARRIE, SC 27517												DATE OF BIRTH MM-DD-YYYY [REDACTED]		SEX F	SEAT LOC FR	INJ 4	TRANS-PORT 1	EJECT-ION 2	AIR BAG 03	SAFETY DEVICES 05	PHONE NUMBER 919-961-1608		
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 XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	FR	SR	TR	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG		SAFETY DEVICES 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
	FC	SC	TC				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	

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					

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)									
---	--	--	--	--	--	--	--	--	--

D1 SAID SHE WAS TRAVELING NORTH ON US-61 IN THE LEFT LANE WHEN SHE OBSERVED V2 STOPPED IN THE LEFT LANE AT US-61 AND W. JEWEL. D1 SAID SHE APPLIED HER BRAKES, HOWEVER HER VEHICLE SLID AND V1 STRUCK V2 ON THE REAR BUMPER.

D2 SAID SHE WAS STOPPED IN THE LEFT LANE ON US-61 WAITING TO MAKE A LEFT TURN ONTO W. JEWEL. WHILE STOPPED V2 WAS STRUCK ON THE REAR BUMPER BY V1. D2 COMPLAINED OF LOWER BACK PAIN, BUT ADVISED SHE WOULD SEEK MEDICAL ATTENTION ON HER OWN.

THE PASSENGER IN V2'S STATEMENT COINCIDED WITH D2'S STATEMENT. PASSENGER IN V2 COMPLAINED OF LOWER BACK PAIN, BUT ADVISED SHE WOULD SEEK MEDICAL ATTENTION ON HER OWN.

10. REPORTING AND REVIEWING OFFICER INFORMATION									
REPORTING OFFICER NAME WAGGONER, MATTHEW				DSN / BADGE NO. 00351		BEAT / ZONE 4802		TROOP / DISTRICT / PRECINCT 2ND	
REVIEWING OFFICER NAME DEGONIA, DAVE				DSN / BADGE NO. 00220		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.	



## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 05

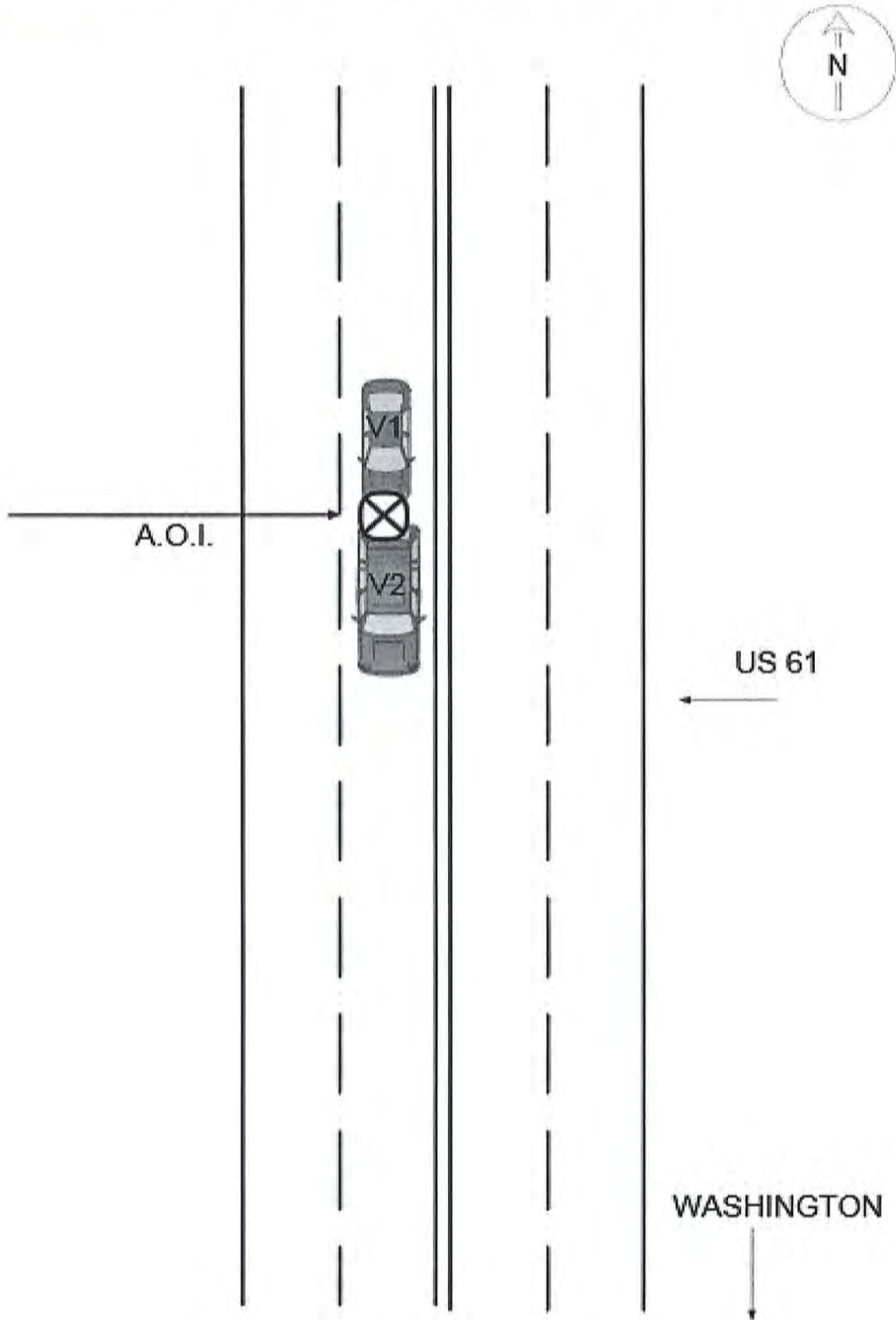
1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0954300 **											
SPACE USED FOR BARCODE				KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122											
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						1		0		17-1002	
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE	
2		04/19/2017		1715		04/19/2017		1719		04/19/2017		1719		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ROADWAY		NON-COLLISION		FELL/JUMPED		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE							
<input checked="" type="checkbox"/> On Roadway		<input type="checkbox"/> Overturning		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Animal		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Angle					
<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Cargo / Equip Loss / Shift		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Front to Rear		<input type="checkbox"/> Sideswipe (Same Dir.)					
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Other		<input type="checkbox"/> Fixed Object		<input checked="" type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Sideswipe (Opp. Dir.)					
		<input type="checkbox"/> Jackknife		<input type="checkbox"/> Non-Collision		<input type="checkbox"/> Other Object		<input type="checkbox"/> Rear to Rear		<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)					
						<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Rear to Side		<input type="checkbox"/> Unknown (Explain)					
								<input type="checkbox"/> Working Motor Vehicle							
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.															
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 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 / GCWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.															
<input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.															
EVIDENTIARY PHOTOS TAKEN		BY WHOM				AVAILABLE FROM									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Investigating Agency									
RECONSTRUCTION		BY WHOM				AVAILABLE FROM									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						<input type="checkbox"/> Investigating Agency									
2 - LOCATION															
COUNTY				MUNICIPALITY				BEAT / ZONE		TRP/DIST/PCT		GPS COORDINATES (DD MM SS.S FORMAT)			
095-ST. LOUIS COUNTY				1330-KIRKWOOD				1ST		1ST		LAT: N 38 35 09.79 LONG: W -90 24 22.80			
ON				RDWY, DIR.		DISTANCE FROM		LOCATION		INTERSECTING					
US 61				SOUTH		1006		<input type="checkbox"/> NA		CST WASHINGTON					
SPEED LIMIT				ROAD MAINTAINED BY				<input type="checkbox"/> After		<input type="checkbox"/> NA		SPEED LIMIT			
30				<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				<input checked="" type="checkbox"/> Before		<input type="checkbox"/> At		25			
												INT. DIR. GEO - CODE			
												W 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 checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip															
<input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)															
ROAD PROFILE															
<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 SURFACE															
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone															
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)															
WEATHER CONDITION															
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)															
<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)															
LIGHT CONDITION															
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)															
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None															
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality															
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative															
NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER															
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian															
NO. NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER															
DATE OF BIRTH		SEX		STRUCK BY VEH #:		INJ		TRANS-PORT		SAFETY DEVICES		LOCATION			
												<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island			
												<input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown			
CROSSING ROAD		<input type="checkbox"/> NA		OTHER ACTIONS		<input type="checkbox"/> NA / None		Working In Trafficway		<input type="checkbox"/> Unknown		SCHOOL INFO. <input type="checkbox"/> NA			
<input type="checkbox"/> With Signal		<input type="checkbox"/> Not At Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle				<input type="checkbox"/> Playing In Trafficway		<input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Going To / From School			
<input type="checkbox"/> Against Signal		<input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting In Trafficway				<input type="checkbox"/> Walking / Running In Trafficway				<input type="checkbox"/> Getting On / Off School Bus			
<input type="checkbox"/> No Signal		<input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Pushing / Working On Vehicle				<input type="checkbox"/> With Traffic				<input type="checkbox"/> Both Of The Above			
<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.				<input type="checkbox"/> Against Traffic				<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 ☒ W U V2 N E ☒ 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 ROAD NAMES

