

INCIDENT/INVESTIGATION

REPORT

Agency Name	Columbia Police Department	
ORI	MO0100200	

Case#	2016-001629
Date / Time Reported	02/13/2016 19:16 Sat
Last Known Secure	02/13/2016 19:16 Sat
At Found	02/13/2016 19:16 Sat

Location of Incident	Gang Relat		Premise Type	Beat/Tract
ROCK QUARRY RD-CO/GRINDSTONE				

#1	Crime Incident(s) <i>Old - Accwinj</i> 9999	(Com)	Weapon / Tools				Activity
			Entry	Exit	Security		
#2	Crime Incident <i>Old - Accwinj</i> 9999	(Com)	Weapon / Tools				Activity
			Entry	Exit	Security		
#3	Crime Incident	()	Weapon / Tools				Activity
			Entry	Exit	Security		

MO										
# of Victims 0	Type:	Injury:				Domestic: NO				
V	Victim/Business Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
I	V1									
C	Age									
T	Home Address				Email				Home Phone	
M										
	Employer Name/Address				Business Phone				Mobile Phone	
	VYR	Make	Model	Style	Color	Lic/Lis	VIN			

CODES: V- Victim (Denote V2, V3) WI= Witness IO = Involved Other RP = Reporting Person (if other than victim)										
Type: INDIVIDUAL/ NOT LAW ENFORCEMENT Injury:										
O	Code Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
T	SB			05/07/1967						
H	Age 48			W	F					
R					Email				Home Phone	
S										
Employer Name/Address										
Business Phone										
Mobile Phone										
00000										
Type: INDIVIDUAL/ NOT LAW ENFORCEMENT Injury:										
V	Code Name (Last, First, Middle)			Victim of Crime #	DOB	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
O	SB			04/20/2004						
L	Age 11			W	M					
V					Email				Home Phone	
O										
E	Employer Name/Address				Business Phone				Mobile Phone	
D										
00000										

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)									
VI #	Code	Status	Value	OJ	QTY	Property Description		Make/Model	Serial Number
P	03	I	\$0.00		1	2008 GRA /GRA 114 MO		CADI Esc	1GYFK63878R237627
R	03	I	\$0.00		1	1995 GRN, SF3W3P MO		DODG Grac	1B4GH44R6SX643113
O									
P									
O									
E									
R									
T									
Y									
Officer/ID# MOORE, DEREK C (2192)									

Invest ID#	UNIT (3004)	Supervisor	PERKINS, CURTIS S (1413)
Status	Complainant Signature	Case Status	Case Disposition:
		Other	02/13/2016

R_CS11BR

Printed By: CPTWOLFE, U00449

Sys#: 78937

01/16/2026 08:02

Incident Report Additional Name List

Columbia Police Department

OCA: 2016-001629

Additional Name List

Name Code/#	Address	Empl/Address	Victim of Crime #	DOB	Age	Race	Sex
1) SB 4			08/16/1951	64	W	M	
	Address	Empl/Address	H:				
			B:	- -			
			Mobile #:	- -			
2) SB 6			11/23/1967	48	W	M	
	Address	Empl/Address	H:				
			B:				
			Mobile #:				
3) WI 2			05/30/1996	19	W	F	
	Address	Empl/Address	H:				
			B:				
			Mobile #:				
4) WI 3			11/09/1996	19	A	M	
	Address	Empl/Address	H:				
			B:				
			Mobile #:				
5) WI 1			06/26/1991	24	W	F	
	Address	Empl/Address	H:				
			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	EVT	1.000		BODY CAM FOOTAGE	
	PH	EVT	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 <i>2008 CADI, Esc</i>		Style <i>SUV</i>		Color <i>GRA/GRA</i>		Lic/Lis <i>114 MO 2016</i>		VIN <i>1GYFK63878R237627</i>	
IBR Status <i>None</i>			Date <i>02/13/2016</i>		Location					
Condition		Value <i>\$0.00</i>		Offense Code		Jurisdiction <i>Locally</i>		State #		
Name (Last, First, Middle) [REDACTED]					Also Known As			Home Address [REDACTED]		
Business Address										
DOB <i>05/07/1967</i>		Age <i>48</i>	Race <i>W</i>	Sex <i>F</i>	Hgt	Wgt	Scars, Marks, Tattoos, or other distinguishing features			

Notes

2	VehYr/Make/Model <i>1995 DODG, Grac</i>		Style <i>VN</i>		Color <i>GRN</i>		Lic/Lis <i>SF3W3P MO 2017</i>		VIN <i>1B4GH44R6SX643113</i>	
IBR Status <i>None</i>			Date <i>02/13/2016</i>		Location					
Condition		Value <i>\$0.00</i>		Offense Code		Jurisdiction <i>Locally</i>		State #		
Name (Last, First, Middle) <i>* No name *</i>					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

Columbia Police Department

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

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**

--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:

50

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
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**

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

Printed: 01/16/2026 08:02

NOT SUPERVISOR APPROVED*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****42**

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

Printed: 01/16/2026 08:02

NOT SUPERVISOR APPROVED*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

MISSOURI UNIFORM CRASH REPORT

PAGE 01 OF 04

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/>	1	0	2018010223			
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE						
1	01/18/2018	1209	01/18/2018	1211	01/18/2018	1215	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No					
CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING				DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE						
	<input checked="" type="checkbox"/> On Roadway	<input type="checkbox"/> Overturning	<input type="checkbox"/> Fell/Jumped From MV	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)					
	<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Cargo / Equip Loss / Shift	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Unknown (Explain)					
		<input type="checkbox"/> Immersion	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Sideswipe (Opp. Dir.)	<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	<input type="checkbox"/> Other (Explain)					
		<input type="checkbox"/> Jackknife	<input type="checkbox"/> Other Object	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/> Rear to Side	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Other (Explain)					
				<input type="checkbox"/> Working Motor Vehicle									
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA. Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.													
1. Does this crash involve any of the following?													
1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.													
1b. A person transported for medical attention; OR <input type="checkbox"/> Yes - Go to number 2. →													
1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes - Go to number 2. →													
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:													
2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.													
2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.													
EVIDENTIARY PHOTOS TAKEN BY WHOM							AVAILABLE FROM <input type="checkbox"/> Investigating Agency						
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No												
RECONSTRUCTION BY WHOM							AVAILABLE FROM <input type="checkbox"/> Investigating Agency						
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No												
2 - LOCATION													
COUNTY	010-BOONE	MUNICIPALITY	0610-COLUMBIA	BEAT / ZONE	NA	TRP/DIST/PCT	NA	GPS COORDINATES (DD MM SS.S FORMAT)					
ON	LP 70	RDWY. DIR.	EAST	DISTANCE FROM	<input checked="" type="checkbox"/> NA	LOCATION		LAT: N 38 57 52.72 LONG: W -92 20 01.74					
SPEED LIMIT	35	ROAD MAINTAINED BY	<input type="checkbox"/> Unknown	Feet		<input type="checkbox"/> After	<input type="checkbox"/> NA	INTERSECTING	CST PROVIDENCE RD				
		<input checked="" type="checkbox"/> State	<input type="checkbox"/> County	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private Property	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> At	SPEED LIMIT	INT. DIR.	GEO - CODE			
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 checked="" type="checkbox"/> Level	<input type="checkbox"/> Downhill	<input type="checkbox"/> Dip					
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input type="checkbox"/> Two-Way; Divided; Positive Median Barrier	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Uphill	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Other (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"/> Severe Crosswind	<input type="checkbox"/> Other (Explain)	<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)	<input type="checkbox"/> Other (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													
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES													
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						
05/15/1999		M	1	04	02	02	<input checked="" type="checkbox"/> On Roadway	<input type="checkbox"/> In Driveway Access	<input type="checkbox"/> On Median / Crossing Island				
CROSSING ROAD		<input type="checkbox"/> NA	OTHER ACTIONS		<input type="checkbox"/> NA / None					SCHOOL INFO.			
<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"/> Against Signal	<input checked="" type="checkbox"/> In Marked Crosswalk	<input type="checkbox"/> Playing In Trafficway	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> In Unmarked Crosswalk	<input type="checkbox"/> Walking / Running In Trafficway	<input type="checkbox"/> Both Of The Above		
<input type="checkbox"/> No Signal	<input type="checkbox"/> Unknown	<input type="checkbox"/> Standing / Lying / Sitting In Trafficway	<input type="checkbox"/> Pushing / Working On Vehicle	<input type="checkbox"/> With Traffic	<input type="checkbox"/> Unknown	<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Against Traffic	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)		
PROBABLE CONTRIBUTING CIRCUMSTANCES							<input type="checkbox"/> None	DISTRACTED / INATTENTIVE CODE(S)			<input checked="" type="checkbox"/> NA	ALCOHOL USE	
<input checked="" type="checkbox"/> Failed To Yield	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Vision Impaired (Explain)	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (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)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Unknown (Explain)				
DISTRIBUTION: COPY - AGENCY FILE; ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC RECORDS DIVISION - P.O. BOX 566 - JEFFERSON CITY, MO 65102													
SHP-2Q 01/12													

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



Area of Impact



Providence

Business Loop



8 - CODES

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

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

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

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

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

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

DISTRACTED / INATTENTIVE CODES

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

VEHICLE TYPE CODES

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

OTHER VEHICLE CODES

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

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

OFFICER STATEMENT:

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.

DRIVER 1 STATEMENT:

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.

PEDESTRIAN 1 STATEMENT:

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.

WITNESS STATEMENT:

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.

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.

6. COLLISION DIAGRAM

Compass Direction
Before Crash Event(s)
(Circle One)**V1** E S W U **V2** N E S W U **V3** N E S W U **V4** N E S W U **V5** N E S W U **V6** N E S W UMEDIAN/ RAISED ISLAND
US63 NORTHBOUND

2020175521

Vehicle vs Pedestrian
I70/ US63 Connector07/22/2020 2056 hours
Officer J Roberts 2303

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 <u>U</u>	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT																																																																
				TN	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> MC Only	<input type="checkbox"/> NA	<input type="checkbox"/> CDL Class _____	<input type="checkbox"/> Intern / Grad	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA																																																																	
					<input type="checkbox"/> NA	<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	<input type="checkbox"/> Unlicensed	<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																																																															
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"/> Other (Explain)																																																															
PROOF OF INSURANCE		INSURANCE COMPANY				<input type="checkbox"/> Expired				PHONE NO. (Optional)	POLICY NUMBER		<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																																																																
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)		<input checked="" type="checkbox"/> SAD										PHONE NUMBER																																																																
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		1	H	G	C	V	2	F	9	5	K	A	0	0	0	4	4	5	TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE																																																				
9N96L4		TN	U																					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																			
VEHICLE DAMAGE (Mark all damaged areas)												<input type="checkbox"/> None / No Damage		TOWED BY		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> NA																																																										
INITIAL IMPACT NO:		2	3	4	5	6	7	18 - Undercarriage	22 - Cargo	Motor Home		Single-unit Truck; 2 axles, 6 tires		GVW / GCVW RATING																																																														
								19 - Windshield	23 - Unknown	Farm Implements		Single-unit Truck; 3 or more axles		(Not Licensed Weight)																																																														
								20 - Burned	24 - Other	Construction Equip. Heavy Mach.		Veh. Pulling Another Unit(s)		(Placard Veh. Only)																																																														
								(Explain)		Other Vehicle (Code) _____		(Does not apply to Truck Tractors)																																																																
										Cargo Van		Truck Tractor With No Units		<input type="checkbox"/> Less than or																																																														
										Pickup		Truck Tractor With One Unit		equal to 10,000 lbs.																																																														
										Other Heavy Truck		Truck Tractor With Two Units		10,001 - 26,000 lbs.																																																														
										Unknown (Explain)		Truck Tractor With Three Units		Greater than 26,000 lbs.																																																														
														Unknown																																																														
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles												<input type="checkbox"/> Vehicle Used As Public Conveyance																																																																
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-15 W/Driver)</td> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td colspan="2">GVW / GCVW RATING</td> </tr> <tr> <td><input type="checkbox"/> Van (< 9 W/Driver)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> <td colspan="2">(Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Van (9+ W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Construction Equip. Heavy Mach.</td> <td><input type="checkbox"/> Veh. Pulling Another Unit(s)</td> <td colspan="2">(Placard Veh. Only)</td> </tr> <tr> <td><input type="checkbox"/> Sport Utility Vehicle</td> <td></td> <td></td> <td><input type="checkbox"/> Other Vehicle (Code) _____</td> <td><input type="checkbox"/> (Does not apply to Truck Tractors)</td> <td colspan="2"></td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Cargo Van</td> <td><input type="checkbox"/> Truck Tractor With No Units</td> <td colspan="2"><input type="checkbox"/> Less than or</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Pickup</td> <td><input type="checkbox"/> Truck Tractor With One Unit</td> <td colspan="2">equal to 10,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle</td> <td></td> <td></td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Truck Tractor With Two Units</td> <td colspan="2">10,001 - 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Pedalcycle</td> <td></td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td><input type="checkbox"/> Truck Tractor With Three Units</td> <td colspan="2">Greater than 26,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> To / From School</td> <td></td> <td></td> <td></td> <td></td> <td colspan="2">Unknown</td> </tr> </table>														<input checked="" type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING		<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)		<input type="checkbox"/> Passenger Van (9+ W/Driver)			<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	(Placard Veh. Only)		<input type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> (Does not apply to Truck Tractors)			<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> Less than or		<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	equal to 10,000 lbs.		<input type="checkbox"/> Motorized Bicycle			<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	10,001 - 26,000 lbs.		<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units	Greater than 26,000 lbs.		<input type="checkbox"/> To / From School					Unknown	
<input checked="" type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	GVW / GCVW RATING																																																																							
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axles	(Not Licensed Weight)																																																																							
<input type="checkbox"/> Passenger Van (9+ W/Driver)			<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s)	(Placard Veh. Only)																																																																							
<input type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> (Does not apply to Truck Tractors)																																																																								
<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With No Units	<input type="checkbox"/> Less than or																																																																							
<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With One Unit	equal to 10,000 lbs.																																																																							
<input type="checkbox"/> Motorized Bicycle			<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	10,001 - 26,000 lbs.																																																																							
<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units	Greater than 26,000 lbs.																																																																							
<input type="checkbox"/> To / From School					Unknown																																																																							
EMERGENCY VEHICLE INVOLVEMENT												<input checked="" type="checkbox"/> NA		CONTRIBUTING TRAFFIC CONDITIONS				<input type="checkbox"/> NA																																																										
												<input type="checkbox"/> Police		<input type="checkbox"/> Ambulance		<input type="checkbox"/> A. Emergency Vehicle on Emergency Run		<input type="checkbox"/> Congestion Ahead		<input type="checkbox"/> Other Incident Ahead																																																								
												<input type="checkbox"/> Fire		<input type="checkbox"/> Other (Must check "A" / "B") →		<input type="checkbox"/> B. Stationary With Emergency Equip. Activated		<input type="checkbox"/> Crash Ahead		<input 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)				ALCOHOL USE																																																										
SEQUENCE OF EVENTS CODES												<input type="checkbox"/> Unknown						<input type="checkbox"/> Yes		<input type="checkbox"/> Unk																																																								
01		15		30						ANIMAL CODE(S)		FIXED OBJECT CODE(S)		<input checked="" type="checkbox"/> No		<input type="checkbox"/> NA																																																												
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES												<input checked="" type="checkbox"/> None																																																																
<input type="checkbox"/> Vehicle Defects (Explain)		<input type="checkbox"/> Vision Obstructed		<input type="checkbox"/> Failed To Dim Headlights		<input type="checkbox"/> Improper Towing / Pushing				<input type="checkbox"/> Object / Obstruction in Roadway																																																																		
<input type="checkbox"/> Speed - Exceeded Limit		<input type="checkbox"/> Driver Fatigue / Asleep		<input type="checkbox"/> Failed To Use Lights		<input type="checkbox"/> Improperly Stopped On Roadway				<input type="checkbox"/> Distracted / Inattentive (Designate Type)																																																																		
<input type="checkbox"/> Too Fast For Conditions		<input type="checkbox"/> Improper Signal		<input type="checkbox"/> Following Too Close		<input type="checkbox"/> Improper Lane Usage / Change				<input type="checkbox"/> Unknown (Explain)																																																																		
<input type="checkbox"/> Violation Signal / Sign		<input type="checkbox"/> Improper Backing		<input type="checkbox"/> Wrong Side (Not Passing)		<input type="checkbox"/> Overcorrected				<input type="checkbox"/> Other (Explain)																																																																		
<input type="checkbox"/> Failed To Yield		<input type="checkbox"/> Improper Turn		<input type="checkbox"/> Wrong Side (One-Way)		<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior				<input type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA																																																																		
<input type="checkbox"/> Alcohol		<input type="checkbox"/> Improper Passing		<input type="checkbox"/> Physical Impairment (Explain)		<input type="checkbox"/> Failed To Secure Load / Improper Loading				(See Codes in Section 8)																																																																		
<input type="checkbox"/> Drugs		<input type="checkbox"/> Improperly Parked		<input type="checkbox"/> Improper Start From Park		<input type="checkbox"/> Animal(s) In Roadway																																																																						
7E. WORK ZONE												<input checked="" type="checkbox"/> None		CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																																																														
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		TRAFFIC CONTROL		<input checked="" type="checkbox"/> None		<input type="checkbox"/> Unknown						<input type="checkbox"/> Yes (Explain)		<input type="checkbox"/> No																																																														
		Electric:		<input type="checkbox"/> Green/Yellow/Red		<input type="checkbox"/> Flashing Red		<input type="checkbox"/> Flashing Yellow		<input type="checkbox"/> Ramp Meter		<input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> NA																																																												
Workers Present		Other		<input 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		Controls:		<input type="checkbox"/> Warning Sign / Device		<input type="checkbox"/> Railway Crossing Sign / Device		<input type="checkbox"/> School Zone		<input type="checkbox"/> Yield Sign		<input type="checkbox"/> Other (Explain)																																																																
7F. OCCUPANTS - NAME (Last, First, MI)												DATE OF BIRTH		MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER																																																					
ADDRESS (Street, City, State, Zip)																																																																												
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA												Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																																																																
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)												<input type="checkbox"/> SAO		PHONE NUMBER				<input type="checkbox"/> SAO																																																										
COMMERCIAL / NON-COMMERCIAL		<input type="checkbox"/> Interstate Carrier		<input type="checkbox"/> 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	<input type="checkbox"/> Another Veh.	<input type="checkbox"/> Intermodal Container Chassis	<input type="checkbox"/> NA (No Cargo Body)	<input type="checkbox"/> Other																																																																		
	<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log					<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																																	
HAZARDOUS MATERIALS	PLACARD DISPLAYED		4-DIGIT NO.	CLASS	HM CARGO PRESENT		HM CARGO RELEASED		HAZARDOUS MATERIAL NAME																																																																			
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No																																																																					
	<input type="checkbox"/> Unknown				<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown																																																																					

