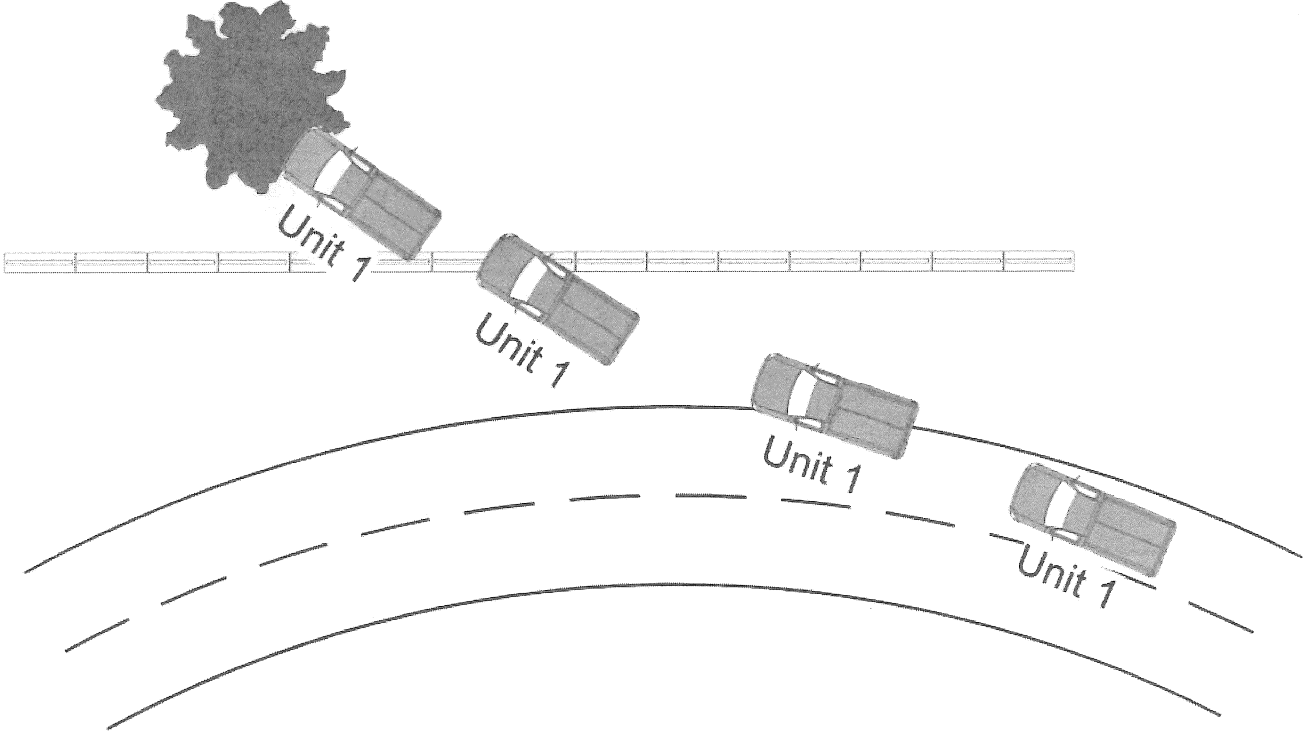


MISSOURI UNIFORM CRASH REPORT

PAGE 1 OF 5

1—GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MODOT (HSD) 2211 ST. MARY'S BLVD JEFFERSON CITY, MO 65102													
SPACE USED FOR BARCODE				MO99999999 **													
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		REPORT / CASE / INCIDENT NUMBER		NO. VEH. INV.	
CRASH DATE MM/DD/YYYY		CRASH TIME (MIL)		NOTIFIED DATE		TIME NOTIFIED (MIL)		INVEST. DATE		TIME ARRIVED (MIL)		DATE OF RDWY. CLEAR		TIME OF RDWY. CLEAR		INVEST. AT SCENE	
07/09/2025		0100		07/09/2025		0115		07/09/2025		0130		07/09/2025 <input type="checkbox"/> NA		0500 <input type="checkbox"/> NA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ROADWAY <input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife <input type="checkbox"/> Fell / Jumped From MV		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedalcycle <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object		CRASH TYPE <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision <input type="checkbox"/> Thrown or Falling Object		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle (Front to Side)		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input checked="" 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 7H 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 / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> Yes — Complete Section 7H for appropriate vehicle. <input checked="" type="checkbox"/> No — No commercial vehicle fields need completion.																	
EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY WHOM LT. SMITH				AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency WEBSTER GROVES POLICE DEPARTMENT											
EVIDENTIARY VIDEO 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				MUNICIPALITY 9999 NON-CITY OR UNINCO				BEAT / ZONE 123		TRP/DIST/PCT 1		GPS COORDINATES (DD MM SS.SS FORMAT) LAT: N 38 33 36.50 LONG: W -90 24 04.56					
ON IS 44				RDWY. DIR. E		DISTANCE FROM 63		LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING ERM EAST IS 44 MILE 278.2							
SPEED LIMIT 55		ROADWAY 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		FEET Miles		SPEED LIMIT 55		INT. DIR. NA		GEO—CODE NA			
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane				<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier				<input type="checkbox"/> Other <input type="checkbox"/> Unknown		ROADWAY ALIGNMENT <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROADWAY 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		PERPENDICULAR <input type="checkbox"/> Cross Intersection (4-Way) <input type="checkbox"/> T-Intersection		ANGLED/SKEWED <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Five or More Legs and Not Circular		ROUNDBOULT / TRAFFIC CIRCLE <input type="checkbox"/> Roundabout <input type="checkbox"/> Other Circular Intersection		Other (Explain) Unknown (Explain)		Enter Codes		ROADWAY CONDITION LIGHT CONDITION 3		WEATHER / ENVIRON CONDITION 01		ROADWAY SURFACE 2	