DIAGRAM NOT TO SCALE

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 01 WALKER, GWENDOLYN J - 3828 OAKRIDGE BLVD, ST LOUIS, MO, 63121															PHONE NUMBER 314-705-2787							
DRIVER LICENSE / ID NUMBER  T160296003				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"/> 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"/> 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"/> Other (Explain)				
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANSPORT	EJECTION	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)								
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required				INSURANCE COMPANY MISSOURI INSURANCE						PHONE NO. (Optional)				POLICY NUMBER 46403851-7				<input type="checkbox"/> Driver Vehicle <input checked="" type="checkbox"/> SAD				
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) WALKER, GWENDOLYN T - 3828 OAKRIDGE BLVD, ST LOUIS, MO, 63121																			PHONE NUMBER			
YEAR 2015		MAKE KIA MOTORS CORP				MODEL OPTIMA				COLOR WHITE		VEH. TYPE 01		TOTAL NO. OF OCC. 1								
LICENSE - PLATE NO. CMOCIU				STATE MO		YEAR 2019		VIN KNAGM4A71F5658487				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 1																						
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																						
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA																						
CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA																						
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																						
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown																						
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 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 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) 15																						
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 checked="" type="checkbox"/> Unknown																						
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANSPORT EJECTION 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																						
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.																						
HAZARDOUS MATERIALS <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																						
PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																						
HAZARDOUS MATERIAL NAME																						



## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
02 BESGROVE, KIMBERLEY K - 3035 WINDSOR POINT DR, ST LOUIS, MO, 63129										314-413-9712	
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	
H204206017		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"/> Other (Explain)
		F	FL	4	1	2	03	05	<input type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Other (Explain)
PROOF OF INSURANCE		INSURANCE COMPANY				PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		MISSOURI INSURANCE						9784938700			
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
BESGROVE, KIMBERLEY K - 3035 WINDSOR POINT D, ST LOUIS, MO, 63129										<input checked="" type="checkbox"/> SAD	
YEAR	MAKE	MODEL			COLOR	VEH. TYPE	TOTAL NO. OF OCC.				
2009	MITSUBISHI	OUTLANDER			BLACK	01	1				
LICENSE - PLATE NO.		STATE	YEAR	VIN	TOWED FROM SCENE			TOWED DUE TO DIS. DAMAGE			
HE1G3Z		MO	2017	J A 4 M T 4 1 X 4 9 Z 0 0 7 4 9 7	<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:					18 - Undercarriage 22 - Cargo						
<input type="checkbox"/> NA 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"/> Van (< 9 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> ATV <input type="checkbox"/> Farm Implements											
<input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Construction Equip. Heavy Mach.											
<input checked="" type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Other Vehicle (Code)											
<input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Cargo Van											
<input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Other <input type="checkbox"/> Pickup											
<input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> 2 Wh <input type="checkbox"/> Other Heavy Truck											
<input type="checkbox"/> Pedalcycle <input type="checkbox"/> 3 Wh <input type="checkbox"/> Unknown (Explain)											
<input type="checkbox"/> To / From School <input type="checkbox"/> 4 Wh <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"/> A. Emergency Vehicle on Emergency Run											
<input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") <input type="checkbox"/> B. Stationary With Emergency Equip. Activated											
CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA											
<input checked="" 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)											
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown										ALCOHOL USE	
12 34										<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <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"/> 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)											
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 checked="" 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"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle										MC / MX / ICC NO.	
<input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Rental Vehicle										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 (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<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	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 (Knees, 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 1 STATED SHE WAS TRAVELING SOUTH ON KIRKWOOD ROAD NEAR BODLEY. DRIVER 1 STATED SHE WAS ATTEMPTING TO SWITCH LANES TO THE OUTSIDE LANE, HOWEVER THE VEHICLE IN THAT LANE SPED UP. DRIVER 1 STATED SHE OBSERVED THE TRAFFIC IN FRONT OF HER STOPPING, BUT WAS UNABLE TO STOP HER VEHICLE IN TIME. DRIVER 1 STATED SHE STRUCK VEHICLE 2 IN THE REAR.

DRIVER 2 STATED SHE WAS TRAVELING SOUTH ON KIRKWOOD ROAD, AND WAS STOPPED IN TRAFFIC IN FRONT OF WALGREENS. DRIVER 2 STATED SHE WAS STRUCK IN THE REAR OF HER VEHICLE BY VEHICLE 1.

DRIVER 2 WAS COMPLAINING OF NECK PAIN. DRIVER 2 WAS CHECKED OUT BY KIRKWOOD FIRE DEPARTMENT BUT REFUSED TO BE TRANSPORTED TO A HOSPITAL.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME JONES, CAREY L	DSN / BADGE NO. 00387	BEAT / ZONE 1ST	TROOP / DISTRICT / PRECINCT 1ST
REVIEWING OFFICER NAME WILSON, MIKE	DSN / BADGE NO. 00271	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.



## MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 05

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0954300 **															
SPACE USED FOR BARCODE				KIRKWOOD POLICE DEPARTMENT 131 W. MADISON KIRKWOOD, MO 63122															
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No						1		0		17-2112					
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE					
2		08/09/2017		1525		08/09/2017		1531		08/09/2017		1534		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE													
<input checked="" type="checkbox"/> On Roadway		<input type="checkbox"/> Overtaking		<input type="checkbox"/> Animal		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Other (Explain)					
<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Front to Rear		<input type="checkbox"/> Front to Rear		<input type="checkbox"/> Front to Rear		<input type="checkbox"/> Front to Rear		<input type="checkbox"/> Other (Explain)					
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Fixed Object		<input checked="" type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Rear to Rear		<input type="checkbox"/> Rear to Rear		<input type="checkbox"/> Rear to Rear		<input type="checkbox"/> Other (Explain)					
		<input type="checkbox"/> Jackknife		<input type="checkbox"/> Other Object		<input type="checkbox"/> Parked Motor Vehicle		<input type="checkbox"/> Rear to Side		<input type="checkbox"/> Rear to Side		<input type="checkbox"/> Rear to Side		<input type="checkbox"/> Other (Explain)					
		<input type="checkbox"/> Non-Collision		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Working Motor Vehicle		<input type="checkbox"/> Falling / Shifting Cargo		<input type="checkbox"/> Falling / Shifting Cargo		<input type="checkbox"/> Falling / Shifting Cargo		<input type="checkbox"/> Other (Explain)					
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.																			
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 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				BY WHOM				AVAILABLE FROM				<input type="checkbox"/> Investigating Agency							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
RECONSTRUCTION				BY WHOM				AVAILABLE FROM				<input type="checkbox"/> Investigating Agency							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
2 - LOCATION																			
COUNTY				MUNICIPALITY				BEAT / ZONE				TRP/DIST/PCT				GPS COORDINATES (DD MM SS.S FORMAT)			
095-ST. LOUIS COUNTY				1330-KIRKWOOD				1ST				1ST				LAT: N 38 35 24.19 LONG: W -90 24 22.62			
ON				RDWY. DIR.				DISTANCE FROM				LOCATION				INTERSECTING			
US 61				SOUTH				40 Feet				<input type="checkbox"/> After <input checked="" type="checkbox"/> Before				CST MERMOD			
SPEED LIMIT				ROAD MAINTAINED BY								SPEED LIMIT				INT. DIR.			
30				<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other								25				W			
TRAFFICWAY												ROAD ALIGNMENT				ROAD PROFILE			
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided				<input type="checkbox"/> Two-Way; Divided; Unprotected Median				<input type="checkbox"/> Other				<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve				<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip			
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane				<input type="checkbox"/> Two-Way; Divided; Positive Median Barrier				<input type="checkbox"/> Unknown				<input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> 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 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 type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative																			
NAME				ADDRESS (Street, City, State, Zip)								PHONE NUMBER							
SCHWARTZ, MOLLY				117 E ESSEX AVE, KIRKWOOD, MO, 63122								573-356-5156							
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"/> Standing / Lying / Sitting In Trafficway		<input type="checkbox"/> Playing In Trafficway																	
<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