8 - CODES

SEAT LOCATION	FR SR TR FC SC TC FL SL TL	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known		1. Fatal	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat
B - Pedalcycle		2. Suspected Serif '• Q51'	3. Not Deployed	10. Deployment Unknown	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle		3. Evident - Not Disabling	4. Removed	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable - Not Apparent	5. Deployed - Front	4. Lap Belt Only	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	6. Deployed - Side	5. Shoulder and Lap Belt	5. DOT Compliant MC Helmet	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	7. Deployed - Curtain	7. DOT Compliant	6. Other	15. Other
RC - Rail Crew		N. NA	8. Deployed - Other (Knee, Air Belt, etc.)	U. Use Unknown	7. No Helmet	U. Use Unknown
SV - Other (Explain in Narrative)						N. Not Applicable
NA - Not Applicable						

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

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	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)

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.

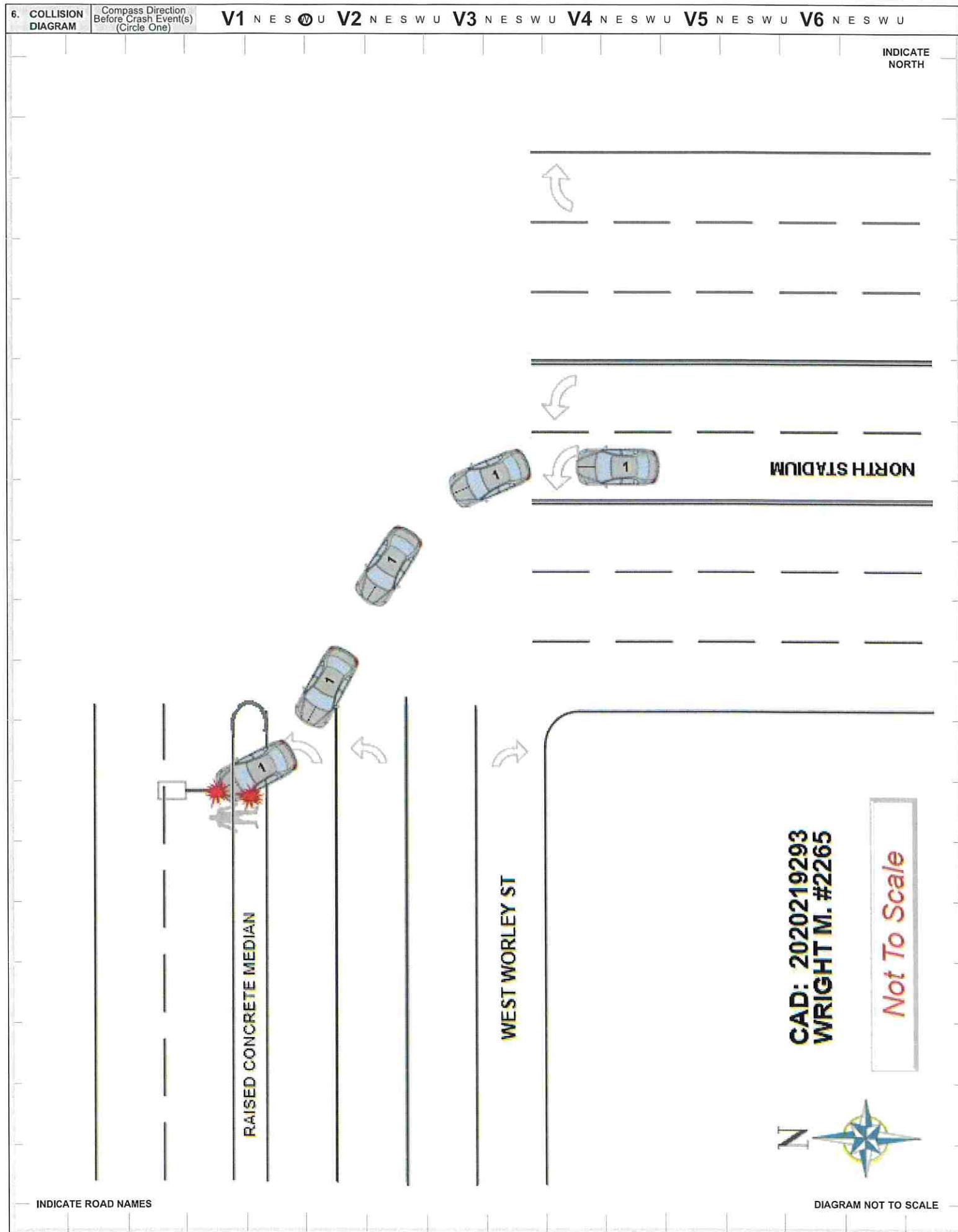
10. REPORTING AND REVIEWING OFFICER INFORMATION

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 SPACE USED FOR BARCODE						AGENCY NAME AND ORI MO0100200 ** 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"/> Overturning	<input type="checkbox"/> Fell/Jumped From MV	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)								
		<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Unknown (Explain)										
		<input type="checkbox"/> Immersion	<input type="checkbox"/> Cargo / Equip Loss / Shift	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Sideswipe (Opp. Dir.)	<input type="checkbox"/> Unknown (Explain)									
		<input type="checkbox"/> Jackknife	<input type="checkbox"/> Other	<input type="checkbox"/> Other Object	<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/> Rear to Side	<input type="checkbox"/> Falling / Shifting Cargo	<input type="checkbox"/> Unknown (Explain)									
				<input checked="" type="checkbox"/> Pedestrian	<input type="checkbox"/> Working Motor Vehicle			(Set in motion by MV)									
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.																	
1. Does this crash involve any of the following?																	
1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.				2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:													
1b. A person transported for medical attention; OR <input type="checkbox"/> Yes - Go to number 2. →				2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.													
1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.				2b. A motor vehicle with seating for 8 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.													
EVIDENTIARY PHOTOS TAKEN		BY WHOM						AVAILABLE FROM		<input type="checkbox"/> Investigating Agency							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
RECONSTRUCTION		BY WHOM						AVAILABLE FROM		<input type="checkbox"/> Investigating Agency							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
2 - LOCATION																	
COUNTY	MUNICIPALITY		BEAT / ZONE		TRP / DIST / PCP	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				<input checked="" type="checkbox"/> NA	<input type="checkbox"/> After	<input type="checkbox"/> NA	CST STADIUM BLVD									
<input type="checkbox"/> Before	<input type="checkbox"/> At	<input checked="" type="checkbox"/> Before		<input checked="" type="checkbox"/> At		<input type="checkbox"/> Before		<input type="checkbox"/> At	<input type="checkbox"/> Before		<input type="checkbox"/> At		<input type="checkbox"/> Before	<input type="checkbox"/> At			
SPEED LIMIT	ROAD MAINTAINED BY	<input type="checkbox"/> Unknown				ROAD ALIGNMENT		ROAD PROFILE									
30	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other					<input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip									
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																	
<input type="checkbox"/> Unknown (Explain)																	
INTERSECTION TYPE <input type="checkbox"/> NA																	
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)																	
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)																	
ROAD CONDITION <input 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 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)																	
WEATHER CONDITION <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)																	
<input 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									
[REDACTED]								[REDACTED]									
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]													[REDACTED]			
DATE OF BIRTH		SEX	STRUCK 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		<input checked="" type="checkbox"/> NA	OTHER ACTIONS <input checked="" type="checkbox"/> NA / None										SCHOOL INFO. <input checked="" type="checkbox"/> NA				
<input type="checkbox"/> With Signal		<input type="checkbox"/> Not At Crosswalk	<input type="checkbox"/> Getting On / Off Vehicle				<input type="checkbox"/> 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)												



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)

PHONE NUMBER

DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input type="checkbox"/> Operator Class _____	<input checked="" type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT
		MO	□ NA	□ Susp / Rev / Denied	□ Disqual CDL	□ NA	□ CDL Class _____	<input type="checkbox"/> MC Only		□ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
			□ Canceled / Oth Invalid	□ Unknown	□ Intern / Grad		<input type="checkbox"/> Unlicensed		□ 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)
04/23/2003	F	FL	5	1	2	03	05	<input type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Stopped Veh	<input type="checkbox"/> Unknown (Explain)

PROOF OF INSURANCE Expired GEICO PHONE NO. (Optional) 8002077847 POLICY NUMBER NA 4257-36-67-06 Driver Vehicle
 Yes No Not Required

7B-VEHICLE OWNER NAME / Last, First, MI & ADDRESS / Street, City, State, Zip: SAD

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC.
2017	CHEVROLET	MALIBU INCLD CHEVELLES T		01	2

LICENSE - PLATE NO.	STATE	YEAR	VIN	1	G	1	Z	E	5	S	T	3	H	F	1	7	5	4	9	9	TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE		
XB4B7W	MO	2021																			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 8 W/Driver) <input type="checkbox"/> Passenger Van (8+ W/Driver) <input 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 (8-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV	<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. / Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> Single-unit Truck; 2 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)	GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown
<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"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown			

EMERGENCY VEHICLE INVOLVEMENT NA

Police Ambulance A. Emergency Vehicle on Emergency Run
 Fire Other (Must check "A" / "B") → B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS NA

Congestion Ahead Other Incident Ahead
 Crash Ahead Unknown (Explain)

05 30 No NA
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES: None Multiple Patients Identified EMR Notes Documented EMR Notes Documented Inconsistent EMR Notes EMR Notes Documented

<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction in Roadway
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)
<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh, Exterior	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	<input checked="" type="checkbox"/> DISTRACTED / INATTENTIVE CODE(S) NA
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway	

TE. WORK ZONE	TRAFFIC CONTROL	<input type="checkbox"/> None	<input type="checkbox"/> Unknown	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Electric:	<input checked="" type="checkbox"/> Green/Yellow/Red	<input type="checkbox"/> Flashing Red	<input type="checkbox"/> Flashing Yellow	<input type="checkbox"/> Ramp Meter	<input type="checkbox"/> Other (Explain) _____	<input type="checkbox"/> Yes (Explain)	<input checked="" type="checkbox"/> No
Workers Present	Other	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> No Passing Zone	<input type="checkbox"/> Turn Restricted	<input type="checkbox"/> Officer / Flagman	<input type="checkbox"/> Signal On School Bus	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Controls:	<input type="checkbox"/> Warning Signs (Detours)	<input type="checkbox"/> Railway Crossing Sign / Device	<input type="checkbox"/> School Zone	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Other (Explain) _____		

1

7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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	<input type="checkbox"/> Enclosed Box	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Garbage / Refuse	<input type="checkbox"/> Pole Trailer	<input type="checkbox"/> Vehicle Towing	<input type="checkbox"/> Intermodal Container	<input type="checkbox"/> NA (No Cargo)	<input type="checkbox"/> Other

BODY TYPE	<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log	Another Veh.	Container Chassis	Cargo Body)	<input type="checkbox"/> Unknown
HAZARDOUS MATERIALS	<input type="checkbox"/> PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Unknown			<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown				

8 - CODES

SEAT LOCATION	FR	SR	TR
XX - Not Known			
B - Pedalcycle	FC	SC	TC
M - Motorcycle	FL	SL	TL
CP - Commercial Passenger			
OE - Occupant - Enclosed Load Area			
OU - Occupant - Unenclosed Load Area			
RC - Rail Crew			
SV - Other (Explain in Narrative)			
NA - Not Applicable			

INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
1. Fatal		1. NA	1. None / NA	1. None
2. Suspected Serious Injury		2. No	2. Deployed - Combination	10. Booster Seal
3. Evident - Not Disabling	1. No	3. Partially	3. Not Deployed	2. Not Used
4. Probable - Not Apparent	2. EMS	4. Totally	4. Removed	3. Shoulder Belt Only
5. None Apparent	3. Other	U. Unknown	5. Deployed - Front	12. Child Restraint - Rear Facing
U. Unknown	N. NA	N. NA	6. Deployed - Side	4. Lap Belt Only
			7. Deployed - Curtain	13. Other Helmet
			8. Deployed - Other (Knee, Air Belt, etc.)	5. Shoulder and Lap Belt
				14. Reflective Clothing
				7. DOT Compliant
				15. Other
				U. Use Unknown
				8. No Helmet
				N. Not Applicable