3—DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None																	
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality																	
JONES, SCOTT - 322 MAIN STREET, JEFFERSON CITY, MO 65102 - CHAIN LINK FENCE																	
JONES, SCOTT - 322 MAIN STREET, JEFFERSON CITY, MO 65102 - LARGE WALNUT TREE																	
4—WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative																	
NAME & ADDRESS (Street, City, State, Zip)														PHONE NUMBER			
5—NON-MOTORIST <input checked="" type="checkbox"/> NA <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Other Non-Motorist <input type="checkbox"/> Occupant of Animal or Animal Drawn Device																	
(NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prior Motor Vehicle Occupant <input type="checkbox"/> Personal Conveyance Type (Enter Code) _____ <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other (Explain) <input type="checkbox"/> On Motorized Pedalcycle <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> EMS																	
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"/> In Driveway Access <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Shoulder / Roadside		Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown		BICYCLE LANE / FACILITY (Enter Code)	
CROSSING ROAD <input type="checkbox"/> NA		<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> With Flashing Beacon <input type="checkbox"/> Unknown		<input type="checkbox"/> Intersection—Marked Crosswalk <input type="checkbox"/> Intersection—Unmarked Crosswalk <input type="checkbox"/> Midblock—Marked Crosswalk <input type="checkbox"/> Midblock—No Crosswalk <input type="checkbox"/> Unknown		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 / Cycling / Riding In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		Other (Explain) Unknown		ORIGIN / DESTINATION <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"/> Going To / From Transit <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"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Passing <input type="checkbox"/> Following Too Close <input type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped) <input type="checkbox"/> Other (Explain)																	
<input type="checkbox"/> Failure To Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> Drugs <input type="checkbox"/> Not Visible (Dark Clothing, No Lighting, etc.) <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Start from Park <input type="checkbox"/> Unknown (Explain)																	
<input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Wrong-Way <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Backing <input type="checkbox"/> Distacted / Inattentive (If marked, fill in Codes) →																	
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
<div data-bbox="1425 163 1497 205">INDICATE NORTH</div>  <div data-bbox="110 1927 292 1948">INDICATE ROAD NAMES</div> <div data-bbox="1302 1927 1497 1948">DIAGRAM NOT TO SCALE</div>							

