

INCIDENT DATA

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Incident Report Additional Name List

Columbia Police Department

OCA: 2016-001629

Additional Name List

Name Code/#	Victim of Crime #	DOB	Age	Race	Sex
1) SB 4		08/16/1951	64	W	M
Address		H:			
Empl/Add		B: - -			
		Mobile #:	- -		
2) SB 6		11/23/1967	48	W	M
Address		H:			
Empl/Add		B:			
		Mobile #:			
3) WI 2		05/30/1996	19	W	F
Address		H:			
Empl/Add		B:			
		Mobile #:			
4) WI 3		11/09/1996	19	A	M
Address		H:			
Empl/Add		B:			
		Mobile #:			
5) WI 1		06/26/1991	24	W	F
Address		H:			
Empl/Add		B:			
		Mobile #:			

INCIDENT/INVESTIGATION REPORT

Columbia Police Department

Case # 2016-001629

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type
	PH	EVI	1.000		BODY CAM FOOTAGE
	PH	EVI	1.000		BODY CAMERA VIDEO OF STATEMENTS

Assisting Officers

Suspect Hate / Bias Motivated:

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 2016-001629

Columbia Police Department

NARRATIVE

----Converted Off Report----
Off ID: 2016-001629

ON 02/13/2016 AT APPROXIMATELY 1916 HOURS, A VEHICLE COLLISION INVOLVING A PEDESTRIAN OCCURRED IN THE AREA OF ROCK QUARRY RD AND GRINDSTONE PARKWAY.

----MO Information----

Incident Report Related Vehicle List

Columbia Police Department

OCA: 2016-001629

1	VehYr/Make/Model 2008 CADI, Esc		Style SUV		Color GRA/GRA		Lic/Lis 114 MO 2016		VIN 1GYFK63878R237627		
	IBR Status None		Date 02/13/2016		Location						
	Condition		Value \$0.00		Offense Code		Jurisdiction Locally		State #		
	NIC #										
	Name (Last, First, Middle) [REDACTED]				Also Known As				Home Address [REDACTED]		
	Business Address										
DOB 05/07/1967		Age 48	Race W	Sex F	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features				

Notes

2	VehYr/Make/Model 1995 DODG, Grac		Style VN		Color GRN		Lic/Lis SF3W3P MO 2017		VIN 1B4GH44R6SX643113		
	IBR Status None		Date 02/13/2016		Location						
	Condition		Value \$0.00		Offense Code		Jurisdiction Locally		State #		
	NIC #										
	Name (Last, First, Middle) * No name *				Also Known As				Home Address		
	Business Address										
DOB		Age	Race	Sex	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features				

Notes

Incident Report Related Property List

Columbia Police Department

OCA: 2016-001629

1	Property Description BODY CAM FOOTAGE				Make AXON		Model VIDEO		Caliber		
Color		Serial No.		Value \$0.00		Qty 1.000		Unit		Jurisdiction Locally	
Status Evidence		Date 02/13/2016		NIC #		State #		Local #		OAN	
Name (Last, First, Middle) * No name *						DOB		Age		Race	
										Sex	

Notes

Enter Date : Feb 13 2016 12:00AM
 Status : 8
 Prop Code: DD
 Brand: AXON
 Model: VIDEO
 Serial Num:
 Offense IDs: 2016-001629

2	Property Description BODY CAMERA VIDEO OF STATEMENTS FROM DRI				Make AXON		Model VIDEO		Caliber		
Color		Serial No.		Value \$0.00		Qty 1.000		Unit		Jurisdiction Locally	
Status Evidence		Date 02/13/2016		NIC #		State #		Local #		OAN	
Name (Last, First, Middle) Columbia, City Of						DOB		Age 0		Race	
										Sex	

Notes

Full Item Description: BODY CAMERA VIDEO OF STATEMENTS FROM DRIVER AND PEDESTRI
 Enter Date : Feb 13 2016 12:00AM
 Status : 8
 Prop Code: DD
 Brand: AXON
 Model: VIDEO
 Serial Num:
 Offense IDs: 2016-001629/1

Supplement List

Case #: 2016001629

Supplement #	Date/Time	Investigator	Description
1	02/13/2016 00:00	MOORE, DEREK C	Conv
2	02/13/2016 00:00	PERKINS, CURTIS S	Conv

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 01/16/2026 08:02

Columbia Police Department

SYSTEM ID: **46234**

SUPPLEMENT #: **1**

OCA: **2016001629**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *OTHER*

Case Mng Status: *INACTIVE*

Occurred: *02/13/2016*

Offense: *ACCWINJ*

Investigator: *MOORE, DEREK C (2192)*

Date / Time: *02/13/2016 00:00:00, Saturday*

Supervisor: *(0)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *Conv*

--Follow Up Synopsis--

--Converted Supplement--

<Officer Narrative>

2016-001629

ON 02/13/2016 AT APPROXIMATELY 1916 HOURS, A VEHICLE COLLISION INVOLVING A PEDESTRIAN OCCURRED IN THE AREA OF ROCK QUARRY RD AND GRINDSTONE PARKWAY.

Info:

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OFF.REPORTS

2016-001629

Narrative:

On 02/13/2016 at approximately 1918 hours, I was dispatched to the area of Rock Quarry Road and Grindstone Parkway regarding a vehicle collision with a pedestrian.

Upon arrival, the pedestrian, later identified as [REDACTED] was already transported to the University of Missouri Hospital. I made contact with three witnesses and the driver of the striking vehicle on scene.

Witness [REDACTED] stated that she was driving west bound on Grindstone Parkway approaching Rock Quarry Road behind the striking vehicle. [REDACTED] stated that as the striking vehicle was crossing the intersection with a solid green light, a male subject stepped off the median and began to walk across Grindstone Parkway. [REDACTED] stated that the vehicle attempted to stop, however struck the pedestrian. [REDACTED] believed that the pedestrian was working on a stalled vehicle in the east bound lane of Grindstone Parkway.

Witness [REDACTED] was the passenger of [REDACTED] vehicle. [REDACTED] stated that the male subject stepped off the median and was struck by the vehicle in front of her.

Witness [REDACTED] stated that he was travelling west bound on Grindstone Parkway approaching Rock Quarry Road. [REDACTED] stated that as the striking vehicle crossed the intersection, the pedestrian stepped off the median. [REDACTED] stated that the pedestrian stopped in the roadway, closed his eyes, and bent over

Investigator Signature

Supervisor Signature

CASE SUPPLEMENTAL REPORT

Printed: 01/16/2026 08:02

NOT SUPERVISOR APPROVED

Columbia Police Department

SYSTEM ID: **46234**SUPPLEMENT #: **1**OCA: **2016001629**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *OTHER*Case Mng Status: *INACTIVE*Occurred: *02/13/2016*Offense: *ACCWINJ*Investigator: *MOORE, DEREK C (2192)*Date / Time: *02/13/2016 00:00:00, Saturday*Supervisor: *(0)*Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *Conv*

prior to being struck.

I made contact with [REDACTED] the driver of the vehicle, a 2008 Cadillac Escalade bearing Missouri Collegiate Registration 114. [REDACTED] stated that she was travelling west bound in the passing lane of Grindstone Parkway approaching Rock Quarry Road. [REDACTED] son, [REDACTED] was in the front right passenger seat. [REDACTED] stated that after she entered the intersection with a solid green light, an unknown race/sex subject entered the roadway from the center median. [REDACTED] attempted to stop, but collided with the subject. After [REDACTED] came to a complete stop, she estimated that the pedestrian was approximately a car length and a half in front of her vehicle. [REDACTED] was unsure of the exact location that she collided with the pedestrian, but stated that it was after she crossed the intersection.

I traveled to the University of Missouri Hospital to contact [REDACTED] stated that he was driving a 1995 Dodge Grand Caravan bearing Missouri Registration SF3W3P east bound on Grindstone Parkway approaching Rock Quarry Road. [REDACTED] stated that he stopped at a solid red light, but his vehicle stalled when he attempted to go again. [REDACTED] stated that because he did not have a cell phone, he exited his vehicle and started to walk across Grindstone Parkway. [REDACTED] saw a vehicle approaching, and then was struck. [REDACTED] stated that he had drank approximately five beers since 1400 hours, drinking approximately one beer every hour.

This report is for information only. Please see Officer Scott Wilson's accident report for further.

--Follow Up Synopsis-- ON SCENE INVESTIGATION, INTERVIEW OF DRIVER & PEDESTRIAN

--Converted Supplement--

<Officer Narrative>

2016-001629/1

Info:

Investigator Signature

Supervisor Signature

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 01/16/2026 08:02

Columbia Police Department

SYSTEM ID: 46523

SUPPLEMENT #: 2

OCA: 2016001629

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: OTHER

Case Mng Status: INACTIVE

Occurred: 02/13/2016

Offense: ACCWINJ

Investigator: PERKINS, CURTIS S (1413)

Date / Time: 02/13/2016 00:00:00, Saturday

Supervisor: (0)

Supervisor Review Date / Time: NOT REVIEWED

Contact:

Reference: Conv

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OFF.REPORTS

2016-001629/1

Narrative:

On 02/13/16 at approximately 1926 hours a vehicle versus pedestrian crash occurred on Grindstone Pkwy near Rock Quarry. The driver of the vehicle was identified as [REDACTED]. The passenger of the vehicle was identified as [REDACTED].

Due to the seriousness of injuries to [REDACTED] I was called to the scene to assist with the crash investigation. I arrived on scene and marked the evidence with marking paint. The final rest location of [REDACTED] was not known as he had been transported prior to my arrival. I took photographs of the crash scene using my assigned digital camera.

I contacted the driver [REDACTED]. She stated she had been traveling west on Grindstone Parkway and was in the passing (inside) lane of westbound Grindstone Parkway. She stated she struck the pedestrian who was crossing the road shortly after going through the intersection of Rock Quarry. She was unable to identify the exact location where she struck him. [REDACTED] stated she had not consumed any intoxicants and had not taken any medication that would impair her ability to drive. I did not observe any clues of impairment. [REDACTED] consented to a preliminary breath test (PBT). The result of the PBT test was a BAC of .000.

After completing the on-scene investigation, Officer Moore and I responded to the University of MO Hospital to contact the pedestrian. [REDACTED] had been admitted to the Surgical Intensive Care Unit. I contacted [REDACTED] and identified myself as a police officer. [REDACTED] stated his car had broke down. He stated he had been traveling east on Grindstone Parkway and stopped at the stop light at Grindstone Parkway and Rock Quarry. He stated when the light changed his car would not go. He stated he thought the transmission went out of the vehicle. He stated he did not have a cell phone and went to call for help. He stated he was crossing Grindstone Parkway (westbound lanes) and a vehicle struck him. [REDACTED] admitted to consuming five beers. He stated he began drinking about 2 pm and had stopped drinking right before he left his house. He stated he had been drinking about one beer an hour. I could smell an odor of intoxicants coming

Investigator Signature

Supervisor Signature

CASE SUPPLEMENTAL REPORT
NOT SUPERVISOR APPROVED

Printed: 01/16/2026 08:02

Columbia Police Department

SYSTEM ID: **46523**

SUPPLEMENT #: **2**

OCA: **2016001629**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *OTHER*

Case Mng Status: *INACTIVE*

Occurred: *02/13/2016*

Offense: *ACCWINJ*

Investigator: *PERKINS, CURTIS S (1413)*

Date / Time: *02/13/2016 00:00:00, Saturday*

Supervisor: *(0)*

Supervisor Review Date / Time: *NOT REVIEWED*

Contact:

Reference: *Conv*

from his breath. I asked him to do a PBT test and he agreed. He was only able to blow for a couple of seconds. I did a manual override to take the sample which resulted in a BAC of .000. I repeated the same process and it again resulted in a BAC of .000. [REDACTED] was provided with information on how to retrieve his vehicle which had been towed by Slate Towing. University of MO Hospital staff listed his status as life threatening.

Due to the seriousness of injuries, I assigned the investigation of the crash to Officer Scott Wilson.

Investigator Signature

Supervisor Signature

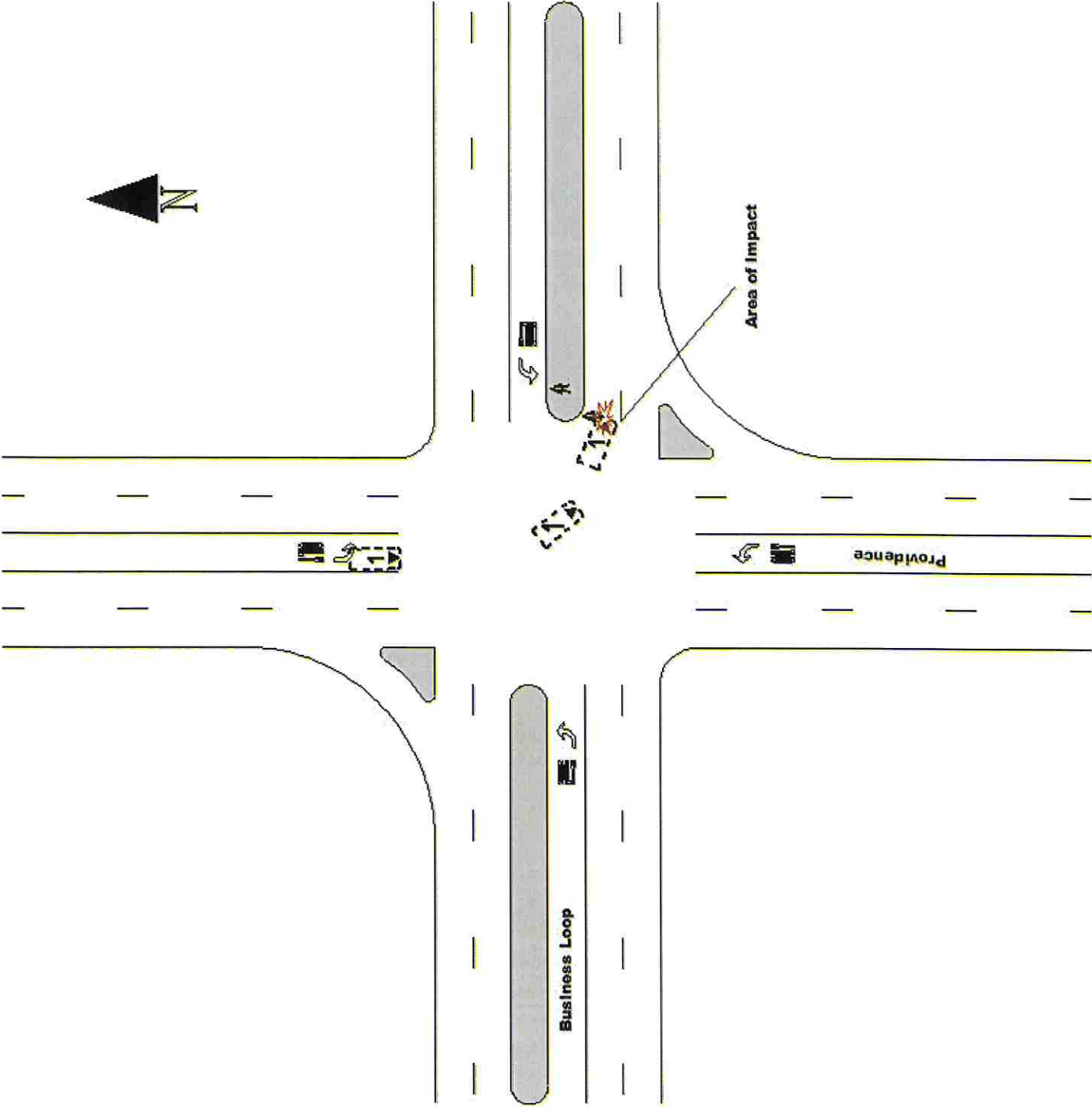
1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0100200 ** COLUMBIA POLICE DEPARTMENT 600 E WALNUT COLUMBIA, MO 65201							
SPACE USED FOR BARCODE											
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DRIVER NO.		CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY <input type="checkbox"/> NO. INJURED 1 NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 2018010223	
NO. VEH. INV. 1		CRASH DATE 01/18/2018		CRASH TIME (MIL.) 1209		NOTIFIED DATE 01/18/2018		TIME NOTIFIED (MIL.) 1211		INVESTIGATION DATE 01/18/2018	
TIME ARRIVED (MIL.) 1215		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 Less / 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"/> 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 010-BOONE		MUNICIPALITY 0610-COLUMBIA		BEAT / ZONE NA		TRP/DIST/PCT NA		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 57 52.72 LONG: W -92 20 01.74			
ON LP 70		RDWY. DIR. EAST		DISTANCE FROM <input checked="" type="checkbox"/> NA Feet Miles		LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		INTERSECTING CST PROVIDENCE RD SPEED LIMIT 35 INT. DIR. S GEO. CODE NA			
TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown		ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)					
INTERSECTION TYPE <input type="checkbox"/> NA <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 6-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	
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)								PHONE NUMBER	
DATE OF BIRTH 05/15/1999		SEX M		STRUCK BY VEH #: 1		INJ. PORT 04		SAFETY DEVICES 02		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 type="checkbox"/> NA <input checked="" type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input checked="" type="checkbox"/> Against Signal <input checked="" 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"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input checked="" type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input checked="" type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		Unknown <input type="checkbox"/> Other (Explain)		SCHOOL INFO. <input 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 type="checkbox"/> None <input checked="" 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 checked="" type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
DISTRIBUTION: COPY - AGENCY FILE; ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC RECORDS DIVISION - P.O. BOX 586 - JEFFERSON CITY, MO 65102											
SHP-202 01/12											

6. COLLISION
DIAGRAM

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

V1 N ☒ 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



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

NO. 17A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER				
DRIVER LICENSE / ID NUMBER [REDACTED]				STATE MO		LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown				LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> NA <input type="checkbox"/> CDL Class _____ <input type="checkbox"/> Intern / Grad <input type="checkbox"/> Unlicensed				MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown (Explain)					
DATE OF BIRTH 02/06/1954		SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJECTION 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)					
PROOF OF INSURANCE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY AARP				<input type="checkbox"/> Expired				PHONE NO. (Optional)			POLICY NUMBER 55PHK279015		<input type="checkbox"/> NA <input checked="" type="checkbox"/> Driver Vehicle				
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): [REDACTED] <input checked="" type="checkbox"/> SAD															PHONE NUMBER <input type="checkbox"/> SAD				
YEAR 2013		MAKE TOYOTA			MODEL TUNDRA				COLOR BLACK		VEH. TYPE 01		TOTAL NO. OF OCC. 1						
LICENSE - PLATE NO. 3UT606		STATE MO		YEAR 2019		VIN 5 T F U W 5 F 1 X D X 3 2 0 6 4 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) <input type="checkbox"/> None / No Damage INITIAL IMPACT NO: <input type="checkbox"/> NA 14 [Diagram showing impact points 1-17] <input checked="" type="checkbox"/> 13 12 11 10 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"/> Small Bus (8-15 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"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Intercity <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Cargo Van <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Charter / Tour <input checked="" type="checkbox"/> Pickup <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Other <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School <input type="checkbox"/> Unknown (Explain)																			
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 05 30										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"/> 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"/> 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"/> Violation Signal / Sign <input type="checkbox"/> Improper Backing <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Overcorrected <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Improper Turn <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Alcohol <input type="checkbox"/> Improper Passing <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Drugs <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Improper Start From Park <input type="checkbox"/> Animal(s) In Roadway																			
DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)																			
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input checked="" type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) 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																			
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 (Lessee, 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 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	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 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	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 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 18. Airborne 28. Separation Of Units 37. Collision Inv. Other Object (Explain) 44. Thrown/Falling Object 2. Overtaking 11. Backing 20. Ran Off Roadway - Right 29. Returned To Roadway 38. Other Non-collision 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 3. Making Right Turn 12. Stopped In Traffic 21. Ran Off Roadway - Left 30. Collision Inv. Pedestrian 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 46. Ran Off Roadway - Other (Explain) 4. Right Turn on Red 13. Parked 22. Overtum / 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)																
OFFICER STATEMENT: <p>I was dispatched to a vehicle crash involving a pedestrian at the intersection of Business Loop 70 and Providence. Upon arrival, I observed vehicle 1 had minor damage to the front driver's side. Upon speaking with the individuals involved in the crash as well as a witness, the crash happened when vehicle 1 crashed into pedestrian 1. Vehicle 1 was facing south on Providence at Business Loop. Vehicle 1 got a green light and began making a left turn onto eastbound Business Loop 70. Pedestrian 1 stepped into traffic from the center median into the path of vehicle 1. Vehicle 1 then crashed into pedestrian 1.</p>																
DRIVER 1 STATEMENT: <p>Driver 1 stated he was making a left turn from Providence onto Business Loop 70. While making the turn, driver 1 stated he did not see pedestrian 1. Driver 1 stated as he was turning he heard a "thump" and realized he struck the pedestrian.</p>																
PEDESTRIAN 1 STATEMENT: <p>Pedestrian 1 stated he was on the center median on the east side of the intersection of Business Loop 70 and Providence. Pedestrian 1 stated he began crossing the roadway to get on the south side of the intersection. Pedestrian 1 stated he did not know if he had the signal to walk or not. Pedestrian 1 was then struck by vehicle 1.</p>																
WITNESS STATEMENT: <p>Witness 1 stated he observed pedestrian 1 prior to the crash walking in the middle of Business Loop 70. Witness 1 stated he was stopped at the intersection of Business Loop 70 and Providence at the time of the crash. Witness 1 stated he observed vehicle 1 had a green arrow and began making the turn. Witness 1 stated while vehicle 1 was making the turn, pedestrian 1 stepped out into traffic.</p>																
10. REPORTING AND REVIEWING OFFICER INFORMATION																
REPORTING OFFICER NAME TURNER, NATHAN				DSN / BADGE NO. 01985		BEAT / ZONE NA		TROOP / DISTRICT / PRECINCT NA								
REVIEWING OFFICER NAME MAYNARD, MICHAEL				DSN / BADGE NO. 01293		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.								

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0100200 ** COLUMBIA POLICE DEPARTMENT 600 E WALNUT COLUMBIA, MO 65201											
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		2020175521	
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE	
1		07/22/2020		2056		07/22/2020		2056		07/22/2020		2058		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CRASH TYPE		ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE							
<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife		<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision		<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input checked="" type="checkbox"/> Pedestrian		<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle		<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side		<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)		<input type="checkbox"/> Other (Explain) <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		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)							
010-BOONE		0610-COLUMBIA		NA		NA		LAT: N 38 57 44.72 LONG: W -92 17 31.07							
ON US 63		RDWY. DIR.		DISTANCE FROM		LOCATION		INTERSECTING							
		NORTH		<input checked="" type="checkbox"/> NA		<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At		RP 7720 US63C TO IS70W							
SPEED LIMIT		ROAD MAINTAINED BY						SPEED LIMIT		INT. DIR.		GEO - CODE			
30		<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other						30		W		NA			
TRAFFICWAY						ROAD ALIGNMENT		ROAD PROFILE							
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input checked="" type="checkbox"/> Other						<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		<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		ROAD CONDITION													
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input checked="" type="checkbox"/> Other (Explain)		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)													
ROAD SURFACE		WEATHER CONDITION													
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)													
LIGHT CONDITION															
<input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)															
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None															
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality															
4 - WITNESS <input 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															
DATE OF BIRTH		SEX		STRUCK BY VEH #.		INJ		TRANS-PORT		SAFETY DEVICES		LOCATION			
07/19/1956		M		1		03		02		02		<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		OTHER ACTIONS		SCHOOL INFO.											
<input type="checkbox"/> With Signal <input checked="" type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input checked="" type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<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 checked="" type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> With Traffic <input checked="" type="checkbox"/> Against Traffic		<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		DISTRACTED / INATTENTIVE CODE(S)		ALCOHOL USE											
<input type="checkbox"/> Failed To Yield <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)		15		<input checked="" 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 E S W U	V2 N E S W U	V3 N E S W U	V4 N E S W U	V5 N E S W U	V6 N E S W U
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INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER	
01													
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT			
		TN	<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			
			<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown			<input type="checkbox"/> Intern / Grad			<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)
02/02/1974	M	FL	5	1	2	03	05	<input type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Stopped Veh	<input type="checkbox"/> Unknown (Explain)
								<input type="checkbox"/> Load on Veh	<input type="checkbox"/> Embankment	<input type="checkbox"/> Parked Veh	<input type="checkbox"/> Glare		
PROOF OF INSURANCE		INSURANCE COMPANY		<input type="checkbox"/> Expired		PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA		<input type="checkbox"/> Driver	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		LIBERTY MUTUAL				8002907933		AOS-258-520957-40				<input checked="" type="checkbox"/> Vehicle	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER	
												<input checked="" type="checkbox"/> SAD	
YEAR	MAKE		MODEL		COLOR		VEH. TYPE	TOTAL NO. OF OCC.					
2019	HONDA		ACCORD INCLD. DX, EX,		TAN		01	1					
LICENSE - PLATE NO.	STATE	YEAR	VIN	TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE							
9N96L4	TN	U	1 H G C V 2 F 9 5 K A 0 0 0 4 4 5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
VEHICLE DAMAGE (Mark all damaged areas)				<input type="checkbox"/> None / No Damage		TOWED BY		<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA					
INITIAL IMPACT NO:				18 - Undercarriage		22 - Cargo							
<input type="checkbox"/> NA 13				19 - Windshield		23 - Unknown							
				20 - Burned		24 - Other (Explain)							
				21 - Towed Unit									
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance													
<input checked="" type="checkbox"/> Passenger Car													
<input type="checkbox"/> Van (< 9 W/Driver)													
<input type="checkbox"/> Passenger Van (9+ W/Driver)													
<input type="checkbox"/> Sport Utility Vehicle													
<input type="checkbox"/> Limousine (7-8 W/Driver)													
<input type="checkbox"/> Limousine (9-15 W/Driver)													
<input type="checkbox"/> Motorized Bicycle													
<input type="checkbox"/> Pedalcycle													
<input type="checkbox"/> To / From School													
<input type="checkbox"/> Small Bus (9-15 W/Driver)													
<input type="checkbox"/> Large Bus (16+ W/Driver)													
<input type="checkbox"/> School Bus													
<input type="checkbox"/> Intercity													
<input type="checkbox"/> Transit / Commuter													
<input type="checkbox"/> Charter / Tour													
<input type="checkbox"/> Other													
<input type="checkbox"/> Motorcycle													
<input type="checkbox"/> ATV													
<input type="checkbox"/> Motor Home													
<input type="checkbox"/> Farm Implements													
<input type="checkbox"/> Construction Equip. Heavy Mach.													
<input type="checkbox"/> Other Vehicle (Code)													
<input type="checkbox"/> Cargo Van													
<input type="checkbox"/> Pickup													
<input type="checkbox"/> Other Heavy Truck													
<input type="checkbox"/> Unknown (Explain)													
<input type="checkbox"/> Single-unit Truck; 2 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 type="checkbox"/> NA													
<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead													
<input type="checkbox"/> Crash Ahead <input checked="" 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 15 30													
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 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)													
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)													
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"/> 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													

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. Suspected 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 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

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

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

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

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

DISTRACTED / INATTENTIVE CODES

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

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

1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle 7. Other (Explain)
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9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On 07/22/2020, at 2056 hours, a motor vehicle collision with pedestrian occurred at the Connector and Clark Lane. Pedestrian one was standing in the median, intoxicated, and walked eastbound into moving traffic. There was no crosswalk. Traffic had a green light. An uninvolved vehicle in the inside most lane swerved to avoid pedestrian one. Vehicle one swerved, but still struck pedestrian one on the driver's side mirror.