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

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

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

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

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

DISTRACTED / INATTENTIVE CODES

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

VEHICLE TYPE CODES

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

OTHER VEHICLE CODES

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

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

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

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							
SPACE USED FOR BARCODE						MO0100200 ** COLUMBIA POLICE DEPARTMENT 600 E WALNUT COLUMBIA, MO 65201							
LEFT THE SCENE		DRIVER NO.		CLEARED		PROPERTY DAMAGE ONLY							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		CRASH CLASSIFICATION		NO. INJURED	NO. KILLED						
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"/> Overturning	<input type="checkbox"/> Fell/Jumped From MV	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)					
<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Cargo / Equip Loss / Shift	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.	<input checked="" type="checkbox"/> Front to Rear	<input type="checkbox"/> Slideswipe (Same Dir.)	<input type="checkbox"/> Other (Explain)						
	<input type="checkbox"/> Immersion	<input type="checkbox"/> Other	<input type="checkbox"/> Fixed Object	<input checked="" type="checkbox"/> Motor Vehicle in Transport →	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Slideswipe (Opp. Dir.)	<input type="checkbox"/> Unknown (Explain)						
	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Non-Collision	<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"/> Unknown (Explain)						
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.													
1. Does this crash involve any of the following?													
1a. A person fatally injured; OR <input type="checkbox"/> No - No commercial vehicle fields need completion.													
1b. A person transported for medical attention; OR <input type="checkbox"/> Yes - Go to number 2. →													
1c. A vehicle towed due to disabling damage.													
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:													
2a. A truck / cargo van with GVWR / GCWWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.													
2b. A motor vehicle with sealing for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.													
EVIDENTIARY PHOTOS TAKEN		BY WHOM				AVAILABLE FROM		<input type="checkbox"/> Investigating Agency					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
RECONSTRUCTION		BY WHOM				AVAILABLE FROM		<input type="checkbox"/> Investigating Agency					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
2 - LOCATION													
COUNTY		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				RDWY. DIR.	DISTANCE FROM		LOCATION	INTERSECTING					
LP 70				EAST	NA		NA	CST RANGE LINE ST					
SPEED LIMIT	ROAD MAINTAINED BY			<input type="checkbox"/> Unknown	Feet		<input type="checkbox"/> After	<input type="checkbox"/> Before	SPEED LIMIT	INT. DIR.			
35	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				Miles		<input checked="" type="checkbox"/> At	<input type="checkbox"/> At	35	N			
GEO - CODE NA 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	ROAD ALIGNMENT						
						<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve						
							<input type="checkbox"/> Unknown (Explain)						
INTERSECTION TYPE													
<input checked="" type="checkbox"/> NA		<input type="checkbox"/> NA		ROAD CONDITION									
<input checked="" type="checkbox"/> 4-way Intersection		<input type="checkbox"/> Y-Intersection		<input type="checkbox"/> 5-way / More		<input type="checkbox"/> Unknown	<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 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 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													
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>													
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 Traffeway Worker <input checked="" type="checkbox"/> Other Pedestrian													
NO. NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER													
1 <div style="border: 1px solid black; height: 100px; width: 100%;"></div>													
DATE OF BIRTH													
09/02/1964		M	1	03	02	U	DEVICE	LOCATION	<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		OTHER ACTIONS		<input type="checkbox"/> NA / None		SCHOOL INFO.					
		<input type="checkbox"/> With Signal		<input type="checkbox"/> Not At Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle		<input type="checkbox"/> NA					
		<input type="checkbox"/> Against Signal		<input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting In Traffeway		<input type="checkbox"/> Going To / From School					
		<input type="checkbox"/> No Signal		<input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Pushing / Working On Vehicle		<input type="checkbox"/> Getting On / Off School Bus					
		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Both Of The Above					
								<input type="checkbox"/> Unknown (Explain)					
PROBABLE CONTRIBUTING CIRCUMSTANCES													
<input checked="" type="checkbox"/> None													
<input type="checkbox"/> Failed To Yield		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Vision Impaired (Explain)		<input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Unknown					
		<input type="checkbox"/> Distracted / Inattentive		<input type="checkbox"/> Drugs		<input type="checkbox"/> Physical Impairment (Explain)		<input checked="" type="checkbox"/> Other (Explain)					
						<input type="checkbox"/> Unknown (Explain)							
DISTRACTED / INATTENTIVE CODE(S)													
<input checked="" type="checkbox"/> NA													
ALCOHOL USE													
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown													

6. COLLISION DIAGRAM

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

V1 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

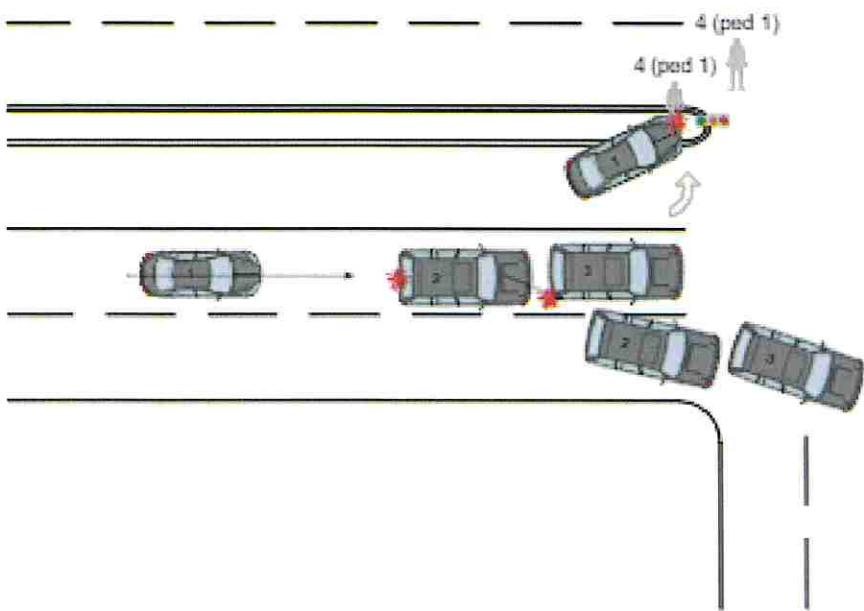


CAD 2021187169
July 26, 2021 1600 hours
E Business Loop 70/Range Line St.

Off T.J. Gayton

E Business Loop 70

Range Line 31



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): 02												PHONE NUMBER			
DRIVER LICENSE / ID NUMBER		STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class F	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT					
		MO	<input type="checkbox"/> NA	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> NA	<input type="checkbox"/> MC Only	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Unknown (Explain)						
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input checked="" type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Brush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh	<input type="checkbox"/> Other (Explain)	
09/19/1964		F	FL	5	1	2	03	05	<input type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Stopped Veh	<input type="checkbox"/> Unknown (Explain)	
PROOF OF INSURANCE		INSURANCE COMPANY <input type="checkbox"/> Expired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required						PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Vehicle		
THE INSURANCE GROUP												8002821446		PPCM0014673995-1	
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): <input type="checkbox"/> SAD												PHONE NUMBER		<input type="checkbox"/> SAD	
YEAR	MAKE	MODEL						COLOR		VEH. TYPE	TOTAL NO. OF OCC.				
2010	TOYOTA	RAV4 SPORT UTILITY						WHITE		01	1				
LICENSE - PLATE NO.	STATE	YEAR	VIN							TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE				
GE8H6K	MO	2022	2 T 1 3 W F 4 D V 1 3 A W 0 4 5 5 4 8							<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			
INITIAL IMPACT NO.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	10 - Underride	18 - Undercarriage	22 - Cargo							TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA				
<input type="checkbox"/> NA 8	<input type="checkbox"/> 15 <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"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input 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7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER									
03																					
DRIVER				STATUS		EXPIRED		OPERATOR CLASS		F		PERMIT		UNKNOWN (EXPLAIN)		MC ENDORSEMENT					
		MO		NA		SUSP / REV / DENIED		DISQUAL CDL		TYPE		CDL CLASS		MC ONLY		UNKNOWN (EXPLAIN)					
										NA				INTERM / GRAD		UNLICENSED					
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	Not Obstructed	Trees / Brush	Sign	Moving Veh	Other (Explain)							
12/31/1959		F	FL	5	1	2	03	05	NA	Windshield	Building	Hillcrest	Stopped Veh	Unknown (Explain)							
PROOF OF INSURANCE		INSURANCE COMPANY		EXPIRED						EMBANKMENT		PARKED VEH		GLARE							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		MHA PROPERTY AND CASUALTY										NA		NA							
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER									
YEAR		MAKE		MODEL		COLOR		VEH. TYPE		TOTAL NO. OF OCC.											
2014		FORD		ESCAPE		BLUE		01		1											
LICENSE - PLATE NO.		STATE	YEAR	VIN				TOWED FROM SCENE		TOWED DUE TO DIS. DAMAGE											
N/A		MO	NA	1 F M C U 9 G X 1 E U A 8 6 2 0 0				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
VEHICLE DAMAGE (Mark all damaged areas)																					
INITIAL IMPACT NO:		2 3 4 5 6 7		18 - Undercarriage		22 - Cargo		TOWED BY		Unknown		NA									
<input type="checkbox"/> NA 7		1 15 16 17 18		19 - Windshield		23 - Unknown		TIGER TOWING - Phone#:		573-449-3754											
				20 - Burned		24 - Other (Explain)		414 NEBRASKA AVE													
				21 - Towed Unit				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 (< 8 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"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. / Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____		<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units		GVW / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown	
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA												CONTRIBUTING TRAFFIC CONDITIONS <input type="checkbox"/> NA									
<input type="checkbox"/> Police		<input type="checkbox"/> Ambulance		<input type="checkbox"/> A. Emergency Vehicle on Emergency Run		<input type="checkbox"/> B. Stationary With Emergency Equip. Activated		<input checked="" type="checkbox"/> Congestion Ahead		Other Incident Ahead											
<input type="checkbox"/> Fire		<input type="checkbox"/> Other (Must check "A" / "B")						<input type="checkbox"/> Crash Ahead		<input type="checkbox"/> Unknown (Explain)											
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																					
SEQUENCE OF EVENTS CODES		<input type="checkbox"/> Unknown				ANIMAL CODE(S)		FIXED OBJECT CODE(S)		ALCOHOL USE											
12 34										<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA											
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None																					
<input type="checkbox"/> Vehicle Defects (Explain)		<input type="checkbox"/> Vision Obstructed		<input type="checkbox"/> Failed To Dim Headlights		<input type="checkbox"/> Failed To Use Lights		<input type="checkbox"/> Improper Towing / Pushing		<input type="checkbox"/> Object / Obstruction in Roadway											
<input type="checkbox"/> Speed - Exceeded Limit		<input type="checkbox"/> Driver Fatigue / Asleep		<input type="checkbox"/> Following Too Close		<input type="checkbox"/> Wrong Side (Not Passing)		<input type="checkbox"/> Improperly Stopped On Roadway		<input type="checkbox"/> Distracted / Inattentive (Designate Type)											
<input type="checkbox"/> Too Fast For Conditions		<input type="checkbox"/> Improper Signal		<input type="checkbox"/> Overcorrected		<input type="checkbox"/> Improper Lane Usage / Change		<input type="checkbox"/> Unknown (Explain)													
<input type="checkbox"/> Violation Signal / Sign		<input type="checkbox"/> Improper Backing		<input type="checkbox"/> Wrong Side (One-Way)		<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior		<input type="checkbox"/> Other (Explain)													
<input type="checkbox"/> Failed To Yield		<input type="checkbox"/> Improper Turn		<input type="checkbox"/> Physical Impairment (Explain)		<input type="checkbox"/> Failed To Secure Load / Improper Loading		<input type="checkbox"/> Distracted / Inattentive CODE(S) <input checked="" type="checkbox"/> NA													
<input type="checkbox"/> Alcohol		<input type="checkbox"/> Improper Passing		<input type="checkbox"/> Improper Start From Park		<input type="checkbox"/> Animal(s) In Roadway															
(See Codes in Section 8)																					
7E. WORK ZONE		TRAFFIC CONTROL		<input type="checkbox"/> None		<input type="checkbox"/> Unknown		CONTROL MALFUNCTIONING / INOPERATIVE / MISSING													
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Electric: <input checked="" type="checkbox"/> Green/Yellow/Red		<input type="checkbox"/> Flashing Red		<input type="checkbox"/> Flashing Yellow		<input type="checkbox"/> Ramp Meter		<input type="checkbox"/> Other (Explain)											
Workers Present		Other: <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		Controls: <input type="checkbox"/> Warning Sign / Device		<input type="checkbox"/> Railway Crossing Sign / Device		<input type="checkbox"/> School Zone		<input type="checkbox"/> Yield Sign		<input type="checkbox"/> Other (Explain)											
7F. OCCUPANTS - NAME (Last, First, MI)																					
ADDRESS (Street, City, State, Zip)																					
DATE OF BIRTH MM-DD-YYYY																					
SEX SEAT LOC																					
INJ TRANS-PORT																					
EJEC-TION AIR BAG																					
SAFETY DEVICES																					
PHONE NUMBER																					
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.																					
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO																					
PHONE NUMBER <input type="checkbox"/> SAO																					
COMMERCIAL /		<input type="checkbox"/> Interstate Carrier		<input type="checkbox"/> Not In Commerce - Government Vehicle		<input type="checkbox"/> Not In Commerce - Other Vehicle		MC / MX / ICC NO.		USDOT NO.											
NON-COMMERCIAL		<input type="checkbox"/> Intrastate Carrier		<input type="checkbox"/> Not In Commerce - Rental Vehicle																	
CARGO 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"/> Cargo Tank		<input type="checkbox"/> Dump		<input type="checkbox"/> Auto Transporter		<input type="checkbox"/> Grain / Chip / Gravel		<input type="checkbox"/> Vehicle Towing											
								<input type="checkbox"/> Log		<input type="checkbox"/> Another Veh.											
										<input type="checkbox"/> Intermodal Container Chassis											
										<input type="checkbox"/> NA (No Cargo Body)											
										<input type="checkbox"/> Other											
										<input type="checkbox"/> Unknown											
HAZARDOUS MATERIALS		<input type="checkbox"/> PLACARD DISPLAYED		4-DIGIT NO.		CLASS		HM CARGO PRESENT		HM CARGO RELEASED		HAZARDOUS MATERIAL NAME									
		<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No													
		<input type="checkbox"/> Unknown						<input type="checkbox"/> Unknown													

8 - CODES

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

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

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

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

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

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

DISTRACTED / INATTENTIVE CODES

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

VEHICLE TYPE CODES

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

OTHER VEHICLE CODES

1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	8. 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
Call Source: W911

Prime 3P28
Unit: GAYTON, TREVEYON J

Services Involved

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: [REDACTED] Phone: [REDACTED] Alarm:
Addr: [REDACTED] 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

Time From Call Received		Unit Reaction: 000:01:43 (1st Dispatch to 1st Arrive)
Call Received: 07/26/21 18:00:25		En-Route: 000:00:03 (1st Dispatch to 1st En-Route)
Call Routed: 07/26/21 18:00:25		On-Scene: 004:41:28 (1st Arrive to Last Clear)
Call Take Finished: 07/26/21 18:00:25		
1st Dispatch: 07/26/21 18:00:44	000:00:19 (Time Held)	
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]	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	[REDACTED]	CPTGAYTO
3P28	2274	...	Entered Related Name.	07/26/21 19:52:45	[REDACTED]	CPTGAYTO
3P28	2274	ENT	Entered Related Name	07/26/21 20:58:45	[REDACTED]	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	[REDACTED]		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

