

7. COLLISION DIAGRAM

Direction Prior to Impact (circle one)

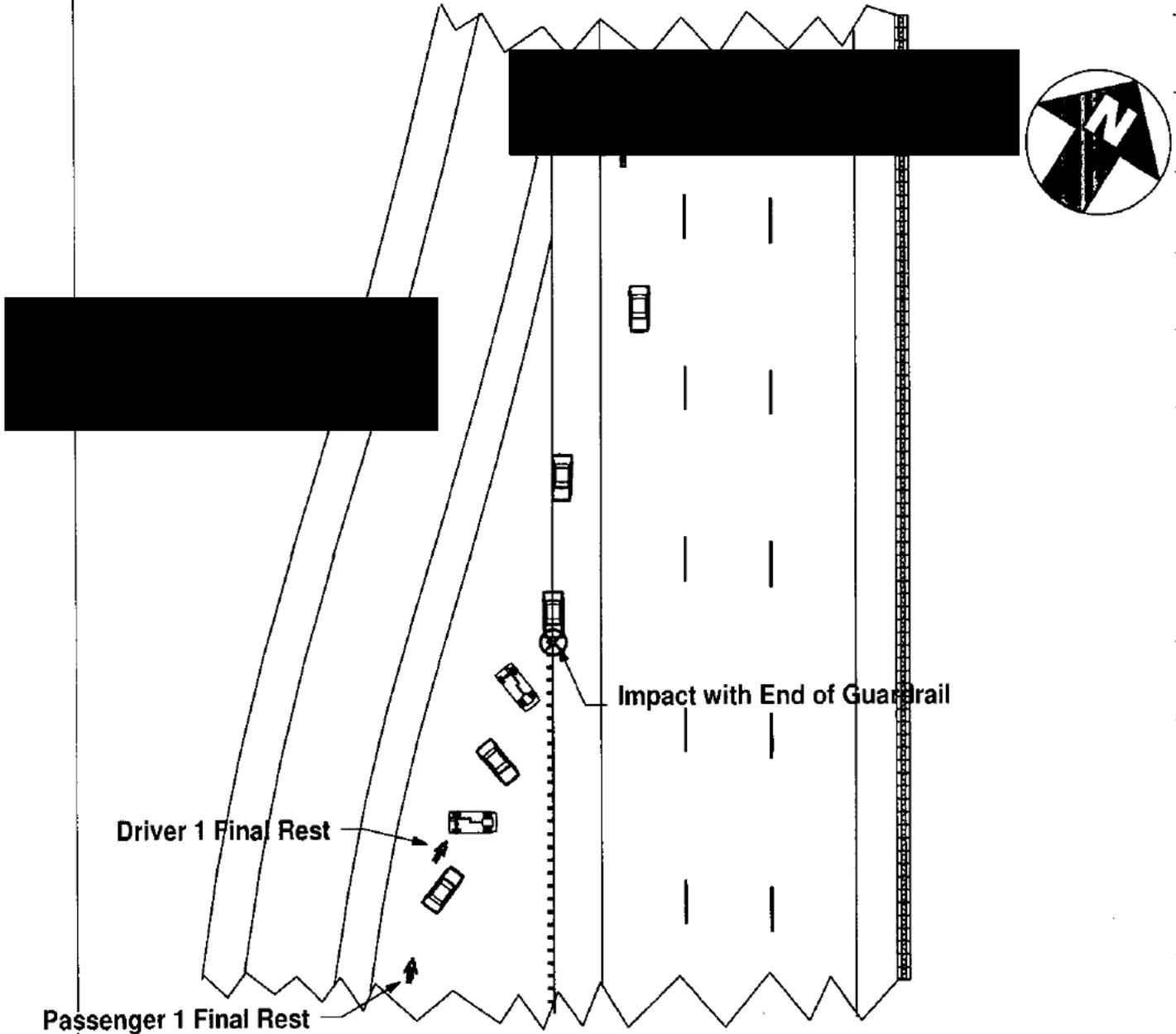
V1 N E (S) W V2 N E S W V3 N E S W V4 N E S W

Est. Speed - Fatal's Only

V1 UNKV2 NA V3 NA V4 NA

INDICATE NORTH

For Measurements, See Reconstruction Report



INDICATE ROAD NAMES

REQUIRED UNLESS DELAYED REPORT

DIAGRAM NOT TO SCALE

8. EVIDENTIARY PHOTOS TAKEN

YES NO BY WHOM **Cpl. C. N. Bradley**

AVAILABLE FROM **Missouri Highway Patrol General Headquarters**

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

YES NO BY WHOM **Cpl. C. N. Bradley**

9 - CODES

SEAT LOCATION XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)	<table border="1"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	TRANSPORTED (Medical Treatment) 1. No 2. EMS 3. Other 4. Unknown	EJECTION 1. NA 2. No 3. Partially 4. Totally 5. Unknown	AIR BAG FRONT 1. None / NA 2. Deployed 3. Not Deployed	AIR BAG SIDE 1. None / NA 2. Deployed 3. Not Deployed	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint 7. Helmet Used 8. Helmet Not Used 9. Use Unknown
	FR	SR	TR													
FC	SC	TC														
FL	SL	TL														

10 - DRIVERS

NAME	DATE OF BIRTH	SEX	VEH. NO.	SEAT	INJ.	TRANS.	EJECT.	AIR BAG	SAF. DEV.	TELEPHONE NO.
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)