Driver one Statement: was driving east on I70, exited, came north on connector, car to his left swerved, he swerved, heard his mirror hit the man in walking in traffic.

Pedestrian one Statement: was flying a sign at the connector, forgot what happened, repeated he was not in traffic.

Witness one Statement: watched drunk man run across street, drove past, in rear view mirror, saw man hit another car, bounce off driver's mirror, mirror was hanging off.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME ROBERTS, JACOB	DSN / BADGE NO. 02303	BEAT / ZONE NA	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME BRUNSTROM, RYAN	DSN / BADGE NO. 01691	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

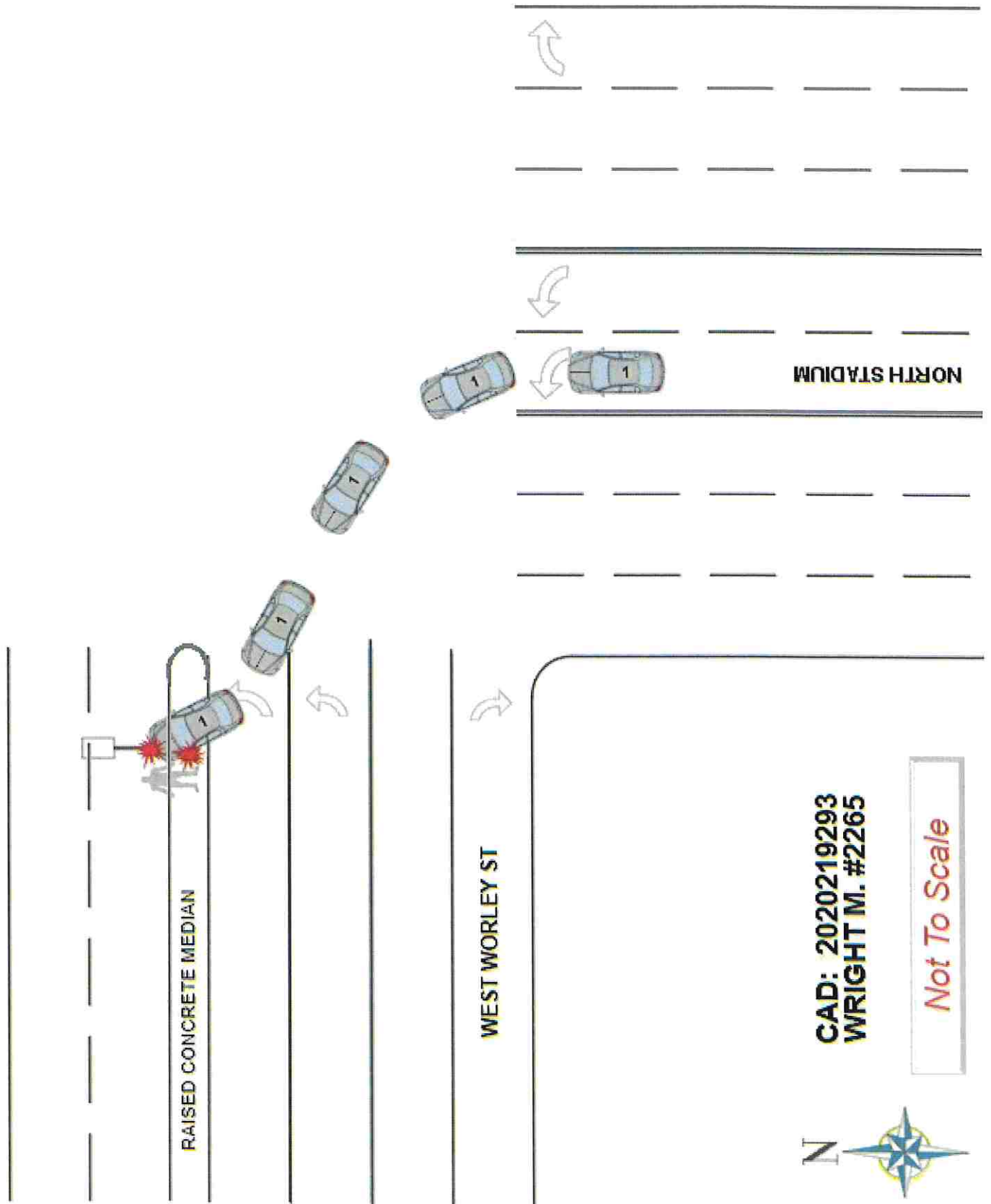
MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 05

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0100200 **													
SPACE USED FOR BARCODE				COLUMBIA POLICE DEPARTMENT 600 E WALNUT COLUMBIA, MO 65201													
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		2020219293			
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE			
1		09/09/2020		0612		09/09/2020		0612		09/09/2020		0659		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
CRASH TYPE		ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE									
<input type="checkbox"/> On Roadway		<input type="checkbox"/> On Roadway		<input type="checkbox"/> Overtaking		<input type="checkbox"/> Animal		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Angle		<input type="checkbox"/> Other (Explain)					
<input checked="" type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Fell/Jumped From MV		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Front to Rear		<input type="checkbox"/> Sideswipe (Same Dir.)		<input type="checkbox"/> Unknown (Explain)					
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Cargo / Equip Loss / Shift		<input type="checkbox"/> Fixed Object		<input type="checkbox"/> Rear to Rear		<input type="checkbox"/> Sideswipe (Opp. Dir.)							
		<input type="checkbox"/> Jackknife		<input type="checkbox"/> Other Non-Collision		<input type="checkbox"/> Other Object		<input type="checkbox"/> Rear to Side		<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)							
						<input checked="" type="checkbox"/> Pedestrian		<input type="checkbox"/> Working Motor Vehicle									
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.																	
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 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)					
010-BOONE				0610-COLUMBIA				NA		NA		LAT: N 38 57 40.62 LONG: W -92 22 17.87					
ON				RDWY. DIR.				DISTANCE FROM		LOCATION		INTERSECTING					
CST WORLEY ST				WEST				NA		NA		CST STADIUM BLVD					
SPEED LIMIT				ROAD MAINTAINED BY								SPEED LIMIT		INT. DIR.			
30				<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other								45		E			
														NA			
TRAFFICWAY								ROAD ALIGNMENT				ROAD PROFILE					
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other								<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				<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"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)					
INTERSECTION TYPE								ROAD CONDITION									
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)								<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)									
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)								<input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)									
ROAD SURFACE								WEATHER CONDITION									
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone								<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)									
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)								<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)									
LIGHT CONDITION																	
<input 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 type="checkbox"/> None																	
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipality																	
CITY OF COLUMBIA - STREET SIGN -																	
4 - WITNESS <input 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																	
DATE OF BIRTH		SEX		STUCK BY VEH #		INJ		TRANS-PORT		SAFETY DEVICES		LOCATION					
07/13/1965		M		1		02		02				<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input checked="" type="checkbox"/> On Median / Crossing Island					
												<input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown					
CROSSING ROAD				OTHER ACTIONS				SCHOOL INFO.									
<input checked="" type="checkbox"/> NA				<input checked="" type="checkbox"/> NA / None				<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"/> Working In Trafficway <input type="checkbox"/> Unknown				<input type="checkbox"/> Going To / From School					
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk				<input type="checkbox"/> Standing / Lying / Sitting In Trafficway				<input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain)				<input type="checkbox"/> Getting On / Off School Bus					
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk				<input type="checkbox"/> Pushing / Working On Vehicle				<input type="checkbox"/> Walking / Running In Trafficway				<input type="checkbox"/> Both Of The Above					
<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown				<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.				<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic				<input type="checkbox"/> Unknown (Explain)					
PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None												DISTRACTED / INATTENTIVE CODE(S)		<input checked="" 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 checked="" 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)																	
DISTRIBUTION: COPY - AGENCY FILE; ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC RECORDS DIVISION - P.O. BOX 668 - JEFFERSON CITY, MO 65102																	
SHP-202 01/19																	

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

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A DRIVER NAME (Last, First MI) & ADDRESS (Street, City, State, Zip): 01 [REDACTED]															PHONE NUMBER														
DRIVER LICENSE / ID NUMBER [REDACTED]					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"/> Operator Class <input type="checkbox"/> CDL Class <input type="checkbox"/> Intern / 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 04/23/2003		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) 8002077847					POLICY NUMBER 4257-36-67-06					<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle									
7B VEHICLE OWNER NAME (Last, First MI) & ADDRESS (Street, City, State, Zip): [REDACTED]															PHONE NUMBER					<input type="checkbox"/> SAID									
YEAR 2017		MAKE CHEVROLET				MODEL MALIBU INCLD CHEVELLES T						COLOR		VEH. TYPE 01		TOTAL NO. OF OCC. 2													
LICENSE - PLATE NO. XB4B7W		STATE MO		YEAR 2021		VIN 1G1ZE5S1T3H175499									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 <input type="checkbox"/> NA 1										<input type="checkbox"/> None / No Damage <input type="checkbox"/> 18 - Undercarriage <input type="checkbox"/> 19 - Windshield <input type="checkbox"/> 20 - Burned <input type="checkbox"/> 21 - Towed Unit <input type="checkbox"/> 22 - Cargo <input type="checkbox"/> 23 - Unknown <input type="checkbox"/> 24 - Other (Explain)										TOWED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA									
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <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 / 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																													
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) <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated																			
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES: 05 30 <input type="checkbox"/> Unknown <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 <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 Workers Present <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) [REDACTED]															DATE OF BIRTH MM-DD-YYYY 08/03/1979		SEX F	SEAT LOC FR	INJ 5	TRANS- PORT 1	EJEC- TION 2	AIR BAG 03	SAFETY DEVICES 05	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 (Leases, etc.) - NAME & ADDRESS (Street, City, State, Zip) [REDACTED]															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"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown																													
HAZARDOUS MATERIALS PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown															4-DIGIT NO.		CLASS		HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAZARDOUS MATERIAL NAME						

8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED (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. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable

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

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

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

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

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

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

1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation 6. Low Speed Vehicle 7. Other (Explain)
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9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

OFFICER STATEMENT:

The crash occurred when vehicle one was traveling Northbound on North Stadium Boulevard and was attempting to make a left hand turn to travel West on West Worley Street. Vehicle one turned short and began traveling in the eastbound lane of West Worley. Driver one then tried to correct her lane of travel by turning vehicle one to the right to enter the westbound lane of travel on West Worley. Vehicle one then traveled over the raised concrete curb style median. As vehicle one traveled over the concrete median it struck a street sign with its front bumper.

Vehicle one also struck pedestrian one with the driver's side of the vehicle which caused its driver's side mirror to fold in. Pedestrian one was walking west on West Worley in the median when he was struck by vehicle one. Initially pedestrian one's injuries appeared to be minor and he did not want medical attention. However, pedestrian one was convinced to be taken to the hospital for his injuries after he was unable to balance or walk on his own without assistance. Pedestrian one was transported via ambulance to the hospital where he was treated for a brain injury and a broken hip.

DRIVER 1 STATEMENT:

Driver one stated she was traveling northbound on North Stadium Boulevard when she attempted to make a left turn onto West Worley Street. Driver one stated she accidentally began traveling in the opposite lane of travel so she attempted to correct her vehicle into the correct lane of travel. Driver one stated she observed the pedestrian in the median but did not know if she struck him with her vehicle.

OCCUPANT 1 STATEMENT:

Occupant 1 who was the front seat passenger stated driver one was attempting to make a left hand turn onto West Worley from North Stadium Boulevard. Occupant one stated driver one misjudged the turn and then overcompensated.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME WRIGHT, MATTHEW	DSN / BADGE NO. 02265	BEAT / ZONE NA	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME KANEASTER, STEVEN	DSN / BADGE NO. 02017	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)

Occupant one stated the vehicle went over the curb and struck the street sign but she was not sure if vehicle one struck pedestrian one.

WITNESS 1 STATEMENT:

Witness one stated he observed vehicle one in the first turn lane which would be the west most lane on North Stadium Boulevard and turn left onto West Worley Street. Witness one stated he observed the vehicle turn into the wrong lane of traffic and then driver over the curb where pedestrian one was located.

PEDESTRIAN 1 STATEMENT:

Pedestrian 1 was unable to be fully interviewed on scene and could not initially remember anything that happened. On 09/25/2020 I was able to interview him at his rehabilitation center. Pedestrian 1 stated the last thing he remembers from 09/09/2020 was walking westbound on West Worley in the median. Pedestrian one did not remember anything else until after arriving at the hospital.

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI: MO0100200 **											
SPACE USED FOR BARCODE				COLUMBIA POLICE DEPARTMENT 600 E WALNUT COLUMBIA, MO 65201											
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						3		0		2021187169	
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE	
3		07/26/2021		1800		07/26/2021		1800		07/26/2021		1805		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CRASH TYPE		ROADWAY		NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE							
<input checked="" type="checkbox"/> On Roadway		<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Overturning		<input type="checkbox"/> Fell/Jumped From MV		<input type="checkbox"/> Animal		<input type="checkbox"/> Railway Vehicle		<input type="checkbox"/> Front to Front		<input type="checkbox"/> Angle	
				<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Cargo / Equip Loss / Shift		<input type="checkbox"/> Pedalcycle		<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.		<input checked="" type="checkbox"/> Front to Rear		<input type="checkbox"/> Sideswipe (Same Dir.)	
				<input type="checkbox"/> Immersion		<input type="checkbox"/> Other Non-Collision		<input type="checkbox"/> Fixed Object		<input checked="" type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Rear to Rear		<input type="checkbox"/> Sideswipe (Opp. Dir.)	
				<input type="checkbox"/> Jackknife				<input type="checkbox"/> Other Object		<input type="checkbox"/> Parked Motor Vehicle		<input type="checkbox"/> Rear to Side		<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	
								<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Working Motor Vehicle				<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 / 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 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)			
010-BOONE				0610-COLUMBIA				NA		NA		LAT: N 38 57 50.50 LONG: W -92 19 29.20			
ON: LP 70				RDWY. DIR. EAST				DISTANCE FROM		LOCATION		INTERSECTING			
								<input checked="" type="checkbox"/> NA		<input type="checkbox"/> After <input type="checkbox"/> Before		CST RANGE LINE ST			
SPEED LIMIT 35				ROAD MAINTAINED BY						<input checked="" type="checkbox"/> At		SPEED LIMIT 35		INT. DIR. N	
				<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other										GEO. CODE NA	
TRAFFICWAY								ROAD ALIGNMENT				ROAD PROFILE			
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other								<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				<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"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)			
INTERSECTION TYPE								ROAD CONDITION							
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)								<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)							
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)								<input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)							
ROAD SURFACE								WEATHER CONDITION							
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone								<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)							
<input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)								<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)							
LIGHT CONDITION															
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)															
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input 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															
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 [REDACTED]															
DATE OF BIRTH SEX UNKNOWN BY VEH. PORT DEVICES LOCATION															
09/02/1964 M 1 03 02 U <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input checked="" 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"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown															
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown															
OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic <input type="checkbox"/> Unknown <input checked="" 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 checked="" type="checkbox"/> Unknown (Explain)															
PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" 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 checked="" type="checkbox"/> NA ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown															

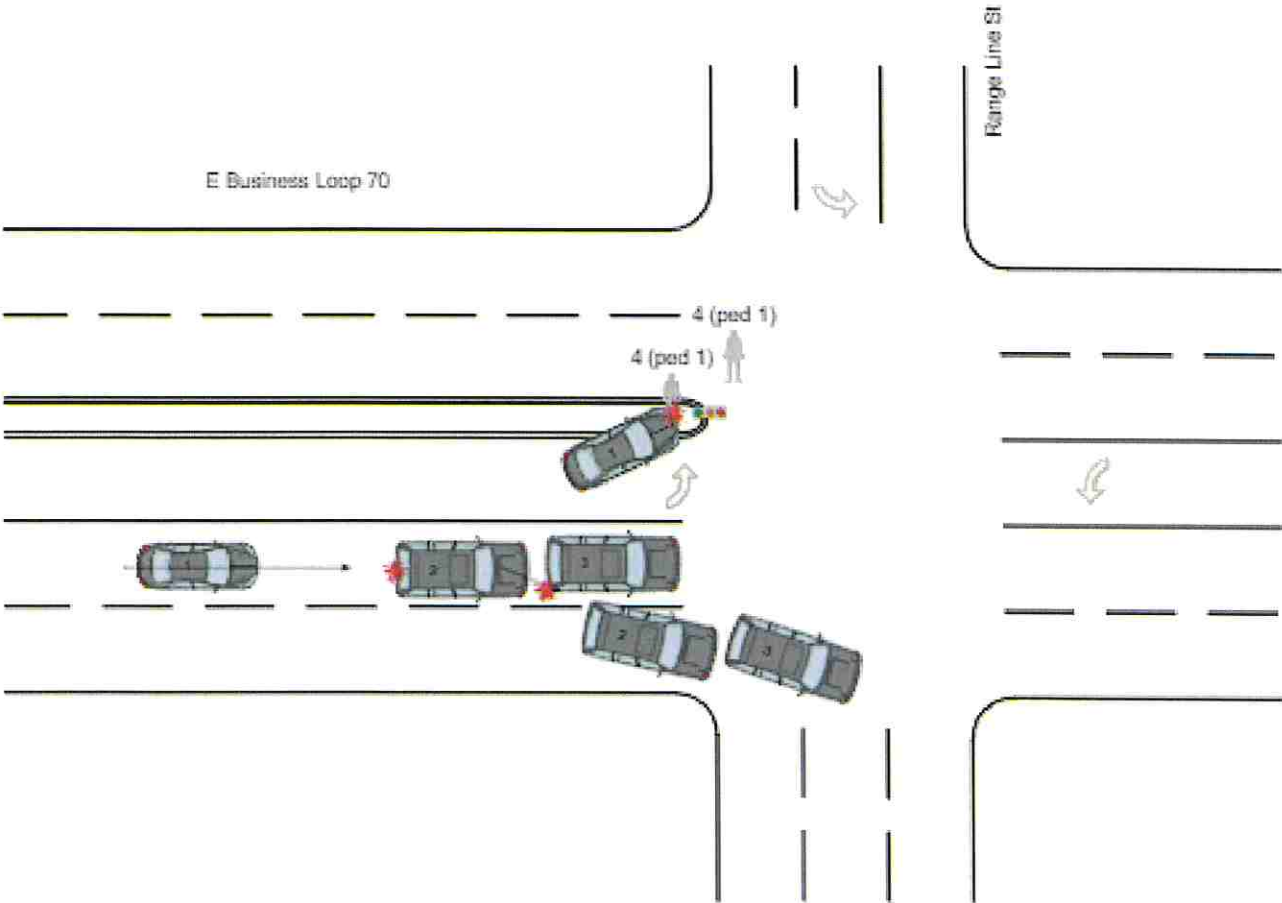
6. COLLISION
DIAGRAM

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

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



CAD 2021187169
July 26, 2021 1800 hours
E Business Loop 70/Range Line St.
Ofc T.J. Gayton



NO. 17A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															[REDACTED]																																												
DRIVER LICENSE / ID NUMBER										STATE					LIC STATUS					LIC TYPE					Operator Class					Permit					Unknown (Explain)					MC ENDORSEMENT																			
[REDACTED]										MO					<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					<input checked="" type="checkbox"/> F <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad					<input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed					<input type="checkbox"/> Yes <input checked="" 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)																		
10/08/1991										M		FL		5		1		2		09		05																																					
PROOF OF INSURANCE										INSURANCE COMPANY										<input type="checkbox"/> Expired <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required					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 <input type="checkbox"/> SAD										PHONE NUMBER										<input checked="" type="checkbox"/> SAD <input type="checkbox"/> SAD									
YEAR					MAKE					MODEL										COLOR					VEH. TYPE					TOTAL NO. OF OCC.																													
2014					CHEVROLET					MALIBU INCLD CHEVELLES T										WHITE					01					3																													
LICENSE - PLATE NO.										STATE					YEAR					VIN					TOWED FROM SCENE										TOWED DUE TO DIS. DAMAGE																								
NF9W3N										MO					2022					1 G 1 1 E 5 S L 1 E F 2 5 4 5 1 7					<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 <input type="checkbox"/> TOWED BY: <input type="checkbox"/> Unknown <input type="checkbox"/> NA															TIGER TOWING - Phone#: 573-449-3754										414 NEBRASKA AVE										COLUMBIA, MO 65202									
INITIAL IMPACT NO:															<input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21																																												
<input type="checkbox"/> NA <input type="checkbox"/> 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 (8-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School										<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other										<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown										<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)										<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units										GVW / 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 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)										ALCOHOL USE										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> NA									
SEQUENCE OF EVENTS CODES:															<input type="checkbox"/> Unknown 01 14 34 30 36															ANIMAL CODE(S)										FIXED OBJECT CODE(S)										23									
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES:																														<input type="checkbox"/> None																													
<input checked="" type="checkbox"/> Vehicle Defects (Explain) <input checked="" type="checkbox"/> Speed - Exceeded Limit <input checked="" type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs										<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked										<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park										<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway										<input type="checkbox"/> Object / Obstruction In Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)										DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes In Section 8)									
7E. WORK ZONE:										TRAFFIC CONTROL:										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																																							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										<input type="checkbox"/> None <input 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)										<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> NA																																							
Workers Present										<input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus																																																	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										<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)																																																	

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): 02 [REDACTED]										PHONE NUMBER				
DRIVER LICENSE / ID NUMBER [REDACTED]		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	MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)		MC ENDORSEMENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)							
DATE OF BIRTH 09/19/1964	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 THE INSURANCE GROUP			PHONE NO. (Optional) 8002821446		POLICY NUMBER PPCM0014673995-1		<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Vehicle		SAFETY <input type="checkbox"/> SAD			
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): [REDACTED]										PHONE NUMBER				
YEAR 2010	MAKE TOYOTA		MODEL RAV4 SPORT UTILITY		COLOR WHITE		VEH. TYPE 01	TOTAL NO. OF OCC. 1						
LICENSE - PLATE NO. GE8H6K		STATE MO	YEAR 2022	VIN 2 T 3 W F 4 D V 3 A W 0 4 5 5 4 8		TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. 8				None / No Damage 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit		22 - Cargo 23 - Unknown 24 - Other (Explain)		TIGER TOWING - Phone#: 573-449-3754 414 NEBRASKA AVE COLUMBIA, MO 65202						
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 (9-16 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School														
<input type="checkbox"/> Small Bus (9-16 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"/> 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 / 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														
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: <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)														
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)														
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 (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO														
PHONE NUMBER <input type="checkbox"/> SAO														
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <input type="checkbox"/> Not In Commerce - Rental Vehicle														
MC / MX / ICC NO. _____ USDOT NO. _____														
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other														
<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log														
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
4-DIGIT NO. _____ CLASS _____ HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown														
HAZARDOUS MATERIAL NAME _____														

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																										
NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): 03 [REDACTED]												PHONE NUMBER														
DRIVER 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												TYPE: <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain)			MC ENDORSEMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA											
DATE OF BIRTH: 12/31/1959 SEX: F SEAT LOC: FL INJ: 5 TRANSPORT: 1 EJECTION: 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)												PROOF OF INSURANCE: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			INSURANCE COMPANY: MHA PROPERTY AND CASUALTY			PHONE NO. (Optional): 5734432556			POLICY NUMBER: 320-2724592-55-A			<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle		
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): [REDACTED] PHONE NUMBER: [REDACTED]																										
YEAR: 2014		MAKE: FORD		MODEL: ESCAPE		COLOR: BLUE		VEH. TYPE: 01		TOTAL NO. OF OCC.: 1																
LICENSE - PLATE NO.: N/A		STATE: MO		YEAR: NA		VIN: 1 F M C U 9 G X 1 E U A 8 6 2 0 0		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: 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24															TIGER TOWING - Phone#: 573-449-3754											
414 NEBRASKA AVE																										
COLUMBIA, MO 65202																										
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 / 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																										
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 <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 12 34																										
ANIMAL CODE(S):																										
FIXED OBJECT CODE(S):																										
ALCOHOL USE: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk <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)																										
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 (Lease, etc.) - NAME & ADDRESS (Street, City, State, Zip): [REDACTED] PHONE NUMBER: [REDACTED]																										
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	<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	INJURY 1. Fatal 2. Suspected Serious Injury 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 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Bell, etc.) 9. Deployed - Combination 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 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)

ON JULY 26, 2021, I WAS DISPATCHED TO A MV COLLISION AT E BUSINESS LOOP 70 AND RANGE LINE ST.