Event ID:	Call Ref #:	77D4 VEH COL PED/BIKE/MC at E BUSINESS LOOP 70/RANGE LINE ST	
ARM	Added Remarks	07/26/21 18:00:56	Notes sent from FIRE event #20211871
ARM	Added Remarks	07/26/21 18:01:12	Notes sent from FIRE event #20211871
CHG	Changed PrimeUnit	07/26/21 18:01:15	3P54 --> 3P28
ARM	Added Remarks	07/26/21 18:01:34	Notes sent from FIRE event #20211871
ARM	Added Remarks	07/26/21 18:01:35	Notes sent from FIRE event #20211871
ARM	Added Remarks	07/26/21 18:01:39	Notes sent from FIRE event #20211871
ARM	Added Remarks	07/26/21 18:01:53	Notes sent from FIRE event #20211871
VEV	Viewed Event	07/26/21 18:02:28	User First Viewed Event CAD
ARM	Added Remarks	07/26/21 18:02:45	Notes sent from FIRE event #20211871
ARM	Added Remarks	07/26/21 18:02:52	Notes sent from FIRE event #20211871
VEV	Viewed Event	07/26/21 18:02:53	User First Viewed Event CAD
ARM	Added Remarks	07/26/21 18:03:44	
ARM	Added Remarks	07/26/21 18:03:44	Sent to: Linked Events
ARM	Added Remarks	07/26/21 18:04:18	Notes sent from FIRE event #20211871
CHG	Changed VehicleID	07/26/21 18:05:07	[ID: 1036073] <UNK#1> --> NF9W3N
ENT	Entered VehState	07/26/21 18:05:07	[ID: 1036073] MO
ENT	Entered LicenseType	07/26/21 18:05:07	[ID: 1036073] PC
RSW	Reset Watchdog Timer	07/26/21 18:05:40	Units: 2P20 >>> 5Min.
VEV	Viewed Event	07/26/21 18:06:12	User First Viewed Event CAD
WO	WRECKER OF THE W	07/26/21 18:06:16	
ARM	Added Remarks	07/26/21 18:06:16	
ARM	Added Remarks	07/26/21 18:06:16	Sent to: Linked Events
WO	WRECKER OF THE W	07/26/21 18:06:17	
ARM	Added Remarks	07/26/21 18:06:17	
ARM	Added Remarks	07/26/21 18:06:17	Sent to: Linked Events
ARM	Added Remarks	07/26/21 18:06:30	
ARM	Added Remarks	07/26/21 18:06:30	Sent to: Linked Events
ARM	Added Remarks	07/26/21 18:07:48	Notes sent from FIRE event #20211871
ARM	Added Remarks	07/26/21 18:08:05	
ARM	Added Remarks	07/26/21 18:08:05	Sent to: Linked Events
ARM	Added Remarks	07/26/21 18:09:06	
ARM	Added Remarks	07/26/21 18:09:06	Sent to: Linked Events
RSW	Reset Watchdog Timer	07/26/21 18:09:32	Units: 2C40 >>> 555Min.
RSW	Reset Watchdog Timer	07/26/21 18:09:32	Units: 2C40 >>> 999Min.
RSW	Reset Watchdog Timer	07/26/21 18:09:35	Units: 2P20 >>> 555Min.
RSW	Reset Watchdog Timer	07/26/21 18:09:42	Units: 3P28 >>> 5Min.
VEV	Viewed Event	07/26/21 18:11:18	User First Viewed Event CAD
RSW	Reset Watchdog Timer	07/26/21 18:13:42	Units: 2L2 >>> 55Min.
RSW	Reset Watchdog Timer	07/26/21 18:15:25	Units: 3P28 >>> 5Min.
VEV	Viewed Event	07/26/21 18:17:55	User First Viewed Event CAD
RSW	Reset Watchdog Timer	07/26/21 18:20:31	Units: 3P28 >>> 5Min.
RSW	Reset Watchdog Timer	07/26/21 18:26:12	Units: 3P28 >>> 5Min.
VEV	Viewed Event	07/26/21 18:28:29	User First Viewed Event CAD
ARM	Added Remarks	07/26/21 18:32:36	
ARM	Added Remarks	07/26/21 18:33:08	Notes sent from EMS event #20211871
RSW	Reset Watchdog Timer	07/26/21 18:33:58	Units: 3P28 >>> 5Min.
ARM	Added Remarks	07/26/21 18:35:13	

Event ID: 2021-187169

Call Ref #: 599

77D4 VEH COL PED/BIKE/MC at E BUSINESS LOOP 70/RANGE LINE ST

		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 LNAME= 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

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. [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 [07/26/21 18:01:34 JCASMITH]

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

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

[FIRE] another ca! [07/26/21 18:01:35 JCSPURDY]

vm for [07/26/21 18:01:35 JCSPURDY]

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

[FIRE] ANOTHER CALL IN AREA [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. [07/26/21 18:02:45

JCCROMBA]

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

[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- [07/26/21 18:09:06 JCCANDER]

pedestrian [07/26/21 18:09:06 JCCANDER] 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 A R R E N T S F T O O E	Agency Name Columbia Police Department			ORI M00100200	Date/Time Arrested 07/26/2021 18:46 Mon			Case # 2021007022			
	Taken			Arrest Tract	Residence Tract			Arrest Number 225035			
A R R E N T S F T O O E	Name (Last, First, Middle) [REDACTED]		D.O.B. 10/08/1991	Age 29	Race W	Sex M	Place of Birth		Citizenship US		
			Phone [REDACTED]	Occupation [REDACTED]			Residence Status Resident		Phone		
	Employer's Name SURGEON			Address						Phone	
	Also Known As (Alias Names)					Hgt 5'09	Wgt 180	Hair Black	Eyes Brown	Skin Tone Light	
	Scars, Marks, Tattoos			Social Security # [REDACTED]		OLN and State [REDACTED]		Misc. # and Type			
Nearest Relative Name			Address						Phone		
A R R E N T S F T O O E	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 I E H O	VYR	Make		Model			Style				
	Color		Plate #/State/Plate Year			VIN					
	Vehicle										
C O N B O I N D 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		Released By (Name/Department/ID #)					Date/Time Released			
	Assisting Officer Name/ID #/Bureau										
Status Codes	1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown/Lost										
D A R A R E G S T	Code	Status	Quantity	Type Measure	Suspected Type						
N A R R A T I V E	Name _____ Address _____ Phone _____										
	Name _____ Address _____ Phone _____										
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 M00100200	Date/Time Arrested 07/26/2021 18:46	Case # 2021007022
Arrestee Name [REDACTED]		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	Misd	1	999	190984167	307.179-002N200654	07/26/2021

INCIDENT/INVESTIGATION REPORT				Case# 2021-007022									
Agency Name Columbia Police Department				Date / Time Reported 07/26/2021 18:00 Mon									
ORI MO0100200				Last Known Secure 07/26/2021 17:59 Mon									
Location of Incident 999 E BUSINESS LOOP 70/RANGE LINE ST, Gang Relat NO Premise Type Highway/road/alley Beat/Tract 20E				At Found 07/26/2021 18:00 Mon									
I N C I D E N T	# 1	Crime Incident(s) Driving Under The Influence 90D	(Com)	Weapon / Tools Motor Vehicle			Activity						
				Entry		Exit		Security					
D A T A	# 2	Crime Incident Family Offense 90F	(Com)	Weapon / Tools					Activity				
				Entry		Exit		Security					
MO	# 3	Crime Incident	()	Weapon / Tools					Activity				
				Entry		Exit		Security					
V I C T I M O T H E R S I N V O L V B D	# of Victims 2		Type: SOCIETY/PUBLIC		Injury:			Domestic: NO					
	V1		Victim/Business Name (Last, First, Middle) State Of Missouri			Victim of Crime # 1,	DOB Age	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
	Home Address						Email				Home Phone		
	Employer Name/Address						Business Phone				Mobile Phone		
	VYR	Make	Model	Style	Color	Lic/Lis		VIN					
	CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)												
	Type: INDIVIDUAL/ NOT LAW ENFORCEMENT Injury:												
	Code	Name (Last, First, Middle)					Victim of Crime # 1,	DOB 09/02/1964 Age 56	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status
	V2												
Home Address						Email				Home Phone			
Employer Name/Address						Business Phone				Mobile Phone			
Type: INDIVIDUAL/ NOT LAW ENFORCEMENT Injury:													
Code	Name (Last, First, Middle)					Victim of Crime # SB	DOB 04/12/1979 Age 42	Race	Sex	Relationship To Offender	Resident Status	Military Branch/Status	
SB											Resident		
Home Address						Email				Home Phone			
Employer Name/Address						Business Phone				Mobile Phone			
1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)													
P R O P E R T Y	VI #	Code	Status Frm/Tc	Value	OJ	QTY	Property Description		Make/Model		Serial Number		
		BWC	EVID	\$0.00		1	BODY WORN CAMERA						
		BWC	EVID	\$0.00		1	BODY WORN CAMERA						
		03	SUSP	\$0.00		1	2014 WHI, NF9W3N MO		CHEV Malibu		1G11E5SL1EF254517		
Officer/ID# GAYTON, TREVEYON J (2274)													
Invest ID#		GAYTON, TREVEYON J (2274)					Supervisor		MEYER, JAMES ANDY (1986)				
Status	Complainant Signature			Case Status Cleared By Arrest		07/26/2021		Case Disposition: Not Applicable		07/28/2021		Page 1	

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: [REDACTED]	H:	[- -]			
	Empl/Adr: [REDACTED]	B:	[- -]			
2) SB 4			07/09/2016	05	W	F
	Address: [REDACTED]	H:	[- -]			
	Empl/Adr: [REDACTED]	B:	[- -]			
3) SB 5			06/10/1995	26	W	F
	Address: [REDACTED]	H:	[REDACTED]			
	Empl/Adr: [REDACTED]	B:	[- -]			
4) SB 6			09/23/1970	50	W	F
	Address: [REDACTED]	H:	[REDACTED]			
	Empl/Adr: [REDACTED]	B:	[- -]			
5) SB 7			09/19/1964	56	W	F
	Address: [REDACTED]	H:	[REDACTED]			
	Empl/Adr: [REDACTED]	B:	[- -]			
6) SB 8					W	M
	Address: [REDACTED]	H:	[REDACTED]			
	Empl/Adr: [REDACTED]	B:	[- -]			
		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

Victim Society	Offense DRIVING UNDER THE INFLUENCE	Date / Time Reported Mon 07/26/2021 18:00
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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]. [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 be 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 <i>Society</i>	Offense <i>DRIVING UNDER THE INFLUENCE</i>	Date / Time Reported <i>Mon 07/26/2021 18:00</i>
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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) [REDACTED] [REDACTED]					Also Known As				Home Address [REDACTED]		
	DOB 10/08/1991	Age 29	Race W	Sex M	Eth N	Hgt 509	Wgt 180	Hair BLK	Eye BRO	Skin LGT		
Scars, Marks, Tattoos, or other distinguishing features												
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	
Notes											Physical Char	

Incident Report Related Vehicle List

Columbia Police Department

CCA: 2021-007022

1	VchYr/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)			Also Known As			Home Address	
Business Address							
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	Jurisdiction <i>Locally</i>
Status	Date	NIC #	State #		Local #		OAN	
<i>Evidence</i>	07/26/2021							
Name (Last, First, Middle) Columbia Police Dept,				DOB	Age	1	Race	Sex

Notes

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

Notes

Columbia Police Department

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		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						<input type="checkbox"/>	1	0	2024100292	3	
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	
04/16/2024		1507		04/16/2024		1508		04/16/2024	1511	04/16/2024	<input type="checkbox"/> NA	1551 <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 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 <input type="checkbox"/> No — No commercial vehicle fields need completion. 1b. A person transported for medical attention; OR <input checked="" type="checkbox"/> Yes — Go to number 2. → 1c. A vehicle towed due to disabling damage.													
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR/GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No — No commercial vehicle fields need completion. 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> Yes — Complete Section 7H for appropriate vehicle.													
EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY WHOM NATHANIEL SCOTT				AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency COLUMBIA POLICE DEPARTMENT							
EVIDENTIARY VIDEO TAKEN <input type="checkbox"/> Yes <input checked="" 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"/> NA		INTERSECTING CST W BROADWAY			
SPEED LIMIT 40		ROADWAY MAINTAINED BY <input type="checkbox"/> Unknown <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other						SPEED LIMIT 35		INT. DIR. W	GEO. CODE NA		
MILES						MILES							
TRAFFICWAY													
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier				<input type="checkbox"/> Other <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROADWAY ALIGNMENT		ROADWAY PROFILE			
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier								<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 Circular Intersection		Enter Codes		ROADWAY CONDITION 01	ROADWAY SURFACE 1		
						<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)				LIGHT CONDITION 1	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 <input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Other Non-Motorist <input type="checkbox"/> Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> EMS													
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)							
NO. 1		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) _____								PHONE NUMBER _____			
DATE OF BIRTH 11/29/1982		SEX M		STRUCK BY VEH # 1		INJ 2		TRANS-PORT 2		SAFETY DEVICES 02		LOCATION <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Shoulder / Roadside <input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown	
CROSSING ROAD <input checked="" type="checkbox"/> NA												BICYCLE LANE / FACILITY (Enter Code) N	
<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				<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 type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown		ORIGIN/DESTINATION <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Going To / From Transit <input type="checkbox"/> Unknown (Explain)	
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> Improper Lane Usage/ Change <input type="checkbox"/> None		<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Not Visible (Dark Clothing, No Lighting, etc.) <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper / Inattentive (If marked, fill in Codes) →				<input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Start from Park <input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Turn		<input type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped) <input type="checkbox"/> 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

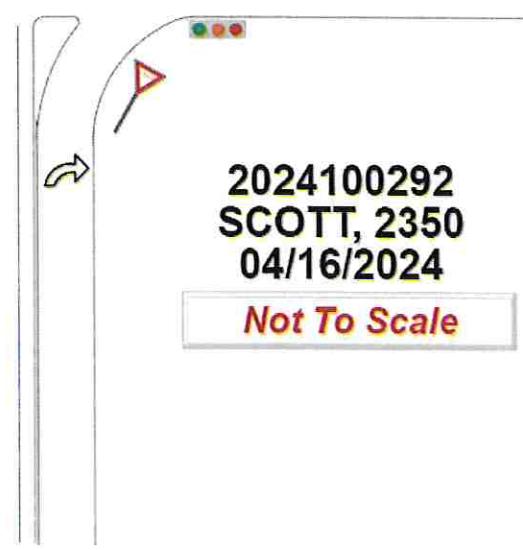
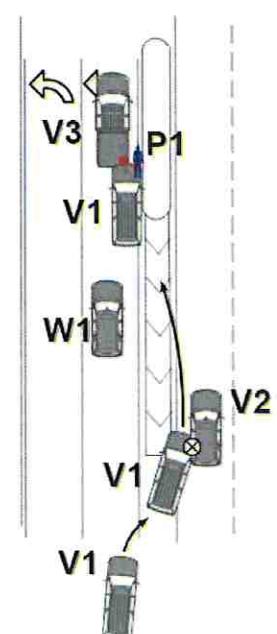
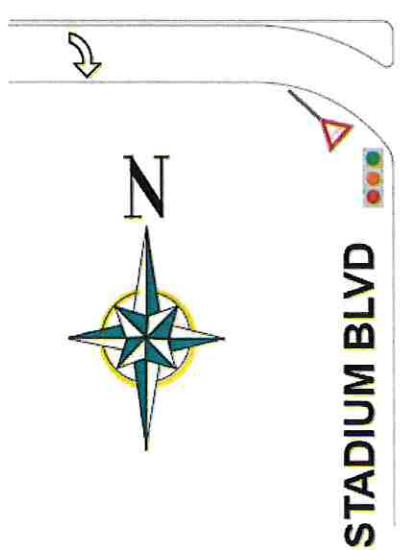
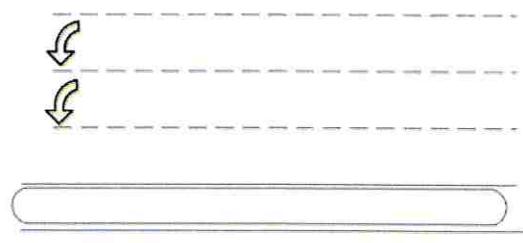
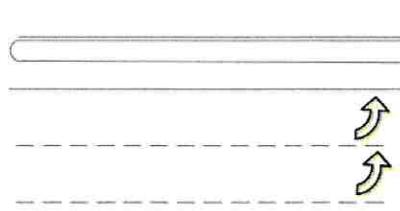
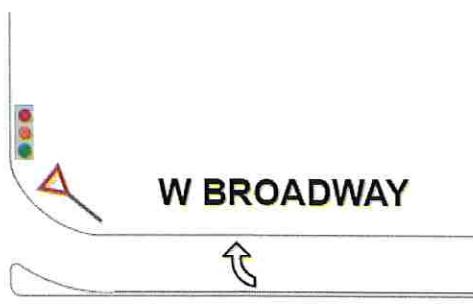
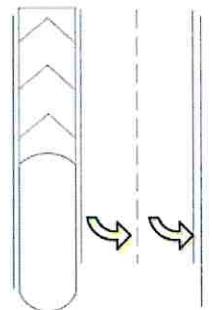
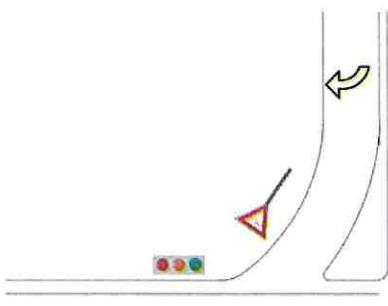
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INDICATE
NORTH**Not To Scale**