N. KIRKWOOD  
RD.  
(US 61)

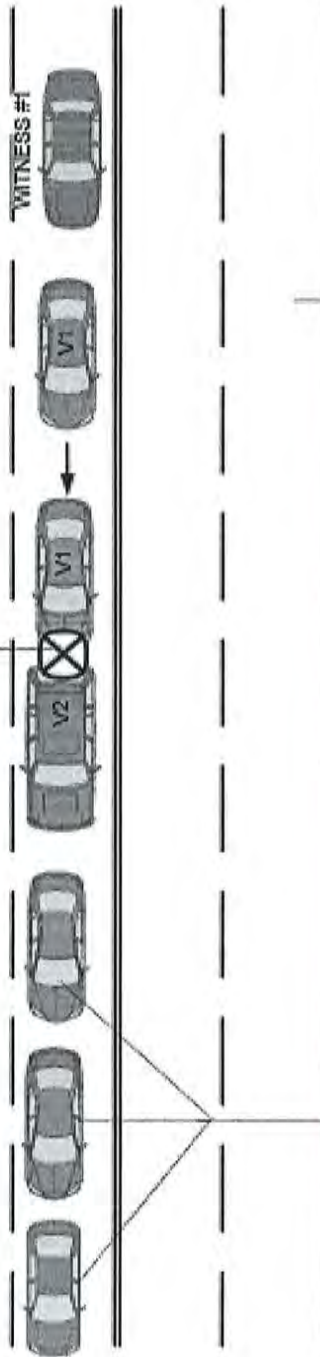
AOI

MERMOD

NOT INVOLVED. TRAFFIC  
CONGESTION DUE TO ELECTRIC  
SIGNAL AT KIRKWOOD RD.  
AND ESSEX

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE





## 7 - DRIVERS, VEHICLES, OWNERS, &amp; OCCUPANTS

NO. 01										7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) GRIFFITH, TYMM E - 13503 ROSESTONE PL, ST LOUIS, MO, 63128										PHONE NUMBER 314-223-5874	
DRIVER LICENSE / ID NUMBER S166114015				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"/> 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				MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)							
DATE OF BIRTH [REDACTED]		SEX F	SEAT LOC FL	INJ 5	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 NATIONWIDE						PHONE NO. (Optional)				POLICY NUMBER 10608585				<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 GRIFFITH, TYMM E TOD - 13503 ROSESTONE PL, ST LOUIS, MO, 63128										PHONE NUMBER <input type="checkbox"/> SAD											
YEAR 2016		MAKE CADILLAC				MODEL OTHR				COLOR GRAY		VEH. TYPE 01		TOTAL NO. OF OCC. 1							
LICENSE - PLATE NO. AK9A2V		STATE MO		YEAR 2018		VIN 1 G 6 A B 5 S X 3 G 0 1 9 5 6 7 5				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: 1						<input type="checkbox"/> None / No Damage 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit						TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA D & L TOWING INC - Phone#: 636-946-4700 825 MARSHALL ROAD VALLEY PARK, MO 63088									
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 type="checkbox"/> NA <input checked="" 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) SEQUENCE OF EVENTS CODES 01 08 07 34 <input type="checkbox"/> Unknown										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 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 checked="" 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 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) <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											
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										MC / MX / ICC NO. <input type="checkbox"/> USDOT NO. <input type="checkbox"/> Unknown											
HAZARDOUS MATERIALS PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										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																					







## 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
--	--	---	---	---	--

## 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)

D1 SAID SHE WAS TRAVELING SOUTH ON KIRKWOOD RD (US 61). BEHIND V2, IN THE LEFT LANE, WHEN V2 CAME TO A STOP BECAUSE OF STOPPED TRAFFIC, DUE TO THE RED ELECTRIC SIGNAL AT KIRKWOOD RD. AND ESSEX. D1 SAID SHE APPLIED HER BRAKES TO COME TO A STOP BEHIND V2; HOWEVER V1 WAS UNABLE TO STOP IN TIME AND V1 STRUCK V2 ON THE REAR BUMPER. DI SAID V2 DID NOT COME TO A SUDDEN STOP. SHE ADVISED SHE WAS NOT TAILGATING V2, BUT DUE TO THE TRAFFIC SHE WAS CLOSE TO V2 WHILE TRAVELING, AND WAS JUST NOT ABLE TO STOP IN TIME.

D2 SAID SHE WAS TRAVELING SOUTH ON KIRKWOOD RD. (US 61), IN THE LEFT LANE, WHEN SHE OBSERVED TRAFFIC STOPPED JUST AHEAD DUE TO THE RED ELECTRIC SIGNAL AT KIRKWOOD AND ESSEX. SHE SAID SHE APPLIED HER BRAKES AND CAME TO A STOP IN TRAFFIC. SHORTLY AFTER STOPPING V1 STRUCK V2 ON THE REAR BUMPER.

D2 COMPLAINED OF LOWER BACK PAIN, BUT REFUSED MEDICAL ATTENTION.

WITNESS #1 SAID SHE WAS TRAVELING SOUTH ON KIRKWOOD RD. (US61), IN THE LEFT LANE, BEHIND V1. SHE SAID SHE OBSERVED V2 COME TO A STOP IN TRAFFIC, DUE TO THE RED ELECTRIC SIGNAL AT KIRKWOOD RD. AND ESSEX. SHE SAID SHORTLY AFTER V2 CAME TO A STOP SHE OBSERVED V1 ATTEMPT TO STOP, BUT V1 SLID AND STRUCK V2 ON THE REAR BUMPER.

## 10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME WAGGONER, MATTHEW	DSN / BADGE NO. 00351	BEAT / ZONE 1ST	TROOP / DISTRICT / PRECINCT 1ST
REVIEWING OFFICER NAME DEGONIA, DAVE	DSN / BADGE NO. 00220	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

## APPENDIX D



RESOLUTION 13-2020

A RESOLUTION AUTHORIZING AND DIRECTING THE SUBMITTAL OF A "SURFACE TRANSPORTATION PROGRAM (STP) APPLICATION" TO EAST-WEST GATEWAY COUNCIL OF GOVERNMENTS FOR FEDERAL FUNDS TO RESURFACE KIRKWOOD ROAD FROM 100 FEET SOUTH OF SWAN AVENUE WHERE THE CITY OF KIRKWOOD TAKES OVER THE MAINTENANCE OF KIRKWOOD ROAD FROM MODOT TO ADAMS AVENUE.

WHEREAS, the City of Kirkwood declares its support for submission of a STP Application to resurface Kirkwood Road from 100 feet south of Swan Avenue where the City of Kirkwood takes over the maintenance of Kirkwood Road from MoDOT to Adams Avenue, which includes; asphalt mill overlay, concrete curb repair, upgrade of curb ramps not already completed with the Kirkwood Road CMAQ Signal project, replacement of sidewalks on both sides of the street, and a new mid-block crossing with a Pedestrian Hybrid Beacon north of Washington, and

WHEREAS, the City of Kirkwood will apply for federal funds for the project, and

WHEREAS, the City of Kirkwood is eligible to apply for federal reimbursement for 80 percent of the eligible construction costs associated to resurface Kirkwood Road from 100 feet south of Swan Avenue where the City of Kirkwood takes over the maintenance of Kirkwood Road from MoDOT to Adams Avenue in the amount of \$1,286,350.40, and

WHEREAS, the submittal includes an application fee of \$6,431.75, which will be refunded if the project is not awarded federal funds by East-West Gateway Council of Governments, and

WHEREAS, funds are available in Account #301-1401-600.75.14, Project #PW2001.

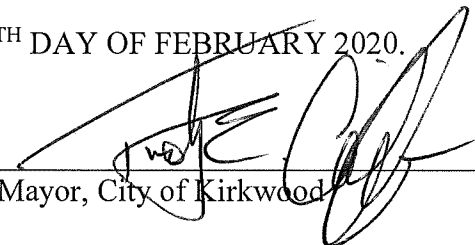
NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF KIRKWOOD, MISSOURI, AS FOLLOWS:

SECTION 1. The City of Kirkwood is hereby authorized and directed to submit a STP Application to East-West Gateway Council of Governments for federal funds to resurface Kirkwood Road from 100 feet south of Swan Avenue where the City of Kirkwood takes over the maintenance of Kirkwood Road from MoDOT to Adams Avenue.

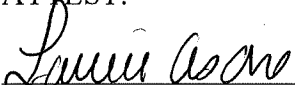
SECTION 2 The City of Kirkwood is hereby authorized to submit an application fee in the amount of \$6,431.75 that will be refunded if the project is not awarded federal funds by East-West Gateway Council of Governments.

SECTION 3. This Resolution shall be in full force and effect after its passage and approval.

PASSED AND APPROVED THIS 6<sup>TH</sup> DAY OF FEBRUARY 2020.

  
\_\_\_\_\_  
Mayor, City of Kirkwood

ATTEST:

  
\_\_\_\_\_  
City Clerk

# Legislation Request

## Resolution

Place On The Agenda Of: 2/6/2020

### Step #1:

Strategic Plan YES

Goal # & Title Goal 5 Invest for the future through public infrastructure

### Background To Issue:

Annually East-West Gateway provides federal aid applications for road improvements through the Surface Transportation Program (STP). This is a 80/20 program for roads that are functionally classified by East-West Gateway. Staff is proposing to resurface Kirkwood Road from 100' south of Swan Avenue where the City of Kirkwood takes over maintenance of Kirkwood Road from MoDOT to Adams Avenue. The project will include an asphalt mill and overlay, concrete curb repair, upgrade of curb ramps not already completed with the Kirkwood Road CMAQ Signal project, replacement of sidewalks on both sides of the street, and a new mid-block crossing with a Pedestrian Hybrid Beacon (HAWK Signal) north of Washington. It is expected the project will be designed within the existing right-of-way with little permanent right of way needed. Estimated project costs are \$1,607,398.00. Staff is requesting federal funding for 80% of the \$1,607,938.00 preliminary engineering, right of way and construction costs, or \$1,286,350.40, through the STP program.