UPON ARRIVAL I MADE CONTACT WITH A WITNESS, [REDACTED] WHO STATED SHE WITNESSED V1 TRAVELLING EAST ON E BUSINESS LOOP 70 AT A HIGH RATE OF SPEED AND CRASH INTO V2, WHICH IN TURN CRASHED INTO V3 [REDACTED] STATED AFTER V1 CRASHED INTO V2 IT CRASHED INTO A PEDESTRIAN AND THEN INTO A LIGHT POLE.

I MADE CONTACT WITH D2 WHO ADVISED THEY WERE IN THE CENTER LANE OF TRAFFIC. D2 STATED THEY OBSERVED V1 TRAVELLING AT A HIGH RATE OF SPEED BEHIND THEM AND BEFORE THEY COULD MOVE OUT OF THE WAY V1 STRUCK THEIR VEHICLE. D2 STATED THEIR VEHICLE THEN STRUCK V3 AND V1 STRUCK A PEDESTRIAN AND THEN THE STOP LIGHT POLE.

I MADE CONTACT WITH D3 WHO STATED THEY WERE STOPPED AT A TRAFFIC LIGHT WHEN THEY WERE INVOLVED IN A MOTOR VEHICLE COLLISION AND DID NOT SEE WHAT HAPPENED.

I MADE CONTACT WITH D1 WHO STATED HE WAS TRAVELLING EAST ON E BUSINESS LOOP 70 WHEN HE WAS TRYING TO TURN INTO THE LEFT TURNING LANE. D1 STATED HE WAS CUT OFF BY V2 AND STRUCK V2.

V2 CAME TO REST IN THE FAR RIGHT LANE OF TRAFFIC ALONG WITH V3.

I MADE CONTACT WITH [REDACTED] A WITNESS TO THE INCIDENT. [REDACTED] STATED HE WITNESSED THE V1 TRAVELLING AT A HIGH RATE OF SPEED EAST ON E BUSINESS LOOP 70. [REDACTED] STATED V1 DID NOT ATTEMPT TO HIT THEIR BREAKS AND STRUCK V2, WHICH IN TURN STRUCK V3. [REDACTED] STATED V1 STRUCK A PEDESTRIAN AND THEN A LIGHT POLE.

OFFICERS ON SCENE SPOKE WITH THE PEDESTRIAN WHO STATED V1 WAS SPEEDING TOWARD V2. V1 CRASHED INTO V2 AND THEN V1 CAME TOWARDS HIM.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME EDWARDS, KEISHA	DSN / BADGE NO. 01426	BEAT / ZONE NA	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME GAYTON, TREV	DSN / BADGE NO. 02274	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

COMMUNICATIONS

Event Report

Event ID: 2021-187169

Call Ref #: 599

Date/Time Received: 07/26/21 18:00:25

Rpt #: 2021-007022

Prime 3P28

Services Involved

Call Source: W911

Unit: GAYTON, TREVEYON J

LAW

FIRE

EMS

Location: E BUSINESS LOOP 70/RANGE LINE ST

X-ST:

Jur: CAD

Service: LAW

Agency: CPD

St/Beat: 20E

District: CPDC

RA: 3112

Business:

Phone:

GP: 20E

Nature: 77D4 VEH COL PED/BIKE/MC

Alarm Lvl: 1 Priority: 1

Medical Priority: 77D04

Reclassified Nature:

Caller:

Addr:

Phone:

Alarm:

Alarm Type:

Vehicle #: NF9W3N

St: MO

Report Only: No

Race:

Sex:

Age:

Call Taker: JCJPRYOR

Console: CAD02

Geo-Verified Addr.: Yes

Nature Summary Code:

VCOL

Disposition: 1

Close Comments:

Notes:

See Event Notes Addendum at end of this report

Times

Call Received: 07/26/21 18:00:25

Time From Call Received

Call Routed: 07/26/21 18:00:25

Unit Reaction: 000:01:43 (1st Dispatch to 1st Arrive)

Call Take Finished: 07/26/21 18:00:25

En-Route: 000:00:03 (1st Dispatch to 1st En-Route)

1st Dispatch: 07/26/21 18:00:44

000:00:19 (Time Held)

On-Scene: 004:41:28 (1st Arrive to Last Clear)

1st En-Route: 07/26/21 18:00:47

000:00:22

1st Arrive: 07/26/21 18:02:27

000:02:02 (Reaction Time)

Last Clear: 07/26/21 22:43:55

004:43:30

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
3P54	2354	DXY	DispatchXY	07/26/21 18:00:44	1682325.63,1136897.12		JCMLUEBB
3P54	2354	D	Dispatched	07/26/21 18:00:44	Stat/Beat: 50W		JCMLUEBB
2C40	2347	DXY	DispatchXY	07/26/21 18:00:45	1688270.84,1135619.48		JCMLUEBB
2C40	2347	D	Dispatched	07/26/21 18:00:45	Stat/Beat: CSAN		JCMLUEBB
3P54	2354	E	En-Route	07/26/21 18:00:47			Unit:3P54
2C40	2347	E	En-Route	07/26/21 18:00:53			Unit:2C40
3P28	2274	DXY	DispatchXY	07/26/21 18:01:12	1678374.11,1138993.72		JCMLUEBB
3P28	2274	D	Dispatched	07/26/21 18:01:12	Stat/Beat: 20E		JCMLUEBB
3P28	2274	E	En-Route	07/26/21 18:01:12	Stat/Beat: 20E		JCMLUEBB
2P20	2365	DXY	DispatchXY	07/26/21 18:01:20	1688290.05,1141892.07		CPGPOTTO

Event ID: 2021-187169		Call Ref #: 599		77D4 VEH COL PED/BIKE/MC at E BUSINESS LOOP 70/RANGE LINE ST		
2P20	2365	D	Dispatched	07/26/21 18:01:20	Stat/Beat: 20W	CPGPOTTO
2P20	2365	E	En-Route	07/26/21 18:01:20	Stat/Beat: 20W	CPGPOTTO
3P54	2354	C	Cleared	07/26/21 18:01:34	2 [2]	JCMLUEBB
2P20	2365	A	Arrived	07/26/21 18:02:27		Unit:2P20
2C40	2347	A	Arrived	07/26/21 18:06:19		Unit:2C40
3P28	2274	A	Arrived	07/26/21 18:09:40		JCCANDER
2L2	1140	D	Dispatched	07/26/21 18:10:28		CPRHORRE
2L2	1140	DXY	DispatchXY	07/26/21 18:10:28	1690237.26,1140016.90	CPRHORRE
2L2	1140	E	En-Route	07/26/21 18:10:28		CPRHORRE
2L2	1140	A	Arrived	07/26/21 18:10:28		CPRHORRE
2P20	2365	C	Cleared	07/26/21 18:33:06	[16]	16 CPGPOTTO
2C40	2347	C	Cleared	07/26/21 18:33:24	[16]	16 CPDWORD
2P56	2028	D	Dispatched	07/26/21 18:35:20	Stat/Beat: 50E	JCMLUEBB
2P56	2028	DXY	DispatchXY	07/26/21 18:35:20	1688706.25,1135649.78	JCMLUEBB
2P56	2028	E	En-Route	07/26/21 18:35:20	Stat/Beat: 50E	JCMLUEBB
2P56	2028	A	Arrived	07/26/21 18:43:02		Unit:2P56
3P28	2274	CUS	{3P28} IN CUSTODY	07/26/21 18:46:03		JCMLUEBB
3P28	2274	NFS	{3P28} NO FURTHER	07/26/21 18:51:45		JCMLUEBB
2L2	1140	C	Cleared	07/26/21 18:53:51	[16]	16 CPRHORRE
3P28	2274	MILE	Beg Mileage	07/26/21 18:55:07	Beg Mileage: 0.1	JCMLUEBB
3P28	2274	T	Transport	07/26/21 18:55:07	To: TO CPD/10-15 W ADULT MALE	JCMLUEBB
4S80	1828	D	Dispatched	07/26/21 19:09:51	Stat/Beat: 80S	JCMLUEBB
4S80	1828	E	En-Route	07/26/21 19:09:51	Stat/Beat: 80S	JCMLUEBB
4S80	1828	A	Arrived	07/26/21 19:09:51	Stat/Beat: 80S	JCMLUEBB
2P56	2028	C	Cleared	07/26/21 19:11:11	[16]	16 CPJMCCUL
4S80	1828	C	Cleared	07/26/21 19:39:14	[28]	28 CPTSCHUS
3P28	2274	ENT	Entered Related Name	07/26/21 19:52:45		CPTGAYTO
3P28	2274	...	Entered Related Name	07/26/21 19:52:45		CPTGAYTO
3P28	2274	ENT	Entered Related Name	07/26/21 20:58:45		CPTGAYTO
3P28	2274	T	Transport	07/26/21 22:07:02	To: BOONE COUNTY JAIL/	CPTGAYTO
3P28	2274	A	Arrived	07/26/21 22:17:02		Unit:3P28
3P28	2274	MILE	End Mileage	07/26/21 22:17:15	End Mileage: 1	CPTGAYTO
3P28	2274	C	Cleared	07/26/21 22:43:55	[1,5]	1 CPTGAYTO

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TS	Time Spawned	07/26/21 18:00:25	Initial call received at 07/26/2021 17:58:		JCJPRYOR
		PAG	Automatic Nature Page	07/26/21 18:00:26	Paged CPDPATPIO		PAGESRV
		VEV	Viewed Event	07/26/21 18:00:31	User First Viewed Event CAD		JCMLUEBB
		REC	Unit Rec Btn Click	07/26/21 18:00:39	1) Unit recommend for 77D4 VEH COL		JCMLUEBB
		...	Unit Rec Btn Click...	07/26/21 18:00:39	2) E BUSINESS LOOP 70/RANGE LINE		JCMLUEBB
		...	Unit Rec Btn Click...	07/26/21 18:00:39			JCMLUEBB
		REC	Unit Recommendation	07/26/21 18:00:44	Plan: CP01 Cat: 8 Lvl: 1		JCMLUEBB
		REC	Unit Recommendation	07/26/21 18:00:44	Recmnd:3P54 [PAT], 2C40 [CSA]		JCMLUEBB
		REC	Unit Recommendation	07/26/21 18:00:46	Recmnd:3P54 [PAT], 2C40 [CSA]		JCMLUEBB
		REC	Unit Recommendation	07/26/21 18:00:46	Plan: CP01 Cat: 8 Lvl: 1		JCMLUEBB
		VEV	Viewed Event	07/26/21 18:00:50	User First Viewed Event CAD		JCKRIDER

ARM	Added Remarks	07/26/21 18:00:56	Notes sent from FIRE event #20211871	JCCANDER
ARM	Added Remarks	07/26/21 18:01:12	Notes sent from FIRE event #20211871	JCCROMBA
CHG	Changed PrimeUnit	07/26/21 18:01:15	3P54 --> 3P28	JCMLUEBB
ARM	Added Remarks	07/26/21 18:01:34	Notes sent from FIRE event #20211871	JCASMITH
ARM	Added Remarks	07/26/21 18:01:35	Notes sent from FIRE event #20211871	JCSPURDY
ARM	Added Remarks	07/26/21 18:01:39	Notes sent from FIRE event #20211871	JCCPARIS
ARM	Added Remarks	07/26/21 18:01:53	Notes sent from FIRE event #20211871	JCSPURDY
VEV	Viewed Event	07/26/21 18:02:28	User First Viewed Event CAD	JCCPARIS
ARM	Added Remarks	07/26/21 18:02:45	Notes sent from FIRE event #20211871	JCCROMBA
ARM	Added Remarks	07/26/21 18:02:52	Notes sent from FIRE event #20211871	JCJPRYOR
VEV	Viewed Event	07/26/21 18:02:53	User First Viewed Event CAD	JCCANDER
ARM	Added Remarks	07/26/21 18:03:44		JCMLUEBB
ARM	Added Remarks	07/26/21 18:03:44	Sent to: Linked Events	JCMLUEBB
ARM	Added Remarks	07/26/21 18:04:18	Notes sent from FIRE event #20211871	JCJPRYOR
CHG	Changed VehicleID	07/26/21 18:05:07	[ID: 1036073] <UNK#1> --> NF9W3N	JCCANDER
ENT	Entered VehState	07/26/21 18:05:07	[ID: 1036073] MO	JCCANDER
ENT	Entered LicenseType	07/26/21 18:05:07	[ID: 1036073] PC	JCCANDER
RSW	Reset Watchdog Timer	07/26/21 18:05:40	Units: 2P20 >>> 5Min.	JCCANDER
VEV	Viewed Event	07/26/21 18:06:12	User First Viewed Event CAD	JCJPRYOR
WO	WRECKER OF THE W	07/26/21 18:06:16		JCCANDER
ARM	Added Remarks	07/26/21 18:06:16		JCCANDER
ARM	Added Remarks	07/26/21 18:06:16	Sent to: Linked Events	JCCANDER
WO	WRECKER OF THE W	07/26/21 18:06:17		JCCANDER
ARM	Added Remarks	07/26/21 18:06:17		JCCANDER
ARM	Added Remarks	07/26/21 18:06:17	Sent to: Linked Events	JCCANDER
ARM	Added Remarks	07/26/21 18:06:30		JCCANDER
ARM	Added Remarks	07/26/21 18:06:30	Sent to: Linked Events	JCCANDER
ARM	Added Remarks	07/26/21 18:07:48	Notes sent from FIRE event #20211871	JCWMADDI
ARM	Added Remarks	07/26/21 18:08:05		JCJPRYOR
ARM	Added Remarks	07/26/21 18:08:05	Sent to: Linked Events	JCJPRYOR
ARM	Added Remarks	07/26/21 18:09:06		JCCANDER
ARM	Added Remarks	07/26/21 18:09:06	Sent to: Linked Events	JCCANDER
RSW	Reset Watchdog Timer	07/26/21 18:09:32	Units: 2C40 >>> 555Min.	JCCANDER
RSW	Reset Watchdog Timer	07/26/21 18:09:32	Units: 2C40 >>> 999Min.	JCMLUEBB
RSW	Reset Watchdog Timer	07/26/21 18:09:35	Units: 2P20 >>> 555Min.	JCCANDER
RSW	Reset Watchdog Timer	07/26/21 18:09:42	Units: 3P28 >>> 5Min.	JCCANDER
VEV	Viewed Event	07/26/21 18:11:18	User First Viewed Event CAD	JCCROMBA
RSW	Reset Watchdog Timer	07/26/21 18:13:42	Units: 2L2 >>> 55Min.	JCCANDER
RSW	Reset Watchdog Timer	07/26/21 18:15:25	Units: 3P28 >>> 5Min.	JCCANDER
VEV	Viewed Event	07/26/21 18:17:55	User First Viewed Event CAD	JCSPURDY
RSW	Reset Watchdog Timer	07/26/21 18:20:31	Units: 3P28 >>> 5Min.	JCCANDER
RSW	Reset Watchdog Timer	07/26/21 18:26:12	Units: 3P28 >>> 5Min.	JCCANDER
VEV	Viewed Event	07/26/21 18:28:29	User First Viewed Event CAD	SDCTAGUE
ARM	Added Remarks	07/26/21 18:32:36		Unit:2P20
ARM	Added Remarks	07/26/21 18:33:08	Notes sent from EMS event #20211871	JCWMADDI
RSW	Reset Watchdog Timer	07/26/21 18:33:58	Units: 3P28 >>> 5Min.	JCASMITH
ARM	Added Remarks	07/26/21 18:35:13		JCMLUEBB

		ARM	Added Remarks	07/26/21 18:35:13	Sent to: Linked Events	JCMLUEBB
		ARM	Added Remarks	07/26/21 18:35:26		JCMLUEBB
		ARM	Added Remarks	07/26/21 18:35:26	Sent to: Linked Events	JCMLUEBB
		RSW	Reset Watchdog Timer	07/26/21 18:39:28	Units: 3P28 >>> 5Min.	JCMLUEBB
		VEV	Viewed Event	07/26/21 18:39:45	User First Viewed Event CAD	JCWMADDI
		ARM	Added Remarks	07/26/21 18:46:03		JCMLUEBB
		ARM	Added Remarks	07/26/21 18:46:03	Sent to: Linked Events	JCMLUEBB
		RSW	Reset Watchdog Timer	07/26/21 18:46:05	Units: 3P28 >>> 5Min.	JCMLUEBB
		RSW	Reset Watchdog Timer	07/26/21 18:46:26	Units: 2P56 >>> 999Min.	JCMLUEBB
3P28	2274	RPT	Requested Report#	07/26/21 18:48:04	CPD Report #2021-007022	JCMLUEBB
		RSW	Reset Watchdog Timer	07/26/21 18:51:41	Units: 3P28 >>> 999Min.	JCMLUEBB
		ARM	Added Remarks	07/26/21 18:51:45		JCMLUEBB
		ARM	Added Remarks	07/26/21 18:51:45	Sent to: Linked Events	JCMLUEBB
		ARM	Added Remarks	07/26/21 18:55:07		JCMLUEBB
		ARM	Added Remarks	07/26/21 18:55:07		JCMLUEBB
		ARM	Added Remarks	07/26/21 18:55:11	Notes sent from EMS event #20211871	JCWMADDI
3P28	2274	NCIC	QRY: LIC	07/26/21 18:55:59	UNIT:3P28 BY TAG: GE8H6K,MO,2022	JCMLUEBB
3P28	2274	NCIC	QRY: LIC	07/26/21 18:56:08	UNIT:3P28 BY TAG: NF9W3N,MO,202	JCMLUEBB
		RSW	Reset Watchdog Timer	07/26/21 19:13:15	Units: 4S80 >>> 999Min.	JCMLUEBB
3P28	2274	NCIC	QRY: Vehicles	07/26/21 19:18:07	1) Unit:3P28 TAG=NF9W3N STATE=M	Unit:3P28
3P28	2274	...	QRY: Vehicles...	07/26/21 19:18:07	2) (VesselRegNbr) VSLREG= S2SAgen	Unit:3P28
3P28	2274	CHG	Changed Related Veh I	07/26/21 19:18:07	VehStyle: -->FODOR	CPTGAYTO
3P28	2274	NCIC	QRY: Names	07/26/21 19:52:44	1) Unit:3P28 I NAME= FNAME= DOB=	Unit:3P28
3P28	2274	...	QRY: Names...	07/26/21 19:52:44		Unit:3P28
3P28	2274	NCIC	QRY: Names	07/26/21 20:58:44		Unit:3P28
3P28	2274	...	QRY: Names...	07/26/21 20:58:44		Unit:3P28
		ARM	Added Remarks	07/26/21 22:17:15		CPTGAYTO
		RSW	Reset Watchdog Timer	07/26/21 22:21:19	Units: 3P28 >>> 999Min.	JCMLUEBB

Related Names

Last, First, MI Suffix	Type	Race	Sex	HT	WT	Eyes	DOB	Age	Home / Mobile Ph	Work Ph
------------------------	------	------	-----	----	----	------	-----	-----	------------------	---------

CALL

C

On St:

180

10/08/91 29

114

09/02/64 56

Related Vehicles

Lic Tag	State	Type	Year	Make	Make Desc	Model	Color1 / Color2	Vin
NF9W3N	MO	PC	2014	CHEV	CHEVROLET			1G11E5SL1EF254517
Notes:								
GE8H6K	MO	PC	2010	TOYT	TOYOTA			2T3WF4DV3AW045548
Notes:								
<UNK#1>	MO	PC	2014	FORD	FORD			1FMCU9GX1EUA86200
Notes: Housing Auth								

Event Notes Addendum

Notes [PROQA] Caller Statement: whi car hit a blu suv, and ped struck

Dispatch Code: 77D04 (Vehicle vs. pedestrian/bicycle)

Response: Delta

Questions:

1. At loc (2nd pty).
2. Vehicle vs. pedestrian/bicycle.
3. 2 vehs invl.
4. Multiple veh types: 2 suvs and pc
5. No vehs on fire. [07/26/21 18:00:26 JCJPRYOR]

[FIRE] housing auth on scene adv ped is sitting up cons/brething [07/26/21 18:00:56 JCCANDER]

[FIRE] pedestrian hit by veh. sitting on ground. appears okay. eb business loop blocked. [REDACTED]

[07/26/21 18:01:12 JCCROMBA]

[PROQA] Vehicle #1 Information:

- Color: Blue
- Body: SUV [07/26/21 18:01:13 JCJPRYOR]

[PROQA] Vehicle #2 Information:

- Color: gryblu
- Body: SUV [07/26/21 18:01:18 JCJPRYOR]

[PROQA] Vehicle #3 Information:

- Color: White
- Body: p/c [07/26/21 18:01:29 JCJPRYOR]

[FIRE] another caller [REDACTED]

involved in a blue Rav 4 [07/26/21 18:01:34 JCASMITH]

[FIRE] ANOTHER CALL FROM AREA [REDACTED] BANDONED [07/26/21 18:01:35 JCSPURDY]

[FIRE] another cal [REDACTED]

vm for [REDACTED]

abandoned line plotting to area [07/26/21 18:01:39 JCCPARIS]

[FIRE] ANOTHER CALL IN AREA [REDACTED] ABANDONED [07/26/21 18:01:53 JCSPURDY]

[PROQA] Questions:

6. Not a difficult-to-access area.
7. Veh desc:
8. Some obv inj: guy was crossing and got struck
9. Fuel/Fluid leak.
10. No other hazards invl.
11. Veh blocking traffic. [07/26/21 18:02:15 JCJPRYOR]

[FIRE] another call. abandoned plotting to target location. [REDACTED] [07/26/21 18:02:45 JCCROMBA]

[FIRE] one veh is a CHA veh [07/26/21 18:02:52 JCJPRYOR]

[REDACTED] [07/26/21 18:03:44 JCMLUEBB]

[FIRE] RAVE SENT [07/26/21 18:04:18 JCJPRYOR]

UDTS: WRECKER OF THE WEEK [07/26/21 18:06:16 JCCANDER]

UDTS: WRECKER OF THE WEEK [07/26/21 18:06:17 JCCANDER]

TOTAL OF TWO, BOTH PC'S WITH HEAVY FRONT END DAMAGE [07/26/21 18:06:30 JCCANDER]

[FIRE] {E1} REQUEST SECOND MEDIC [07/26/21 18:07:48 JCWMADDI]

TIGER ENRT X 2 [07/26/21 18:08:05 JCJPRYOR]

2014 Ford 1FMCU9GX1EUA86200- [REDACTED] [07/26/21 18:09:06 JCCANDER]

[REDACTED] pedestrian [REDACTED] Standing in front of sign, saw white car speeding towards back of blue SUV, crashed into SUV and came towards him. Doesn't remember what happened after that. [07/26/21 18:32:36 Unit:2P20]

[EMS] UDTS: {EMS21} STATUS CHECKED & RECEIVED [07/26/21 18:33:08 JCWMADDI]

NEEDING PBT [07/26/21 18:35:13 JCMLUEBB]

{2P56} ENRT WITH PBT [07/26/21 18:35:26 JCMLUEBB]

UDTS: {3P28} IN CUSTODY [07/26/21 18:46:03 JCMLUEBB]

UDTS: {3P28} NO FURTHER STATUS [07/26/21 18:51:45 JCMLUEBB]

[3P28-TRANSPORT] {3P28} 10-15 W ADULT MALE [07/26/21 18:55:07 JCMLUEBB]

[3P28-TRANSPORT] {3P28} Beg Mileage: 0.1 [07/26/21 18:55:07 JCMLUEBB]


[EMS] UDTS: {EMS21} STATUS CHECKED & RECEIVED [07/26/21 18:55:11 JCWMADDI]

[3P28-TRANSPORT] {3P28} End Mileage: 1 [07/26/21 22:17:15 CPTGAYTO]