7—DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)														PHONE NUMBER								
1																						
DRIVER LICENSE / ID NUMBER			STATE		LIC STATUS		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired		LIC TYPE		<input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown (Explain)		ENDORSEMENTS							
			MO		<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		<input type="checkbox"/> NA		<input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only		<input type="checkbox"/> Intern / Grad <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	EJEC-TION	AIR BAG	SAFETY DEVICES	INDICATION OF IMPROPER USE?	VISION OBSTRUCTED		Not Obstructed <input checked="" type="checkbox"/>	Trees / Brush <input type="checkbox"/>	Sign <input type="checkbox"/>	Moving Veh <input type="checkbox"/>	Other (Explain) <input type="checkbox"/>							
06/25/2003	F	FL	5	1	2	U	05	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	<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"/>								
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		PHONE NO. (Optional)		POLICY NUMBER 978946227		PHONE NUMBER		Driver <input checked="" type="checkbox"/>		Vehicle <input type="checkbox"/>									
7B. VEHICLE — OWNER'S NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD														PHONE NUMBER								
YEAR	MAKE			MODEL		COLOR		VEH. TYPE	TOTAL NO. OF OCC.													
2012	LAND ROVER			RANGE ROVER		CRM		01	1													
LICENSE PLATE NO.	TEMPORARY TAG		STATE	YEAR	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 CARL'S TOWING		PHONE (573)474-4812		VEHICLE DAMAGE (Mark all damaged areas)															
TOWED DUE TO DIS. DAMAGE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			3912 I-70 DR SE COLUMBIA, MO 65202				INITIAL IMPACT NO. <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <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"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input 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type="checkbox"/> 884 <input type="checkbox"/> 885 <input type="checkbox"/> 886 <input type="checkbox"/> 887 <input type="checkbox"/> 888 <input type="checkbox"/> 889 <input type="checkbox"/> 890 <input type="checkbox"/> 891 <input type="checkbox"/> 892 <input type="checkbox"/> 893 <input type="checkbox"/> 894 <input type="checkbox"/> 895 <input type="checkbox"/> 896 <input type="checkbox"/> 897 <input type="checkbox"/> 898 <input type="checkbox"/> 899 <input type="checkbox"/> 900 <input type="checkbox"/> 901 <input type="checkbox"/> 902 <input type="checkbox"/> 903 <input type="checkbox"/> 904 <input type="checkbox"/> 905 <input type="checkbox"/> 906 <input type="checkbox"/> 907 <input type="checkbox"/> 908 <input type="checkbox"/> 909 <input type="checkbox"/> 910 <input type="checkbox"/> 911 <input type="checkbox"/> 912 <input type="checkbox"/> 913 <input type="checkbox"/> 914 <input type="checkbox"/> 915 <input type="checkbox"/> 916 <input type="checkbox"/> 917 <input type="checkbox"/> 918 <input type="checkbox"/> 919 <input type="checkbox"/> 920 <input type="checkbox"/> 921 <input type="checkbox"/> 922 <input type="checkbox"/> 923 <input type="checkbox"/> 924 <input type="checkbox"/> 925 <input type="checkbox"/> 926 <input type="checkbox"/> 927 <input type="checkbox"/> 928 <input type="checkbox"/> 929 <input type="checkbox"/> 930 <input type="checkbox"/> 931 <input type="checkbox"/> 932 <input type="checkbox"/> 933 <input type="checkbox"/> 934 <input type="checkbox"/> 935 <input type="checkbox"/> 936 <input type="checkbox"/> 937 <input type="checkbox"/> 938 <input type="checkbox"/> 939 <input type="checkbox"/> 940 <input type="checkbox"/> 941 <input type="checkbox"/> 942 <input type="checkbox"/> 943 <input type="checkbox"/> 944 <input type="checkbox"/> 945 <input type="checkbox"/> 946 <input type="checkbox"/> 947 <input type="checkbox"/> 948 <input type="checkbox"/> 949 <input type="checkbox"/> 950 <input type="checkbox"/> 951 <input type="checkbox"/> 952 <input type="checkbox"/> 953 <input type="checkbox"/> 954 <input type="checkbox"/> 955 <input type="checkbox"/> 956 <input type="checkbox"/> 957 <input type="checkbox"/> 958 <input type="checkbox"/> 959 <input type="checkbox"/> 960 <input type="checkbox"/> 961 <input type="checkbox"/> 962 <input type="checkbox"/> 963 <input type="checkbox"/> 964 <input type="checkbox"/> 965 <input type="checkbox"/> 966 <input type="checkbox"/> 967 <input type="checkbox"/> 968 <input type="checkbox"/> 969 <input type="checkbox"/> 970 <input type="checkbox"/> 971 <input type="checkbox"/> 972 <input type="checkbox"/> 973 <input type="checkbox"/> 974 <input type="checkbox"/> 975 <input type="checkbox"/> 976 <input type="checkbox"/> 977 <input type="checkbox"/> 978 <input type="checkbox"/> 979 <input type="checkbox"/> 980 <input type="checkbox"/> 981 <input type="checkbox"/> 982 <input type="checkbox"/> 983 <input type="checkbox"/> 984 <input type="															

7—DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																																																													
NO. 7A. DRIVER—NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) : 2													PHONE NUMBER																																																
DRIVER LICENSE / ID NUMBER			STATE	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class F	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	ENDORSEMENTS																																																		
			IL	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> CDL Class _____	<input type="checkbox"/> MC Only	<input type="checkbox"/> Yes (add code)	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Unlk	<input type="checkbox"/> Other (Explain)																																																	
				<input type="checkbox"/> NA	<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	<input type="checkbox"/> Intern / Grad	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Unlk																																																	
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"/> Trees / Brush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh	<input type="checkbox"/> Other (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"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Stopped Veh	<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			INSURANCE COMPANY			<input type="checkbox"/> Expired			PHONE NO. (Optional)	POLICY NUMBER			<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Driver																																															
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			GEICO						6121226267			<input checked="" type="checkbox"/> Vehicle																																																	
7B. VEHICLE OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) : 1														PHONE NUMBER	<input type="checkbox"/> SAD																																														
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	2	H	N	Y	D	1	8	9	4	4	H	5	0	2	7	1	6																																							
TOWED FROM SCENE:		TOWED BY:		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> NA		VEHICLE DAMAGE (Mark all damaged areas):												<input type="checkbox"/> None / No Damage																																									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								<table border="1"> <tr> <td>INITIAL IMPACT NO:</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>18 - Undercarriage</td> <td>22 - Cargo</td> </tr> <tr> <td></td> <td>10</td> <td>15</td> <td>16</td> <td>17</td> <td></td> <td>8</td> <td>19 - Windshield</td> <td>23 - Unknown</td> </tr> <tr> <td></td> <td>14</td> <td>13</td> <td>12</td> <td>11</td> <td>10</td> <td>9</td> <td>20 - Burned</td> <td>24 - Other</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>21 - Trailer / Towed Unit (Explain)</td> <td></td> </tr> </table>												INITIAL IMPACT NO:	2	3	4	5	6	7	18 - Undercarriage	22 - Cargo		10	15	16	17		8	19 - Windshield	23 - Unknown		14	13	12	11	10	9	20 - Burned	24 - Other								21 - Trailer / Towed Unit (Explain)		<input type="checkbox"/> NA					
INITIAL IMPACT NO:	2	3	4	5	6	7	18 - Undercarriage	22 - Cargo																																																					
	10	15	16	17		8	19 - Windshield	23 - Unknown																																																					
	14	13	12	11	10	9	20 - Burned	24 - Other																																																					
							21 - Trailer / Towed Unit (Explain)																																																						
7C. 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)																																																													
<table border="1"> <tr> <td><input type="checkbox"/> Passenger Car</td> <td><input type="checkbox"/> Small Bus (9-16 W/Driver)</td> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Autocycle</td> <td><input type="checkbox"/> Cargo Van</td> <td>GVW / GCW RATING (Not Licensed Weight)</td> </tr> <tr> <td><input type="checkbox"/> Passenger Van (<9 Seats)</td> <td><input type="checkbox"/> Large Bus (16+ W/Driver)</td> <td><input type="checkbox"/> ATV</td> <td><input type="checkbox"/> Recreational/Off-Highway Vehicles (ROV)</td> <td><input type="checkbox"/> Pickup</td> <td>(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</td> </tr> <tr> <td><input type="checkbox"/> 9-12 Passenger Van</td> <td></td> <td></td> <td><input type="checkbox"/> Motor Home</td> <td><input type="checkbox"/> Other Heavy Truck</td> <td><input type="checkbox"/> Less than or equal to 10,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> 15-Passenger Van</td> <td></td> <td></td> <td><input type="checkbox"/> Farm Implements</td> <td><input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires</td> <td><input type="checkbox"/> 10,001 - 25,000 lbs.</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sport Utility Vehicle</td> <td></td> <td></td> <td><input type="checkbox"/> Construction Equip. Heavy Mech.</td> <td><input type="checkbox"/> Single-unit Truck; 3 or more axles</td> <td><input type="checkbox"/> Greater than 25,000 lbs.</td> </tr> <tr> <td><input type="checkbox"/> Limousine (7-8 W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Other Vehicle (Code):</td> <td><input type="checkbox"/> Truck Tractor</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Limousine (9-15 W/Driver)</td> <td></td> <td></td> <td><input type="checkbox"/> Unknown (Explain)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Motorized Bicycle / Moped</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>														<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	GVW / GCW RATING (Not Licensed Weight)	<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"/> Pickup	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)	<input type="checkbox"/> 9-12 Passenger Van			<input type="checkbox"/> Motor Home	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Less than or equal to 10,000 lbs.	<input type="checkbox"/> 15-Passenger Van			<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires	<input type="checkbox"/> 10,001 - 25,000 lbs.	<input checked="" type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Construction Equip. Heavy Mech.	<input type="checkbox"/> Single-unit Truck; 3 or more axles	<input type="checkbox"/> Greater than 25,000 lbs.	<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Other Vehicle (Code):	<input type="checkbox"/> Truck Tractor	<input type="checkbox"/> Unknown	<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Unknown (Explain)			<input type="checkbox"/> Motorized Bicycle / Moped					
<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	GVW / GCW RATING (Not Licensed Weight)																																																								
<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"/> Pickup	(Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)																																																								
<input type="checkbox"/> 9-12 Passenger Van			<input type="checkbox"/> Motor Home	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Less than or equal to 10,000 lbs.																																																								
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<input checked="" type="checkbox"/> Sport Utility Vehicle			<input type="checkbox"/> Construction Equip. Heavy Mech.	<input type="checkbox"/> Single-unit Truck; 3 or more axles	<input type="checkbox"/> Greater than 25,000 lbs.																																																								
<input type="checkbox"/> Limousine (7-8 W/Driver)			<input type="checkbox"/> Other Vehicle (Code):	<input type="checkbox"/> Truck Tractor	<input type="checkbox"/> Unknown																																																								
<input type="checkbox"/> Limousine (9-15 W/Driver)			<input type="checkbox"/> Unknown (Explain)																																																										
<input type="checkbox"/> Motorized Bicycle / Moped																																																													
FIRST TRAILER / TOWED UNIT	YEAR	MAKE			MODEL			Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) <input type="checkbox"/> NA												Record Subsequent Trailer / Towed Units in Section 9—Narrative.																																									
LICENSE / PLATE NO.	STATE	YEAR	VIN																																																										
SECOND TRAILER / TOWED UNIT	YEAR	MAKE			MODEL																																																								
LICENSE / PLATE NO.	STATE	YEAR	VIN																																																										
AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE				If marked Yes, complete Automation System Levels Engaged at Time of Crash												DRIVER CEDED CONTROL																																													
<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"/> Yes <input type="checkbox"/> No																																													
Engaged at Time of Crash and Driver Ceded Control fields				<input type="checkbox"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Unknown												<input type="checkbox"/> Unknown <input type="checkbox"/> NA																																													
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA				CONTRIBUTING TRAFFIC CONDITIONS: <input type="checkbox"/> NA																																																									
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance				<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)																																																									
<input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" or "B")				<input type="checkbox"/> B. Stationary With Emergency Equip. Activated																																																									
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																																																													
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown				ANIMAL CODE(S) <input type="checkbox"/> 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 type="checkbox"/> None <input type="checkbox"/> Unknown (Explain)														DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8) <input type="checkbox"/> NA																																															
7E. WORK ZONE				TYPE OF WORK ZONE <input checked="" type="checkbox"/> NA			LOCATION OF THE CRASH <input type="checkbox"/> NA			<input type="checkbox"/> Unknown			LAW ENFORCEMENT PRESENT																																																
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Lane Closure <input type="checkbox"/> Work on Shoulder or Median			<input type="checkbox"/> Before the First Work Zone Warning Sign			<input type="checkbox"/> Transition Area			<input type="checkbox"/> Yes <input type="checkbox"/> No																																																
Workers Present				<input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Other Type of Work Zone			<input type="checkbox"/> Turn Restricted			<input type="checkbox"/> Activity Area			<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA																																																
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Unknown			<input type="checkbox"/> Advanced Warning Area			<input type="checkbox"/> Termination Area																																																			
7F. TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown				<input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other Electric (Explain)									CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																																																
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)									<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No																																																
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"/> Unknown <input type="checkbox"/> NA																																																
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)																																																													
7G. 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"/> Unlk <input type="checkbox"/> NA																																																	
												<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
												<input type="checkbox"/> Unlk <input type="checkbox"/> NA																																																	
												<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
												<input type="checkbox"/> Unlk <input type="checkbox"/> NA																																																	
												<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
												<input type="checkbox"/> Unlk <input type="checkbox"/> NA																																																	