NO. 7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)													PHONE NUMBER								
1 JOHNSON, FRED - 123 OAK STREET, JEFFERSON CITY, MO 65102													(555) 555-2222								
DRIVER LICENSE / ID NUMBER				STATE		LIC STATUS		LIC TYPE		ENDORSEMENTS											
J123-32-5555				MO		<input type="checkbox"/> Valid <input checked="" type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> NA		<input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Unknown		<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		<input type="checkbox"/> Yes (add code) <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unk						
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	INDICATION OF IMPROPER USE?	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)	
06/05/1975		M	FL	3	2	2	03	02	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA											
DRIVER LICENSE RESTRICTIONS Alcohol Interlock Required on License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA													Alcohol Interlock Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA								
PROOF OF INSURANCE				INSURANCE COMPANY				PHONE NO. (Optional)				POLICY NUMBER									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required				NA								<input checked="" type="checkbox"/> NA				<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle					
7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD													PHONE NUMBER <input type="checkbox"/> SAD								
UNKNOWN - UNKNOWN																					
YEAR		MAKE			MODEL				COLOR			VEH. TYPE		TOTAL NO. OF OCC.							
1988		FORD			FUSION				RED			01		2							
LICENSE — PLATE NO.				STATE		YEAR		VIN													
8PJ-A3M				MO		2025		I F A P F 2 3 2 L 3 2 H 2 3 5 6 7													
TOWED FROM SCENE				TOWED BY				VEHICLE DAMAGE (Mark all damaged areas)													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				STURMS TOWING (555)666-3333				INITIAL IMPACT NO: 14				None / No Damage									
TOWED DUE TO DIS. DAMAGE				1355 WEST HWY 100								18 - Undercarriage 22 - Cargo									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				WASHINGTON, MO 63090								19 - Windshield 23 - Unknown									
												20 - Burned 24 - Other									
												21 - Trailer / Towed Unit (Explain)									
VEHICLE BODY TYPES — Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance <input type="checkbox"/> Vehicle Used for Electronic Ride-Hailing (Transportation Network Company)																					
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Passenger Van (<9 Seats) <input type="checkbox"/> 9-12 Passenger Van <input type="checkbox"/> 15- Passenger Van <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 / Moped																					
<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"/> Autocycle <input type="checkbox"/> Recreational Off-Highway Vehicles (ROV) <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"/> Unknown (Explain)																					
<input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Truck Tractor																					
GVW / GCW 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																					
Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) N A																					
FIRST TRAILER / TOWED UNIT		YEAR			MAKE			MODEL				Record Subsequent Trailer / Towed Units in Section 9 — Narrative.									
LICENSE — PLATE NO.		STATE		YEAR		VIN															
SECOND TRAILER / TOWED UNIT		YEAR			MAKE			MODEL													
LICENSE — PLATE NO.		STATE		YEAR		VIN															
AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE				If marked Yes, complete Automation System Levels Engaged at Time of Crash and Driver Ceded Control fields				AUTOMATION SYSTEM LEVELS ENGAGED AT TIME OF CRASH				DRIVER CEDED CONTROL									
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown								<input type="checkbox"/> No Automation <input type="checkbox"/> Partial Automation <input type="checkbox"/> High Automation <input type="checkbox"/> Automation System(s) Engaged Level Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA									
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" or "B")				<input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated				<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)													
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																					
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown										ANIMAL CODE(S)				FIXED OBJECT CODE(S)							
01 07 20 36 36														24 20							
ALCOHOL USE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA MARIJUANA USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA																					
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																					
04 <input type="checkbox"/> None <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8) <input checked="" type="checkbox"/> NA																					
7E. WORK ZONE				TYPE OF WORK ZONE				LOCATION OF THE CRASH				LAW ENFORCEMENT PRESENT									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Lane Closure <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Other Type of Work Zone <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown <input type="checkbox"/> Before the First Work Zone Warning Sign <input type="checkbox"/> Transition Area <input type="checkbox"/> Activity Area <input type="checkbox"/> Advanced Warning Area <input type="checkbox"/> Termination Area				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA									
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																					
7F. 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 Electric (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																					
7G. 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						