ARREST REPORT

A G E N C Y	Agency Name Columbia Police Department		ORI MO0100200		Date/Time Arrested 07/26/2021 18:46 Mon		Case # 2021007022	
	Taken		Arrest Tract		Residence Tract		Arrest Number 225035	
A R R E S T E E	Name (Last, First, Middle) [REDACTED]		D.O.B. 10/08/1991		Age 29	Race W	Sex M	Place of Birth
	Employer's Name SURGEON		Address		Phone		Residence Status Resident	
	Also Known As (Alias Names)		Social Security # [REDACTED]		Hgt 5'09	Wgt 180	Hair Black	Eyes Brown
	Scars, Marks, Tattoos		OLN and State [REDACTED]		Misc. # and Type		Skin Tone Light	
	Nearest Relative Name		Address		Phone			
	If Armed, Type of Weapon		Type of Arrest ON-VIEW (NO WARRANT/PRIOR		Place of Arrest 1299 RANGE LINE ST/E BUSINESS LOOP 70,			
	Charge #1 Dwi - Physical Injury		Type Fel	Counts 1	IBR Code 90D	Warrant/Summons # 190984166	Statute # 577.010-029Y202054	Warr. Date 07/26/2021
Charge #2 Endangering The Welfare Of A Child Creating Substantial Risk		Type Fel	Counts 2	IBR Code 90F	Warrant/Summons #	Statute # 568.045-005Y202038	Warr. Date 07/26/2021	
Charge #3 Operated Mv In Careless & Imprudent Manner Involving Acciden		Type Misd	Counts 1	IBR Code 999	Warrant/Summons # 1909846168	Statute # 304.012-002N202054	Warr. Date 07/26/2021	
V E H I C L E	VYR		Make		Model		Style	
	Color		Plate #/State/Plate Year		VIN			
	Vehicle							
C O N F I N E D	Date/Time Confined		Place Confined			Committing Magistrate		
	Type Bond		Bond Amount		Trial Date	Time	Court Of	City
	Arresting Officer Name/ID #/Bureau GAYTON, TREVEYON J (2274) POB							
	Assisting Officer Name/ID #/Bureau				Released By (Name/Department/ID #)		Date/Time Released	
Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown/Lost								
D R U G S	Code	Status	Quantity	Type Measure	Suspected Type			
O T H E R	Name		Address				Phone	
	Name		Address				Phone	
N A R R A T I V E								
S T A T U S	Arresting Officer Signature/ID #/Bureau GAYTON, TREVEYON J (2274) POB							
	Case Status				Arrestee Signature			

ARREST REPORT (Additional Charges)

Agency Name Columbia Police Department	ORI MO0100200	Date/Time Arrested 07/26/2021 18:46	Case # 2021007022
Arrestee Name 			Arrest Number 225035

Charge	Fel/Misd	Counts	IBR Code	Warrant/Summons #	Statute #	Warr. Date
4) Driver Fail To Secure Child Less Than 8 Yrs Old	Misc	1	999	190984167	307.179-002N200654	07/26/2021

INCIDENT/INVESTIGATION REPORT

I N C I D E N T D A T A	Agency Name Columbia Police Department		INCIDENT/INVESTIGATION REPORT		Case# 2021-007022																																																																																																																																																										
	ORI MO0100200				Date / Time Reported 07/26/2021 18:00 Mon																																																																																																																																																										
	Location of Incident 999 E BUSINESS LOOP 70/RANGE LINE ST,				Last Known Secure 07/26/2021 17:59 Mon																																																																																																																																																										
	Gang Relat NO				At Found 07/26/2021 18:00 Mon																																																																																																																																																										
V I C T I M	Premise Type Highway/road/alley		Beat/Tract 20E																																																																																																																																																												
	Weapon / Tools Motor Vehicle		Activity																																																																																																																																																												
	Entry		Exit		Security																																																																																																																																																										
O T H E R S	Crime Incident(s) (Com) #1 Driving Under The Influence 90D		Weapon / Tools		Activity																																																																																																																																																										
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I N V O L V E D	Crime Incident (Com) #2 Family Offense 90F		Weapon / Tools		Activity																																																																																																																																																										
	Entry		Exit		Security																																																																																																																																																										
P R O P E R T Y	Crime Incident () #3		Weapon / Tools		Activity																																																																																																																																																										
	Entry		Exit		Security																																																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div> # of Victims 2 Type: SOCIETY/PUBLIC Injury: Domestic: NO </div> </div>																																																																																																																																																															
<div style="display: flex; justify-content: space-between;"> <div> V1 Victim/Business Name (Last, First, Middle) State Of Missouri </div> <div> Victim of Crime # I, DOB Race Sex Relationship To Offender Resident Status Military Branch/Status </div> </div>																																																																																																																																																															
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Type: INDIVIDUAL/ NOT LAW ENFORCEMENT Injury:																																																																																																																																																															
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Invest ID# GAYTON, TREVEYON J (2274) Supervisor MEYER, JAMES ANDY (1986)																																																																																																																																																															
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Incident Report Additional Name List

Columbia Police Department

OCA: 2021-007022

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) SB 3			01/22/2020	01	W	M
	Address		H: - -			
	Empl/Ad		B: - -			
			Mobile #: - -			
2) SB 4			07/09/2016	05	W	F
	Address		H: - -			
	Empl/Ad		B: - -			
			Mobile #: - -			
3) SB 5			06/10/1995	26	W	F
	Address		H: [REDACTED]			
	Empl/Ad		B: - -			
			Mobile #: - -			
4) SB 6			09/23/1970	50	W	F
	Address		H: [REDACTED]			
	Empl/Ad		B: [REDACTED]			
			Mobile #: - -			
5) SB 7			09/19/1964	56	W	F
	Address		H: [REDACTED]			
	Empl/Ad		B: [REDACTED]			
			Mobile #: - -			
6) SB 8					W	M
	Address		H: [REDACTED]			
	Empl/Ad		B: [REDACTED]			
			Mobile #: [REDACTED]			

INCIDENT/INVESTIGATION REPORT

Columbia Police Department

Case # 2021-007022

Status Codes	1 = None	2 = Burned	3 = Counterfeit / Forged	4 = Damaged / Vandalized	5 = Recovered	6 = Seized	7 = Stolen	8 = Unknown
D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type			
Assisting Officers								

Suspect Hate / Bias Motivated:

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 2021-007022

Columbia Police Department

NARRATIVE

On July 26, 2021, I was dispatched to E Business Loop 70 and Range Line st for a vehicle collision.

REPORTING OFFICER NARRATIVE

Columbia Police Department

OCA
2021-007022
Date / Time Reported
Mon 07/26/2021 18:00

Victim

Society

Offense

DRIVING UNDER THE INFLUENCE

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On July 26, 2021, I was dispatched to a vehicle collision at the intersection of Range Line St and E Business Loop 70.

Upon arrival I made contact with [REDACTED] witness to the incident, who stated a white vehicle, later determined to be driven by [REDACTED] was speeding Eastbound on Business loop 70 toward Range Line St. [REDACTED] stated the vehicle slammed on its breaks and before it could stop collided with a blue SUV in front of it and then bounced off of the SUV and struck a pedestrian with his vehicle, identified as [REDACTED] stated a white male exited the vehicle and removed two children from the rear seats of the vehicle and pointed at [REDACTED] identifying him as the driver.

I spoke with [REDACTED] who was driving the blue SUV which [REDACTED] struck. [REDACTED] stated she saw a white car speeding behind her as she was stopped in the eastbound lanes of E Business Loop 70 at Range Line St. [REDACTED] stated before she could attempt to move out of the path of the white vehicle it collided with her. [REDACTED] pointed at [REDACTED] as well identifying him as the driver of the vehicle.

Officer G Pottorf spoke with [REDACTED] the pedestrian who was struck, who had lacerations to his arms and a large swollen area on his arm as well. [REDACTED] stated he was standing on the median of E Business Loop 70 and Range Line St when he saw a white vehicle traveling at a high rate of speed toward other vehicles. [REDACTED] stated before he could move the white vehicle struck a vehicle and then struck him, knocking him off of his feet and into the air. [REDACTED] was transported to the hospital for his injuries.

I spoke with [REDACTED] who was parked at E Business Loop 70 and Range Line St waiting for the light. [REDACTED] stated while parked at the light he was struck by a vehicle. It was determined [REDACTED] vehicle was struck by [REDACTED] vehicle after [REDACTED] vehicle struck [REDACTED]

I spoke with [REDACTED] who stated he was driving east on E Business Loop 70 toward Range Line. [REDACTED] stated he was turning into the left turning lanes of E Business Loop 70 to turn onto Range Line St when a vehicle turned quickly in front of him, cutting him off, and he struck the vehicle and then a pole. [REDACTED] identified his son as [REDACTED] age 1 and [REDACTED] age 5. [REDACTED] was not secured in a car seat in the vehicle.

I spoke with [REDACTED] who stated he witnessed a white vehicle traveling at a high rate of speed, to which he estimated to being in excess of 70 mph, on E Business Loop 70. [REDACTED] stated he witnessed the white car collided with a blue SUV and then into a pedestrian on E Business Loop 70.

[REDACTED] was mumbling during the interview while speaking to his wife, [REDACTED] stated he had drank 1 beer. I asked [REDACTED] if he would do field sobriety tests with me and he stated he would. During the HGN test [REDACTED] had lack of smooth pursuit and nystagmus at maximum deviation. While performing the HGN test [REDACTED] was swaying and lost balance. I concluded the test early due to this. [REDACTED] consented to a PBT and provided a breath sample yielding a .238 BAC.

I asked [REDACTED] why [REDACTED] was not in a car seat and he stated her car seat was in his wife's vehicle.

[REDACTED] was arrested and transported to CPD where he provided a breath sample of .229 on the INTOX DMT breath instrument, which was administered by SGT T Schuster.

During a post Miranda interview with [REDACTED] he admitted to have been drinking Brandy from an unknown time to another unknown time. [REDACTED] stated he was intoxicated while driving his vehicle and that he had too much to drink.

REPORTING OFFICER NARRATIVE*Columbia Police Department*

OCA

2021-007022

Victim

Society

Offense

DRIVING UNDER THE INFLUENCE

Date / Time Reported

Mon 07/26/2021 18:00

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

I arrested [REDACTED] for DWI-Physical Injury, 2 counts of Endangering the Welfare of the child, Careless and Imprudent Driving- Causing a Collision, and Driver Fail to secure child in a child restraint system.

CUSTODY QUESTIONS

The detainee was searched prior to transport (Yes/No) Y

The detainee area in the vehicle was searched prior to placing the detainee inside (Yes/No) Y

The detainee area in the vehicle was searched after removing the detainee (Yes/No) Y

My firearm was secured upon entering booking/sally port (Yes/No) Y

Restraints were removed after thoroughly searching detainee and securing all firearms (Yes/No) Y

If taken to the Jail, the receiving personnel were advised of any potential medical or security concerns (Yes/No/NA) Y

If taken to the Jail, the receiving Jail employee was identified as: Jail staff

Incident Report Suspect List

Columbia Police Department

OCA: 2021-007022

1	Name (Last, First, Middle)					Also Known As					Home Address																																	
DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin																																			
10/08/1991	29	W	M	N	509	180	BLK	BRO	LGT																																			
Scars, Marks, Tattoos, or other distinguishing features																																												
<table border="1"> <tr> <td colspan="2">Reported Suspect Detail</td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td>Height</td> <td>Weight</td> <td>SSN</td> </tr> <tr> <td>Weapon, Type</td> <td>Feature</td> <td>Make</td> <td colspan="2">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel</td> <td>Mode of Travel</td> </tr> <tr> <td colspan="2">Veh Yr / Make / Model</td> <td>Drs</td> <td>Style</td> <td>Color</td> <td colspan="2">Lic Plate / State</td> <td colspan="3">VIN</td> </tr> </table>															Reported Suspect Detail		Suspect Age		Race	Sex	Eth	Height	Weight	SSN	Weapon, Type	Feature	Make	Model		Color	Caliber	Dir of Travel		Mode of Travel	Veh Yr / Make / Model		Drs	Style	Color	Lic Plate / State		VIN		
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Notes							Physical Char																																					

Incident Report Related Vehicle List

Columbia Police Department

OCA: 2021-007022

1	VehYr/Make/Model 2014 CHEV, Malibu		Style		Color WHI		Lic/Lis NF9W3N MO		VIN 1G11E5SL1EF254517		
	IBR Status Suspect Vehicle		Date 07/26/2021		Location 999 E BUSINESS LOOP 70/RANGE LINE ST, COLUMBIA MO						
	Condition		Value \$0.00		Offense Code 90D		Jurisdiction Locally		State # NIC #		
	Name (Last, First, Middle) [REDACTED]				Also Known As				Home Address [REDACTED]		
	Business Address [REDACTED]										
DOB 10/08/1991		Age 29	Race W	Sex M	Hgt 509	Wgt 180	Scars, Marks, Tattoos, or other distinguishing features				

Notes

Incident Report Related Property List

Columbia Police Department

OCA: 2021-007022

1	Property Description BODY WORN CAMERA				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit	
	Status Evidence		Date 07/26/2021		NIC #		State #		Local #	
	Name (Last, First, Middle) Columbia Police Dept.		DOB		Age 1		Race		Sex	
	Jurisdiction Locally		OAN							

Notes

2	Property Description BODY WORN CAMERA				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit	
	Status Evidence		Date 07/26/2021		NIC #		State #		Local #	
	Name (Last, First, Middle) * No name *		DOB		Age		Race		Sex	
	Jurisdiction Locally		OAN							

Notes

Supplement List

Case #: 2021007022

Supplement #	Date/Time	Investigator	Description
1	07/26/2021 19:49	SCHUSTER, TURNER H	General

CASE SUPPLEMENTAL REPORT

Printed: 01/16/2026 09:10

Columbia Police Department

SYSTEM ID: **576199**SUPPLEMENT #: **1**OCA: **2021007022**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: **CLEARED BY ARREST**Case Mng Status: **NA**Occurred: **07/26/2021**Offense: **DRIVING UNDER THE INFLUENCE**Investigator: **SCHUSTER, TURNER H (1828)**Date / Time: **07/26/2021 19:49:58, Monday**Supervisor: **SCHUSTER, TURNER H (1828)**Supervisor Review Date / Time: **07/26/2021 23:37:32, Monday**

Contact:

Reference: **General****ADMINISTERED BREATH TEST**

On 7/26/2021, at approximately 1900 hours, I was contacted by Officer Treveyeon Gayton. Officer Gayton informed me that he had a subject, identified as [REDACTED] in custody for Driving While Intoxicated, amongst other charges. Officer Gayton requested that I assist him by administering a breath test to [REDACTED].

I contacted [REDACTED] at approximately 1909 hours, and conducted an inspection of his mouth. I read [REDACTED] Implied Consent from Page 2 of the AIR Form, and [REDACTED] stated that he would submit to a chemical test of his breath. Upon completion of the 15 minute observation period, I administered the breath test to [REDACTED] provided a sufficient sample, and a result of .229 was produced.

I collected the breath test printout, and turned it over to Officer Gayton for submission into evidence. My Axon body camera was active during my assistance with this incident, and the footage was later tagged as evidence.

Please see Officer Gayton's primary report for additional information.

This report should be forwarded to the Boone County Prosecutor's Office for review.

THS #1828

Investigator Signature

Supervisor Signature

1—GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0100200 ** COLUMBIA POLICE DEPARTMENT 600 E WALNUT COLUMBIA, MO 65201													
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 PROPERTY DAMAGE ONLY <input type="checkbox"/> 1		NO. INJURED 0		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 2024100292		NO. VEH. INV. 3			
CRASH DATE: MM/DD/YYYY 04/16/2024		CRASH TIME (MIL.) 1507		NOTIFIED DATE 04/16/2024		TIME NOTIFIED (MIL.) 1508		INVEST. DATE 04/16/2024		TIME ARRIVED (MIL.) 1511		DATE OF RDWY. CLEAR 04/16/2024 <input type="checkbox"/> NA		TIME OF RDWY. CLEAR 1551 <input type="checkbox"/> NA		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"/> Overtaking <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife <input type="checkbox"/> Fell/Jumped From MV		Cargo/Equip Loss/Shift <input type="checkbox"/> Other Non-Collision <input type="checkbox"/> Thrown or Falling Object		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 <input type="checkbox"/> Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> Other Non-Motorist		Railway Vehicle <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle <input type="checkbox"/> Other Non-Motorist		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) <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <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 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 checked="" type="checkbox"/> No — No commercial vehicle fields need completion. <input type="checkbox"/> Yes — Complete Section 7H for appropriate vehicle.																	
EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY WHOM NATHANIEL SCOTT				AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency COLUMBIA POLICE DEPARTMENT											
EVIDENTIARY VIDEO TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY WHOM NATHANIEL SCOTT BWC				AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency COLUMBIA POLICE DEPARTMENT											
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM				AVAILABLE FROM <input type="checkbox"/> Investigating Agency											
2—LOCATION																	
COUNTY 010 BOONE		MUNICIPALITY 0610 COLUMBIA		BEAT / ZONE NA		TRP/DIST/POT NA		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 57 13.50 LONG: W -92 22 16.95									
ON CST STADIUM BLVD		RDWY. DIR. W		DISTANCE FROM 25 Feet		LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING CST W BROADWAY SPEED LIMIT: 35 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		ROADWAY MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		ROADWAY ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROADWAY 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		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		ROUNDBOUT / TRAFFIC CIRCLE <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Other Circular Intersection <input type="checkbox"/> Unknown (Explain)		Enter Codes		ROADWAY CONDITION LIGHT CONDITION: 1		ROADWAY SURFACE 01		WEATHER / ENVIRON CONDITION 01			
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			
5—NON-MOTORIST <input type="checkbox"/> NA <input checked="" type="checkbox"/> Pedestrian (NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE) Prior Motor Vehicle Occupant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Pedestrian on Personal Conveyance <input type="checkbox"/> Personal Conveyance Type (Enter Code) _____ Pedalcyclist <input type="checkbox"/> On Motorized Pedalcycle <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other (Explain) Other Non-Motorist <input type="checkbox"/> Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Yes <input type="checkbox"/> No PEDESTRIAN SPECIAL FUNCTION <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire <input type="checkbox"/> Tow Operator <input type="checkbox"/> EMS <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker																	
NO. 1 NAME (Last, First MI, & ADDRESS (Street, City, State, Zip))																	
PHONE NUMBER																	
DATE OF BIRTH 11/29/1982		SEX M		STUCK BY VEH# 1		NO. PORT 2		SAFETY DEVICES 02		LOCATION <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input type="checkbox"/> On Sidewalk <input checked="" type="checkbox"/> In Driveway Access <input checked="" type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input checked="" type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> Shoulder / Roadside		Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Unknown		BICYCLE LANE / FACILITY (Enter Code) N			
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"/> 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		<input checked="" type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown		ORIGIN / DESTINATION <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"/> Going To / From Transit <input type="checkbox"/> Unknown (Explain)					
PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None		<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> Improper Lane Usage / Change		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Wrong-Way <input type="checkbox"/> Vision Obstructed (Explain)		<input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Not Visible (Dark Clothing, No Lighting, etc.) <input type="checkbox"/> Improper Turn		<input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Distracted / Inattentive (If marked, fill in Codes) →		<input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Start from Park		<input type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped) <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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

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

INDICATE NORTH

STADIUM BLVD

W BROADWAY

2024100292
SCOTT, 2350
04/16/2024
Not To Scale

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

NO. 17A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER					
DRIVER LICENSE / ID NUMBER [REDACTED]				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			L/C TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> NA <input type="checkbox"/> Intern / Grad <input type="checkbox"/> Unlicensed			ENDORSEMENTS <input type="checkbox"/> Yes (add code) <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unk								
DATE OF BIRTH 06/25/2003		SEX F	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJECTION 2	AIR BAG U	SAFETY DEVICES 05	INDICATION OF IMPROPER USE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA		VISION OBSTRUCTED <input type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare		<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required				INSURANCE COMPANY PROGRESSIVE				<input type="checkbox"/> Expired				PHONE NO. (Optional)			POLICY NUMBER 978946227			<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle		
7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER					
YEAR 2012		MAKE LAND ROVER				MODEL RANGE ROVER				COLOR CRM		VEH. TYPE 01		TOTAL NO. OF OCC. 1						
LICENSE PLATE NO. D6207AD		STATE MO		YEAR 2025		VIN S A L S K 2 D 4 2 C A 7 5 8 7 1 6														
TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TOWED BY CARLS TOWING				(573) 474-4812				VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. 03				<input type="checkbox"/> None / No Damage 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Trailer / Towed Unit (Explain)						
TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3912 I-70 DR SE				COLUMBIA, MO 65202														
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 type="checkbox"/> Passenger Car <input type="checkbox"/> Passenger Van (<9 Seats) <input type="checkbox"/> 8-12 Passenger Van <input type="checkbox"/> 15-Passenger Van <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 / 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 - 28,000 lbs. <input type="checkbox"/> Greater than 28,000 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												
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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		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 <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"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation <input checked="" type="checkbox"/> Unknown				DRIVER CEDED CONTROL <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 <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										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"/> Unknowns (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 30 34										ANIMAL CODE(S)		FIXED OBJECT CODE(S)								
ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA					MARIJUANA USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA															
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES Additional Codes Listed in Narrative (See Codes in Section 8) 04										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		TYPE OF WORK ZONE <input checked="" type="checkbox"/> NA <input type="checkbox"/> Lane Closure <input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Other Type of Work Zone <input type="checkbox"/> Unknown				LOCATION OF THE CRASH <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				LAW ENFORCEMENT PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA										
7F. 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA										
7G. OCCUPANTS — NAME (Last, First, MI)					DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	IMPROPER USE						

7 — DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER														
2																													
DRIVER LICENSE / ID NUMBER										STATE		LIC STATUS			LIC TYPE			ENDORSEMENTS											
										IL		<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			<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"/> Unknown (Explain)											
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)								
06/12/2004		F	FL	5	1	2	U	05	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required										INSURANCE COMPANY					PHONE NO. (Optional)					POLICY NUMBER					<input type="checkbox"/> NA				
										GEICO										6121226267					<input checked="" type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle				
7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER														
YEAR		MAKE			MODEL			COLOR			VEH. TYPE		TOTAL NO. OF OCC.																
2004		ACURA			MDX			GRY			01		1																
LICENSE PLATE NO.		<input type="checkbox"/> Temporary Tag		STATE		YEAR		VIN																					
DD11123				IL		2024		2		H N Y D 1 8 9 4 4 H 5 0 2 7 1 6																			
TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															TOWED BY: <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA														
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														
															18 - Undercarriage 22 - Cargo 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 type="checkbox"/> Passenger Car <input type="checkbox"/> Small Bus (9-16 W/Driver) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Autocycle <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																													
<input type="checkbox"/> Passenger Van (<9 Seats) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> ATV <input type="checkbox"/> Recreational Off-Highway Vehicles (ROV) <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mech. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Unknown (Explain)																													
<input type="checkbox"/> 9-12 Passenger Van <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"/> 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"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown																													
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			LICENSE PLATE NO.		STATE		YEAR		VIN		Record Subsequent Trailer / Towed Units in Section 9 — Narrative.													
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																													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																													
AUTOMATION SYSTEM LEVELS ENGAGED AT TIME OF CRASH <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"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Unknown																													
DRIVER CEDED CONTROL <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																													
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" or "B") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated																													
CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)																													
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																													
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown																													
12 34																													
ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA MARIJUANA USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																													
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																													
<input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown (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																													
TYPE OF WORK ZONE <input checked="" type="checkbox"/> NA <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																													
LOCATION OF THE CRASH <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"/> Termination Area <input type="checkbox"/> Advanced Warning Area																													
LAW ENFORCEMENT PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																													
7F. 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 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 <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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																													
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	IMPROPER USE?	PHONE NUMBER																			
MM-DD-YYYY									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA																				
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA																				
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA																				
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA																				
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA																				