7—DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. TA-DRIVER - Name & Last, First, MI & ADDRESS/Street, City, State, Zip															PHONE NUMBER							
3																						
DRIVER LICENSE / ID NUMBER				STATE		LIC STATUS			LIC TYPE			ENDORSEMENTS										
				MO		<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			<input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> CDL Class <input type="checkbox"/> MC Only <input type="checkbox"/> Interm / Grad			<input type="checkbox"/> Yes (add code) <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unk										
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	INDICATION OF IMPROPER USE?	VISION OBSTRUCTED	Not Obstructed <input checked="" type="checkbox"/> Trees / Brush <input type="checkbox"/> Sign <input type="checkbox"/> Moving Veh <input type="checkbox"/> Other (Explain)	Windshield <input type="checkbox"/> Building <input type="checkbox"/> Hillcrest <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Unknown (Explain)	Load on Veh <input type="checkbox"/> Embankment <input type="checkbox"/> Parked Veh <input type="checkbox"/> Glare <input type="checkbox"/> Unknown (Explain)									
05/20/1996		M	FL	5	1	2	U	05	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <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 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	MAKE				MODEL					COLOR			VEH. TYPE	TOTAL NO. OF OCC.								
2018	CHEVROLET				SILVERADO (4X2, 4X4, EXT 4X2, & E					MAR			01	1								
LICENSE - PLATE NO.	<input type="checkbox"/> Temporary Tag		STATE	YEAR	VIN	5	G	C	U	K	R	E	C	S	J	G	4	0	8	6	4	1
TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOWED BY		<input type="checkbox"/> Unknown <input type="checkbox"/> NA		VEHICLE DAMAGE (Mark all damaged areas)															<input type="checkbox"/> None / No Damage		
CARL'S TOWING				(573)474-4812															<input type="checkbox"/> 18 - Undercarriage <input type="checkbox"/> 22 - Cargo			
3912 I-70 DR SE				<input type="checkbox"/> 19 - Windshield <input type="checkbox"/> 23 - Unknown																		
COLUMBIA, MO 65202				<input type="checkbox"/> 20 - Burned <input type="checkbox"/> 24 - Other																		
<input type="checkbox"/> 21 - Trailer / Towed Unit (Explain)				<input type="checkbox"/> 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 (9-15 W/Driver) <input type="checkbox"/> Motorcycle <input type="checkbox"/> AutoCycle <input type="checkbox"/> Cargo Van <input type="checkbox"/> GV / GCWV RATING (Not Licensed Weight)																						
<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"/> Pickup (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)																						
<input type="checkbox"/> 9-12 Passenger Van <input type="checkbox"/> School Bus <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Less than or equal to 10,000 lbs.																						
<input type="checkbox"/> 15-Passenger Van <input type="checkbox"/> Intercity <input type="checkbox"/> Motor Home <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires																						
<input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Farm Implements <input type="checkbox"/> Single-unit Truck; 3 or more axles																						
<input type="checkbox"/> Limousine (7-8W/Driver) <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Truck Tractor																						
<input type="checkbox"/> Limousine (9-16W/Driver) <input type="checkbox"/> Other <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Number of Trailer/Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) <input type="checkbox"/> N/A																						
<input type="checkbox"/> Motorized Bicycle/Moped <input type="checkbox"/> Unknown																						
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 <input type="checkbox"/> 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"/> Unknown															DRIVER CEDED CONTROL <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				<input type="checkbox"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation <input checked="" type="checkbox"/> Unknown																		
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA				CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA																		
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" 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) <input type="checkbox"/> FIXED OBJECT CODE(S) <input type="checkbox"/>							
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 type="checkbox"/> Distracted / <input type="checkbox"/> Inattentive Code(S) (See Codes in Section 8) <input checked="" type="checkbox"/> NA							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> None <input type="checkbox"/> Unknown (Explain)																		
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		LOCATION OF THE CRASH <input type="checkbox"/> NA <input type="checkbox"/> Unknown															LAW ENFORCEMENT PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Lane Closure <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Before the First Work Zone Warning Sign <input type="checkbox"/> Transition Area		<input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Other Type of Work Zone <input type="checkbox"/> Activity Area																
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Unknown <input type="checkbox"/> Advanced Warning Area <input type="checkbox"/> Termination Area																		
7F. TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown				<input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other Electric (Explain) <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA															CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Green / Yellow / Red <input type="checkbox"/> Flashing Red				<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"/> Other <input type="checkbox"/> Stop Sign <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device				<input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																		
7G. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)															DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECTION AIR BAG SAFETY DEVICES IMPROPER USE? PHONE NUMBER							
															<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA							
															<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA							
															<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA							
															<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA							
															<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <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"/> Not In Commerce — Government Vehicle		<input type="checkbox"/> Not In Commerce — Other Vehicle		MC / MX / ICC NO.		USDOT NO.																																																											
NON-COMMERCIAL		<input type="checkbox"/> Intrastate Carrier		<input type="checkbox"/> Not In Commerce — Rental Vehicle																																																																	
CARGO 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																																																									
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			LIGHT CONDITION CODES			WEATHER / ENVIRONMENTAL CONDITION CODES																																																												
1. Dry 2. Wet 3. Snow 4. Ice/Frost 5. Slush 7. Standing Water			8. Moving Water 9. Other (Explain) 11. Mud, Dirt, Gravel 12. Sand U. Unknown (Explain)			1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt/Sand			6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (Explain)			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 XX—Not Known M—Motorcycle CP—Commercial Passenger OE—Occupant—Enclosed Load Area OU—Occupant—Unenclosed Load Area RC—Rail Crew VE—Riding on Motor Vehicle Exterior (non-trailing unit) SS—Sleeper Section of Cab (truck) TU—Trailing Unit SV—Other (Explain in Narrative) NA—Not Applicable			INJURY (Enter Numerical Value) 1. (K) Fatal Injury 2. (A) Suspected Serious Injury 3. (B) Suspected Minor Injury 4. (C) Possible Injury 5. (O) No Apparent Injury U. Unknown N. NA			TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA			EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown			AIR BAG 1. None / Not Applicable 3. Not Deployed 4. Removed 5. Deployed—Front 6. Deployed—Side 7. Deployed—Curtain 8. Deployed—Other (Knee, Air Belt, etc.) 10. Deployment Unknown U. Air Bag Presence Unknown			SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint—Forward Facing 12. Child Restraint—Rear Facing																																																						
PERSONAL CONVEYANCE TYPE CODES 1. Scooter—Mobility Assistance/Motorized 2. Scooter—Stand-up/Motorized 3. Stand-up/Non-motorized 4. Stand-up/Motorized-Other			5. Stroller 6. Rideable Toy 7. Other (Explain)									BICYCLE LANE / FACILITY CODES 1. Signed Route (No Pavement Marking) 2. Shared Lane Markings 3. On-street Bike Lanes 4. On-street Buffered Bike Lanes 5. Separated Bike Lanes			6. Off-street Trails / Sidepaths 7. Other (Explain) U. Unknown N. Not Applicable																																																						
DISTRACTED / INATTENTIVE CODES 1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device			5. Communication Device—Hand-held 6. Communication Device—Hands Free 7. Communication Device—Texting/E-mailing 8. Communication Device—Web Browsing			9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming			13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)																																																												
ENDORSEMENT CODES 1. H—Hazardous Materials 2. N—Tank Vehicle			3. P—Passenger 4. S—School			5. T—Double / Triple Trailers 6. X—Combination of Tank Vehicle and Hazardous Materials						7. Other Non-commercial License Endorsements (e.g., Motorcycle, etc.)																																																									
VEHICLE TYPE CODES 1. Motor Vehicle In Transport 2. Parked Motor Vehicle			3. Working Motor Vehicle U. Unknown			OTHER VEHICLE CODES 1. Riding Mower / Garden Tractor 2. Golf Cart			3. Snowmobile 4. Forklift			6. Low Speed Vehicle (LSV) 7. Other (Explain)																																																									
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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/Guy Wire		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																																																															
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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 SWIPE 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 SWIPE 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	TRROOP / 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	Unit Reaction: 000:02:51 (1st Dispatch to 1st Arrive)
Call Routed: 04/16/24 15:08:38			En-Route: (1st Dispatch to 1st En-Route)
Call Take Finished: 04/16/24 15:08:38			
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	DXY	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	DXY	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	DXY	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	DXY	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	[REDACTED]	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	[REDACTED]	CPNSCOTT	
1P55	2350	ENT	Entered Related Name	04/16/24 15:54:43	[REDACTED]	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

1C53	2445	ARM	Added Remarks	04/16/24 15:18:44	Notes sent from FIRE event #20241002	JCSWESTR
		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		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		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		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		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
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CALL					0					
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OIn St:

[REDACTED] F 503 130 06/25/03 20

St: MO

[REDACTED] M 605 270 05/20/96 27

n St: MO

[REDACTED] 2 160 06/26/96 27

D

Related Vehicles

Lic Tag	State	Type	Year	Make	Make Desc	Model	Color1 / Color2	Vin
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5SDM93	MO	PC	2018	CHEV	CHEVROLET			3GCUKREC5JG408641
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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. [REDACTED] vm on cb

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

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

[PROQA] Dispatch Code: 77B01 (Injuries)

Suffix: T (Trapped/Pinned victim)

Response: Bravo

Questions:

1. At loc (2nd pty).
2. Two veh.
3. 2 vehs invol.
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 invol.
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 colision with male under car, Car plowed into left turn lane, and ran over transient subj 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 accidetn from her building [04/16/24 15:10:48 JCSJOLLI] another caller [REDACTED]

caller involved, comp extremly 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 A R R E S T O O E	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 O O 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			
	Address					Phone					
	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						
A R R E S T O O E	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 I N E H O	VYR	Make	Model				Style				
	Color		Plate #/State/Plate Year			VIN					
	Vehicle										
C O N B F I N D E D	Date/Time Confined		Place Confined				Committing Magistrate				
	Type Bond		Bond Amount		Trial Date 06/14/2024	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 A R U T E S T	Code	Status	Quantity	Type Measure	Suspected Type						
Other Name	Name				Address					Phone	
	Name				Address					Phone	
N A R R A T I V E											
	Arresting Officer Signature/ID #/Bureau SCOTT, NATHANIEL D (2350) POB										
	Case Status					Arrestee Signature					
r_arrestor	Printed By: CPTWOLFE, U00449										

INCIDENT/INVESTIGATION

REPORT

Agency Name	Columbia Police Department	
ORI	MO0100200	

Case#	2024-003174
Date / Time Reported	04/16/2024 15:08 Tue
Last Known Secure	04/16/2024 15:07 Tue
At Found	04/16/2024 15:08 Tue

I N C I D E N T D A T A M O	Location of Incident W BROADWAY/N STADIUM BLVD, Columbia	Gang Relat NO	Premise Type Highway/road/alley	Beat/Tract 50E
#1	Crime Incident(s) Not Reportable 999	(Com)	Weapon / Tools	Activity
		Entry	Exit	Security
#2	Crime Incident	()	Weapon / Tools	Activity
		Entry	Exit	Security
#3	Crime Incident	()	Weapon / Tools	Activity
		Entry	Exit	Security

# of Victims 3	Type: INDIVIDUAL/ NOT LAW	Injury:	Domestic: NO					
V I C T I M	Victim/Offender Name (Last, First, Middle) V1 [REDACTED]	Victim of Crime # 1,	DOB 11/29/1982 Age 41	Race W	Sex M	Relationship To Offender	Resident Status Non-Resident	Military Branch/Status
			Email					
	Employer Name/Address UNEMPLOYED (UNEMPLOYED)		Business Phone					
	VYR Make Model Style Color	Lic/Lis	VIN					

O T H E R S I N V O L V E D	CODES: V- Victim (Denote V2, V3) WI = Witness IO = Involved Other RP = Reporting Person (if other than victim)							
Type: INDIVIDUAL/ NOT LAW ENFORCEMENT	Injury:							
Code Name (Last, First, Middle) V2 [REDACTED]	Victim of Crime # 1,	DOB 05/20/1996 Age 27	Race W	Sex M	Relationship To Offender	Resident Status Resident	Military Branch/Status	
		Email					Home Phone	
Employer Name/Address US		Business Phone		Mobile Phone				
Type: INDIVIDUAL/ NOT LAW ENFORCEMENT	Injury:							
Code Name (Last, First, Middle) V3 [REDACTED]	Victim of Crime # 1,	DOB 06/12/2004 Age 19	Race W	Sex F	Relationship To Offender	Resident Status Non-Resident	Military Branch/Status	
	Email						Home Phone	
Employer Name/Address		Business Phone		Mobile Phone				

1 = None 2 = Burned 3 = Counterfeit / Forged 4 = Damaged / Vandalized 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown ("OJ" = Recovered for Other Jurisdiction)									
VI #	Code	Status	Firm/Te	Value	OJ	QTY	Property Description	Make/Model	Serial Number
P R O P E R T Y	BWC	EVID		\$0.00		1	BODY WORN CAMERA		
	CAP	EVID		\$0.00		1	CAPTURE (AXON) IMAGES		
	3 03	VICT		\$0.00		1	2004 GRY, DD11123 IL	ACUR	2HNYD18944H502716
	03	SUSP		\$0.00		1	2012 WHI, D6207AD MO	LAND Range Rover	SALSK2D42CA758716
	2 05	VICT		\$0.00		1	2018 MAR, 5SDM93 MO	CHEV 1500	3GCUKREC5JG408641
Officer/ID# SCOTT, NATHANIEL D (2350)									
Invest ID# SCOTT, NATHANIEL D (2350)							Supervisor	BRUNSTROM, RYAN M (1691)	
Status	Complainant Signature			Case Status	Cleared By Arrest		04/16/2024	Case Disposition:	Page 1

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) WI 1	[REDACTED]		06/26/1996	27	W	F
	Address: [REDACTED]	H:	- -			
	Empl/Addr: [REDACTED]	B:	- -			
2) SB 1	[REDACTED]		10/21/1978	45	W	M
	Address: [REDACTED]	H:	[REDACTED]			
	Empl/Addr: [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

Scanned with PDF-Mate

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

Victim [REDACTED]	Offense NOT REPORTABLE	Date / Time Reported Tue 04/16/2024 15:08
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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) [REDACTED]					Also Known As [REDACTED]					Home Address [REDACTED]		
	Business Address [REDACTED]												
	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 [REDACTED]													
<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 <i>2012 LAND, Range Rover</i>		Style <i>SUV</i>	Color <i>WHI</i>	Lic/Lis <i>D6207AD MO</i>		VIN <i>SALSK2D42CA758716</i>
IBR Status <i>Suspect Vehicle</i>		Date <i>04/16/2024</i>	Location <i>W BROADWAY/N STADIUM BLVD, COLUMBIA MO</i>				
Condition		Value <i>\$0.00</i>	Offense Code <i>99</i>	Jurisdiction <i>Locally</i>	State #		NIC #
Name (Last, First, Middle) [REDACTED]			Also Known As [REDACTED]			Home Address [REDACTED]	
Business Address [REDACTED]							
DOB <i>10/21/1978</i>	Age <i>45</i>	Race <i>W</i>	Sex <i>M</i>	Hgt <i>605</i>	Wgt <i>250</i>	Scars, Marks, Tattoos, or other distinguishing features [REDACTED]	

Notes

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

Notes

3	VehYr/Make/Model <i>2018 CHEV, 1500</i>		Style <i>PICK</i>	Color <i>MAR</i>	Lic/Lis <i>5SDM93 MO 2024</i>		VIN <i>3GCUKRECSJG408641</i>
IBR Status <i>Victim Vehicle</i>		Date <i>04/16/2024</i>	Location <i>W BROADWAY/N STADIUM BLVD, COLUMBIA MO</i>				
Condition		Value <i>\$0.00</i>	Offense Code <i>99</i>	Jurisdiction <i>Locally</i>	State #		NIC #
Name (Last, First, Middle) [REDACTED]			Also Known As [REDACTED]			Home Address [REDACTED]	
Business Address [REDACTED]							
DOB <i>05/20/1996</i>	Age <i>27</i>	Race <i>W</i>	Sex <i>M</i>	Hgt <i>605</i>	Wgt <i>270</i>	Scars, Marks, Tattoos, or other distinguishing features [REDACTED]	

Notes

Incident Report Related Property List

Columbia Police Department

OCA: 2024-003174

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

Notes

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

Notes

Columbia Police Department

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: 

Reference: *Follow-up*

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

 provided insurance information for his vehicle involved in a collision.

Nothing further.