Per the application requirement, the City is required to submit an application fee of 1/2% of the 80% reimbursement estimate, \$6,431.75.

### Recommendations and Action Requested:

It is recommended that the City Council approve this resolution allow the City to submit an STP application.

### Alternatives Available:

Does this project have a public information component? ☐ Yes ☒ No

Cost: \$6,431.75 Account #: 30114016007514 Project #: PW2001 Budgeted: YES

If YES, Budgeted Amount: \$6,431.75 If NO, or if insufficient funding (Complete Step #3).

### Department Head Comments:

BY: Christopher Krueger

Date: 1/29/2020

Authenticated: kruegeca

You can attach up to 3 files along with this request.

 File Attachment

 File Attachment

 File Attachment



Step #2: If request involves approval of bids, contracts, proposals, purchases, etc. **(Must have Purchasing Director's approval).**

Approve

Purchasing Director's Comments:


BY: David Weidler


Date: 1/29/2020

Authenticated: weidledc

*You can attach up to 3 files along with this request.*

 File Attachment

 File Attachment

 File Attachment

---

Step #3: If budgetary approval is required **(Must have Finance Department's approval).**

Budgetary Approval

From Account # or Fund Name:

To Account # or Fund Name:

Finance Director's Comments:

Budget appropriation is sufficient to approve above request for \$6,432 in account 301-1401-600-75-14, Streets, Project PW2001 Street Restoration.

BY: Sandra Stephens

Date: 1/30/2020

Authenticated: stephesf

---

Step #4: All Requests Require Chief Administrative Officer Approval for Placement on Meeting Agenda.

☒ Approve

☐ Disapprove

Chief Administrative Officer's Comments:

BY: 

Date: 2-3-20





# KIRKWOOD PEDESTRIAN AND BICYCLE PLAN



# Acknowledgements

## Planning team:

### City of Kirkwood elected officials:

Honorable Arthur J. McDonnell, Mayor

Gerry Biedenstein, City Council

Gina Jaksetic, City Council

Paul Ward, City Council

Bob Sears, City Council

Nancy Luetzow, City Council

Tim Griffin, City Council

### City of Kirkwood administrators:

Ryan Spencer, City Planner

Murray Pounds, Parks & Recreation Director

Todd Rehg, City Engineer

Bill Bensing, Public Services Director/ Water Director

## Planning advisory committee members:

Carey Bundy, The Great Rivers Greenway

Steve Coates, Parks Board

David Eagleton, Citizen

Kim Fitzgerald, Meramec Community College

Carol Gilster, Parks Board

Alan Hopefl, Parks Board

Nancy Luetzow, City Council

Madt Mallinckrodt, Planning and Zoning Commission

Marsha Marden, Business Owner, Chamber of Commerce

Ryan Moore, Citizen, Small Business Owner

Tobi Moriarty, Saint Louis County Highways and Traffic

Donna Muellner, Citizen

James Myers, Board of Adjustments

Donna Poe, Downtown Kirkwood

Robert Trottmann, Citizen

Michelle Voegele, Missouri Department of Transportation

Frank Wentz, Citizen

Denise Whitworth, Citizen

## Trailnet:

Cindy Mense, Director of Programs

Marielle Brown, Bicycle and Pedestrian Planning Manager

Meredith Klekotka, TravelGreen Manager

## Heartlands Conservancy:

Sarah Vogt, GIS Technician

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As instructed, pages  
have been removed and  
the plan summarized.



## Introduction

In 2014, the City of Kirkwood started working with Trailnet to create a 15-year plan for enhancing walking and biking in streets and in parks in Kirkwood. The Kirkwood Pedestrian and Bicycle Master Plan will help the City make decisions to leverage the limited funding available for biking and walking, including:

- Prioritize investments in walking and biking based on cost, available right-of-way, and strengthening the overall network;
- Encourage routine maintenance and upgrades to be opportunities to improve the biking and walking network;
- Strengthen applications for state and federal funding; and
- Identify opportunities for encouragement, education, enforcement, and evaluation.

The planning process was initiated in the beginning of 2014 and was finished in February 2015. The plan encompasses the City of Kirkwood. Connections to planned and existing routes in the Great Rivers Greenway network were also considered. The elements of that planning process are shown in Figure 1.

The vision of the residents of Kirkwood was the basis for the planning recommendations. Their vision of Kirkwood as a walkable and bikeable community, along with the needs identified in the outreach process, guided the planning priorities, and are integrated throughout the plan.

The planning approach centered on broad community engagement to develop a robust dialogue around the possibilities and challenges in Kirkwood. Trailnet worked with the City staff to identify community events where the planning team could reach out to residents. Working with the Planning Advisory Committee, the planning team hosted an Early Action Project designed to engage residents in their community.

A diagram showing the planning process and how community input was integrated throughout is on the next page.



*Planning Advisory Committee Meeting*



*Mayor McDonnell is active in working for better walking and biking in Kirkwood.*

Figure 1: Planning Process

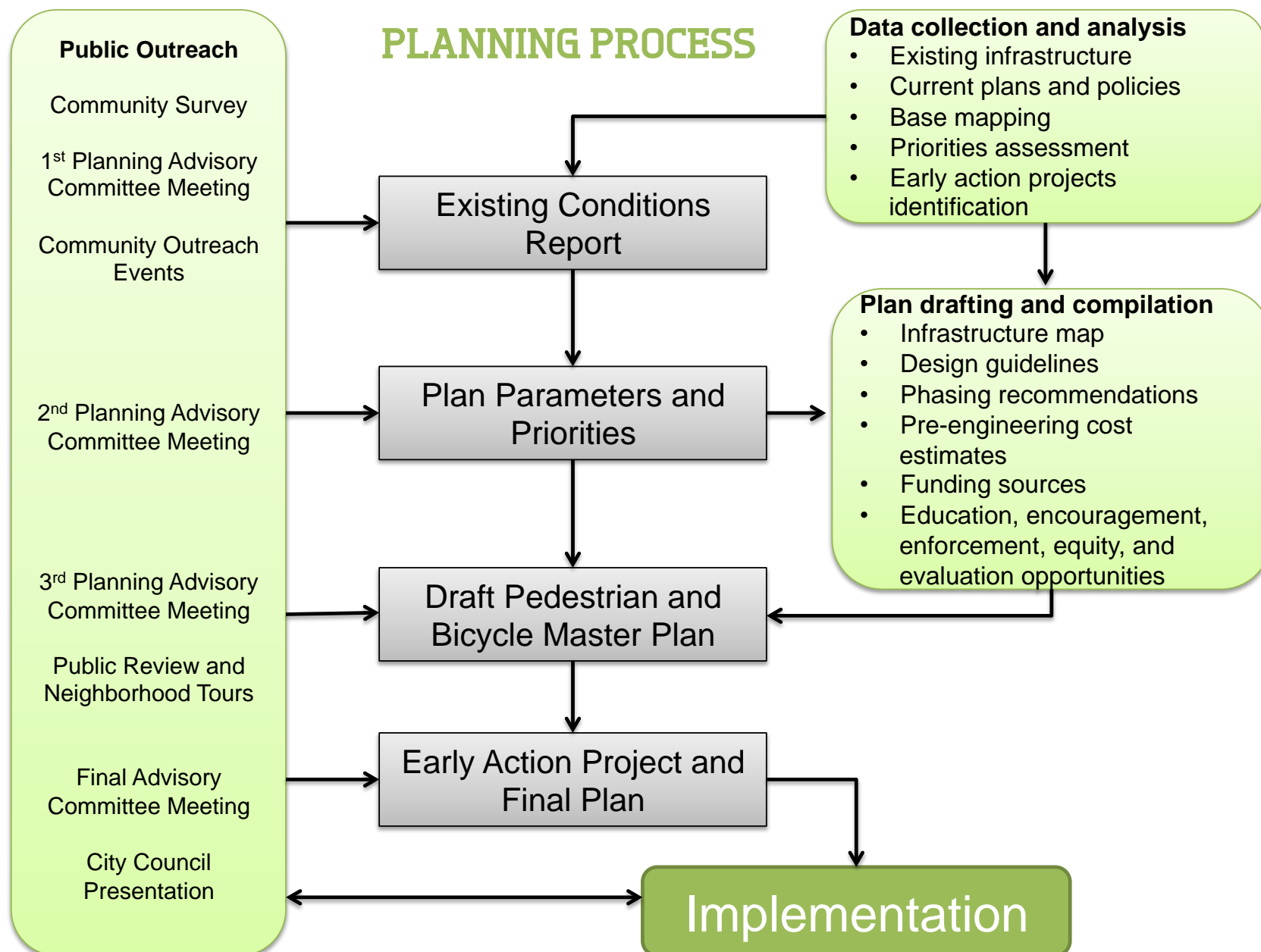
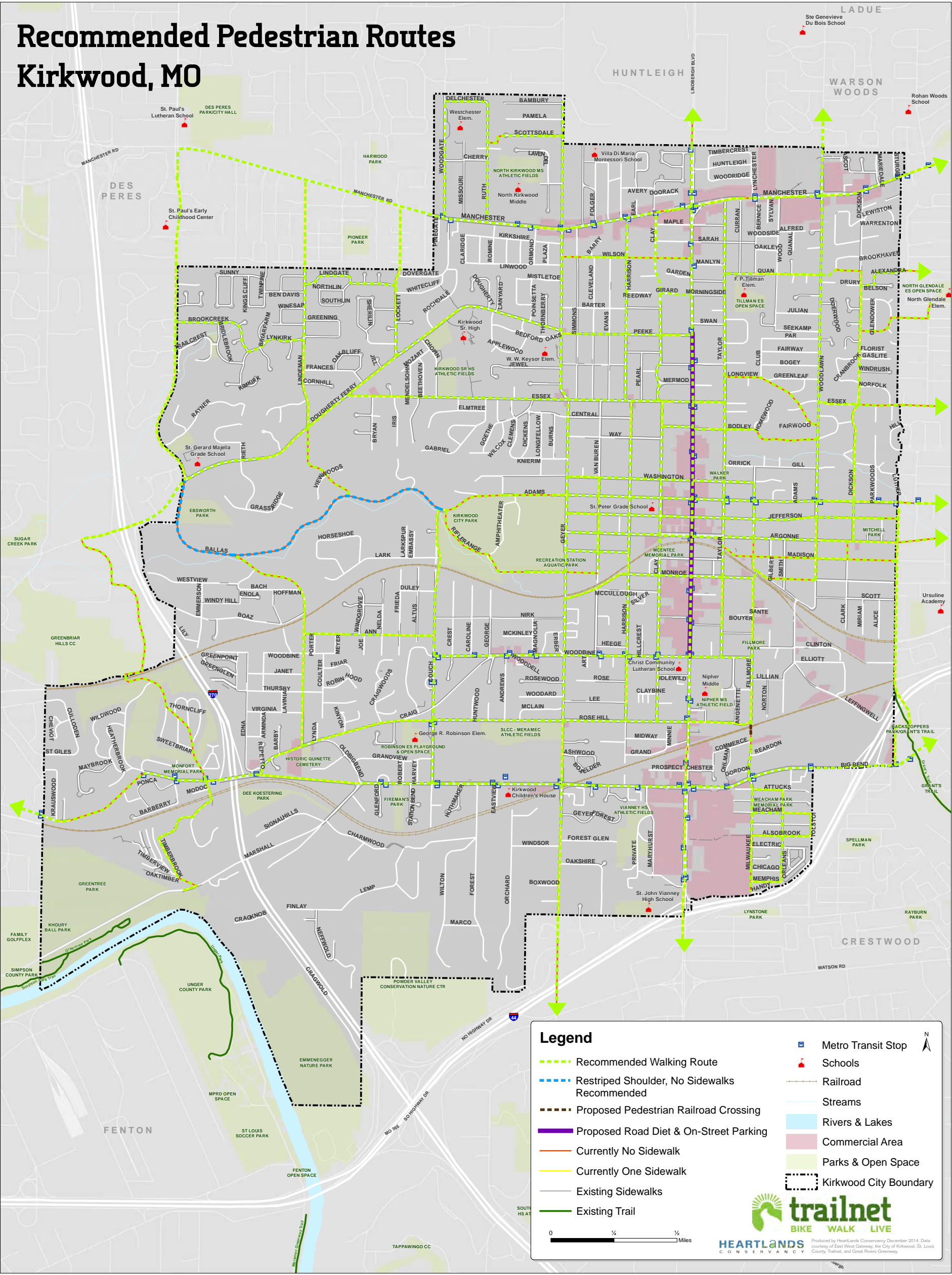