7H. — 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.		
VEH NO.	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
8 — CODES		
ROADWAY CONDITION CODES 1. Dry 2. Wet 3. Snow 4. Ice/Frost 5. Slush 7. Standing Water 8. Moving Water 9. Other (Explain) 11. Mud, Dirt, Gravel 12. Sand U. Unknown (Explain)		ROADWAY SURFACE CODES 1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt/Sand 6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (Explain)
SEAT LOCATION XX — Not Known M — Motorcycle CP — Commercial Passenger OE — Occupant — Enclosed Load Area OU — Occupant — Unenclosed Load Area RC — Rail Crew VE — Riding on Motor Vehicle Exterior (non-trailing unit) SS — Sleeper Section of Cab (truck) TU — Trailing Unit SV — Other (Explain in Narrative) NA — Not Applicable		INJURY (Enter Numerical Value) 1. (K) Fatal Injury 2. (A) Suspected Serious Injury 3. (B) Suspected Minor Injury 4. (C) Possible Injury 5. (O) No Apparent Injury 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 1. None / Not Applicable 3. Not Deployed 4. Removed 5. Deployed — Front 6. Deployed — Side 7. Deployed — Curtain 8. Deployed — Other (Knee, Air Belt, etc.) 10. Deployment Unknown U. Air Bag Presence Unknown		SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint — Forward Facing 12. Child Restraint — Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other (Explain) 16. Child Restraint — Type Unknown 17. Stretcher 18. Wheelchair 19. Lighting 20. Reflectors U. Use Unknown N. Not Applicable
PERSONAL CONVEYANCE TYPE CODES 1. Scooter — Mobility Assistance / Motorized 2. Scooter — Stand-up / Motorized 3. Stand-up / Non-motorized 4. Stand-up / Motorized-Other 5. Stroller 6. Rideable Toy 7. Other (Explain)		BICYCLE LANE / FACILITY CODES 1. Signed Route (No Pavement Marking) 2. Shared Lane Markings 3. On-street Bike Lanes 4. On-street Buffered Bike Lanes 5. Separated Bike Lanes 6. Off-street Trails / Sidepaths 7. Other (Explain) U. Unknown N. Not Applicable
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)		
ENDORSEMENT CODES 1. H — Hazardous Materials 2. N — Tank Vehicle 3. P — Passenger 4. S — School 5. T — Double / Triple Trailers 6. X — Combination of Tank Vehicle and Hazardous Materials 7. Other Non-commercial License Endorsements (e.g., Motorcycle, etc.)		
VEHICLE TYPE CODES 1. Motor Vehicle In Transport 2. Parked Motor Vehicle 3. Working Motor Vehicle U. Unknown		OTHER VEHICLE CODES 1. Riding Mower / Garden Tractor 2. Golf Cart 3. Snowmobile 4. Forklift 6. Low Speed Vehicle (LSV) 7. Other (Explain)
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 / Merging 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. Overtake / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo / Equipment 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 Vehicle 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 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell / Jumped From MV 44. Thrown / Falling Object 46. Ran Off Roadway — Other (Explain) 47. Cross Separator 48. Collision Inv. Other Non-motorist (**) 49. Struck By Falling, Shifting Cargo, Object Set In Motion by Motor Vehicle 50. End Departure (T-intersection, Dead-end, etc.)		
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 / Guy Wire 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		
PROBABLE CONTRIBUTING CIRCUMSTANCES (Items with double-asterisk [**] require additional coding) 1. Vehicle Defects (Explain) 3. Improperly Stopped in Roadway 4. Speed — Exceeded Limit 5. Too Fast For Conditions 6. Improper Passing 7. Failure to Obey Traffic Signs, Signals, or Officer 8. Wrong Side (Not Passing) 9. Following Too Close 10. Improper Signal 11. Improper Backing 12. Improper Turn 13. Improper Lane Usage / Change 14. Wrong Way 15. Improper Start From Park 16. Improperly Parked 17. Failed To Yield 18. Alcohol 19. Drugs 20. Physical Impairment (Explain) 21. Distracted / Inattentive (**) 23. Vision Obstructed 24. Driver Fatigue / Asleep 25. Failed to Dim Headlights 26. Failed to Use Lights 27. Improper Towing / Pushing 28. Overcorrected 29. Improper Riding / Clinging To Vehicle Exterior 30. Failed To Secure Load / Improper Loading 31. Animal(s) In Roadway 32. Object / Obstruction in Roadway 33. Other (Explain)		

9. NARRATIVE/STATEMENTS

EVIDENCE AT THE SCENE INDICATED THAT THE DRIVER FAILED TO NEGOTIATE THE CURVE DUE TO EXCESSIVE SPEED. VEHICLE #1 TRAVELED OFF THE RIGHT SIDE OF THE ROADWAY AND STRUCK A FENCE AND THEN RAN INTO A LARGE TREE. DRIVER #1 HAD HEAD INJURIES FROM STRIKING THE WINDSHIELD AND WAS TRANSPORTED BY EMS FROM THE SCENE. PASSENGER #1 WAS PRONOUNCED DEAD AT THE SCENE BY THE ST. LOUIS COUNTY CORONER.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME WHITFIELD, BILL W	DSN / BADGE NO. 24534	BEAT / ZONE 123	TROOP / DISTRICT / PRECINCT 1
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.