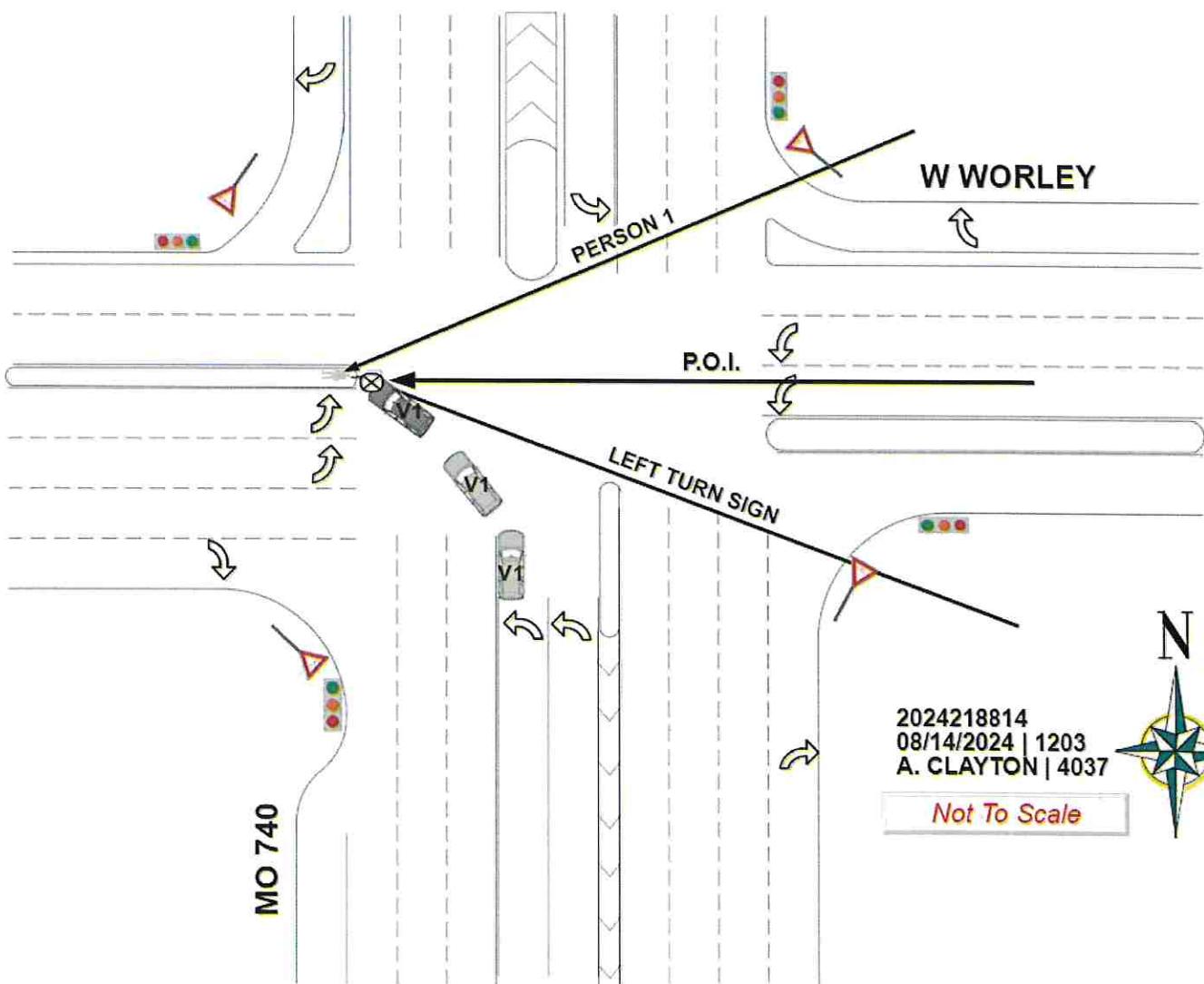
Investigator Signature

Supervisor Signature

1—GENERAL CRASH INFORMATION								AGENCY NAME AND ORI MO0100200 **					
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	NO. VEH. INV.	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> 1	0		2024218814	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	
08/14/2024		1203		08/14/2024		1206		08/14/2024	1230	08/14/2024 <input type="checkbox"/> NA	1306 <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"/> Animal	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input type="checkbox"/> Sideswipe (Same Dir.)
							<input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Struck by Falling, Shifting Cargo or Fixed Object	<input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Opp. Dir.)	
							<input type="checkbox"/> Throw or Falling Object	<input type="checkbox"/> Anything Set in Motion by Motor Vehicle	<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Other (Explain)		
								<input type="checkbox"/> Other Object	<input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Rear to Side	<input type="checkbox"/> Unknown (Explain)		
									<input type="checkbox"/> Other Non-Vehicle	<input type="checkbox"/> Angle (Front to Side)			
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 <input type="checkbox"/> No — No commercial vehicle fields need completion.													
1b. A person transported for medical attention; OR <input type="checkbox"/> Yes — Go to number 2. →													
1c. A vehicle towed due to disabling damage.													
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:													
2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No — No commercial vehicle fields need completion.													
2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes — Complete Section 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/DST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)		LAT: N 38 57 40.61		LONG: W -92 22 17.60			
010 BOONE	0610 COLUMBIA		NA		NA								
ON:	RDWY. DIR:		DISTANCE FROM:		LOCATION	INTERSECTING:							
CST WORLEY ST	W		36		<input type="checkbox"/> NA	<input checked="" type="checkbox"/> After	<input type="checkbox"/> NA	MO 740					
SPEED LIMIT:	ROADWAY MAINTAINED BY:		Feet		<input type="checkbox"/> Before	<input type="checkbox"/> At	<input type="checkbox"/> NA	SPEED LIMIT	INT. DIR:	GEO. CODE:			
35	<input type="checkbox"/> Unknown <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> NA	40	N	NA			
TRAFFICWAY	ROADWAY ALIGNMENT		ROADWAY 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 type="checkbox"/> Straight <input type="checkbox"/> Curve		<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip										
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)										
INTERSECTION TYPE	PERPENDICULAR		ANGLED/SKEWED		ROUNDABOUT / TRAFFIC CIRCLE		Enter Codes		ROADWAY CONDITION		ROADWAY SURFACE		
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Cross Intersection (4-Way) <input type="checkbox"/> Y-Intersection <input type="checkbox"/> T-Intersection		<input type="checkbox"/> Five or More Legs and Not Circular		<input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)				02		2		
3—DAMAGE TO PROPERTY OTHER THAN VEHICLES	<input type="checkbox"/> None				<input type="checkbox"/> Other Circular Intersection <input type="checkbox"/> Unknown (Explain)						WEATHER / ENVIRON CONDITION		
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 <input type="checkbox"/> PEDESTRIAN SPECIAL FUNCTION <input checked="" type="checkbox"/> NA													
(NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE) <input type="checkbox"/> Prior Motor Vehicle Occupant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Tow Operator <input type="checkbox"/> EMS <input type="checkbox"/> Other Trafficway Worker													
6—NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER													
NO. 1													
DATE OF BIRTH		SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	In Driveway Access		Non-Trafficway Area		BICYCLE LANE / FACILITY (Enter Code)	
05/09/1975		M	1	4	2	02	<input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Shoulder / Roadside	<input type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> Shoulder / Roadside	<input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (Explain)	
CROSSING ROAD		<input checked="" type="checkbox"/> NA					ACTIONS	<input type="checkbox"/> NA/None					
<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"/> 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 type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)			
<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							<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"/> Distracted / Inattentive (If marked, fill in Codes) →		<input checked="" type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
<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"/> 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"/> Distracted / Inattentive (If marked, fill in Codes) →		<input checked="" type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (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"/> Distracted / Inattentive (If marked, fill in Codes) →		<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 type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	
<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"/> 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"/> Distracted / Inattentive (If marked, fill in Codes) →		<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 type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	
<input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Distracted / Inattentive (If marked, fill in Codes) →							<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"/> Distracted / Inattentive (If marked, fill in Codes) →		<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 type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	
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6. COLLISION
DIAGRAMCompass Direction
Before Crash Event(s)
(Circle One)

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

INDICATE
NORTH

7—DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

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/ <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce — Government Vehicle <input type="checkbox"/> Not In Commerce — Other Vehicle		NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce — Rental Vehicle		MC / MX / ICC NO.		USDOT NO.					
CARGO BODY <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body)		TYPE <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain/Chip/Gravel <input type="checkbox"/> Log <input type="checkbox"/> Another Veh. <input type="checkbox"/> Other Unknown									
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME				
8 — CODES											
ROADWAY CONDITION CODES			ROADWAY SURFACE CODES			LIGHT CONDITION CODES		WEATHER / ENVIRONMENTAL CONDITION CODES			
1. Dry <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 2. Wet <input type="checkbox"/> 9. Other (Explain) <input type="checkbox"/> 3. Show <input type="checkbox"/> 11. Mud, Dirt, Gravel <input type="checkbox"/> 4. Ice/Frost <input type="checkbox"/> 12. Sand <input type="checkbox"/> 5. Slush <input type="checkbox"/> U. Unknown (Explain) <input type="checkbox"/> 7. Standing Water <input type="checkbox"/>			1. Concrete <input type="checkbox"/> 6. Multi-surface <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 7. Cobblestone <input type="checkbox"/> 3. Brick <input type="checkbox"/> 8. Other (Explain) <input type="checkbox"/> 4. Gravel <input type="checkbox"/> U. Unknown <input type="checkbox"/> 5. Dirt/Sand <input type="checkbox"/> (Explain) <input type="checkbox"/>			1. Daylight <input type="checkbox"/> 2. Dark-Lighted <input type="checkbox"/> 3. Dark-Unlighted <input type="checkbox"/> 6. Dark-Unknown Lighting <input type="checkbox"/> 7. Other (Explain) <input type="checkbox"/> 8. Dawn/Dusk <input type="checkbox"/> U. Unknown (Explain) <input type="checkbox"/>		1. Clear <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 10. Severe Crosswinds <input type="checkbox"/> 3. Rain <input type="checkbox"/> 11. Other (Explain) <input type="checkbox"/> 4. Snow <input type="checkbox"/> 12. Blowing Snow <input type="checkbox"/> 5. Sleet/Hail <input type="checkbox"/> 13. Smoke / Smog <input type="checkbox"/> 6. Freezing (Temp) <input type="checkbox"/> U. Unknown (Explain) <input type="checkbox"/>			
SEAT LOCATION XX—Not Known M—Motorcycle CP—Commercial Passenger OE—Occupant—Enclosed Load Area OU—Occupant—Unenclosed Load Area RC—Rail Crew VE—Riding on Motor Vehicle Exterior (non-trailing unit) SS—Sleeper Section of Cab (truck) TU—Trailing Unit SV—Other (Explain in Narrative) NA—Not Applicable			INJURY (Enter Numerical Value) 1. (K) Fatal Injury 2. (A) Suspected Serious Injury 3. (B) Suspected Minor Injury 4. (O) Possible Injury 5. (O) No Apparent Injury U. Unknown N. NA			TRANSPORTED (For Medical Treatment) 1. No <input type="checkbox"/> 2. EMS <input type="checkbox"/> 3. Other <input type="checkbox"/> U. Unknown <input type="checkbox"/> N. NA <input type="checkbox"/>	EJECTION 1. NA <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Partially <input type="checkbox"/> 4. Totally <input type="checkbox"/> U. Unknown <input type="checkbox"/>	AIRBAG 1. None / Not Applicable <input type="checkbox"/> 3. Not Deployed <input type="checkbox"/> 4. Removed <input type="checkbox"/> 5. Deployed — Front <input type="checkbox"/> 6. Deployed — Side <input type="checkbox"/> 7. Deployed — Curtain <input type="checkbox"/> 8. Deployed — Other (Knee, Air Belt, etc.) <input type="checkbox"/> 10. Deployment Unknown <input type="checkbox"/> U. Air Bag Presence Unknown <input type="checkbox"/>	SAFETY DEVICES 1. None <input type="checkbox"/> 2. Not Used <input type="checkbox"/> 3. Shoulder Belt Only <input type="checkbox"/> 4. Lap Belt Only <input type="checkbox"/> 5. Shoulder and Lap Belt <input type="checkbox"/> 7. DOT Compliant <input type="checkbox"/> MC Helmet <input type="checkbox"/> 8. No Helmet <input type="checkbox"/> 10. Booster Seat <input type="checkbox"/> 11. Child Restraint — Forward Facing <input type="checkbox"/> 12. Child Restraint — Rear Facing <input type="checkbox"/> 13. Other Helmet <input type="checkbox"/> 14. Reflective Clothing <input type="checkbox"/> 15. Other (Explain) <input type="checkbox"/> 16. Child Restraint — Type Unknown <input type="checkbox"/> 17. Stretcher <input type="checkbox"/> 18. Wheelchair <input type="checkbox"/> 19. Lighting <input type="checkbox"/> 20. Reflectors <input type="checkbox"/> U. Use Unknown <input type="checkbox"/> N. Not Applicable <input type="checkbox"/>		
PERSONAL CONVEYANCE TYPE CODES 1. Scooter—Mobility Assistance / Motorized <input type="checkbox"/> 2. Scooter—Stand-up / Motorized <input type="checkbox"/> 3. Stand-up / Non-motorized <input type="checkbox"/> 4. Stand-up / Motorized-Other <input type="checkbox"/>			5. Stroller <input type="checkbox"/> 6. Rideable Toy <input type="checkbox"/> 7. Other (Explain) <input type="checkbox"/>			BICYCLE LANE / FACILITY CODES 1. Signed Route (No Pavement Marking) <input type="checkbox"/> 2. Shared Lane Markings <input type="checkbox"/> 3. On-street Bike Lanes <input type="checkbox"/> 4. On-street Buffered Bike Lanes <input type="checkbox"/> 5. Separated Bike Lanes <input type="checkbox"/>			6. Off-street Trails / Sidepaths <input type="checkbox"/> 7. Other (Explain) <input type="checkbox"/> U. Unknown <input type="checkbox"/> N. Not Applicable <input type="checkbox"/>		
DISTRACTED / INATTENTIVE CODES 1. External Distraction <input type="checkbox"/> 2. Passengers <input type="checkbox"/> 3. Stereo / Audio / Video Equipment <input type="checkbox"/> 4. Navigation Device <input type="checkbox"/>			5. Communication Device—Hand-held <input type="checkbox"/> 6. Communication Device—Hands Free <input type="checkbox"/> 7. Communication Device—Texting/E-mailing <input type="checkbox"/> 8. Communication Device—Web Browsing <input type="checkbox"/>			9. Eating / Drinking <input type="checkbox"/> 10. Reading <input type="checkbox"/> 11. Tobacco Use <input type="checkbox"/> 12. Grooming <input type="checkbox"/>			13. Computer Equipment / Electronic Games / etc. <input type="checkbox"/> 14. Adjusting Vehicle Controls <input type="checkbox"/> 15. Other (Explain) <input type="checkbox"/>		
ENDORSEMENT CODES 1. H—Hazardous Materials <input type="checkbox"/> 2. N—Tank Vehicle <input type="checkbox"/>			3. P—Passenger <input type="checkbox"/> 4. S—School <input type="checkbox"/> 5. T—Double / Triple Trailers <input type="checkbox"/> 6. X—Combination of Tank Vehicle and Hazardous Materials <input type="checkbox"/>			7. Other Non-commercial License Endorsements (e.g., Motorcycle, etc.) <input type="checkbox"/>					
VEHICLE TYPE CODES 1. Motor Vehicle In Transport <input type="checkbox"/> 2. Parked Motor Vehicle <input type="checkbox"/>			3. Working Motor Vehicle <input type="checkbox"/> U. Unknown <input type="checkbox"/>			OTHER VEHICLE CODES 1. Riding Mower / Garden Tractor <input type="checkbox"/> 2. Golf Cart <input type="checkbox"/>			3. Snowmobile <input type="checkbox"/> 4. Forklift <input type="checkbox"/> 6. Low Speed Vehicle (LSV) <input type="checkbox"/> 7. Other (Explain) <input type="checkbox"/>		
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding)											
1. Going Straight <input type="checkbox"/> 15. Avoiding <input type="checkbox"/> 28. Separation Of Units <input type="checkbox"/> 43. Fell/Jumped From MV <input type="checkbox"/> 2. Overtaking <input type="checkbox"/> 16. Cross Median <input type="checkbox"/> 29. Returned To Roadway <input type="checkbox"/> 44. Thrown/Falling Object <input type="checkbox"/> 3. Making Right Turn <input type="checkbox"/> 17. Cross Center Of Road <input type="checkbox"/> 30. Collision Inv. Pedestrian (**) <input type="checkbox"/> 46. Ran Off Roadway — Other (Explain) <input type="checkbox"/> 4. Right Turn On Red <input type="checkbox"/> 18. Cross Road <input type="checkbox"/> 31. Collision Inv. Bicycle / Pedalcycle (**) <input type="checkbox"/> 47. Cross Separator <input type="checkbox"/> 5. Making Left Turn <input type="checkbox"/> 19. Airborne <input type="checkbox"/> 32. Collision Inv. Railway Vehicle <input type="checkbox"/> 48. Collision Inv. Other Non-motorist (**) <input type="checkbox"/> 6. Making U-Turn <input type="checkbox"/> 20. Ran Off Roadway — Right <input type="checkbox"/> 33. Collision Inv. Animal (**) <input type="checkbox"/> 49. Struck By Falling, Shifting Cargo, Object Set In Motion <input type="checkbox"/> 7. Skidding / Sliding <input type="checkbox"/> 21. Ran Off Roadway — Left <input type="checkbox"/> 34. Collision Inv. MV In Transport <input type="checkbox"/> by Motor Vehicle <input type="checkbox"/> 8. Slowing/Stopping <input type="checkbox"/> 22. Overturn / Rollover <input type="checkbox"/> 35. Collision Inv. Parked MV <input type="checkbox"/> 50. End Departure (T-intersection, Dead-end, etc.) <input type="checkbox"/> 9. Start In Traffic <input type="checkbox"/> 23. Fire / Explosion <input type="checkbox"/> 36. Collision Inv. Fixed Object (**) <input type="checkbox"/> 10. Start From Parked <input type="checkbox"/> 24. Immersion <input type="checkbox"/> 37. Collision Inv. Other Object (Explain) <input type="checkbox"/> 11. Backing <input type="checkbox"/> 25. Jackknife <input type="checkbox"/> 38. Other Non-collision <input type="checkbox"/> 12. Stopped In Traffic <input type="checkbox"/> 26. Cargo / Equipment Loss / Shift <input type="checkbox"/> 41. Collision Inv. Working MV <input type="checkbox"/> 13. Parked <input type="checkbox"/> 27. Equipment Failure <input type="checkbox"/> 42. Downhill Runaway <input type="checkbox"/> 14. Changing / Merging Lanes <input type="checkbox"/>											
ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS 60. Deer <input type="checkbox"/> 61. Farm Animal <input type="checkbox"/> 62. Dog <input type="checkbox"/> 63. Other Animal <input type="checkbox"/> U. Unknown <input type="checkbox"/>											
FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS											
20. Tree/Stump (Standing) <input type="checkbox"/> 26. Culvert <input type="checkbox"/> 32. Building <input type="checkbox"/> 38. Bridge Rail <input type="checkbox"/> 44. Wall <input type="checkbox"/> 21. Embankment/Driveway/Ground/Rock Bluff <input type="checkbox"/> 27. Highway Traffic Sign Post / Support <input type="checkbox"/> 33. Traffic Signal Support <input type="checkbox"/> 39. Guardrail End <input type="checkbox"/> 45. Cable Barrier <input type="checkbox"/> 22. Guardrail/Face <input type="checkbox"/> 28. Bridge Pier / Abutment / Support <input type="checkbox"/> 34. Impact Attenuator / Crash Cushion <input type="checkbox"/> 40. Other Traffic Barrier <input type="checkbox"/> 46. Bridge Overhead Structure <input type="checkbox"/> 23. Utility Pole / Guy Wire <input type="checkbox"/> 29. Curb <input type="checkbox"/> 35. Fire Hydrant <input type="checkbox"/> 41. Overhead Sign Support <input type="checkbox"/> 47. Overhead Line / Cable <input type="checkbox"/> 24. Fence <input type="checkbox"/> 30. Mailbox <input type="checkbox"/> 36. Other (Explain) <input type="checkbox"/> 42. Ditch <input type="checkbox"/> U. Unknown <input type="checkbox"/> 25. Street Light Support <input type="checkbox"/> 31. Concrete Traffic Barrier <input type="checkbox"/> 37. Bridge Parapet End <input type="checkbox"/> 43. Other Post / Pole / Support <input type="checkbox"/>											
PROBABLE CONTRIBUTING CIRCUMSTANCES (Items with double-asterisk (**) require additional coding)											
1. Vehicle Defects (Explain) <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> 19. Drugs <input type="checkbox"/> 29. Improper Riding / Clinging To Vehicle Exterior <input type="checkbox"/> 3. Improperly Stopped In Roadway <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> 20. Physical Impairment (Explain) <input type="checkbox"/> 30. Failed To Secure Load / Improper Loading <input type="checkbox"/> 4. Speed — Exceeded Limit <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> 21. Distracted / Inattentive (**) <input type="checkbox"/> 31. Animal(s) In Roadway <input type="checkbox"/> 5. Too Fast For Conditions <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> 23. Vision Obstructed <input type="checkbox"/> 32. Object / Obstruction In Roadway <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> 14. Wrong Way <input type="checkbox"/> 24. Driver Fatigue / Asleep <input type="checkbox"/> 33. Other (Explain) <input type="checkbox"/> 7. Failure to Obey Traffic Signs, Signals, or Officer <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> 25. Failed To Dim Headlights <input type="checkbox"/> 8. Wrong Side (Not Passing) <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> 26. Failed To Use Lights <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> 17. Failed To Yield <input type="checkbox"/> 27. Improper Towing / Pushing <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> 28. Overcorrected <input type="checkbox"/>											