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																		
NO. 3 DRIVER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] PHONE NUMBER [REDACTED]																		
DRIVER LICENSE / ID NUMBER [REDACTED]			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"/> 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			ENDORSEMENTS <input type="checkbox"/> Yes (add code) <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unk							
DATE OF BIRTH 05/20/1996		SEX M	SEAT LOC FL	INJ 5	TRANSPORT 1	EJECTION 2	AIR BAG U	SAFETY DEVICES 05	INDICATION OF IMPROPER USE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA		VISION OBSTRUCTED <input type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh		Other (Explain) <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Unknown (Explain)	
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			INSURANCE COMPANY AMERICAN FAMILY INSURANCE					PHONE NO. (Optional)			POLICY NUMBER 410689259913			<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 type="checkbox"/> SAD																		
YEAR 2018		MAKE CHEVROLET			MODEL SILVERADO (4X2, 4X4, EXT 4X2, & E					COLOR MAR		VEH. TYPE 01		TOTAL NO. OF OCC. 1				
LICENSE — PLATE NO. 5SDM93		<input type="checkbox"/> Temporary Tag		STATE MO		YEAR 2024		VIN 3 G C U K R E C 5 J G 4 0 8 6 4 1										
TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		TOWED BY CARL'S TOWING					(573)474-4812			VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO: 07			None / No Damage 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Trailer / Towed Unit (Explain)					
TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3912 I-70 DR SE					COLUMBIA, MO 65202			GVW / GCW 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								
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 type="checkbox"/> Passenger Car		<input type="checkbox"/> Small Bus (9-15 W/Driver)		<input type="checkbox"/> Motorcycle		<input type="checkbox"/> Autocycle		<input type="checkbox"/> Recreational Off-Highway Vehicles (ROV)		<input type="checkbox"/> Cargo Van		<input checked="" type="checkbox"/> Pickup		Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) N A				
<input type="checkbox"/> Passenger Van (<9 Seats)		<input type="checkbox"/> Large Bus (16+ W/Driver)		<input type="checkbox"/> ATV		<input type="checkbox"/> Motor Home		<input type="checkbox"/> Farm Implements		<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"/> 9-12 Passenger Van		<input type="checkbox"/> School Bus		<input type="checkbox"/> 2 Wh		<input type="checkbox"/> Construction Equip., Heavy Mach.		<input type="checkbox"/> Other Vehicle (Code) _____		<input type="checkbox"/> Truck Tractor		<input type="checkbox"/> 14 13 12 11 10 9						
<input type="checkbox"/> 15-Passenger Van		<input type="checkbox"/> Intercity		<input type="checkbox"/> 3 Wh		<input type="checkbox"/> Unknown (Explain)												
<input type="checkbox"/> Sport Utility Vehicle		<input type="checkbox"/> Transit / Commuter		<input type="checkbox"/> 4 Wh														
<input type="checkbox"/> Limousine (7-8 W/ Driver)		<input type="checkbox"/> Charter / Tour		<input type="checkbox"/> 5 Wh / More														
<input type="checkbox"/> Limousine (9-15 W/ Driver)		<input type="checkbox"/> Other		<input type="checkbox"/> Unknown														
<input type="checkbox"/> Motorized Bicycle / Moped																		
FIRST TRAILER / TOWED UNIT																		
YEAR		MAKE			MODEL					Record Subsequent Trailer / Towed Unit 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 →																		
<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"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation			<input type="checkbox"/> Automation System(s) Engaged Level Unknown			<input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> NA							
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" or "B") →		<input type="checkbox"/> A. Emergency Vehicle on Emergency Run			<input type="checkbox"/> B. Stationary With Emergency Equip. Activated			CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA								
										<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)								
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																		
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown										ANIMAL CODE(S)		FIXED OBJECT CODE(S)						
12 34																		
ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA MARIJUANA USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																		
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																		
<input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown (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																		
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		TYPE OF WORK ZONE <input type="checkbox"/> Lane Closure <input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Intermittent or Moving Work			<input checked="" type="checkbox"/> NA <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Other Type of Work Zone <input type="checkbox"/> Unknown			LOCATION OF THE CRASH <input type="checkbox"/> Before the First Work Zone Warning Sign <input type="checkbox"/> Advanced Warning Area			<input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown <input type="checkbox"/> Transition Area							

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	MC / MX / ICC NO.	USDOT NO.
	<input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce — Rental Vehicle		
CARGO BODY TYPE	<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> 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
8 — CODES			
ROADWAY CONDITION CODES		ROADWAY SURFACE CODES	
1. Dry 2. Wet 3. Snow 4. Ice/Frost 5. Slush 7. Standing Water		1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt/Sand 6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (Explain)	
		LIGHT CONDITION CODES	
		1. Daylight 2. Dark-Lighted 3. Dark-Unlighted 6. Dark-Unknown Lighting 7. Other (Explain) 8. Dawn/Dusk U. Unknown (Explain)	
		WEATHER / ENVIRONMENTAL CONDITION CODES	
		1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail 6. Freezing (Temp) 7. Fog/Mist 10. Severe Crosswinds 11. Other (Explain) 12. Blowing Snow 13. Smoke/Smog U. Unknown (Explain)	
SEAT LOCATION		INJURY	
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		(Enter Numerical Value)	
FR SR TR FC SC TC FL SL TL		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		BICYCLE LANE / FACILITY CODES	
1. Scooter — Mobility Assistance / Motorized 2. Scooter — Stand-up / Motorized 3. Stand-up / Non-motorized 4. Stand-up / Motorized-Other		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	
5. Stroller 6. Rideable Toy 7. Other (Explain)			
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		OTHER VEHICLE CODES	
1. Motor Vehicle In Transport 2. Parked Motor Vehicle 3. Working Motor Vehicle U. Unknown		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. Overturn/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/Slump (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

ON 04/16/2024 AT APPROXIMATELY 1509 HOURS, I RESPONDED TO A VEHICLE COLLISION AT THE INTERSECTION OF W BROADWAY AND N STADIUM BLVD.

DRIVER OF VEHICLE 1 (V1) STATEMENT:

V1 STATED SHE WAS TRAVELING NORTH ON STADIUM BLVD, TOWARDS W BROADWAY AT APPROXIMATELY 55 TO 60 MILES AN HOURS. V1 STATED HER FOOT SLIPPED OFF THE BRAKE. V1 STATED SHE LOOKED UP AND REALIZED SHE WAS CLOSER (TO THE INTERSECTION) THAN SHE THOUGHT SHE WAS. V1 STATED SHE TRIED TO STEP ON THE BRAKE, HEARD HER TIRES SCREECH. V1 STATED SHE SIDE SWIPED A CAR. V1 STATED SHE TRIED TO DRIVE IN BETWEEN A TRUCK AND THE MIDDLE MEDIAN AND A PEDESTRIAN JUMPED IN FRONT OF HER.

DRIVER OF VEHICLE 2 (V2) STATEMENT:

V2 TOLD OFFICERS SHE WAS STOPPED IN TRAFFIC AND A VEHICLE (V1) SIDE SWIPED THE LEFT SIDE OF HER VEHICLE.

DRIVER OF VEHICLE 3 (V3) STATEMENT:

V3 TOLD OFFICERS HE HEARD A VEHICLE'S TIRES SQUEALING WHILE HE WAS WAITING FOR THE LIGHT TO TURN GREEN AT W BROADWAY AND N STADIUM BLVD AND FELT A CAR (V1) REAR END HIM.

WITNESS 1 (W1) STATEMENT:

W1 TOLD OFFICERS SHE SAW A FLASH OF WHITE GO PAST HER IN BETWEEN THE STRAIGHT LANE AND THE TURNING LANE OF N STADIUM BLVD. W1 STATED SHE OBSERVED A WHITE CAR TRAVELING FAST, THEN DROVE ONTO THE CENTER MEDIAN AND COLLIDED WITH PEDESTRIAN 1 (P1) AND THE CHEVROLET TRUCK (V3).

PEDESTRIAN 1 (P1) STATEMENT:

P1 STATED HE HEARD A CAR FLYING, BRAKES SCREECHING AND A HORN HONKING. P1 STATED HE WAS ON THE MIDDLE MEDIAN AND SAW A WHITE RANGE ROVER GOING WAY TOO FAST, TRAVELING NORTH ON N STADIUM BLVD. P1 STATED THE RANGE ROVER DROVE TOWARDS THE MEDIAN AND HE GOT HIT BY THE CAR CAUSING HIM TO BE PINNED DOWN UNDERNEATH A CAR.

OFFICER NARRATIVE:

IT APPEARS BASED ON STATEMENTS COLLECTED AND DAMAGES OBSERVED, V1 WAS TRAVELING NORTH ON STADIUM BLVD, TOWARDS THE INTERSECTION OF W BROADWAY. IT APPEARS V1 STRUCK THE LEFT SIDE OF V2. IT APPEARS V1 COLLIDED INTO P1 AND THEN V1 COLLIDED INTO THE REAR OF V3. I LOCATED AND MADE CONTACT WITH P1 WHILE HE WAS STUCK UNDER V3 AND V1.

P1 WAS TRANSPORTED BY EMS DUE TO INJURIES. V1 AND V3 WERE TOWED DUE TO DISABLING DAMAGES. V2 WAS NOT TOWED.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME SCOTT, NATHANIEL	DSN / BADGE NO. 02350	BEAT / ZONE NA	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME BRUNSTROM, RYAN	DSN / BADGE NO. 01691	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

COMMUNICATIONS

Event Report

Event ID: 2024-100292

Call Ref #: 638

Date/Time Received: 04/16/24 15:08:38

Rpt #: 2024-003174

Prime 1P55

Services Involved

Call Source: W911

Unit: SCOTT, NATHANIEL D

LAW

FIRE

EMS

Location: W BROADWAY/N STADIUM BLVD

X-ST:

Jur: CAD

Service: LAW

Agency: CPD

St/Beat: 50

District: CPDS

RA: 3112

Business:

Phone:

GP: 50

Nature: 77B1T VEH COL INJ EXT

Alarm Lvl: 1 Priority: 1

Medical Priority: 77B01T

Reclassified Nature:

Caller:

Addr:

Phone:

Alarm:

Alarm Type:

Vehicle #: 5SDM93

St: MO

Report Only: No

Race:

Sex:

Age:

Call Taker: JCKRYAN

Console: CAD07

Geo-Verified Addr.: Yes

Nature Summary Code:

VCOL

Disposition: 1

Close Comments:

Notes:

See Event Notes Addendum at end of this report

Times

Call Received: 04/16/24 15:08:38

Time From Call Received

Call Routed: 04/16/24 15:08:38

Unit Reaction: 000:02:51 (1st Dispatch to 1st Arrive)

Call Take Finished: 04/16/24 15:08:38

En-Route: (1st Dispatch to 1st En-Route)

1st Dispatch: 04/16/24 15:08:47

000:00:09 (Time Held)

On-Scene: 002:20:43 (1st Arrive to Last Clear)

1st En-Route: 04/16/24 15:08:47

000:00:09

1st Arrive: 04/16/24 15:11:38

000:03:00 (Reaction Time)

Last Clear: 04/16/24 17:32:21

002:23:43

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
1C53	2445	DX	DispatchXY	04/16/24 15:08:47	1716647.06,1141056.44		JCEOKEEF
1C53	2445	D	Dispatched	04/16/24 15:08:47	Stat/Beat: CSAS		JCEOKEEF
1C53	2445	E	En-Route	04/16/24 15:08:47	Stat/Beat: CSAS		JCEOKEEF
1C11	2407	DX	DispatchXY	04/16/24 15:08:47	1690278.30,1141077.30		JCEOKEEF
1C11	2407	D	Dispatched	04/16/24 15:08:47	Stat/Beat: CSAN		JCEOKEEF
1C11	2407	E	En-Route	04/16/24 15:08:47	Stat/Beat: CSAN		JCEOKEEF
1P55	2350	DX	DispatchXY	04/16/24 15:09:07	1671753.13,1137312.33		CPNSCOTT
1P55	2350	D	Dispatched	04/16/24 15:09:07	Out Evt: [E] at 4420 FAUROT DR		CPNSCOTT
1P55	2350	E	En-Route	04/16/24 15:09:07	Out Evt: [E] at 4420 FAUROT DR		CPNSCOTT
1P81	2288	DX	DispatchXY	04/16/24 15:09:09	1688074.27,1136563.17		JCEOKEEF

1P81	2288	D	Dispatched	04/16/24 15:09:09	Stat/Beat: 80	JCEOKEEF
1P65	2360	DXY	DispatchXY	04/16/24 15:09:20	1672604.71,1120756.80	CPLMOORE
1P65	2360	D	Dispatched	04/16/24 15:09:20	Out Evt: [E] at 4420 FAUROT DR	CPLMOORE
1P65	2360	E	En-Route	04/16/24 15:09:20	Out Evt: [E] at 4420 FAUROT DR	CPLMOORE
1P81	2288	E	En-Route	04/16/24 15:09:26		Unit:1P81
4C61	2454	DXY	DispatchXY	04/16/24 15:09:50	1694033.14,1128338.19	CPBMOONE
4C61	2454	D	Dispatched	04/16/24 15:09:50	Stat/Beat: CSAS	CPBMOONE
4C61	2454	E	En-Route	04/16/24 15:09:50	Stat/Beat: CSAS	CPBMOONE
1P73	2341	DXY	DispatchXY	04/16/24 15:11:29	1688692.12,1135665.05	CPTGRUEN
1P73	2341	D	Dispatched	04/16/24 15:11:29	Stat/Beat: 70	CPTGRUEN
1P73	2341	E	En-Route	04/16/24 15:11:29	Stat/Beat: 70	CPTGRUEN
1P55	2350	A	Arrived	04/16/24 15:11:38		JCEOKEEF
1P81	2288	C	Cleared	04/16/24 15:11:56	[2]	2 CPTJOHNS
1P25	2456	DXY	DispatchXY	04/16/24 15:12:47	1688182.74,1139210.79	CPJCHITW
1P25	2456	D	Dispatched	04/16/24 15:12:47	Out Srv: [MD] at CPD	CPJCHITW
1P25	2456	E	En-Route	04/16/24 15:12:47	Out Srv: [MD] at CPD	CPJCHITW
1C11	2407	A	Arrived	04/16/24 15:13:04		Unit:1C11
1P25	2456	C	Cleared	04/16/24 15:13:32	[16]	16 CPJCHITW
1S71	1691	D	Dispatched	04/16/24 15:15:22	Stat/Beat: CPSS	CPRBRUNS
1S71	1691	E	En-Route	04/16/24 15:15:22	Stat/Beat: CPSS	CPRBRUNS
1P73	2341	A	Arrived	04/16/24 15:16:29		JCEOKEEF
1P65	2360	A	Arrived	04/16/24 15:16:29		JCEOKEEF
4C61	2454	A	Arrived	04/16/24 15:18:12		Unit:4C61
1C53	2445	A	Arrived	04/16/24 15:21:01		Unit:1C53
1S71	1691	A	Arrived	04/16/24 15:21:38		Unit:1S71
1C53	2445	WO	{1C53} WRECKER OF	04/16/24 15:27:13		JCKRYAN
1C53	2445	WO	{1C53} WRECKER OF	04/16/24 15:27:17		JCKRYAN
1C53	2445	NFS	{1C53} NO FURTHER	04/16/24 15:34:24		JCKRYAN
1P65	2360	ENT	Entered Related Name	04/16/24 15:48:36		CPLMOORE
1P65	2360	...	Entered Related Name.	04/16/24 15:48:36	2) MO	CPLMOORE
4C61	2454	C	Cleared	04/16/24 15:50:09	[16]	16 CPBMOONE
1C11	2407	C	Cleared	04/16/24 15:50:10	[16]	16 CPDCHENO
1C53	2445	X	Canceled	04/16/24 15:50:16	Pre-empted to Event # 678	CPBROBIN
1P73	2341	C	Cleared	04/16/24 15:50:34	[16]	16 CPTGRUEN
1S71	1691	C	Cleared	04/16/24 15:51:38	[16]	16 CPRBRUNS
1P55	2350	ENT	Entered Related Name	04/16/24 15:54:16		CPNSCOTT
1P55	2350	ENT	Entered Related Name	04/16/24 15:54:43		CPNSCOTT
1P55	2350	...	Entered Related Name.	04/16/24 15:54:43	2) MO	CPNSCOTT
1P55	2350	L	Location Change	04/16/24 16:23:08	1012X1 F MCKEE ST	CPNSCOTT
1P65	2360	C	Cleared	04/16/24 16:24:33	[16]	16 CPLMOORE
1P55	2350	A	Arrived	04/16/24 16:40:26		Unit:1P55
1P55	2350	L	Location Change	04/16/24 16:40:31	U OF M HOSPITAL	CPNSCOTT
1P55	2350	C	Cleared	04/16/24 17:32:21	[1,6,8]	1 CPNSCOTT

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TS	Time Spawned	04/16/24 15:08:38	Initial call received at 04/16/2024 15:06:		JCKRYAN

VEV	Viewed Event	04/16/24 15:08:46	User First Viewed Event CAD	JCEOKEEF
REC	Unit Rec Btn Click	04/16/24 15:08:51	1) Unit recommend for 77B1T VEH COL	JCEOKEEF
...	Unit Rec Btn Click...	04/16/24 15:08:51	2) BROADWAY/N STADIUM BLVD (Cal	JCEOKEEF
REC	Unit Recommendation	04/16/24 15:08:52	Plan: CP01 Cat: 8 Lvl: 1	JCEOKEEF
REC	Unit Recommendation	04/16/24 15:08:52	Recmnd:1P81 [PAT], 4C61 [CSA]	JCEOKEEF
ARM	Added Remarks	04/16/24 15:08:54	Notes sent from FIRE event #20241002	JCSWESTR
ARM	Added Remarks	04/16/24 15:09:00	Notes sent from FIRE event #20241002	JCMBAY
ARM	Added Remarks	04/16/24 15:09:02	Notes sent from EMS event #20241002	JCCWALTO
REC	Unit Rec Btn Click	04/16/24 15:09:08	1) Unit recommend for 77B1T VEH COL	JCEOKEEF
...	Unit Rec Btn Click...	04/16/24 15:09:08	2) BROADWAY/N STADIUM BLVD (Cal	JCEOKEEF
REC	Unit Recommendation	04/16/24 15:09:09	Recmnd:1P81 [PAT], 4C61 [CSA]	JCEOKEEF
REC	Unit Recommendation	04/16/24 15:09:09	Plan: CP01 Cat: 8 Lvl: 1	JCEOKEEF
ARM	Added Remarks	04/16/24 15:09:14	Notes sent from FIRE event #20241002	JCRNORTO
REC	Unit Recommendation	04/16/24 15:09:16	Plan: CP01 Cat: 8 Lvl: 1	JCEOKEEF
REC	Unit Recommendation	04/16/24 15:09:16	Recmnd:1P81 [PAT], 4C61 [CSA]	JCEOKEEF
ARM	Added Remarks	04/16/24 15:09:44	Notes sent from FIRE event #20241002	JCMBAY
VEV	Viewed Event	04/16/24 15:10:17	User First Viewed Event CAD	CPLCRUM
ARM	Added Remarks	04/16/24 15:10:22	Notes sent from FIRE event #20241002	JCSWESTR
VEV	Viewed Event	04/16/24 15:10:47	User First Viewed Event CAD	SDBNICH0
ARM	Added Remarks	04/16/24 15:10:48	Notes sent from FIRE event #20241002	JCSJOLLI
VEV	Viewed Event	04/16/24 15:11:21	User First Viewed Event CAD	JCKRYAN
VEV	Viewed Event	04/16/24 15:11:31	User First Viewed Event CAD	MUMWALTE
VEV	Viewed Event	04/16/24 15:11:34	User First Viewed Event CAD	JCCWALTO
VEV	Viewed Event	04/16/24 15:11:37	User First Viewed Event CAD	JCRNORTO
VEV	Viewed Event	04/16/24 15:12:22	User First Viewed Event CAD	JCSJOLLI
ARM	Added Remarks	04/16/24 15:12:24		JCKRYAN
ARM	Added Remarks	04/16/24 15:12:24	Sent to: Linked Events	JCKRYAN
VEV	Viewed Event	04/16/24 15:13:31	User First Viewed Event CAD	JCMBAY
ARM	Added Remarks	04/16/24 15:13:31		JCEOKEEF
ARM	Added Remarks	04/16/24 15:13:31	Sent to: Linked Events	JCEOKEEF
ARM	Added Remarks	04/16/24 15:14:02		JCSJOLLI
ARM	Added Remarks	04/16/24 15:14:03	Sent to: Linked Events	JCSJOLLI
VEV	Viewed Event	04/16/24 15:15:03	User First Viewed Event CAD	JCBHILL
ARM	Added Remarks	04/16/24 15:15:42		JCEOKEEF
ARM	Added Remarks	04/16/24 15:15:42	Sent to: Linked Events	JCEOKEEF
ARM	Added Remarks	04/16/24 15:15:47	Notes sent from FIRE event #20241002	JCSWESTR
RSW	Reset Watchdog Timer	04/16/24 15:15:57	Units: 1P55 >>> 99Min.	JCCWALTO
ENT	Entered VehicleID	04/16/24 15:16:02	[ID: 1250828] 5SDM93	JCSJOLLI
ENT	Entered VehicleState	04/16/24 15:16:02	[ID: 1250828] MO	JCSJOLLI
ENT	Entered LicenseType	04/16/24 15:16:02	[ID: 1250828] PC	JCSJOLLI
RSW	Reset Watchdog Timer	04/16/24 15:16:20	Units: 1C11 >>> 999Min.	JCEOKEEF
RSW	Reset Watchdog Timer	04/16/24 15:16:23	Units: 1C11 >>> 5Min.	JCCWALTO
RSW	Reset Watchdog Timer	04/16/24 15:16:33	Units: 1P73 >>> 99Min.	JCCWALTO
RSW	Reset Watchdog Timer	04/16/24 15:16:36	Units: 1P65 >>> 99Min.	JCCWALTO
ARM	Added Remarks	04/16/24 15:17:25		JCSJOLLI
ARM	Added Remarks	04/16/24 15:17:25	Sent to: Linked Events	JCSJOLLI
1C53 2445	NCIC QRY: LIC	04/16/24 15:18:04	UNIT:1C53 BY TAG: D6207AD,MO,0,D	JCSJOLLI

		ARM Added Remarks	04/16/24 15:18:44	Notes sent from FIRE event #20241002	JCSWESTR
1C53	2445	NCIC QRY: LIC	04/16/24 15:20:41	UNIT:1C53 BY TAG: <UNK#1>,MO,0,P	JCSJOLLI
		RSW Reset Watchdog Timer	04/16/24 15:21:32	Units: 1C53 >>> 5Min.	JCCWALTO
		RSW Reset Watchdog Timer	04/16/24 15:21:40	Units: 1C11,4C61 >>> 999Min.	JCCWALTO
1C53	2445	NCIC QRY: LIC	04/16/24 15:23:58	UNIT:1C53 BY TAG: DD11123,IL,0,PC	JCSJOLLI
		RSW Reset Watchdog Timer	04/16/24 15:24:50	Units: 1S71 >>> 99Min.	JCCWALTO
		VEV Viewed Event	04/16/24 15:25:19	User First Viewed Event CAD	CPTOGDEN
		ARM Added Remarks	04/16/24 15:27:13		JCKRYAN
		ARM Added Remarks	04/16/24 15:27:13	Sent to: Linked Events	JCKRYAN
		ARM Added Remarks	04/16/24 15:27:17	Sent to: Linked Events	JCKRYAN
		ARM Added Remarks	04/16/24 15:27:17		JCKRYAN
		WCA CARLS ENRT 573-474	04/16/24 15:27:25		JCCWALTO
		ARM Added Remarks	04/16/24 15:27:25		JCCWALTO
		ARM Added Remarks	04/16/24 15:27:25	Sent to: Linked Events	JCCWALTO
		WCA CARLS ENRT 573-474	04/16/24 15:27:27		JCCWALTO
		ARM Added Remarks	04/16/24 15:27:27		JCCWALTO
		ARM Added Remarks	04/16/24 15:27:27	Sent to: Linked Events	JCCWALTO
		RSW Reset Watchdog Timer	04/16/24 15:28:16	Units: 1C53 >>> 5Min.	JCKRYAN
		ARM Added Remarks	04/16/24 15:34:24		JCKRYAN
		ARM Added Remarks	04/16/24 15:34:24	Sent to: Linked Events	JCKRYAN
		RSW Reset Watchdog Timer	04/16/24 15:34:25	Units: 1C53 >>> 999Min.	JCKRYAN
		VEV Viewed Event	04/16/24 15:35:45	User First Viewed Event CAD	CPJVOSS
		ARM Added Remarks	04/16/24 15:36:38	Notes sent from FIRE event #20241002	JCSWESTR
		ARM Added Remarks	04/16/24 15:40:47	Notes sent from FIRE event #20241002	JCRWILHE
		CHG Changed PrimeUnit	04/16/24 15:40:50	1C53 --> 1P55	JCKRYAN
1P65	2360	NCIC QRY: Names	04/16/24 15:48:34	1) Unit:1P65 LNAME= FNAME= DOB=	Unit:1P65
1P65	2360	... QRY: Names...	04/16/24 15:48:34	[REDACTED]	Unit:1P65
1P55	2350	NCIC QRY: Names	04/16/24 15:48:45	1) Unit:1P55 LNAME= FNAME= DOB=	Unit:1P55
1P55	2350	... QRY: Names...	04/16/24 15:48:45	[REDACTED]	Unit:1P55
1P55	2350	CHG Changed Related Nam	04/16/24 15:48:47	1) DOB: 6/25/2003 12:00:00 AM-->06/2	CPNSCOTT
1P55	2350	... Changed Related Nam	04/16/24 15:48:47	2) Weight: 130-->130	CPNSCOTT
		ARM Added Remarks	04/16/24 15:51:23		JCKRYAN
		ARM Added Remarks	04/16/24 15:51:23	Sent to: Linked Events	JCKRYAN
1P55	2350	RPT Requested Report#	04/16/24 15:53:22	CPD Report #2024-003174 Unit:1P55	CPNSCOTT
1P55	2350	NCIC QRY: Names	04/16/24 15:54:15	1) Unit:1P55 LNAME= FNAME= DOB=	Unit:1P55
1P55	2350	... QRY: Names...	04/16/24 15:54:15	[REDACTED]	Unit:1P55
1P55	2350	NCIC QRY: Names	04/16/24 15:54:41	1) Unit:1P55 LNAME= FNAME= DOB=	Unit:1P55
1P55	2350	... QRY: Names...	04/16/24 15:54:41	[REDACTED]	Unit:1P55
		VEV Viewed Event	04/16/24 15:56:09	User First Viewed Event CAD	JCSWESTR
		VEV Viewed Event	04/16/24 15:56:34	User First Viewed Event CAD	JCASOVAN
		VEV Viewed Event	04/16/24 16:00:35	User First Viewed Event CAD	JCSMEYER
		VEV Viewed Event	04/16/24 16:17:26	User First Viewed Event CAD	JCRWILHE
		RSW Reset Watchdog Timer	04/16/24 16:26:41	Units: 1P55 >>> 999Min.	JCKRYAN
		VEV Viewed Event	04/16/24 16:32:38	User First Viewed Event CAD	JCKMASSE
		RSW Reset Watchdog Timer	04/16/24 16:43:38	Units: 1P55 >>> 999Min.	JCCWALTO
		RSW Reset Watchdog Timer	04/16/24 16:43:39	Units: 1P55 >>> 999Min.	JCKRYAN

Related Names

Last, First, MI Suffix	Type	Race	Sex	HT	WT	Eyes	DOB	Age	Home / Mobile Ph	Work Ph
------------------------	------	------	-----	----	----	------	-----	-----	------------------	---------

CALL

0

Oln St:

503 130 06/25/03 20

St: MO

M 605 270 05/20/96 27

h St: MO

2 160 06/26/96 27

D

Related Vehicles

Lic Tag	State	Type	Year	Make	Make Desc	Model	Color1 / Color2	Vin
5SDM93	MO	PC	2018	CHEV	CHEVROLET			3GCUKREC5JG408641

Notes:

D6207AD MO DL 0

Notes:

<UNK#1> MO PC 0

SALSK2D42CA758716

Notes: MAKE: CHRY MODEL: 300 YEAR: 2006 STYLE: 4D

MAKE: KIA MODEL: FORTE YEAR: 2014 STYLE: 4D

DD11123 IL PC 2004 ACUR ACURA 2HNYD18944H502716

Notes:

Event Notes Addendum

Notes [PROQA] Caller Statement: accident, male under vehicle [04/16/24 15:07:10 JCKRYAN]
another caller:

[04/16/24 15:07:22 JCMBAY]

Car accident at target intersection, someone hit, and is now underneath the car.