Figure 6.  
Recommended Pedestrian Routes  
Kirkwood, MO



## Pedestrian Prioritization

As Kirkwood has an existing pedestrian network, phasing recommendations are based on identifying high-priority corridors, for which improvements should be targeted. The network of corridors was identified based on neighborhood feedback, destinations, addressing barriers, and ensuring coverage throughout Kirkwood. The corridors were evaluated using criteria based on the community survey, in addition to considerations of feasibility and connectivity (See Appendix A).

Many of the corridors have partial or full sidewalk coverage. The corridors that have full sidewalk coverage are included in the prioritization, as they remain high-priority for intersection improvements. However, these segments do not have any recommended sidewalk projects. See Figure 6 for the full recommended sidewalk network. The priorities are in Figures 10 & 11.

Finally, a railroad crossing at Fillmore is recommended, but not included in the phasing, as any improvements are dependent upon partnership with the railroad company and MoDOT. The At Grade Railroad Crossing design summary, (refer to Design Guidelines) provides a summary of considerations for the proposed railroad crossing.

Figure 7: Sidewalk Gaps in recommended network

Streets	Recommendation	Length (mi)	Prioritization
Kirkwood	Sidewalk	0.10	375
Manchester	Sidewalk	0.08	370
Big Bend	Sidewalk	0.35	240
Jefferson	Sidewalk	0.07	205
Fillmore south of railroad tracks	Sidewalk	0.08	195
Fillmore at Madison	Sidewalk	0.07	195
Ballas	Sidewalk	0.32	185
Essex	Sidewalk	0.17	165
Longview	Sidewalk	0.45	150
Clark	Sidewalk	0.07	145
Milwaukee	Sidewalk	0.09	135
Van Buren	Sidewalk	0.13	115
Madison	Sidewalk	0.57	110
Southbrook	Sidewalk	0.10	90
Timberbrook	Sidewalk	0.10	90
Monroe	Sidewalk	0.38	85
Rifle Range	Sidewalk	0.27	85
Bodley	Sidewalk	0.27	80
Brownell	Sidewalk	0.37	60
Wilson	Sidewalk	0.34	55
Lindeman	Sidewalk	0.37	45
Glenwood	Sidewalk	0.59	30
Highland	Sidewalk	0.73	0
	<b>Total</b>	<b>6.08</b>	



Figure 8: Streets with one side Sidewalk in recommended network

Streets	Recommendation	Length (mi)	Prioritization
Kirkwood	Sidewalk	0.32	260
Big Bend	Sidewalk	0.51	245
Geyer	Sidewalk	0.61	235
Manchester	Sidewalk	0.64	225
Adams	Sidewalk	0.32	190
Ballas	Sidewalk	2.09	125
Couch	Sidewalk	0.31	115
Dougherty Ferry between Ballas and Geyer	Sidewalk	0.81	105
Dougherty Ferry at i-270	Sidewalk	0.25	105
Rose Hill east of Kirkwood	Sidewalk	0.26	80
Rose Hill at Couch	Sidewalk	0.13	80
Essex at Dougherty Ferry	Sidewalk	0.42	75
Essex east of Woodlawn	Sidewalk	0.16	75
Woodlawn	Sidewalk	0.25	65
Clay	Sidewalk	0.10	60
Craig	Sidewalk	0.34	60
Jefferson	Sidewalk	0.39	60
Peeke	Sidewalk	0.15	60
N Harrison south of Essex	Sidewalk	0.15	55
S Harrison north of Monroe	Sidewalk	0.09	55
S Harrison south of Woodbine	Sidewalk	0.18	55
Madison	Sidewalk	0.13	55
Taylor	Sidewalk	0.19	55
Fillmore	Sidewalk	0.44	50
Scott	Sidewalk	0.05	40
Argonne	Sidewalk	0.31	35

Figure 8 cont. : Streets with one side Sidewalk in recommended network

Streets	Recommendation	Length (miles)	Prioritization
Monroe	Sidewalk	0.43	30
Washington	Sidewalk	0.13	30
Meacham	Sidewalk	0.11	25
Memphis	Sidewalk	0.12	25
Orleans north of Memphis	Sidewalk	0.05	25
Orleans south of Attucks	Sidewalk	0.09	25
Van Buren	Sidewalk	0.26	25
Alsobrook	Sidewalk	0.24	20
Attucks	Sidewalk	0.12	20
Bodley	Sidewalk	0.18	20
Milwaukee	Sidewalk	0.14	20
Tolstoi	Sidewalk	0.09	20
Lindeman	Sidewalk	0.70	15
Ann	Sidewalk	0.38	0
Dickson	Sidewalk	0.92	0
Dickson	Sidewalk	0.09	0
Holmes	Sidewalk	1.09	0
Lockett	Sidewalk	0.43	0
Quan	Sidewalk	0.26	0
Scottsdale	Sidewalk	0.09	0
Timberbrook	Sidewalk	0.52	0
Wilson	Sidewalk	0.17	0
	<b>Total: (to add sidewalks to streets)</b>	<b>16.20</b>	
	<b>Total: (for entire recommended)</b>	<b>22.27</b>	