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		
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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

Time From Call Received		Unit Reaction: 000:02:48 (1st Dispatch to 1st Arrive)
Call Received: 08/14/24 12:03:40		En-Route: (1st Dispatch to 1st En-Route)
Call Routed: 08/14/24 12:03:40		On-Scene: 000:59:26 (1st Arrive to Last Clear)
Call Take Finished: 08/14/24 12:03:40		
1st Dispatch: 08/14/24 12:04:36	000:00:56 (Time Held)	
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 CPBWHTM
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
1P17	2020	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	
		CHG	Changed PrimeUnit	08/14/24 12:05:27	1P73 --> 1P17	CPBWHTM	
		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= [REDACTED]	Unit:1S21
1S21	1986	...	QRY: Names...	08/14/24 12:13:28	[REDACTED]	Unit:1S21
		ARM	Added Remarks	08/14/24 12:15:14	[REDACTED]	Unit:1S21
1S21	1986	NCIC	QRY: Names	08/14/24 12:16:10	1) Unit:1S21 LNAME= FNAME= DOB= [REDACTED]	Unit:1S21
1S21	1986	...	QRY: Names...	08/14/24 12:16:10	[REDACTED]	Unit:1S21
		ARM	Added Remarks	08/14/24 12:16:25	[REDACTED]	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

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 FNRT 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						<input type="checkbox"/> 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		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"/> Overtaking <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"/> Throw or Falling Object		<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Other <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 <input type="checkbox"/> No — No commercial vehicle fields need completion. 1b. A person transported for medical attention; OR <input type="checkbox"/> Yes — Go to number 2. → 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes — Complete Section 7H for appropriate vehicle.																		
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck/cargo van with GVWR/GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No — No commercial vehicle fields need completion. 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <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									
<input type="checkbox"/> CST STADIUM BLVD	W				506		<input type="checkbox"/> NA <input type="checkbox"/> Feet <input type="checkbox"/> Miles		<input checked="" type="checkbox"/> CST WORLEY ST									
SPEED LIMIT	ROADWAY MAINTAINED BY				SPEED LIMIT		INT. DIR.		GEO. CODE									
35	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				35		E		NA									
TRAFFICWAY		ROADWAY ALIGNMENT								ROADWAY 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 type="checkbox"/> Unknown (Explain)		<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)								<input 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		ROADWAY ALIGNMENT								ROADWAY PROFILE								
TYPE		PERPENDICULAR		ANGLED/SKEWED		ROUNDABOUT / TRAFFIC CIRCLE		Enter Codes		ROADWAY CONDITION		ROADWAY SURFACE						
<input checked="" type="checkbox"/> NA		<input type="checkbox"/> Cross Intersection (4-Way) <input type="checkbox"/> T-Intersection		<input type="checkbox"/> Y-Intersection <input type="checkbox"/> Five or More Legs and Not Circular		<input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)				01		1						
3—DAMAGE TO PROPERTY OTHER THAN VEHICLES		<input checked="" type="checkbox"/> None								WEATHER / ENVIRON CONDITION								
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) <input type="checkbox"/> 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 <input type="checkbox"/> PEDESTRIAN SPECIAL FUNCTION <input checked="" type="checkbox"/> NA (NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE) <input type="checkbox"/> Prior Motor Vehicle Occupant <input type="checkbox"/> Personal Conveyance Type (Enter Code) <input type="checkbox"/> On Motorized Pedalcycle <input type="checkbox"/> Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain) <input type="checkbox"/> MeDOT Worker <input type="checkbox"/> Tow Operator <input type="checkbox"/> EMS <input type="checkbox"/> Other Trafficway Worker																		
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> PHONE NUMBER																	
1																		
DATE OF BIRTH		SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES		LOCATION		In Driveway Access <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input 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"/> Other (Explain) <input type="checkbox"/> Unknown		BICYCLE LANE/ FACILITY (Enter Code)				
10/13/1991		F	1	2	2	02												
CROSSING ROAD		<input checked="" type="checkbox"/> NA		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 checked="" type="checkbox"/> Against Traffic		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"/> 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"/> Not Visible (Dark Clothing, No Lighting, etc.) <input type="checkbox"/> Wrong-Way <input type="checkbox"/> Vision Obstructed (Explain)		<input type="checkbox"/> Physical Impairment (Explain) <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"/> 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 checked="" type="checkbox"/> In Roadway Improperly Standing, Lying, Working, Playing, Stopped <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown																		
DISTRACTED / INATTENTIVE CODE(S)		<input checked="" type="checkbox"/> NA		ALCOHOL USE														

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 NORTH

500-BLK STADIUM BLVD

500-BLK STADIUM BLVD

INDICATE ROAD NAMES

Not To Scale

DIAGRAM NOT TO SCALE

7—DRIVERS, VEHICLES, OWNERS, & OCCUPANTS																									
NO. 7A. DRIVER—NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) !														PHONE NUMBER											
DRIVER LICENSE/ID NUMBER			STATE		LIC STATUS		LIC STATUS		LIC TYPE		ENDORSEMENTS														
			MO		Valid		Expired		Operator Class		Permit		Unknown (Explain)												
					Susp / Rev / Denied		Disqual CDL		CDL Class		MC Only		Yes (add code)												
					NA		NA		NA		Intern / Grad		No												
					Canceled / Oth Invalid		Unknown				Unlicensed		NA												
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	INDICATION OF IMPROPER USE?	VISION OBSTRUCTED	Not Obstructed	Trees / Brush	Sign	Moving Veh											
05/19/2008		M	FL	5	1	2	03	05	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	NA	Windshield	Building	Hillcrest	Other (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			INSURANCE COMPANY			PHONE NO. (Optional)			POLICY NUMBER			Driver <input type="checkbox"/> Vehicle <input checked="" type="checkbox"/>													
<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											
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																			
XX1C0Z				MO	2026	2	C	3	C	D	X	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
TOWED FROM SCENE		TOWED BY		<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA			VEHICLE DAMAGE (Mark all damaged areas)												<input checked="" type="checkbox"/> None / No Damage						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							INITIAL IMPACT NO.												18 - Undercarriage 22 - Cargo						
TOWED DUE TO DIS. DAMAGE							19 - Windshield 23 - Unknown												20 - Burned 24 - Other						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							01												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)														GVW / GCW/RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)											
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Autocycle <input type="checkbox"/> Cargo Van <input type="checkbox"/> Passenger Van (<8 Seats) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> ATV <input type="checkbox"/> Recreational Off-Highway Vehicles (NOV) <input type="checkbox"/> Pickup <input type="checkbox"/> 9-12 Passenger Van <input type="checkbox"/> School Bus <input type="checkbox"/> Motor Home <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> 15-Passenger Van <input type="checkbox"/> Intercity <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Farm Implements <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Construction Equip. / Heavy Mach. <input type="checkbox"/> Truck Tractor <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Other <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Unknown (Explain)														<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											
FIRST TRAILER/ TOWED UNIT	YEAR	MAKE			MODEL			Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) <input type="checkbox"/> N/A												Record Subsequent Trailer / Towed Units in Section 9—Narrative.					
	LICENSE—PLATE NO.	STATE	YEAR	VIN																					
SECOND TRAILER/ TOWED UNIT	YEAR	MAKE			MODEL																				
	LICENSE—PLATE NO.	STATE	YEAR	VIN																					
AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE				If marked Yes, complete Automation System Levels				AUTOMATION SYSTEM LEVELS ENGAGED AT TIME OF CRASH				DRIVER CEDED CONTROL													
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown				Engaged at Time of Crash and Driver Ceded Control fields				<input type="checkbox"/> No Automation <input type="checkbox"/> Partial Automation <input type="checkbox"/> High Automation <input type="checkbox"/> Automation System(s) Engaged Level Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA													
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA				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)													
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)				<input type="checkbox"/> None <input type="checkbox"/> Unknown (Explain)				DISTRACTED / INATTENTIVE CODE(S)				<input checked="" type="checkbox"/> NA													
(See Codes in Section 8)								(See Codes in Section 8)																	
7E. WORK ZONE		TYPE OF WORK ZONE		<input checked="" type="checkbox"/> NA		LOCATION OF THE CRASH		<input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown		LAW ENFORCEMENT PRESENT															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Lane Closure <input type="checkbox"/> Work on Shoulder or Median		<input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Other Type of Work Zone		<input type="checkbox"/> 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA															
Workers Present		<input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Unknown																							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																									
7F. TRAFFIC CONTROL		<input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown								CONTROL, MALFUNCTIONING / INOPERATIVE / MISSING															
Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red		<input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other Electric (Explain)								<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA															
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)																							
7G. 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																					
				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												

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/ <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce—Government Vehicle <input type="checkbox"/> Not In Commerce—Other Vehicle		NON-COMMERCIAL <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce—Rental Vehicle		MC / MX / ICC NO.		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 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																
ROADWAY CONDITION CODES		ROADWAY SURFACE CODES		LIGHT CONDITION CODES		WEATHER / ENVIRONMENTAL CONDITION CODES										
1. Dry 2. Wet 3. Snow 4. Ice/Frost 5. Slush 7. Standing Water	8. Moving Water 9. Other (Explain) 11. Mud, Dirt, Gravel 12. Sand U. Unknown (Explain)	1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt/Sand	6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (Explain)	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 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 (innon-trailing unit) SS—Sleeper Section of Cab (truck) TU—Trailing Unit 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 (Enter Numerical Value) 1. (K) Fatal Injury 2. (A) Suspected Serious Injury 3. (B) Suspected Minor Injury 4. (C) Possible Injury 5. (O) No Apparent Injury U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None/Not Applicable 3. Not Deployed 4. Removed 5. Deployed—Front 6. Deployed—Side 7. Deployed—Curtain 8. Deployed—Other (Knee, Air Belt, etc.) 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint—Forward Facing 12. Child Restraint—Rear Facing
FR	SR	TR														
FC	SC	TC														
FL	SL	TL														
							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 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. StreetLight 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

Time From Call Received		
Call Received: 12/20/24 15:45:52		
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 Vehic	12/20/24 15:51:29	1) [Vin:] 2C3CDXFG5GH164028 [lcp1_n		CPGCHIAN
1P14	2299	...	Entered Related Vehic	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	[REDACTED]	CPGCHIAN
1P14	2299	...	Entered Related Name	12/20/24 16:16:59	[REDACTED]	CPGCHIAN
1P14	2299	ENT	Entered Related Name	12/20/24 16:25:07	[REDACTED]	CPGCHIAN
1P14	2299	L	Location Change	12/20/24 16:31:14	[REDACTED]	CPGCHIAN
1P14	2299	ENT	Entered Related Name	12/20/24 17:00:12	[REDACTED]	CPGCHIAN
1P14	2299	C	Cleared	12/20/24 17:06:31	[REDACTED]	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 --> [REDACTED]		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	[REDACTED]		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

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

Oln:

Oln St:

Notes:

Record created by ProQA

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

[REDACTED]
M 511 150 05/19/08 16
M, MO [REDACTED]
Oln St: MO

[REDACTED]
M 511 240 12/09/78 46
M, MO [REDACTED]
Oln St: MO

[REDACTED]
F 508 135 11/04/79 45
M, MO [REDACTED]
Oln St: MO

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

[REDACTED]
F 504 114 10/13/91 33
M, MO 65203
Oln St: MO

Related Vehicles

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]