Red SDN, with injuries. [04/16/24 15:07:36 JCRNORTO]

another call, abandoned. [04/16/24 15:07:40 JCRNORTO]

another caller, [04/16/24 15:07:40 JCRNORTO] advising the same [04/16/24 15:08:12 JCSWESTR]

UDTS: GENERAL DISPATCH [04/16/24 15:08:12 JCCKEET]

[PROQA] Dispatch Code: 77B01 (Injuries)

Suffix: T (Trapped/Pinned victim)

Response: Bravo

Questions:

1. At loc (2nd pty).
2. Two veh.
3. 2 vehs invl.
4. Pickup truck.
5. No vehs on fire.
6. One trapped/pinned.
7. No one thrown out.
8. Inj likely – trapped/pinned.
9. Not a difficult-to-access area.
10. Veh desc:
11. Unk if fuel/fluid leak.
12. No other hazards invl.
13. Veh blocking traffic.

Vehicle #1 Information:

- Color: Red
- Body: Pickup

Vehicle #2 Information:

- Color: White
- Body: land rover [04/16/24 15:08:39 JCKRYAN]

[FIRE] ANOTHER CALL, [REDACTED] LANDLINE FROM [REDACTED] ABANDONED LINE [04/16/24 15:08:54 JCSWESTR]

[FIRE] another caller was involved, rearend in his truck in the west hand turn In

[REDACTED]
no one in comps veh was injured [04/16/24 15:09:00 JCMBAY]

[EMS] UDTs: RAVE SENT [04/16/24 15:09:02 JCCWALTO]

[FIRE] Another call from [REDACTED] Large collision with male under car, Car plowed into left turn lane, and ran over transient sub that was in the median, had a dog, who went running. dog running wild, last seen near texaco at stadium. [04/16/24 15:09:14 JCRNORTO]

[FIRE] abdn line plotting to this location from [REDACTED] [04/16/24 15:09:44 JCMBAY]

[FIRE] SPOKE WITH [REDACTED] ADVISED ACCIDENT AT LOCATION [04/16/24 15:10:22 JCSWESTR]

[FIRE] [REDACTED] 3rd party, heard the accident from her building [04/16/24 15:10:48 JCSJOLLI]
another caller [REDACTED]

caller involved, comp extremely upset crying [04/16/24 15:12:24 JCKRYAN]

{1P55} male not trapped under vehicle, he is consc/breathint [04/16/24 15:13:31 JCEOKEEF]

[REDACTED] st party involved, crying, says she hurt somebody and doesnt want to get in trouble, not responding to ops question, doesnt want to say her name, says she braked her car and hit someone [04/16/24 15:14:02 JCSJOLLI]

{1P55} not wanting responders down on SB Stadium [04/16/24 15:15:42 JCEOKEEF]

[FIRE] {E2} 2 VEHs HEAVY DAMAGE 1 INDIVIDUAL UNDER A VEHICLE, SCENE STABLE [04/16/24 15:15:47 JCSWESTR]

{1C11} BLOCK NB STADIUM JUST BEFORE BROADWAY [04/16/24 15:17:25 JCSJOLLI]

[FIRE] UDTs: {BC1} EXTRICATION COMPLETE [04/16/24 15:18:44 JCSWESTR]

UDTs: {1C53} WRECKER OF THE WEEK [04/16/24 15:27:13 JCKRYAN]

UDTs: {1C53} WRECKER OF THE WEEK [04/16/24 15:27:17 JCKRYAN]

UDTs: CARLS ENRT 573-474-4812 [04/16/24 15:27:25 JCCWALTO]

UDTs: CARLS ENRT 573-474-4812 [04/16/24 15:27:27 JCCWALTO]

UDTs: {1C53} NO FURTHER STATUS [04/16/24 15:34:24 JCKRYAN]

[FIRE] UDTs: {E2} STATUS CHECKED & RECEIVED [04/16/24 15:36:38 JCSWESTR]

[FIRE] {E2} CPD REMAINING SCENE [04/16/24 15:40:47 JCRWILHE]

{1S71} ROAD IS CLEAR AND BACK TO NORMAL [04/16/24 15:51:23 JCKRYAN]

ARREST REPORT

A G E N C Y	Agency Name Columbia Police Department		ORI MO0100200		Date/Time Arrested 04/16/2024 16:20 Tue		Case # 2024003174			
	Taken		Arrest Tract		Residence Tract		Arrest Number 240460			
A R R E S T E E	Name (Last, First, Middle) [REDACTED]			D.O.B. 06/25/2003	Age 20	Race W	Sex F	Place of Birth	Citizenship US	
	Current Address [REDACTED]			Phone [REDACTED]		Occupation		Residence Status Resident		
	Employer Name [REDACTED]			Address [REDACTED]				Phone [REDACTED]		
	Also Known As (Alias Names)					Hgt 5'03	Wgt 130	Hair	Eyes Gre	Skin Tone
	Scars, Marks, Tattoos			Social Security # [REDACTED]		OLN and State [REDACTED]		Misc. # and Type		
	Nearest Relative Name			Address [REDACTED]				Phone [REDACTED]		
A R R E S T	If Armed, Type of Weapon UNARMED		Type of Arrest SUMMONS/CITATION (NOT TAKEN)			Place of Arrest W BROADWAY/N STADIUM BLVD, COLUMBIA				
	Charge #1 Oper Motor Vehicle Owned By Another Knowing Owner Of Vehicle		Type Misd	Counts 1	IBR Code 999	Warrant/Summons # 180160741	Statute # 303.025-002N201754	Warr. Date 04/16/2024		
	Charge #2 Operated Mv In Careless & Imprudent Manner Involving Acciden		Type Misd	Counts 1	IBR Code 999	Warrant/Summons # 180160740	Statute # 304.012-002N202054	Warr. Date 04/16/2024		
	Charge #3		Type	Counts	IBR Code	Warrant/Summons #	Statute #	Warr. Date		
V E H I C L E	VVR	Make		Model			Style			
	Color		Plate #/State/Plate Year		VIN					
	Vehicle									
C O N F I N E D	Date/Time Confined		Place Confined				Committing Magistrate			
	Type Bond		Bond Amount		Trial Date 06/14/2024 09:00	Time 09:00	Court Of State Division 10	City COLUMBIA		
	Arresting Officer Name/ID #/Bureau SCOTT, NATHANIEL D (2350) POB									
	Assisting Officer Name/ID #/Bureau				Released By (Name/Department/ID #)			Date/Time Released		
Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown/Lost										
D R U G S	Code	Status	Quantity	Type Measure	Suspected Type					
O T H E R	Name			Address				Phone		
	Name			Address				Phone		
N A R R A T I V E										
S T A T U S	Arresting Officer Signature/ID #/Bureau SCOTT, NATHANIEL D (2350) POB									
	Case Status				Arrestee Signature					

r_ertlor

Printed By: CPTWOLFE, U00449

INCIDENT DATA

PROPERTY

Incident Report Additional Name List

Columbia Police Department

OCA: 2024-003174

Additional Name List

Name Code/#	Name (Last, First, Middle)	Victim of Crime #	DOB	Age	Race	Sex
1) <i>WI</i> 1	[REDACTED]		06/26/1996	27	<i>W</i>	<i>F</i>
Address	[REDACTED]		H: - -			
Empl/Add	[REDACTED]		B: - -			
			Mobile #: - -			
2) <i>SB</i> 1	[REDACTED]		10/21/1978	45	<i>W</i>	<i>M</i>
Address	[REDACTED]		H: [REDACTED]			
Empl/Add	[REDACTED]		B: [REDACTED]			
			Mobile #: [REDACTED]			

INCIDENT/INVESTIGATION REPORT

Columbia Police Department

Case # 2024-003174

Status Codes 1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown

D R U G S	IBR	Status	Quantity	Type Measure	Suspected Type	

Assisting Officers

Suspect Hate / Bias Motivated:

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 2024-003174

Columbia Police Department

NARRATIVE

On 04/16/2024 at approximately 1508 hours, officers responded to a vehicle collision at the intersection of W Broadway and N Stadium Blvd.

REPORTING OFFICER NARRATIVE

Columbia Police Department

OCA
2024-003174
Date / Time Reported
Tue 04/16/2024 15:08

Victim

Offense

NOT REPORTABLE

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 04/16/2024 at approximately 1508 hours, I responded to a vehicle collision with injury at the intersection of W Broadway and N Stadium Blvd.

Upon arrival I located and made contact with [REDACTED] was stuck underneath a maroon, 2018 Chevrolet Truck, Missouri registration 5SDM93, and white 2012 Range Rover, Missouri dealer registration, D6207AD.

[REDACTED] was conscious and breathing and told me he was run over but currently nothing was holding him down to his knowledge.

I made contact with the driver of the Range Rover. [REDACTED] stated she was traveling North on North Stadium Blvd, towards W Broadway at approximately 55 to 60 miles an hours. [REDACTED] stated her foot slipped off the brake. [REDACTED] stated she panicked and looked up and realized she was closer (to the intersection) than she thought she was. [REDACTED] stated she tried to step on the brake, heard her tires screech and tried to turn to get out of the way. [REDACTED] stated she tried to brake as much as she could. [REDACTED] stated she attempted to drive in between a truck and the middle median and a pedestrian on the median [REDACTED] jumped in front of her. [REDACTED] stated at first it probably looked like she was driving right at the median towards the median but as [REDACTED] was trying to drive to the side of the median, the pedestrian [REDACTED] jumped into her lane of travel.

I made contact with [REDACTED] at the University of Missouri Hospital. [REDACTED] stated he heard a car flying, brakes screeching and a horn honking. [REDACTED] stated he was on the middle median and saw a white Range Rover going way too fast, traveling North on N Stadium Blvd. [REDACTED] stated the Range Rover drove towards the median and he got hit by the car causing him to be pinned down underneath a car. While speaking with [REDACTED] he yelled in pain multiple times and I observed his right leg to be largely swollen.

Officer Logan Moore made contact with [REDACTED] driver and owner of the maroon Chevrolet truck. Officer Moore stated, [REDACTED] stated he heard a vehicle's tires squealing while he was waiting for the light to turn green at W Broadway and N Stadium Blvd and felt a car rear end him.

Officer Logan Moore made contact with [REDACTED] a witness of the accident. Officer Moore stated [REDACTED] stated she saw a flash of white go past her in between the straight lane and the turning lane of N Stadium Blvd. [REDACTED] stated she observed a white car traveling fast, then drove onto the center median and collided with [REDACTED] and the maroon Chevrolet truck.

Officer Thomas Gruenburg made contact with [REDACTED] who's vehicle was also struck by the 2012 Range Rover. [REDACTED] vehicle is a 2004 Acura SUV, Illinois registration DD11123.

I did not observe any obvious signs of intoxication from [REDACTED] It should be known [REDACTED] was willing to take a preliminary breath test and the result was 0.000%.

At the time of this incident, [REDACTED] failed to provide any proof of insurance, though she stated [REDACTED] the owner of the Range Rover, had insurance.

I issued [REDACTED] two Uniform Citations for operating a vehicle in a careless and imprudent manner, RSMo 303.025 and failure to provide proof of insurance, RSMo 304.012. I informed [REDACTED] her court date was on 06/14/2024 at approximately 0900 hours at 705 E Walnut St. I gave [REDACTED] a copy of her summons (personally served).

I collected photos of the accident scene and have uploaded them to Evidence.com. My AXON Body Worn Camera was active during this incident and the video has been saved and tagged to the Evidence.com servers.

Incident Report Suspect List

Columbia Police Department

OCA: 2024-003174

1	Name (Last, First, Middle)					Also Known As					Home Address																																											
	Business Address																																																					
	DOB	Age	Race	Sex	Eth	Hgt	Wgt	Hair	Eye	Skin																																												
	06/25/2003	20	W	F	N	503	130		GRE																																													
Scars, Marks, Tattoos, or other distinguishing features																																																						
<table border="1"> <tr> <td colspan="2"><i>Reported Suspect Detail</i></td> <td colspan="2">Suspect Age</td> <td>Race</td> <td>Sex</td> <td>Eth</td> <td>Height</td> <td>Weight</td> <td>SSN</td> </tr> <tr> <td>Weapon, Type</td> <td>Feature</td> <td colspan="2">Make</td> <td colspan="2">Model</td> <td>Color</td> <td>Caliber</td> <td colspan="2">Dir of Travel</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td></td> <td></td> <td colspan="2">Mode of Travel</td> </tr> <tr> <td colspan="2">Veh Yr / Make / Model</td> <td>Drs</td> <td>Style</td> <td>Color</td> <td colspan="2">Lic Plate / State</td> <td colspan="3">VIN</td> </tr> </table>															<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height	Weight	SSN	Weapon, Type	Feature	Make		Model		Color	Caliber	Dir of Travel										Mode of Travel		Veh Yr / Make / Model		Drs	Style	Color	Lic Plate / State		VIN		
<i>Reported Suspect Detail</i>		Suspect Age		Race	Sex	Eth	Height	Weight	SSN																																													
Weapon, Type	Feature	Make		Model		Color	Caliber	Dir of Travel																																														
								Mode of Travel																																														
Veh Yr / Make / Model		Drs	Style	Color	Lic Plate / State		VIN																																															
Notes							Physical Char																																															

Incident Report Related Vehicle List

Columbia Police Department

OCA: 2024-003174

1		VehYr/Make/Model 2012 LAND, Range Rover		Style SUV		Color WHI		Lic/Lis D6207AD MO		VIN SALSK2D42CA758716	
IBR Status Suspect Vehicle		Date 04/16/2024		Location W BROADWAY/N STADIUM BLVD, COLUMBIA MO							
Condition		Value \$0.00		Offense Code 99		Jurisdiction Locally		State #		NIC #	
Name (Last, First, Middle) [REDACTED]				Also Known As				Home Address [REDACTED]			
Business Address -		[REDACTED]									
DOB 10/21/1978	Age 45	Race W	Sex M	Hgt 605	Wgt 250	Scars, Marks, Tattoos, or other distinguishing features [REDACTED]					

Notes

2		VehYr/Make/Model 2004 ACUR		Style SUV		Color GRY		Lic/Lis DD11123 IL		VIN 2HNYD18944H502716	
IBR Status Victim Vehicle		Date 04/16/2024		Location W BROADWAY/N STADIUM BLVD, COLUMBIA MO							
Condition		Value \$0.00		Offense Code 99		Jurisdiction Locally		State #		NIC #	
Name (Last, First, Middle) [REDACTED]				Also Known As				Home Address [REDACTED]			
Business Address [REDACTED]		[REDACTED]									
DOB 06/12/2004	Age 19	Race W	Sex F	Hgt 502	Wgt 115	Scars, Marks, Tattoos, or other distinguishing features					

Notes

3		VehYr/Make/Model 2018 CHEV, 1500		Style PICK		Color MAR		Lic/Lis 5SDM93 MO 2024		VIN 3GCUKREC5JG408641	
IBR Status Victim Vehicle		Date 04/16/2024		Location W BROADWAY/N STADIUM BLVD, COLUMBIA MO							
Condition		Value \$0.00		Offense Code 99		Jurisdiction Locally		State #		NIC #	
Name (Last, First, Middle) [REDACTED]				Also Known As				Home Address [REDACTED]			
Business Address US		[REDACTED]									
DOB 05/20/1996	Age 27	Race W	Sex M	Hgt 605	Wgt 270	Scars, Marks, Tattoos, or other distinguishing features					

Notes

Incident Report Related Property List

Columbia Police Department

OCA: 2024-003174

1	Property Description BODY WORN CAMERA				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit	
	Status Evidence		Date 04/16/2024		NIC #		State #		Local #	
	Name (Last, First, Middle) * No name *				DOB		Age		Race	

Notes

2	Property Description CAPTURE (AXON) IMAGES				Make		Model		Caliber	
	Color		Serial No.		Value \$0.00		Qty 1.000		Unit	
	Status Evidence		Date 04/16/2024		NIC #		State #		Local #	
	Name (Last, First, Middle) * No name *				DOB		Age		Race	

Notes

Supplement List
Case #: 2024003174

Supplement #	Date/Time	Investigator	Description
1	04/21/2024 18:00	SCOTT, NATHANIEL D	Follow-up

CASE SUPPLEMENTAL REPORT

Printed: 01/16/2026 08:36

Columbia Police Department

SYSTEM ID: **600936**

SUPPLEMENT #: **1**

OCA: **2024003174**

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

Case Status: *CLEARED BY ARREST*

Case Mng Status: *NA*

Occurred: *04/16/2024*

Offense: *NOT REPORTABLE*

Investigator: *SCOTT, NATHANIEL D (2350)*

Date / Time: *04/21/2024 18:00:47, Sunday*

Supervisor: *BRUNSTROM, RYAN M (1691)*

Supervisor Review Date / Time: *04/24/2024 05:32:40, Wednesday*

Contact: [REDACTED]

Reference: *Follow-up*

On 04/19/2024 at approximately 1305 hours, I made phone contact with [REDACTED] in reference to this incident.

[REDACTED] provided insurance information for his vehicle involved in a collision.

Nothing further.

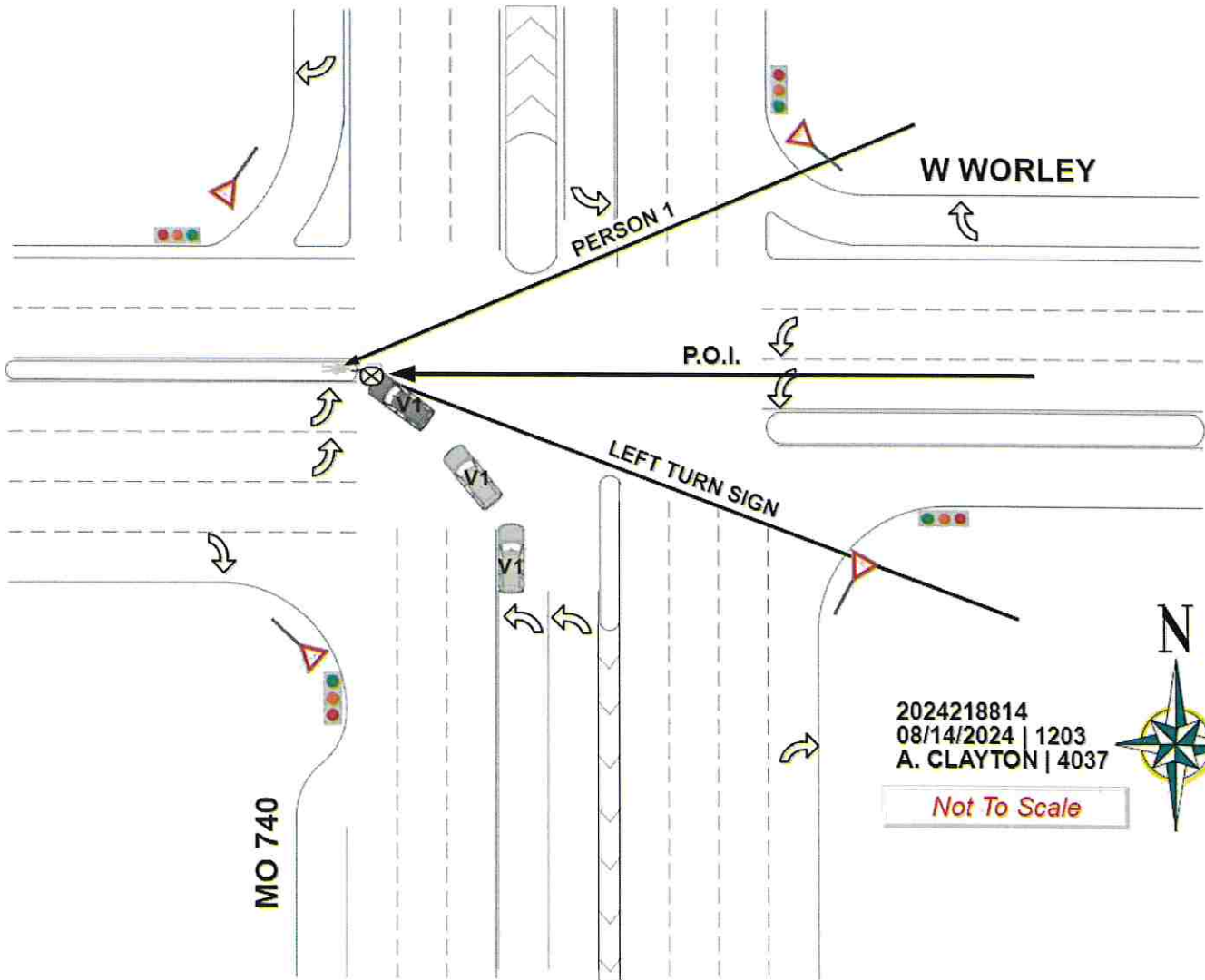
Investigator Signature

Supervisor Signature

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0100200 ** COLUMBIA POLICE DEPARTMENT 600 E WALNUT COLUMBIA, MO 65201											
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 PROPERTY DAMAGE ONLY		NO. INJURED 1		NO. KILLED 0		REPORT / CASE / INCIDENT NUMBER 2024218814		NO. VEH. INV. 1	
CRASH DATE / MM/DD/YYYY 08/14/2024		CRASH TIME (MIL.) 1203		NOTIFIED DATE 08/14/2024		TIME NOTIFIED (MIL.) 1206		INVEST. DATE 08/14/2024		TIME ARRIVED (MIL.) 1230		DATE OF RDWY. CLEAR 08/14/2024 <input type="checkbox"/> NA		TIME OF RDWY. CLEAR 1306 <input type="checkbox"/> NA <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 <input type="checkbox"/> Fell / Jumped From MV		Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision <input type="checkbox"/> Thrown or Falling Object		COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object		Pedestrian <input type="checkbox"/> Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle		Railway Vehicle <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle <input type="checkbox"/> Other Non-Motorist		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) <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <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 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 / GCWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 8 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 7H for appropriate vehicle.															
EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM				AVAILABLE FROM <input type="checkbox"/> Investigating Agency									
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 010 BOONE		MUNICIPALITY 0610 COLUMBIA		BEAT / ZONE NA		TRP/DIST/PCT NA		GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 57 40.61 LONG: W -92 22 17.60							
ON CST WORLEY ST		RDWY. DIR. W		DISTANCE FROM 36 Feet		LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING MO 740 SPEED LIMIT 40							
SPEED LIMIT 35		ROADWAY MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		Unknown		Unknown		GEO. CODE NA							
TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown															
ROADWAY ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)															
ROADWAY 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		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		ROUNDABOUT / TRAFFIC CIRCLE <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Other Circular Intersection <input type="checkbox"/> Unknown (Explain)		Enter Codes		ROADWAY CONDITION 02		ROADWAY SURFACE 2		LIGHT CONDITION 1	
WEATHER / ENVIRON CONDITION 03															
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> None															
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input checked="" type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality MODOT - LEFT TURN SIGN															
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative															
NAME & ADDRESS (Street, City, State, Zip) PHONE NUMBER															
5 - NON-MOTORIST <input type="checkbox"/> NA <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Other Non-Motorist															
PEDESTRIAN SPECIAL FUNCTION <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Tow Operator <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> EMS															
NO. 1 NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER															
DATE OF BIRTH 05/09/1975		SEX M		STRUCK BY VEH # 1		INJ 4		TRANS-PORT 2		SAFETY DEVICES 02		LOCATION <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input checked="" type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Shoulder / Roadside		Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Unknown	
CROSSING ROAD <input checked="" type="checkbox"/> NA		With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> With Flashing Beacon <input type="checkbox"/> Unknown		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 checked="" type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		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) <input type="checkbox"/> Unknown		ORIGIN / DESTINATION <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"/> 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 checked="" 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 Backing <input type="checkbox"/> Distracted / Inattentive (If marked, fill in Codes) → <input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA <input type="checkbox"/> ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Improper Turn															

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1	N	E	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