Figure 9: Streets with Sidewalks on both sides in recommended network

Streets	Recommendation	Length (miles)	Prioritization
Geyer	Sidewalk	2.46	235
Geyer	Sidewalk	0.17	235
Kirkwood	Sidewalk	2.38	200
Kirkwood	Sidewalk	0.26	200
Big Bend	Sidewalk	2.48	185
Big Bend	Sidewalk	0.16	185
Manchester	Sidewalk	2.22	165
Adams	Sidewalk	0.99	130
Ballas	Sidewalk	0.09	125
Couch	Sidewalk	0.79	115
Fillmore	Sidewalk	0.34	110
Dougherty Ferry	Sidewalk	0.42	105
Dougherty Ferry	Sidewalk	0.49	105
Dougherty Ferry	Sidewalk	0.24	105
Delchester	Sidewalk	0.17	80
Rose Hill	Sidewalk	1.01	80
Ruth	Sidewalk	0.46	80
Woodgate	Sidewalk	0.45	80
Craig	Sidewalk	0.07	75
Essex	Sidewalk	1.07	75
Woodlawn	Sidewalk	1.47	65
Clay	Sidewalk	1.55	60
Clay	Sidewalk	0.38	60
Jefferson	Sidewalk	0.86	60
Peeke	Sidewalk	0.37	60
Harrison		0.71	55

Figure 9 cont.: Streets with Sidewalks on both sides in recommended network

Streets	Recommendation	Length (miles)	Prioritization
Harrison	Sidewalk	0.86	55
Madison	Sidewalk	0.25	55
Taylor	Sidewalk	1.60	55
Fillmore	Sidewalk	0.43	50
Woodbrine	Sidewalk	1.26	50
Argonne	Sidewalk	1.00	35
Monroe	Sidewalk	0.49	30
Washington	Sidewalk	0.62	30
Meacham	Sidewalk	0.12	25
Orleans	Sidewalk	0.23	25
Van Buren	Sidewalk	0.09	25
Van Buren	Sidewalk	0.03	25
Bodley	Sidewalk	0.18	20
Lindeman	Sidewalk	0.28	15
Alexandra	Sidewalk	0.13	0
Ann	Sidewalk	0.14	0
Belson	Sidewalk	0.05	0
Brookcreek	Sidewalk	0.37	0
Dickson	Sidewalk	0.06	0
Lindgate	Sidewalk	0.38	0
Lockett	Sidewalk	0.17	0
Lynkirk	Sidewalk	0.24	0
Quan	Sidewalk	0.12	0
Scottsdale	Sidewalk	0.14	0
	<b>Total:</b>	<b>31.34</b>	



**Figure 10: Existing Connector Paths**

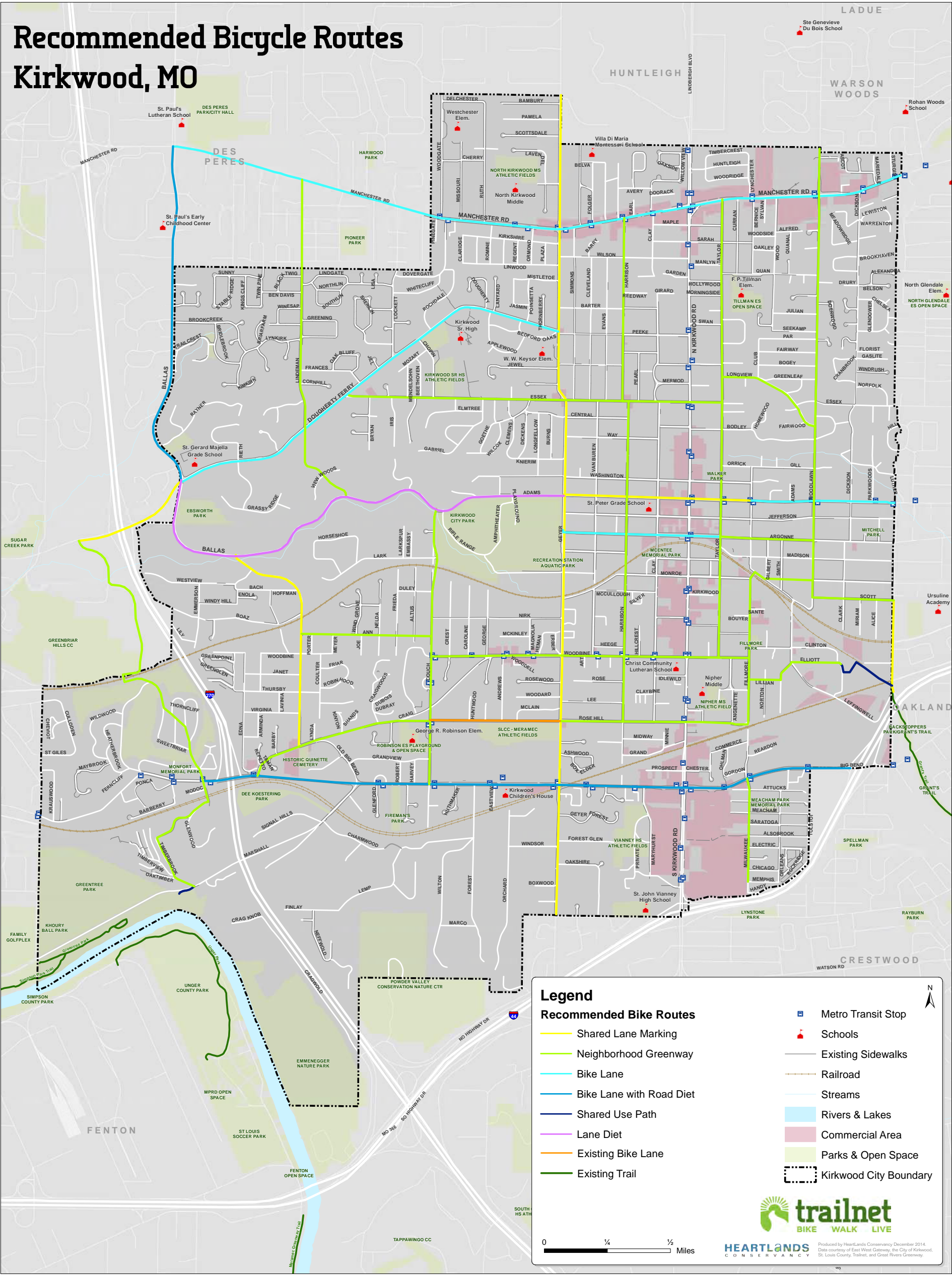
Streets	Recommendation	Length (miles)	Prioritization
Scottsdale Connection	Path	0.09	140
Alexandra	Path	0.02	0
Girard	Path	0.13	0
Quan	Path	0.07	0
	<b>Total:</b>	0.30	

**Figure 11: Connections, paths, lane diets and road diets**

Streets	Recommendation	Length (miles)	Prioritization
Fillmore	Ped Rail crossing	0.03	220
Kirkwood	Road diet & on-street parking	1.28	155
Ballas	Restriped shoulder	0.45	125
Adams	Restriped shoulder	1.41	110
Marshall	Meramec Greenway Connection	0.06	65
	<b>Total:</b>	<b>3.24</b>	

Figure 12:

# Recommended Bicycle Routes Kirkwood, MO







# **City of Kirkwood**

## **Pavement Condition Assessment - Final Report**

July 2015





# **PAVEMENT CONDITION ASSESSMENT**

**CITY OF KIRKWOOD, MISSOURI**

**FINAL REPORT**

**PREPARED BY**



**IN COOPERATION WITH**



**JULY 27, 2015**

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## Mill & Overlay Program History

Historical project information for previous year's mill and overlay were made available to the study team. The following tables breakdown each year's projects and based on each street's 2015 PCI rating as well as the given year's (2009, 2010, 2011, etc.) average PCI rating versus the PCI rating calculated by MicroPAVER (MicroPAVER calculates a default deterioration rate of 3 points per year).