NAME	DATE OF BIRTH	SEX	VEH. NO.	SEAT	INJ.	TRANS.	EJECT.	AIR BAG	SAF. DEV.	TELEPHONE NO.
NA										
NA										
NA										
NA										
NA										

12. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES

V1 V2

1. Passenger Car

2. Station Wagon

3. Sport Utility Vehicle

4. Limousine (6-15 for hire)

5. Van (8 or less with driver)

6. Small Bus (9-15 with driver)

7. Bus (16 or more with driver)

8. School Bus (less than 16 with driver)

9. School Bus (16 or more with driver)

10. Motorcycle

11. ATV

12. Motorized Bicycle

13. Pedalcycle

14. Motor Home / Campor

15. Farm Implements

16. Construction Equipment

17. Other Transport Device

18. Unknown

19. Pick-up

20. Single-unit Truck: 2 axes, 6 tires

21. Single-unit Truck: 3 or more axes

A. Vehicle Pulling Another Unit(s) 1-21 only

22. Truck Tractor With No Units

23. Truck Tractor With One Unit

24. Truck Tractor With Two Units

25. Truck Tractor With Three Units

26. Other Heavy Truck

GCVW Rating (not licensed weight) 19-26 only

Less than or equal to 10,000 lbs.

10,001 - 26,000 lbs.

Greater than 26,000 lbs.

14. HAZARDOUS MATERIALS NA

V1 V2

Placard Displayed

1. Gases in Bulk

2. Solids in Bulk

3. Liquids in Bulk

4. Explosives

5. None

A. Hazardous Materials' Cargo Released / Spilled

15. ACCIDENT TYPE

1. On Roadway

2. Off Roadway

COLLISION INVOLVING

1. Animal

2. Pedalcycle

3. Fixed Object

4. Other Object

5. Pedestrian

6. Train

7. MV in Transport

8. MV on Other Roadway

9. Parked MV

NON-COLLISION

10. Overturning

11. Other Non-Collision

TWO VEHICLE COLLISION

80. Head On

81. Rear End

82. Sideswipe - Meeting

83. Sideswipe - Passing

84. Angle

85. Backed Into

86. Other

16. TRAFFIC CONDITIONS

V1 V2

1. Normal

2. Accident Ahead

3. Congestion Ahead

17. VEHICLE ACTION / SEQUENCE OF EVENTS

1. Going Straight

2. Overtaking

3. Making Right Turn

4. Right Turn on Red

5. Making Left Turn

6. Making U Turn

7. Skidding / Sliding

8. Slowing / Stopping

9. Start in Traffic

10. Start From Parked

11. Backing

12. Stopped in Traffic

13. Parked

14. Changing Lanes

15. Avoiding

16. Crossover Median

17. Crossover Centerline

18. Crossing Road

19. Airborne

20. Ran Off Road - Right

21. Ran Off Road - Left

22. Overturn / Rollover

23. Fire / Explosion

24. Immersion

25. Jackknife

26. Cargo Loss / Shift

27. Equipment Failure

28. Separation of Units

29. Returned to Road

30. Collision Inv. Pedestrian

31. Collision Inv. Pedalcycle

32. Collision Inv. Train

33. Collision Inv. Animal (enter code - explain)

34. Collision Inv. MV in Transport

35. Collision Inv. Parked Motor Vehicle

36. Collision Inv. Fixed Object (enter code - explain)

37. Collision Inv. Other Object (explain)

38. Other - Non Collision

V1 Unknown

01 20 36 22 NA NA NA

33. Animal Code NA

36. Fixed Object Code 39 NA NA

V2 Unknown

NA NA NA NA NA NA

33. Animal Code NA

36. Fixed Object Code NA NA NA

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

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

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

This accident occurred as vehicle 1 was traveling southbound on Interstate 29 in the right lane. Vehicle 1 traveled off the right side of the roadway and struck the end of the guardrail. Vehicle 1 then overturned and rolled several times down the embankment, ejecting passenger 1 through the passenger side window and driver 1 out the front of the vehicle. Vehicle 1 came to rest on its wheels facing north in the grass between the southbound lanes of Interstate 29 and _____ Driver came to rest near the front of vehicle 1 and passenger 1 came to rest near the rear of vehicle 1.

MAST Ambulance transported driver 1 to North Kansas City Hospital for treatment of severe injuries. Jackson County Medical Examiner Gerald White pronounced passenger 1 dead at the scene.

Driver 1 statement, " My car just went crazy and I couldn't control it. It pulled right fast and that was it."

Witness 1 statement, " The car was in the right lane and another car changed lanes from the center lane and it looked like it cut them off. They ran off the road trying to avoid it and hit the guardrail."

Witness 2 statement, " I looked in my rearview mirror and saw a black car swerve as if it was trying to make the exit and had missed it. It hit the end of the guardrail. I saw one person ejected."

If speed can be calculated, it will be addressed in the reconstruction.

29. REPORTING OFFICER SIGNATURE Roger D Ogden	DSN / BADGE NO. 665	BEAT / ZONE 01	TROOP / DIST / PCT A
REVIEWING OFFICER 1 SIGNATURE <i>[Signature]</i>	DSN / BADGE NO. 1122	REVIEWING OFFICER 2 SIGNATURE <i>[Signature]</i>	DSN / BADGE NO. 540