2024218814
08/14/2024 | 1203
A. CLAYTON | 4037

Not To Scale



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

NO. 7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)															PHONE NUMBER										
DRIVER LICENSE / ID NUMBER					STATE		LIC STATUS			LIC TYPE			ENDORSEMENTS												
					MO		<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"/> NA			<input 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 type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unk						
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	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)		
02/03/1957 M FL 5 1 2 03 05																									
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required					AAA										MOA194401197										
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.										
2017		TOYOTA			RAV4 (SPORT UTILITY)					WHI			01		1										
LICENSE — PLATE NO.					STATE		YEAR		VIN																
ZH3P7M					MO		2025		J T M D J R E V I H D 0 9 9 2 4 5																
TOWED FROM SCENE					TOWED BY					VEHICLE DAMAGE (Mark all damaged areas)															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA					INITIAL IMPACT NO.					<input type="checkbox"/> None / No Damage <input type="checkbox"/> 18 - Undercarriage <input type="checkbox"/> 19 - Windshield <input type="checkbox"/> 20 - Burned <input type="checkbox"/> 21 - Trailer / Towed Unit										
TOWED DUE TO DIS. DAMAGE										01					<input type="checkbox"/> 22 - Cargo <input type="checkbox"/> 23 - Unknown <input type="checkbox"/> 24 - Other (Explain)										
VEHICLE BODY TYPES — Automobiles / Specialty Vehicles															Vehicle Used As Public Conveyance										
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Passenger Van (<8 Seats) <input type="checkbox"/> 9-12 Passenger Van <input type="checkbox"/> 15- Passenger Van <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 / 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 Wn <input type="checkbox"/> 3 Wn <input type="checkbox"/> 4 Wn <input type="checkbox"/> 5 Wn / 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															<input type="checkbox"/> GVW / GCW RATING (Not Licensed Weight) <input type="checkbox"/> (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) NA																									
FIRST TRAILER / TOWED UNIT		YEAR			MAKE			MODEL																	
SECOND TRAILER / TOWED UNIT		YEAR			MAKE			MODEL																	
AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE															AUTOMATION SYSTEM LEVELS ENGAGED AT TIME OF CRASH										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Unknown															<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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															Additional Codes Listed in Narrative (See Codes in Section 8)										
SEQUENCE OF EVENTS CODES															ANIMAL CODE(S)										
01 05 07 16 36 30															27										
ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA															MARIJUANA USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA										
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES															DISTRACTED / INATTENTIVE CODE(S)										
05																									
7E. WORK ZONE															LOCATION OF THE CRASH										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown															<input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown										
<input type="checkbox"/> Lane Closure <input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Intermittent or Moving Work															<input type="checkbox"/> Before the First Work Zone Warning Sign <input type="checkbox"/> Transition Area <input type="checkbox"/> Activity Area <input type="checkbox"/> Termination Area										
7F. TRAFFIC CONTROL															CONTROL MALFUNCTIONING / INOPERATIVE / MISSING										
<input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown															<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA										
<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)															<input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus <input type="checkbox"/> Other (Explain)										
OCCUPANTS — NAME (Last, First, MI)															DATE OF BIRTH										
															MM-DD-YYYY										
ADDRESS (Street, City, State, Zip)															SEX										
															SEAT LOC										
															INJ										
															TRANS-PORT										

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 (Leases, 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.
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
HAZARDOUS MATERIALS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	4-DIGIT NO.	CLASS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	HAZARDOUS MATERIAL NAME	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
8 — CODES			
ROADWAY CONDITION CODES		ROADWAY SURFACE 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)	
		1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt / Sand	
		6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (Explain)	
		LIGHT CONDITION CODES	
		1. Daylight 2. Dark-Lighted 3. Dark-Unlighted 6. Dark-Unknown Lighting 7. Other (Explain) 8. Dawn / Dusk U. Unknown (Explain)	
		WEATHER / ENVIRONMENTAL CONDITION CODES	
		1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet / Hail 6. Freezing (Temp)	
		7. Fog / Mist 10. Severe Crosswinds 11. Other (Explain) 12. Blowing Snow 13. Smoke / Smog U. Unknown (Explain)	
SEAT LOCATION		INJURY	
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		(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	
		AIRBAG	
		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		BICYCLE LANE / FACILITY CODES	
1. Scooter — Mobility Assistance / Motorized 2. Scooter — Stand-up / Motorized 3. Stand-up / Non-motorized 4. Stand-up / Motorized-Other		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		OTHER VEHICLE CODES	
1. Motor Vehicle In Transport 2. Parked Motor Vehicle		1. Riding Mower / Garden Tractor 2. Golf Cart	
3. Working Motor Vehicle U. Unknown		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. Overturn / 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

OFFICER NARRATIVE:

V1 WAS TURNING WEST ONTO WORLEY STREET FROM MO-740. V1 COLLIDED INTO A LEFT TURN SIGN IN THE MEDIAN. D1 WAS ABLE TO LEAVE THE SCENE DUE TO LACK OF INJURIES. V1 SUSTAINED MINOR DAMAGE TO THE FRONT BUMPER AND HOOD. V1 WAS ABLE TO DRIVE AWAY FROM THE SCENE. AFTER V1 STRUCK THE STREET SIGN P1 WAS COMPLAINING OF BEING STRUCK BY THE STREET SIGN. P1 WAS TRANSPORTED BY EMS TO THE UNIVERSITY HOSPITAL THE CONTRIBUTING CIRCUMSTANCES WOULD BE THAT V1 WAS GOING TOO FAST FOR THE CONDITIONS OF THE WEATHER. THE COLLISION HAPPENED AFTER THE INTERSECTION.

DRIVER STATEMENTS:

D1 STATED THAT HE WAS DRIVING NORTH ON STADIUM THEN HE WAS TURNING WEST ONTO WORLEY STREET HE STARTED TO HYDROPLANE AND HE WENT ACROSS THE MEDIAN INTO THE STREET SIGN. AFTER STRIKING THE STREET SIGN HE SAW THAT THE PEDESTRIAN STARTED HOLDING FOOT AND LAYED DOWN ON THE GROUND COMPLAINING.

PEDESTRIAN STATEMENTS:

P1 STATED HE WAS STANDING IN THE MEDIAN THEN THE VEHICLE CAME TOWARDS HIM AND THE SIGN PICKED HIM UP AND HE FELL.

PASSENGER STATEMENTS:

NO PASSENGER IN V1

WITNESS STATEMENTS:

NO WITNESS STATEMENTS

OTHER INFORMATION:

P1 WAS AT THE HOSPITAL BEING CHECKED OUT AND MADE ASSUMPTIONS OF 2 BROKEN TOES AND A HEAD INJURY. NO CLEAR PHYSICAL SIGNS OF INJURIES.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME CLAYTON, ANDREW	DSN / BADGE NO. 04037	BEAT / ZONE NA	TROOP / DISTRICT / PRECINCT ALL
REVIEWING OFFICER NAME MEYER, JAMES	DSN / BADGE NO. 01986	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

COMMUNICATIONS

Event Report

Event ID: 2024-218814

Call Ref #: 875

Date/Time Received: 08/14/24 12:03:40

Rpt #:

Prime 1C11

Services Involved

Call Source: W911

Unit: CLAYTON, ANDREW D

LAW

FIRE

EMS

Location: N STADIUM BLVD/W WORLEY ST

X-ST:

Jur: CAD

Service: LAW

Agency: CPD

St/Beat: 10

District: CPDN

RA: 3112

Business:

Phone:

GP: 10

Nature: 77D4 VEH COL PED/BIKE/MC

Alarm Lvl: 1 Priority: 1

Medical Priority: 77D04

Reclassified Nature:

Caller:

Addr:

Phone:

Alarm:

Alarm Type:

Vehicle #: ZH3P7M

St: MO

Report Only: No

Race:

Sex:

Age:

Call Taker: JCSMEYER

Console: CAD21

Geo-Verified Addr.: Yes Nature Summary Code: VCOL Disposition: 8 Close Comments:

Notes:

See Event Notes Addendum at end of this report

Times

Call Received: 08/14/24 12:03:40

Time From Call Received

Call Routed: 08/14/24 12:03:40

Unit Reaction: 000:02:48 (1st Dispatch to 1st Arrive)

Call Take Finished: 08/14/24 12:03:40

En-Route: (1st Dispatch to 1st En-Route)

1st Dispatch: 08/14/24 12:04:36

000:00:56 (Time Held)

On-Scene: 000:59:26 (1st Arrive to Last Clear)

1st En-Route: 08/14/24 12:04:36

000:00:56

1st Arrive: 08/14/24 12:07:24

000:03:44 (Reaction Time)

Last Clear: 08/14/24 13:06:50

001:03:10

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
1P73	2341	DXY	DispatchXY	08/14/24 12:04:36	1689724.73,1134723.96		JCMBAY
1P73	2341	D	Dispatched	08/14/24 12:04:36	Stat/Beat: 70		JCMBAY
1P73	2341	E	En-Route	08/14/24 12:04:36	Stat/Beat: 70		JCMBAY
1P63	4036	DXY	DispatchXY	08/14/24 12:04:49	1688787.62,1116466.03		JCMBAY
1P63	4036	D	Dispatched	08/14/24 12:04:49	Stat/Beat: 60		JCMBAY
1P63	4036	E	En-Route	08/14/24 12:04:49	Stat/Beat: 60		JCMBAY
1P17	2020	DXY	DispatchXY	08/14/24 12:05:20	1695264.78,1153040.31		JCMBAY
1P17	2020	D	Dispatched	08/14/24 12:05:20	Stat/Beat: 10		JCMBAY
1P17	2020	E	En-Route	08/14/24 12:05:20	Stat/Beat: 10		JCMBAY
1C53	2400	DXY	DispatchXY	08/14/24 12:06:02	1701497.84,1121114.88		JCMBAY

1C53	2400	D	Dispatched	08/14/24 12:06:02	Out Evt: [E] at 3515-A MONTEREY DR	JCMBAY
1C53	2400	E	En-Route	08/14/24 12:06:02	Out Evt: [E] at 3515-A MONTEREY DR	JCMBAY
1P63	4036	X	Canceled	08/14/24 12:06:16		JCMBAY
1P73	2341	X	Canceled	08/14/24 12:06:16		JCMBAY
1C11	4037	DXY	DispatchXY	08/14/24 12:06:28	1689510.21,1120779.39	JCMBAY
1C11	4037	D	Dispatched	08/14/24 12:06:28	Out Evt: [A] at ENRT	JCMBAY
1C11	4037	E	En-Route	08/14/24 12:06:28	Out Evt: [A] at ENRT	JCMBAY
1S21	1986	DXY	DispatchXY	08/14/24 12:07:24	1700211.33,1140141.76	JCMBAY
1S21	1986	D	Dispatched	08/14/24 12:07:24	Stat/Beat: CPNS	JCMBAY
1S21	1986	E	En-Route	08/14/24 12:07:24	Stat/Beat: CPNS	JCMBAY
1S21	1986	A	Arrived	08/14/24 12:07:24	Stat/Beat: CPNS	JCMBAY
1S21	1986	ENT	Entered Related Name	08/14/24 12:13:28		CPJMEYER
1S21	1986	...	Entered Related Name.	08/14/24 12:13:28		CPJMEYER
1S21	1986	ENT	Entered Related Name	08/14/24 12:16:10		CPJMEYER
1S21	1986	...	Entered Related Name.	08/14/24 12:16:10	2) MO	CPJMEYER
1S21	1986	NFS	{1S21} NO FURTHER	08/14/24 12:16:25		JCKSAPP
1P17	2020	A	Arrived	08/14/24 12:18:13		Unit:1P17
1C53	2400	X	Canceled	08/14/24 12:19:20		JCKSAPP
1S21	1986	C	Cleared	08/14/24 12:21:21	[16]	16 CPJMEYER
1P17	2020	C	Cleared	08/14/24 12:23:19	[2,29]	2 CPBWHITM
1C11	4037	NFS	{1C11} NO FURTHER	08/14/24 12:30:30		JCKSAPP
1C11	4037	A	Arrived	08/14/24 12:30:49		JCKSAPP
1C11	4037	NFS	{1C11} NO FURTHER	08/14/24 12:30:56		JCKSAPP
1C11	4037	L	Location Change	08/14/24 12:51:23	UMH	JCMBAY
1C11	4037	A	Arrived	08/14/24 12:51:44		Unit:1C11
1C11	4037	C	Cleared	08/14/24 13:06:50	[8]	8 CPACLAYT

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TS	Time Spawned	08/14/24 12:03:40	Initial call received at 08/14/2024 12:01:		JCSMEYER
		VEV	Viewed Event	08/14/24 12:03:46	User First Viewed Event CAD		JCMBAY
		VEV	Viewed Event	08/14/24 12:04:04	User First Viewed Event CAD		JCACARIN
		VEV	Viewed Event	08/14/24 12:04:36	User First Viewed Event CAD		CPLCRUM
		VEV	Viewed Event	08/14/24 12:05:03	User First Viewed Event CAD		CPTWOLFE
1P17	2020	CHG	Changed PrimeUnit	08/14/24 12:05:27	1P73 --> 1P17		CPBWHITM
		VEV	Viewed Event	08/14/24 12:06:32	User First Viewed Event CAD		CPEAYERS
		ARM	Added Remarks	08/14/24 12:06:33	Notes sent from FIRE event #20242188		JCSMEYER
		ARM	Added Remarks	08/14/24 12:06:55	Notes sent from FIRE event #20242188		JCSMEYER
		ARM	Added Remarks	08/14/24 12:07:18			JCMBAY
		ARM	Added Remarks	08/14/24 12:07:19	Sent to: Linked Events		JCMBAY
		WO	WRECKER OF THE W	08/14/24 12:07:22			JCMBAY
		ARM	Added Remarks	08/14/24 12:07:22			JCMBAY
		ARM	Added Remarks	08/14/24 12:07:22	Sent to: Linked Events		JCMBAY
		ARM	Added Remarks	08/14/24 12:08:01	Notes sent from FIRE event #20242188		JCSMEYER
		VEV	Viewed Event	08/14/24 12:08:03	User First Viewed Event CAD		SDDGARRE
		VEV	Viewed Event	08/14/24 12:08:29	User First Viewed Event CAD		JCSMEYER
		ARM	Added Remarks	08/14/24 12:08:39	Notes sent from FIRE event #20242188		JCCLARSO

	ENT	Entered VehicleState	08/14/24 12:09:13	[ID: 1279667] MO	JCACARIN
	ENT	Entered VehicleID	08/14/24 12:09:13	[ID: 1279667] ZH3P7M	JCACARIN
	ENT	Entered LicenseType	08/14/24 12:09:13	[ID: 1279667] PC	JCACARIN
	VEV	Viewed Event	08/14/24 12:09:24	User First Viewed Event CAD	SDLVICKE
	VEV	Viewed Event	08/14/24 12:09:42	User First Viewed Event CAD	JCCLARSO
	RSW	Reset Watchdog Timer	08/14/24 12:09:47	Units: 1S21 >>> 5Min.	JCACARIN
	VEV	Viewed Event	08/14/24 12:10:27	User First Viewed Event CAD	JCKRYAN
	VEV	Viewed Event	08/14/24 12:10:54	User First Viewed Event CAD	JCKSAPP
	ARM	Added Remarks	08/14/24 12:11:37		JCKSAPP
	ARM	Added Remarks	08/14/24 12:11:37	Sent to: Linked Events	JCKSAPP
1S21	1986	NCIC QRY: Names	08/14/24 12:13:28	1) Unit:1S21 LNAME= FNAME= DOB=	Unit:1S21
1S21	1986	... QRY: Names...	08/14/24 12:13:28		Unit:1S21
	ARM	Added Remarks	08/14/24 12:15:14		Unit:1S21
1S21	1986	NCIC QRY: Names	08/14/24 12:16:10	1) Unit:1S21 LNAME= FNAME= DOB=	Unit:1S21
1S21	1986	... QRY: Names...	08/14/24 12:16:10		Unit:1S21
	ARM	Added Remarks	08/14/24 12:16:25		JCKSAPP
	ARM	Added Remarks	08/14/24 12:16:25	Sent to: Linked Events	JCKSAPP
	RSW	Reset Watchdog Timer	08/14/24 12:16:25	Units: 1S21 >>> 999Min.	JCKSAPP
1C11	4037	CHG Changed PrimeUnit	08/14/24 12:22:51	1P17 --> 1C11	CPACLAYT
1C11	2465	CHG Changed PrimeUnit	08/14/24 12:22:51	1P17 --> 1C11	CPACLAYT
	ARM	Added Remarks	08/14/24 12:30:30		JCKSAPP
	ARM	Added Remarks	08/14/24 12:30:30	Sent to: Linked Events	JCKSAPP
	RSW	Reset Watchdog Timer	08/14/24 12:30:30	Units: 1C11 >>> 999Min.	JCKSAPP
	ARM	Added Remarks	08/14/24 12:30:56		JCKSAPP
	ARM	Added Remarks	08/14/24 12:30:57	Sent to: Linked Events	JCKSAPP
	RSW	Reset Watchdog Timer	08/14/24 12:30:57	Units: 1C11 >>> 999Min.	JCKSAPP
	RSW	Reset Watchdog Timer	08/14/24 12:51:28	Units: 1C11 >>> 999Min.	JCMBAY
	RSW	Reset Watchdog Timer	08/14/24 12:55:13	Units: 1C11 >>> 999Min.	JCMBAY
	ARM	Added Remarks	08/14/24 12:58:14		Unit:1C11
	VEV	Viewed Event	08/14/24 12:59:14	User First Viewed Event CAD	JCBSTANL

Related Names

Last, First, MI Suffix	Type	Race	Sex	HT	WT	Eyes	DOB	Age	Home / Mobile Ph	Work Ph
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	CALL				0					
--	------	--	--	--	---	--	--	--	--	--

On St:

	M	509	205	02/03/57	67
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On St: MO

	M	601	180	05/09/75	49
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On St: MO

Related Vehicles

Lic Tag	State	Type	Year	Make	Make Desc	Model	Color1 / Color2	Vin
ZH3P7M	MO	PC	2017	TOYT	TOYOTA	RAV4		JTMDJREV1HD099245

Notes:

Event Notes Addendum

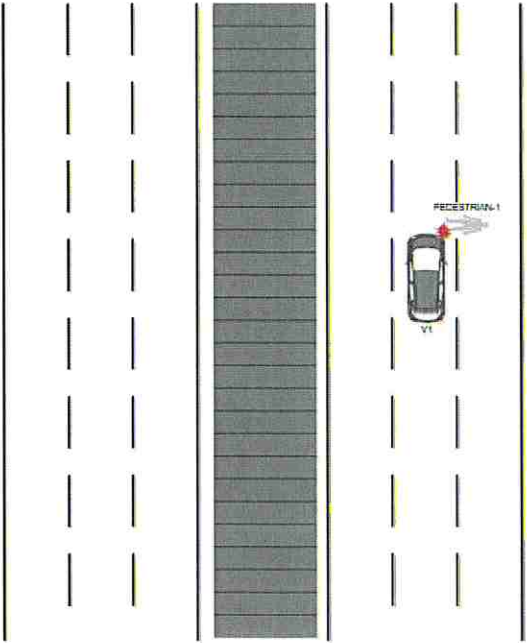
Notes [PROQA] Caller Statement: Comp cut turn too close and hit sign. Panhandler appears to be hurt [08/14/24 12:03:00 JCSMEYER]
[PROQA] Dispatch Code: 77D04 (Vehicle vs. pedestrian/bicycle)
Response: Delta
Questions:
1. At loc (1st pty).
2. Vehicle vs. pedestrian/bicycle.
3. 1 veh Invl.
4. SUV/crossover.
5. No vehs on fire.
6. No one trapped/pinned. [08/14/24 12:03:40 JCSMEYER]
[PROQA] Vehicle #1 Information:
-- Color: White
-- Year: 2017
-- Make: Toyota
-- Model: RAV4
-- Body: SUV [08/14/24 12:04:44 JCSMEYER]
[PROQA] Questions:
7. Some obv inj: The panhandler was behind the sign. Has his Left Shoe off and is acting like it hit his leg
8. Not a difficult-to-access area.
9. Veh desc:
10. No fuel/fluid leak.
11. No other hazards Invl.
12. Veh blocking traffic. [08/14/24 12:05:09 JCSMEYER]
[FIRE] COMP IS STUCK IN VEH DUE TO TRAFFIC BUT CAN EXIT SAFELY WHEN TRAFFIC IS CLEAR
[08/14/24 12:06:33 JCSMEYER]
[FIRE] SIGN IS STUCK ON TOP OF VEH [08/14/24 12:06:55 JCSMEYER]
suv on median [08/14/24 12:07:18 JCMBAY]
UDTS: WRECKER OF THE WEEK [08/14/24 12:07:22 JCMBAY]
[FIRE] UDTS: ECONOMY ENRT 573-474-6630 [08/14/24 12:08:01 JCSMEYER]
[FIRE] [REDACTED] 08/14/24 12:08:39 JCCLARSO
1S21 MOVING TO LOT OF CUSTOM AUTOMOTIVE [08/14/24 12:11:37 JCKSAPP]
[REDACTED] is pedestrian. Transported to UMC ER. Driver is [REDACTED]
AAA insurance MOA194401197 [08/14/24 12:15:14 Unit:1S21]
UDTS: {1S21} NO FURTHER STATUS [08/14/24 12:16:25 JCKSAPP]
UDTS: {1C11} NO FURTHER STATUS [08/14/24 12:30:30 JCKSAPP]
UDTS: {1C11} NO FURTHER STATUS [08/14/24 12:30:56 JCKSAPP]
2 fractured toes and a bump on the head [REDACTED] stated that the car came toward him hit the sign the lifted him up and he fell. [08/14/24 12:58:14 Unit:1C11]

1 — GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MO0100200 ** COLUMBIA POLICE DEPARTMENT 600 E WALNUT COLUMBIA, MO 65201					
SPACE USED FOR BARCODE									
LEFT THE SCENE DRIVER NO.		CLEARED		CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER	NO. VEH. INV.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				1	0	2024343375	1
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	
12/20/2024	1445	12/20/2024	1445	12/20/2024	1601	12/20/2024 <input type="checkbox"/> NA	1445 <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CRASH TYPE	ROADWAY	NON-COLLISION		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
	<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife <input type="checkbox"/> Fell / Jumped From MV	<input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision <input type="checkbox"/> Thrown or Falling Object	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object	<input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle <input type="checkbox"/> Other Non-Motorist	<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) <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <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 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 / 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 7H for appropriate vehicle.									
EVIDENTIARY PHOTOS TAKEN		BY WHOM		AVAILABLE FROM		<input type="checkbox"/> Investigating Agency			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
EVIDENTIARY VIDEO 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)			
010 BOONE		0610 COLUMBIA		NA	NA	LAT: N 38 57 45.21 LONG: W -92 22 16.21			
ON		RDWY. DIR.		DISTANCE FROM	LOCATION	INTERSECTING			
CST STADIUM BLVD		W		506 <input type="checkbox"/> NA Feet	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	CST WORLEY ST			
SPEED LIMIT		ROADWAY MAINTAINED BY				SPEED LIMIT		INT. DIR.	GEO. CODE
35		<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				35		E	NA
TRAFFICWAY									
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown									
ROADWAY ALIGNMENT									
<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)									
ROADWAY 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"/> Perpendicular <input type="checkbox"/> Angled/Skewed <input type="checkbox"/> Roundabout / Traffic Circle									
<input type="checkbox"/> Cross Intersection (4-Way) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Five or More Legs and Not Circular <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Other Circular Intersection <input type="checkbox"/> Unknown (Explain)									
Enter Codes									
ROADWAY CONDITION									
LIGHT CONDITION									
WEATHER / ENVIRON CONDITION									
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									
5 — NON-MOTORIST <input type="checkbox"/> NA <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Other Non-Motorist									
(NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE)									
Prior Motor Vehicle Occupant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Personal Conveyance Type (Enter Code)									
On Motorized Pedalcycle <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other (Explain)									
Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Yes <input type="checkbox"/> No									
PEDESTRIAN SPECIAL FUNCTION <input checked="" type="checkbox"/> NA									
<input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Tow Operator <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> EMS									
NO. 1									
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 Within Crosswalk / Intersection <input checked="" type="checkbox"/> In Driveway Access <input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> BICYCLE LANE / FACILITY									
<input type="checkbox"/> On Sidewalk <input type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) (Enter Code) N									
<input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> Shoulder / Roadside <input type="checkbox"/> Unknown									
CROSSING ROAD <input checked="" type="checkbox"/> NA									
<input type="checkbox"/> With Signal <input type="checkbox"/> Intersection — Marked Crosswalk <input type="checkbox"/> ACTIONS <input type="checkbox"/> NA/None									
<input type="checkbox"/> Against Signal <input type="checkbox"/> Intersection — Unmarked Crosswalk <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Other (Explain)									
<input type="checkbox"/> No Signal <input type="checkbox"/> Midblock — Marked Crosswalk <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Unknown									
<input type="checkbox"/> With Flashing Beacon <input type="checkbox"/> Midblock — No Crosswalk <input type="checkbox"/> Pushing / Working on Vehicle <input checked="" type="checkbox"/> Walking / Running / Cycling / Riding in Trafficway <input type="checkbox"/> With Traffic <input checked="" type="checkbox"/> Against Traffic									
<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 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 checked="" 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"/> Vision Obstructed <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Backing <input type="checkbox"/> Distracted / Inattentive (If marked, fill in Codes) →									
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 N E S W U	V2 N E S W U	V3 N E S W U	V4 N E S W U	V5 N E S W U	V6 N E S W U
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INDICATE NORTH