<b>2009</b>	
<b>STREET</b>	<b>PCI RATING</b>
Lindeman (Des Peres city limits to Dougherty Ferry)	59
N. Clay (W. Essex to W. Adams)	45
N. Clay (Wilson to Barter)	60
S. Clay (W. Madison to W. Woodbine)	52
N. Taylor (E. Essex to E. Washington)	58
N. Taylor (E. Washington to E. Adams)	83
E. Argonne (S. Taylor to Holmes)	59 & 77
E. Washington (Kirkwood to N. Taylor)	72
W. Washington (Kirkwood to N. Clay)	64
Wilson (N. Clay to Kirkwood)	71
S. Harrison (W. Adams to RR Bridge)	40 & 63
<b>2009 Average PCI =</b>	<b>61.7</b>
<b>MicroPAVER Predicted PCI =</b>	<b>82</b>

**Table 1: PCI Ratings for each Project in 2009**

# APPENDIX C

## **MICROPAVER Summary Reports**

PCI Ratings (by maintenance zones)

Idlewild Place	S. Clay	Kirkwood Rd.	27.	630.	KirkwoodMO:Idlewild:001	17,010.00	AC	E	100
Kirkwood Rd.	RR tracks north	MoDOT RW near Swan	44.	4,475.	KirkwoodMO:KirkwoodRd:002	396,900.00	AC	E	65
Kirkwood Rd.	RR tracks south	MoDOT ROW	44.	4,410.	KirkwoodMO:KirkwoodRd:001	194,040.00	AC	E	52
Lee Ave.	S. Harrison	S. Geyer	25.	1,290.	KirkwoodMO:Lee:001	32,250.00	AC	E	67
Leffingwell Ave.	Holmes	section 001 (APC)	24.	754.	KirkwoodMO:Leffingwell:002	18,096.00	PCC	E	42
Leffingwell Ave.	in tracks south	section 002 (PCC)	23.	3,385.	KirkwoodMO:Leffingwell:001	77,855.00	AC	E	68
McCullough Ave.	S. Clay	S. Van Buren	26.	1,250.	KirkwoodMO:McCullough:001	32,500.00	AC	E	62
Midway Ave.	S. Harrison	dead end	19.	475.	KirkwoodMO:Midway:002	9,025.00	AC	E	49
Minnie Ave.	dead end	Grand	24.	477.	KirkwoodMO:MinnieAve:001	11,448.00	PCC	E	45
Miriam Ave.	Scott	dead end	22.	780.	KirkwoodMO:Miriam:001	17,160.00	AC	E	69
Mitchell Place	E. Argonne	E. Jefferson	25.	480.	KirkwoodMO:Mitchell:001	12,000.00	AC	E	55
Monroe Place	S. Geyer	S. Van Buren	21.	725.	KirkwoodMO:MonroePl:001	15,225.00	AC	E	60
N. Clay Ave	W. Argonne (south curbline)	W. Adams (south curbline)	37.	765.	KirkwoodMO:NClay:000	28,305.00	AC	E	51
N. Harrison Ave.	W. Argonne north	W. Adams (south curbline)	31.	730.	KirkwoodMO:NHarrison:001	22,630.00	AC	E	40
N. Taylor Ave.	E. Adams south	E. Argonne	36.	710.	KirkwoodMO:NTaylor:001	25,560.00	AC	E	44
N. Van Buren Ave.	W. Adams	W. Argonne	31.	730.	KirkwoodMO:NVanBuren:003	22,630.00	PCC	E	100
N. Woodlawn Ave.	E. Adams	E. Argonne	35.	1,600.	KirkwoodMO:NWoodlawn:004	52,675.00	AC	E	46
Norton Ave.	Ullian	dead end	24.	765.	KirkwoodMO:Norton:001	18,360.00	AC	E	71
Ohlman Ave.	Commerce	Gordon Place	27.	835.	KirkwoodMO:Ohlman:001	22,545.00	AC	E	80
Prospect Ave.	Kirkwood Rd.	dead end	24.	700.	KirkwoodMO:Prospect:001	16,800.00	AC	E	50
Reardon Dr	S. Fillmore	cul de sac	27.	630.	KirkwoodMO:Reardon:001	17,010.00	PCC	E	47
Rollingwood Ln	S. Geyer	cul de sac	27.	620.	KirkwoodMO:Rollingwood:001	16,740.00	PCC	E	38
Rose Ln.	S. Harrison	cul de sac	23.	1,140.	KirkwoodMO:Rose:001	29,250.00	PCC	E	90
S. Fillmore Ave	Big Bend	555 ft N.	28.	555.	KirkwoodMO:SFillmore:001	15,540.00	PCC	E	68
S. Fillmore Ave	Scott Ave. south	E. Clinton (south curbline)	36.	1,645.	KirkwoodMO:SFillmore:002	59,220.00	AC	E	65
S. Fillmore Ave	Rosehill north	E. Clinton (south curbline)	37.	1,550.	KirkwoodMO:SFillmore:003	57,350.00	AC	E	62
S. Clay Ave.	W. Rose Hill	north curbline of W. Woodbine	24.	1,375.	KirkwoodMO:SCLay:001	33,000.00	PCC	E	84
S. Clay Ave.	south curbline W. Argonne	north bridge approach @ RR tracks	25.	150.	KirkwoodMO:SCLay:003	3,750.00	PCC	E	61
S. Clay Ave.	W. Woodbine (north curbline)	RR bridge (south bent)	37.	2,055.	KirkwoodMO:SCLay:002	76,035.00	AC	E	52
S. Elliot Ave.	Leffingwell	dead end	25.	1,125.	KirkwoodMO:SElliott:001	28,125.00	AC	E	81
S. Fillmore Ave	E. Argonne south	RR Tracks/Scott	26.	725.	KirkwoodMO:SFillmore:004	18,850.00	AC	E	61
S. Fillmore Ave	Section 001 (PCC)	dead end @ RR Tracks	28.	465.	KirkwoodMO:SFillmore:005	13,020.00	AC	E	41
S. Harrison Ave.	S. Geyer Rd. (NBL only)	W. Madison	18.	480.	KirkwoodMO:Sgeyer:007	8,640.00	AC	E	45
S. Harrison Ave.	W. Rose Hill	Lee	24.	359.	KirkwoodMO:SHarrison:002	8,616.00	PCC	E	82
S. Harrison Ave.	W. Woodbine	RR tracks	26.	1,865.	KirkwoodMO:SHarrison:003	48,490.00	AC	E	63
S. Harrison Ave.	W. Rosehill	Grand	22.	665.	KirkwoodMO:SHarrison:001	14,630.00	AC	E	62
S. Harrison Ave.	W. Woodbine	Lee (south curbline)	25.	975.	KirkwoodMO:SHarrison:005	24,375.00	AC	E	67
S. Harrison Ave.	W. Monroe (north curbline)	RR bridge (south bent)	32.	125.	KirkwoodMO:SHarrison:006	4,000.00	AC	E	51
S. Harrison Ave.	W. Argonne	RR bridge (north bent)	31.	540.	KirkwoodMO:STaylor:002	16,740.00	AC	E	63
S. Taylor Ave.	E. Woodbine north	E. Monroe	37.	1,640.	KirkwoodMO:STaylor:003	60,680.00	AC	E	57
S. Taylor Ave.	dead end @ RR Tracks	cul de sac	37.	975.	KirkwoodMO:STaylor:001	22,425.00	AC	E	47
S. Taylor Ave.	E. Argonne	E. Monroe	37.	708.	KirkwoodMO:STaylor:003	26,196.00	AC	E	50
S. Van Buren Ave.	W. Woodbine north	RR tracks	30.	1,380.	KirkwoodMO:SVanBuren:001	41,400.00	AC	E	79
S. Woodlawn Ave.	E. Adams south	Scott	24.	1,400.	KirkwoodMO:SWoodlawn:001	54,360.00	AC	E	47
Sante Ave.	S. Fillmore	dead end	24.	365.	KirkwoodMO:Sante:001	8,760.00	AC	E	28
Scott Ave.	S. Woodlawn @ eyebrow	S. Fillmore	22.	1,400.	KirkwoodMO:Scott:002	30,800.00	AC	E	51
Scott Ave.	Holmes	Woodlawn	24.	1,690.	KirkwoodMO:Scott:001	40,560.00	AC	E	45
Silver Ln.	McCullough (west leg)	McCullough (east leg)	25.	665.	KirkwoodMO:Silver:001	16,625.00	AC	E	59
Smith St.	E. Argonne	E. Monroe	25.	820.	KirkwoodMO:Smith:001	20,500.00	AC	E	72
Smith St.	E. Monroe	Scott	22.	200.	KirkwoodMO:Smith:002	4,400.00	AC	E	57
Thomas Ave.	S. Fillmore	dead end @ Niphter service road	19.	600.	KirkwoodMO:Thomas:001	11,400.00	AC	E	63
W. Argonne Dr.	N Harrison	N. Geyer	30.	1,295.	KirkwoodMO:WArgonne:003	38,850.00	AAC	E	71



Knierim Place	N. Geyer	Clements	19.	1,135.	KirkwoodMO:Knierim:001	21,565.00	AC	NW	74
Lanyon Ln.	Dougherty Ferry	cul de sac	27.	785.	KirkwoodMO:Lanyon:001	21,195.00	PCC	NW	73
Laven Del Ln	Mid Meadows north	cul de sac	27.	1,465.	KirkwoodMO:LavenDel:001	39,555.00	PCC	NW	35
Laven Del Ln	Mid Meadows south	cul de sac	27.	685.	KirkwoodMO:LavenDel:002	18,495.00	PCC	NW	42
Lin Manor Dr.	Lockett	Sherlin	27.	435.	KirkwoodMO:LinManor:001	11,745.00	AC	NW	35
Lindeman Rd.	Dougherty Ferry	City Limits (Des Peres)	27.	3,370.	KirkwoodMO:Lindeman:001	122,840.00	AC	NW	59
Lindeman Rd.	Lindeman	W. Adams Ave.	27.	1,871.	KirkwoodMO:Lindeman:002	50,517.00	PCC	NW	68
Lindgate Dr.	Lindeman	Lockett	27.	2,060.	KirkwoodMO:Lindgate:001	55,620.00	AC	NW	31
Linwood Blvd.	N. Geyer	Claridge Place	27.	1,947.	KirkwoodMO:Linwood:001	52,569.00	PCC	NW	72
Lisa Ln.	Lindgate	cul de sac	27.	315.	KirkwoodMO:Lisa:001	8,505.00	AC	NW	48
Lockett Ln.	Lockett Rd.	cul de sac @ Sherlin	19.	1,630.	KirkwoodMO:LockettLn:001	30,970.00	AC	NW	55
Lockett Rd.	Dougherty Ferry	Linmanor	36.	935.	KirkwoodMO:Lockett:001	33,660.00	AC	NW	57
Lockett Rd.	City Limits (Des Peres)	Linmanor	30.	905.	KirkwoodMO:Lockett:002	27,150.00	AC	NW	51
Longfellow Ave.	Central	Knierim	25.	940.	KirkwoodMO:Longfellow:001	23,500.00	AC	NW	77
Longfellow Ave.	Knierim	W. Washington	16.	345.	KirkwoodMO:Longfellow:002	5,520.00	AC	NW	82
Lynkirk Ln.	Lindemann east	1406 Lynkirk	27.	740.	KirkwoodMO:Lynkirk:001	19,580.00	PCC	NW	64
Lynkirk Ln.	Lindemann west	Cheswick Place	27.	1,960.	KirkwoodMO:Lynkirk:002	52,920.00	PCC	NW	65
Mendessohn Dr.	Dougherty Ferry	Mozart	27.	640.	KirkwoodMO:MendeSolm:001	17,280.00	PCC	NW	53
Mid Meadows Ln.	N. Geyer	KW North Middle School	27.	311.	KirkwoodMO:MidMeadows:001	8,397.00	PCC	NW	46
Mindy Ln.	Lindgate	cul de sac	27.	280.	KirkwoodMO:Mindy:001	7,560.00	AC	NW	51
Missouri Ave.	N. side of Cherry	dead end	27.	367.	KirkwoodMO:Missouri:002	9,909.00	PCC	NW	40
Missouri Ave.	Manchester Rd	Cherry	26.	1,265.	KirkwoodMO:Missouri:001	32,890.00	AC	NW	42
Mistletoe Ln.	N. Geyer	Bluebonnet	27.	1,080.	KirkwoodMO:Mistletoe:001	29,160.00	PCC	NW	95
Mozart Dr.	Chopin	cul de sac	27.	930.	KirkwoodMO:Mozart:001	25,110.00	PCC	NW	94
N. Geyer Rd.	Manchester Rd.	City Limits (Frontenac)	23.	2,755.	KirkwoodMO:NGeyer:001	63,365.00	AC	NW	75
N. Geyer Rd.	Manchester Rd south	W. Essex	36.	3,570.	KirkwoodMO:NGeyer:002	128,520.00	AC	NW	36
N. Geyer Rd.	W. Adams (north curbline)	W. Essex (north curbline)	36.	1,950.	KirkwoodMO:NGeyer:003	71,640.00	AC	NW	44
Northlin Dr.	Lindgate (west leg)	Southern	27.	670.	KirkwoodMO:Northlin:001	18,090.00	AC	NW	45
Oak Bluff Ln.	Frances	cul de sac (Colonial Oak)	27.	695.	KirkwoodMO:OakBluff:001	18,765.00	AC	NW	48
Ormond Dr.	Manchester south	Kirkshire	27.	236.	KirkwoodMO:Ormond:002	6,372.00	PCC	NW	64
Ormond Dr.	Linwood	Kirkshire	27.	460.	KirkwoodMO:Ormond:001	12,420.00	PCC	NW	80
Ormond Dr.	N. Geyer	cul de sac	27.	1,275.	KirkwoodMO:Pamela:001	34,425.00	PCC	NW	45
Plaza Terrace	Linwood	Kirkshire	27.	565.	KirkwoodMO:PlazaTerr:001	15,255.00	PCC	NW	75
Poinsettia Ln.	Dougherty Ferry	Mistletoe	25.	870.	KirkwoodMO:Poinsettia:001	21,750.00	APC	NW	72
Point Essex Ct.	W. Essex	cul de sac	27.	1,095.	KirkwoodMO:PointEssex:001	29,565.00	PCC	NW	76
Rieth Terrace	Dougherty Ferry north	cul de sac	20.	500.	KirkwoodMO:RiethTerr:001	10,000.00	AC	NW	43
Rieth Terrace	Dougherty Ferry south	Grassy Ridge	22.	1,150.	KirkwoodMO:RiethTerr:002	25,300.00	AC	NW	62
Romine Dr.	Manchester Rd	129 ft south	26.	129.	KirkwoodMO:Romine:002	3,354.00	PCC	NW	51
Ruth Dr.	Cherry St	Belchester	27.	1,174.	KirkwoodMO:Ruth:002	31,698.00	PCC	NW	53
Ruth Dr.	Manchester	Ruth (002)	25.	1,310.	KirkwoodMO:Ruth:001	32,750.00	AC	NW	46
Schubert Dr.	W. Essex	Elm Tree	26.	245.	KirkwoodMO:Schubert:001	6,370.00	AC	NW	98
Scottsdale Rd.	N. Geyer	cul de sac	25.	1,320.	KirkwoodMO:Scottsdale:001	33,000.00	AC	NW	91
Sherlin Dr.	Lockett Ln. (south)	Lockett Ln. (north)	27.	1,290.	KirkwoodMO:Sherlin:001	34,830.00	AC	NW	48
Southern Dr.	Northlin (west leg)	Lindgate	27.	1,250.	KirkwoodMO:Southern:001	33,750.00	AC	NW	37
Spring House Dr.	Rieth Terrace (west curbline)	cul de sac	20.	1,490.	KirkwoodMO:SpringHous:001	29,800.00	AC	NW	46
St. Crok Ct.	Lockett east	cul de sac	25.	420.	KirkwoodMO:StCroik:001	10,500.00	AC	NW	63
St. Crok Ct.	Lockett west	cul de sac	25.	250.	KirkwoodMO:StCroik:002	6,250.00	AC	NW	75
Stable Ridge Dr.	Sunny (south curbline)	2nd cul de sac at sunny	26.	1,030.	KirkwoodMO:StableRidge:001	26,780.00	PCC	NW	95
Sugar Creek Rd.	W. Adams	W. Washington	15.	380.	KirkwoodMO:SugarCRk:001	5,700.00	AC	NW	28
Sunny Dr.	Twin Pine	Stable ridge	27.	1,834.	KirkwoodMO:Sunny:001	49,518.00	PCC	NW	95
Thornberry Ln	Dougherty Ferry	cul de sac	27.	690.	KirkwoodMO:Thornby:001	18,630.00	PCC	NW	47
Trailcrest Ln.	Bridlebrook	Ballas	27.	1,000.	KirkwoodMO:Trailcrest:001	27,000.00	PCC	NW	82

## APPENDIX E

## Operations and Maintenance Form

	<b>Name of Local Public Agency</b>	City of Kirkwood	
	<b>State</b>	MO	
<b>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.</b>			
<a href="#">Lane miles vs Centerline miles</a> If you don't know what the difference between a lane mile and centerline mile contact Jason Lange			
	Total Lane Miles	248 (in miles)	or Total Centerline Miles (in miles)
<b>Transit Agencies Only</b>			
	# of Vehicles in Fleet		
<b>2. Budget Information</b>			
	Year of most recent budget	2019-2020	
	Budgeted total revenue	\$90,222,865.00	Entire municipal or county budget
	Sources of revenue (i.e. sales tax, property tax, motor fuel tax)	General Fund (Road/Bridge Fund, Sales/Property Taxes, Gross Receipts Revenues) Electric Tax, Water Tax, various others.	
<b>3. Total expenditures for transportation operations and maintenance – from your current budget</b> <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	\$1,672,326.00	

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

Updated: 10/2018



No. **132269****CITY OF KIRKWOOD**  
139 SOUTH KIRKWOOD ROAD  
KIRKWOOD, MO 63122U.S. BANK  
KIRKWOOD, MO

DATE 02/11/2020

**ACCOUNTS PAYABLE**

4-21/810

**AMOUNT**

\$\*\*\*\*\*6,431.75

PAY THE SUM  
OF

SIX THOUSAND FOUR HUNDRED THIRTY ONE AND 75/100 DOLLARS

VOID AFTER 90 DAYS

TO  
THE  
ORDER  
OF: 21272  
EAST-WEST  
GATEWAY COUNCIL OF GOVERNMENTS  
1 MEMORIAL DR.  
SUITE 1600  
ST. LOUIS MO 63102-2451  
CAO  
  
CITY CLERK

⑈ 132269 ⑈ ⑆081000210⑆ 152307768431⑈

CITY OF KIRKWOOD • 139 S. KIRKWOOD • KIRKWOOD, MISSOURI 63122

CHECK NO. **132269**

DATE	ACCOUNT	DESCRIPTION	INVOICE	AMOUNT
02/11/2020	30114016007514	SWAN TO ADAMS AVE APPLICATION	*****6,431.75	
EAST-WEST	21272		<b>TOTAL</b>	\$*****6,431.75