500-BLK STADIUM BLVD



500-BLK STADIUM BLVD



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)															PHONE NUMBER															
1																														
DRIVER LICENSE / ID NUMBER										STATE		LIC STATUS		LIC TYPE		ENDORSEMENTS														
										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 type="checkbox"/> Operator Class <input type="checkbox"/> CDL Class <input type="checkbox"/> NA <input checked="" type="checkbox"/> Interm / Grad		<input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Unlicensed														
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	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"/> 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)													
05/19/2008		M	FL	5	1	2	03	05	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required					FARM BUREAU					(660) 263-5700					APV0739242															
7B. VEHICLE -- OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) / <input type="checkbox"/> SAD															PHONE NUMBER															
															<input checked="" type="checkbox"/> SAD															
YEAR		MAKE			MODEL					COLOR		VEH. TYPE		TOTAL NO. OF OCC.																
2016		DODGE			CHARGER (R/T SHELBY-CHARGER S					BLK		01		2																
LICENSE -- PLATE NO. <input type="checkbox"/> Temporary Tag															STATE		YEAR		VIN											
XK1C0Z															MO		2026		2		C 3 C D X F G 5 G H 1 6 4 0 2 8									
TOWED FROM SCENE					TOWED BY					VEHICLE DAMAGE (Mark all damaged areas)					<input checked="" type="checkbox"/> None / No Damage															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA					INITIAL IMPACT NO. 01					18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Trailer / Towed Unit (Explain)															
TOWED DUE TO DIS. DAMAGE																														
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																														
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 Vehicle (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 Placed 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					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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown															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 <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 checked="" type="checkbox"/> Unknown					DRIVER CEDED CONTROL <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 30																														
ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA															MARIJUANA USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA															
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)															DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA															
<input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown (Explain)																														
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 checked="" type="checkbox"/> NA					<input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA															
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Lane Closure <input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Intermittent or Moving Work					<input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Other Type of Work Zone <input type="checkbox"/> Unknown					<input type="checkbox"/> Before the First Work Zone Warning Sign <input type="checkbox"/> Advanced Warning Area <input type="checkbox"/> Transition Area <input type="checkbox"/> Activity Area <input type="checkbox"/> Termination Area															
7F. TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown					Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other Electric (Explain)					Signal On School Bus <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															
Electric: <input type="checkbox"/> Green / Yellow / Red <input type="checkbox"/> Stop Sign <input type="checkbox"/> Warning Sign / Device					<input type="checkbox"/> No Passing Zone <input type="checkbox"/> Railway Crossing Sign / Device					<input type="checkbox"/> Turn Restricted <input type="checkbox"/> School Zone <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Yield Sign																				
OCCUPANTS -- NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)															DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	IMPROPER USE?		PHONE NUMBER				
7G.															12/09/1978		M	FR	5	1	2	03		05	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA					
																								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA						
																								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA						
																								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA						
																								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA						
																								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA						
																								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA						

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"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce — Government Vehicle <input type="checkbox"/> Not In Commerce — Rental Vehicle	MC / MX / ICC NO. USDOT NO.
CARGO BODY TYPE	<input type="checkbox"/> Enclosed Box <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
HAZARDOUS MATERIALS	HAZARDOUS MATERIAL NAME	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
8 — CODES			
ROADWAY CONDITION CODES		ROADWAY SURFACE CODES	
1. Dry 2. Wet 3. Snow 4. Ice/Frost 5. Slush 7. Standing Water		1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt/Sand 6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (Explain)	
LIGHT CONDITION CODES		WEATHER / ENVIRONMENTAL CONDITION CODES	
1. Daylight 2. Dark-Lighted 3. Dark-Unlighted 6. Dark-Unknown Lighting 7. Other (Explain) 8. Dawn/Dusk U. Unknown (Explain)		1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet/Hail 6. Freezing (Temp) 7. Fog/Mist 10. Severe Crosswinds 11. Other (Explain) 12. Blowing Snow 13. Smoke/Smog U. Unknown (Explain)	
SEAT LOCATION		INJURY	
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		(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		EJECTION	
(For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA		1. NA 2. No 3. Partially 4. Totally U. Unknown	
AIR BAG		SAFETY DEVICES	
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		1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant 8. 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		BICYCLE LANE / FACILITY 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)		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		OTHER VEHICLE CODES	
1. Motor Vehicle In Transport 2. Parked Motor Vehicle 3. Working Motor Vehicle U. Unknown		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. Overturn / 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 48. 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

OFFICER NARRATIVE:

V1 WAS TRAVELING IN THE NORTH BOUND IN LANE 2 IN THE 500-BLK OF STADIUM BLVD. PEDESTRIAN-1 WAS STANDING ON THE DIVIDING MEDIAN BETWEEN THE NORTH AND SOUTH BOUND LANES IN THE 500-BLK OF STADIUM BLVD. PEDESTRIAN-1 ENTERED THE NORTHBOUND LANES AND WAS STRUCK IN LANE 2 BY V1. THERE WAS NO CROSSWALK WHERE PEDESTRIAN-1 CROSSED THE ROADWAY.

PEDESTRIAN-1 WAS TRANSPORTED TO THE UNIVERSITY OF MISSOURI HOSPITAL VIA AMBULANCE DUE TO A LEG INJURY. V1 SUSTAINED NO DAMAGE.

DRIVER STATEMENTS:

- D1 STATED HE WAS TRAVELING NORTH BOUND IN LANE 2 IN THE 500-BLK OF STADIUM BLVD. D1 STATED PEDESTRIAN-1 SUDDENLY APPEARED IN THE ROADWAY. D1 STATED HE DID NOT HAVE TIME TO COME TO A COMPLETE STOP AND PEDESTRIAN-1 DOVE TO AVOID AS MUCH OF THE COLLISION AS SHE COULD. D1 STATED HIS VEHICLE STRUCK ONE OF PEDESTRIAN-1'S LEGS.

- PEDESTRIAN-1 STATED SHE WAS WALKING IN THE 500-BLK OF STADIUM BLVD AND ATTEMPTED TO CROSS ALL 6 LANES OF TRAFFIC WITH NO CROSSWALK. PEDESTRIAN-1 STATED SHE CROSSED THE 3 SOUTH BOUND LANES AND WAS STANDING ON THE DIVIDING MEDIAN, WAITING TO CROSS THE NORTH BOUND LANES. PEDESTRIAN-1 STATED SHE SAW TRAFFIC START TO SLOW DOWN AND BELIEVED SHE COULD MAKE IT ACROSS. PEDESTRIAN-1 STATED SHE ENTERED THE NORTH BOUND LANES OF STADIUM BLVD ON FOOT AND OBSERVED V1 SUDDENLY APPROACHING HER IN LANE 2. PEDESTRIAN-1 STATED SHE ATTEMPTED TO DIVE OUT OF THE WAY OF V1 BUT HER RIGHT LEG WAS STRUCK BY V1.

PASSENGER STATEMENTS:

- P1 STATED WHILE TRAVELING NORTH BOUND IN LANE 2 IN THE 500-BLK OF STADIUM BLVD, HE OBSERVED PEDESTRIAN-1 STANDING ON THE NORTH / SOUTH LANES DIVIDING MEDIAN. P1 STATED HE OBSERVED PEDESTRIAN-1 SUDDENLY ENTER THE ROADWAY AND APPEAR IN FRONT OF V1, GIVING THEM NO TIME TO STOP.

WITNESS STATEMENTS:

- W1 STATED SHE WAS TRAVELING NORTH BOUND IN LANE 1 IN THE 500-BLK OF STADIUM BLVD. W1 STATED SHE OBSERVED PEDESTRIAN-1 STANDING ON THE CENTER MEDIAN. W1 STATED SHE OBSERVED PEDESTRIAN-1 ENTER THE ROADWAY, WALK BEHIND HER VEHICLE AND BEGIN TO CROSS THE ROADWAY. W1 STATED SHE OBSERVED V1 DRIVING IN LANE 2 AND SWERVE TO TRY AND AVOID PEDESTRIAN-1. W1 STATED SHE OBSERVED PEDESTRIAN-1 DIVE AND ROLL AND DOES NOT KNOW IF V1 ACTUALLY ENDED UP COLLIDING WITH PEDESTRIAN-1.

- W2 STATED HE WAS TRAVELING NORTHBOUND IN LANE 3, IN THE 500-BLK OF STADIUM BLVD. W2 STATED HE OBSERVED V1 TO BE IN LANE 2. W2 STATED HE OBSERVED PEDESTRIAN-1 SUDDENLY APPEAR IN FRONT OF V1, COLLIDE WITH V1 THEN ROLL INTO LANE 3. W2 STATED HE STOPPED AND PUT ON HIS HAZARDS UNTIL PEDESTRIAN-1 GOT OUT OF THE ROADWAY.

OTHER INFORMATION:

- NA

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME CHIANG, GEORGE	DSN / BADGE NO. 02299	BEAT / ZONE NA	TROOP / DISTRICT / PRECINCT ALL
REVIEWING OFFICER NAME FOX, ROBERT	DSN / BADGE NO. 01853	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

COMMUNICATIONS

Event Report

Event ID: 2024-343375

Call Ref #: 213

Date/Time Received: 12/20/24 15:45:52

Rpt #:

Prime 1P14

Services Involved

Call Source: W911

Unit: CHIANG, GEORGE J

LAW

FIRE

EMS

Location: N STADIUM BLVD/W WORLEY ST

X-ST:

Jur: CAD

Service: LAW

Agency: CPD

St/Beat: 10

District: CPDN

RA: 3112

Business:

Phone:

GP: 10

Nature: VEH COL PED/BIKE/MC

Alarm Lvl: 1 Priority: 1

Medical Priority: 125D03E

Reclassified Nature:

Caller:

Addr:

Phone:

Alarm:

Alarm Type:

Vehicle #:

St:

Report Only: No

Race:

Sex:

Age:

Call Taker: JCCBOWEN

Console: CAD21

Geo-Verified Addr.: Yes Nature Summary Code: VCOL Disposition: 8 Close Comments:

Notes:

See Event Notes Addendum at end of this report

Times

Call Received: 12/20/24 15:45:52

Time From Call Received

Call Routed: 12/20/24 15:47:47

000:01:55

Unit Reaction: 000:12:50 (1st Dispatch to 1st Arrive)

Call Take Finished: 12/20/24 15:47:47

000:01:55

En-Route: (1st Dispatch to 1st En-Route)

1st Dispatch: 12/20/24 15:48:39

000:02:47 (Time Held)

On-Scene: 001:05:02 (1st Arrive to Last Clear)

1st En-Route: 12/20/24 15:48:39

000:02:47

1st Arrive: 12/20/24 16:01:29


000:15:37 (Reaction Time)

Last Clear: 12/20/24 17:06:31

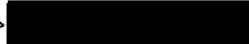

001:20:39

Radio Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
1P14	2299	DXY	DispatchXY	12/20/24 15:48:39	1685111.20,1149723.97		CPGCHIAN
1P14	2299	D	Dispatched	12/20/24 15:48:39	Out Evt: [E] at 2205-A CREASY SPRIN		CPGCHIAN
1P14	2299	E	En-Route	12/20/24 15:48:39	Out Evt: [E] at 2205-A CREASY SPRIN		CPGCHIAN
1P14	2299	ENT	Entered Related Vehicl	12/20/24 15:51:29	1) [Vin:] 2C3CDXFG5GH164028 [licpl_n		CPGCHIAN
1P14	2299	...	Entered Related Vehicl	12/20/24 15:51:29	2) [state:] MO		CPGCHIAN
1P14	2299	A	Arrived	12/20/24 16:01:29			Unit:1P14
1P14	2299	NFS	{1P14} NO FURTHER	12/20/24 16:05:07			JCASOVAN
1P14	2299	ENT	Entered Related Name	12/20/24 16:16:12			CPGCHIAN
1P14	2299	...	Entered Related Name.	12/20/24 16:16:12			CPGCHIAN
1P14	2299	ENT	Entered Related Name	12/20/24 16:16:39			CPGCHIAN

1P14	2299	...	Entered Related Name.	12/20/24 16:16:39	2) MO	CPGCHIAN
1P14	2299	ENT	Entered Related Name	12/20/24 16:16:59		CPGCHIAN
1P14	2299	...	Entered Related Name.	12/20/24 16:16:59		CPGCHIAN
1P14	2299	ENT	Entered Related Name	12/20/24 16:25:07		CPGCHIAN
1P14	2299	L	Location Change	12/20/24 16:31:14		CPGCHIAN
1P14	2299	ENT	Entered Related Name	12/20/24 17:00:12		CPGCHIAN
1P14	2299	C	Cleared	12/20/24 17:06:31		CPGCHIAN

Event Log

Unit	Empl ID	Type	Description	Time Stamp	Comments (may truncate in portrait)	Close Code	User
		TR	Time Received	12/20/24 15:45:52	By: E911		JCCBOWEN
		ENT	Entered Street	12/20/24 15:45:53	2512 WORLEY ST W - N SECTOR		JCCBOWEN
		COF	Uncertainty/Confidence	12/20/24 15:45:53	COF:62ft COP:90%		JCCBOWEN
		VEV	Viewed Event	12/20/24 15:46:08	User First Viewed Event CAD		JCBLUNTS
		CHG	Changed Street	12/20/24 15:46:14	482 N STADIUM BLVD --> 2005 W WO		JCCBOWEN
		VEV	Viewed Event	12/20/24 15:46:19	User First Viewed Event CAD		JCAMCINT
		CHG	Changed Street	12/20/24 15:46:20	2005 W WORLEY ST --> N STADIUM B		JCCBOWEN
		CHG	Changed CallerName_	12/20/24 15:46:56	AT&T MOBILITY --> 		JCCBOWEN
		ENT	Entered Nature	12/20/24 15:46:59	PROQA LAW		JCCBOWEN
		LPS	Law Pri. Started	12/20/24 15:46:59	Case Started		JCCBOWEN
		ARM	Added Remarks	12/20/24 15:47:24			JCCBOWEN
		ENT	Entered CallerName_C	12/20/24 15:47:24			JCCBOWEN
		ARM	Added Remarks	12/20/24 15:47:41			JCBLUNTS
		ENT	Entered Remarks	12/20/24 15:47:41			JCAMCINT
		CHG	Changed Nature Code	12/20/24 15:47:47	PP-->125D3		JCCBOWEN
		FIN	Finished Call Taking	12/20/24 15:47:47			JCCBOWEN
		ARM	Added Remarks	12/20/24 15:47:48			JCCBOWEN
		VEV	Viewed Event	12/20/24 15:47:52	User First Viewed Event CAD		JCEPARSO
		CHG	Changed Nature	12/20/24 15:47:58	125D3 RECKLESS ACT --> VEH COL P		JCBLUNTS
		SP	Spawned	12/20/24 15:47:59	Spawned EMS event #2024343378, call		JCBLUNTS
		SP	Spawned	12/20/24 15:48:00	Spawned FIRE event #2024343379, call		JCBLUNTS
		VEV	Viewed Event	12/20/24 15:48:11	User First Viewed Event CAD		JCASOVAN
		ENT	ProQA Person	12/20/24 15:48:18	ProQA Person: <PER #1>,		JCCBOWEN
		ARM	Added Remarks	12/20/24 15:48:18			JCCBOWEN
		VEV	Viewed Event	12/20/24 15:48:28	User First Viewed Event CAD		JCCALLEN
		PSU	PTRL SUPVR NOTIFI	12/20/24 15:48:48			JCASOVAN
		ARM	Added Remarks	12/20/24 15:48:48			JCASOVAN
		ARM	Added Remarks	12/20/24 15:48:49	Sent to: Linked Events		JCASOVAN
		ARM	Added Remarks	12/20/24 15:48:49	Sent to: C2C Partners		JCASOVAN
		ARM	Added Remarks	12/20/24 15:48:53			JCASOVAN
		ARM	Added Remarks	12/20/24 15:48:53	Sent to: C2C Partners		JCASOVAN
		ARM	Added Remarks	12/20/24 15:48:53	Sent to: Linked Events		JCASOVAN
		CHG	Chg Law Disp. Lvl	12/20/24 15:49:00	125-D-03 --> 125-D-03E		JCCBOWEN
		CHG	Changed Nature Code	12/20/24 15:49:00	VCPBM-->125D3E		JCCBOWEN
		ARM	Added Remarks	12/20/24 15:49:00			JCCBOWEN
		ARM	Added Remarks	12/20/24 15:49:13			JCCBOWEN
		VEV	Viewed Event	12/20/24 15:51:00	User First Viewed Event CAD		JCABALDW

Unit	Time	Event	Time	Details	Unit
		RSW	12/20/24 15:51:19	Units: 1P14	JCBLUNTS
		CHG	12/20/24 15:51:19	125D3E RECKLESS ACT EMS --> VEH	JCBLUNTS
1P14	2299	NCIC	12/20/24 15:51:28	1) Unit:1P14 TAG=XK1C0Z STATE=MO	Unit:1P14
1P14	2299	...	12/20/24 15:51:28	2) (VesselRegNbr) VSLREG= S2SAgen	Unit:1P14
		ARM	12/20/24 15:52:16	Notes sent from FIRE event #20243433	JCBLUNTS
		VEV	12/20/24 15:52:29	User First Viewed Event CAD	JCADANIE
		ARM	12/20/24 15:52:57		JCCBOWEN
		ARM	12/20/24 15:52:57	Sent to: Linked Events	JCCBOWEN
		ARM	12/20/24 15:52:57	Sent to: C2C Partners	JCCBOWEN
		VEV	12/20/24 15:53:04	User First Viewed Event CAD	JCTMERRY
		VEV	12/20/24 15:54:50	User First Viewed Event CAD	JCKFLEMI
		VEV	12/20/24 15:55:16	User First Viewed Event CAD	JCKRYAN
		ARM	12/20/24 16:01:10	Notes sent from FIRE event #20243433	JCBLUNTS
		ARM	12/20/24 16:05:07		JCASOVAN
		ARM	12/20/24 16:05:07	Sent to: Linked Events	JCASOVAN
		ARM	12/20/24 16:05:07	Sent to: C2C Partners	JCASOVAN
		RSW	12/20/24 16:05:07	Units: 1P14 >>> 999Min.	JCASOVAN
		ARM	12/20/24 16:10:21	Notes sent from EMS event #20243433	JCBLUNTS
		VEV	12/20/24 16:14:06	User First Viewed Event CAD	JCRWILHE
1P14	2299	NCIC	12/20/24 16:16:11	Unit:1P14 Args.DOB: 05/19/2008	Unit:1P14
1P14	2299	...	12/20/24 16:16:11	2) DOB=05/19/2008 SEX=M RACE= SS	Unit:1P14
1P14	2299	...	12/20/24 16:16:11	3) S2SAgencyCode=	Unit:1P14
1P14	2299	NCIC	12/20/24 16:16:11	[REDACTED]	Unit:1P14
1P14	2299	NCIC	12/20/24 16:16:36	Unit:1P14 Args.DOB: 12/09/1978	Unit:1P14
1P14	2299	NCIC	12/20/24 16:16:36	[REDACTED]	Unit:1P14
1P14	2299	...	12/20/24 16:16:36	2) DOB=12/09/1978 SEX=M RACE= SS	Unit:1P14
1P14	2299	...	12/20/24 16:16:36	3) S2SAgencyCode=	Unit:1P14
1P14	2299	NCIC	12/20/24 16:16:57	1) Unit:1P14 LNAME= FNAME= DOB=	Unit:1P14
1P14	2299	...	12/20/24 16:16:57	[REDACTED]	Unit:1P14
1P14	2299	NCIC	12/20/24 16:17:44	1) Unit:1P14 TAG=XK1C0Z STATE=MO	Unit:1P14
1P14	2299	...	12/20/24 16:17:44	2) (VesselRegNbr) VSLREG= S2SAgen	Unit:1P14
1P14	2299	NCIC	12/20/24 16:25:05	Unit:1P14 Args.DOB: 05/18/1974	Unit:1P14
1P14	2299	NCIC	12/20/24 16:25:05	[REDACTED]	Unit:1P14
1P14	2299	...	12/20/24 16:25:05	2) SEX=M RACE= SSN= OLN= OLN=M	Unit:1P14
		VEV	12/20/24 16:27:08	User First Viewed Event CAD	JCMGOODS
		RSW	12/20/24 16:34:37	Units: 1P14 >>> 999Min.	JCASOVAN
1P14	2299	NCIC	12/20/24 17:00:09	1) Unit:1P14 LNAME= FNAME= DOB=	Unit:1P14
1P14	2299	...	12/20/24 17:00:09	[REDACTED] OLN=MO S2SAge	Unit:1P14

Related Names

Last, First, MI Suffix	Type	Race	Sex	HT	WT	Eyes	DOB	Age	Home / Mobile Ph	Work Ph
[REDACTED]	CALL				0				[REDACTED]	
Address:										
Oln: Oln St:										
Notes:										
<Per #1>										
		W	F		0			30		
Address:										

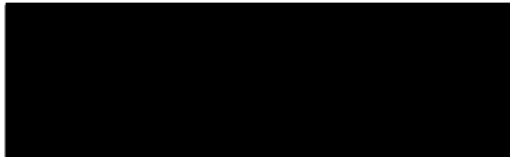
OIn:

OIn St:

Notes:

****Record created by ProQA****

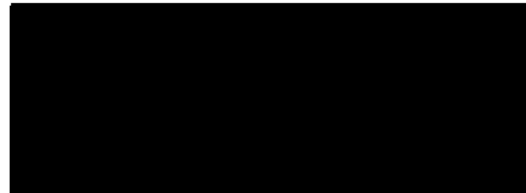
Person #1 (Subject) Information: -- Race: White -- Sex: Female -- Age: 30s -- Clothing: camo coat on



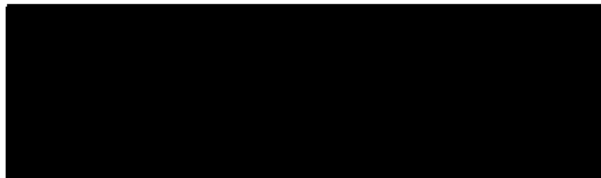
M 511 150 05/19/08 16
M, MO
OIn St: MO



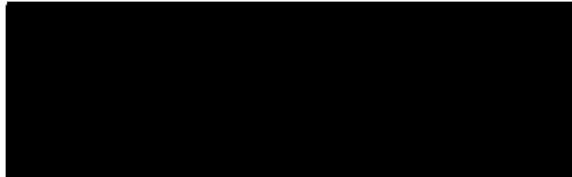
M 511 240 12/09/78 46
M, MO
OIn St: MO



F 508 135 11/04/79 45
M, MO
OIn St: MO



M 510 200 05/18/74 50
In St: MO



F 504 114 10/13/91 33
M, MO 65203
OIn St: MO

Related Vehicles							
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Lic Tag	State	Type	Year	Make	Make Desc	Model	Color1 / Color2	Vin
XK1C0Z	MO		2016	DODG	DODGE			2C3CDXFG5GH164028

Notes:

Event Notes Addendum

Notes [PROQA] Caller Statement: woman was crawling in street, someone got her to best buy lot [12/20/24 15:47:24 JCCBOWEN]
***another caller WITNESS
[REDACTED]
veh vs ped
person that was hit w/ leg injury, cons and breathing
susp veh still on scene
blue dodge charger, xk1c0z
turn lane closed
adv on Stadium, in front of Jersey Mikes [12/20/24 15:47:41 JCBLUNTS]
Another caller about this, [REDACTED] Caller saw a black Dodge car turn then saw a woman fall out of the Dodge or it hit her. She isn't sure. [12/20/24 15:47:41 JCAMCINT]
[PROQA] Dispatch Code: 125D03 (RECKLESS ACTIVITY)
Response: Delta
Questions:
1. RECKLESS ACTIVITY
2. Caller not on scene.
3. 3rd pty caller not on scene.
4. No known wpns invl.
5. 1 subj invl. [12/20/24 15:47:48 JCCBOWEN]
[PROQA] Person #1 (Subject) Information:
-- Race: White
-- Sex: Female
-- Age: 30s
-- Clothing: camo coat on [12/20/24 15:48:18 JCCBOWEN]
UDTS: PTRL SUPVR NOTIFIED [12/20/24 15:48:48 JCASOVAN]
1S12 AWARE [12/20/24 15:48:53 JCASOVAN]
[PROQA] Reclassified from 125D03 to 125D03E
Reconfigure Code: 125D03 (RECKLESS ACTIVITY)
Suffix: E (EMS needed)
Response: Delta
Questions:
6. Subj desc:
7. N/A
8. No one in danger.
9. Medical needed. [12/20/24 15:49:00 JCCBOWEN]
[PROQA] Questions:
10. Medical needed for 1. [12/20/24 15:49:13 JCCBOWEN]
[FIRE] {L2} 1 SUBJ, UPRIGHT, ON THE SHOULDER [12/20/24 15:52:16 JCBLUNTS]
jennifer back on line, adv subj was hit by car, then adv fire pulled up [12/20/24 15:52:57 JCCBOWEN]
[FIRE] {L2} SUBJ STAYING ON SCENE AT JERSEY MIKES, AWAITING CPD [12/20/24 16:01:10 JCBLUNTS]
UDTS: {1P14} NO FURTHER STATUS [12/20/24 16:05:07 JCASOVAN]
[EMS] {M222} ENDING 992.2 [12/20/24 16:10:21 JCBLUNTS]