

MISSOURI DEPARTMENT OF TRANSPORTATION
DISTRICT 4
PROPERTY DAMAGE REPORT

(L-161) 6/07/06 jaj

P.D. # 01-13-17249

K Number _____

Org Unit(s)
List all involved 7CTA

Bridge Symbol _____
MoDOT# _____

DAMAGE ASSESSMENT

State Property Damaged ET 2000 40 FT
Location 470-50 Hwy WB
Route 470 WB County JACKSON MAINT AREA _____
Bridge No. NA Estimated Cost NA
Date Damage Occurred 10-18-13 Time 4pm MoDOT # _____
Description of Damage: ET 2000
MoDOT Driver: J Coffey 419 #

CLAIMANT INFORMATION

Name/Driver: NA Address: _____
Owner: _____ Address: _____
Vehicle Make: Ford 150 pickup Year: _____ License No. _____
Insurance Carrier: _____ ME-CEI 3789

INVESTIGATION AND REPORTING

Was accident investigated by a law enforcement officer? YES
Name of law enforcement agency: Lee Summit PD
Police Report Number: 01-13-17249
Explanation of how damage occurred: ACCIDENT

Additional Comments: _____

Report Initiated by: J Coffey 419 # Date: 10-18-13
START TIME 4:00 pm MODOT VEHICLE 8574
END TIME 4:41 pm MILEAGE NA

K13C 2024

1 - GENERAL CRASH INFORMATION		AGENCY NAME AND OR#
SPACE USED FOR BARCODE		Lee's Summit Police Department MO0480800

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE		
	<input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.	<input type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Go to number 2. →	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.	<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP / DIST / PCT.
Jackson County	Lee's Summit	4	4
CH	RDWY / DIR	DISTANCE FROM	LOCATION
IS 1470 Hwy	W	<input type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> NA <input type="checkbox"/> Before <input checked="" type="checkbox"/> At
SPEED LIMIT	ROAD MAINTAINED BY	SPEED LIMIT	INT. DIR.
65	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	60	NA
TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE	
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way, Not Divided; Continuous Center-Turn Lane <input checked="" type="checkbox"/> Two-Way, Divided; Positive Median Barrier <input type="checkbox"/> Unknown	<input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE	ROAD CONDITION	WEATHER CONDITION	
<input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)	
ROAD SURFACE	LIGHT CONDITION		
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestones <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	<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 None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

(1); Impacted guardrail damaging approximately 25 feet of guardrail.

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION	OTHER ACTIONS		SCHOOL INFO.
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown	<input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	<input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)	

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	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"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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

V1 NES **W** U V2 NES W U V3 NES W U V4 NES W U V5 NES W U V6 NES W U

INDICATE NORTH

US 50 HWY (WESTBOUND)

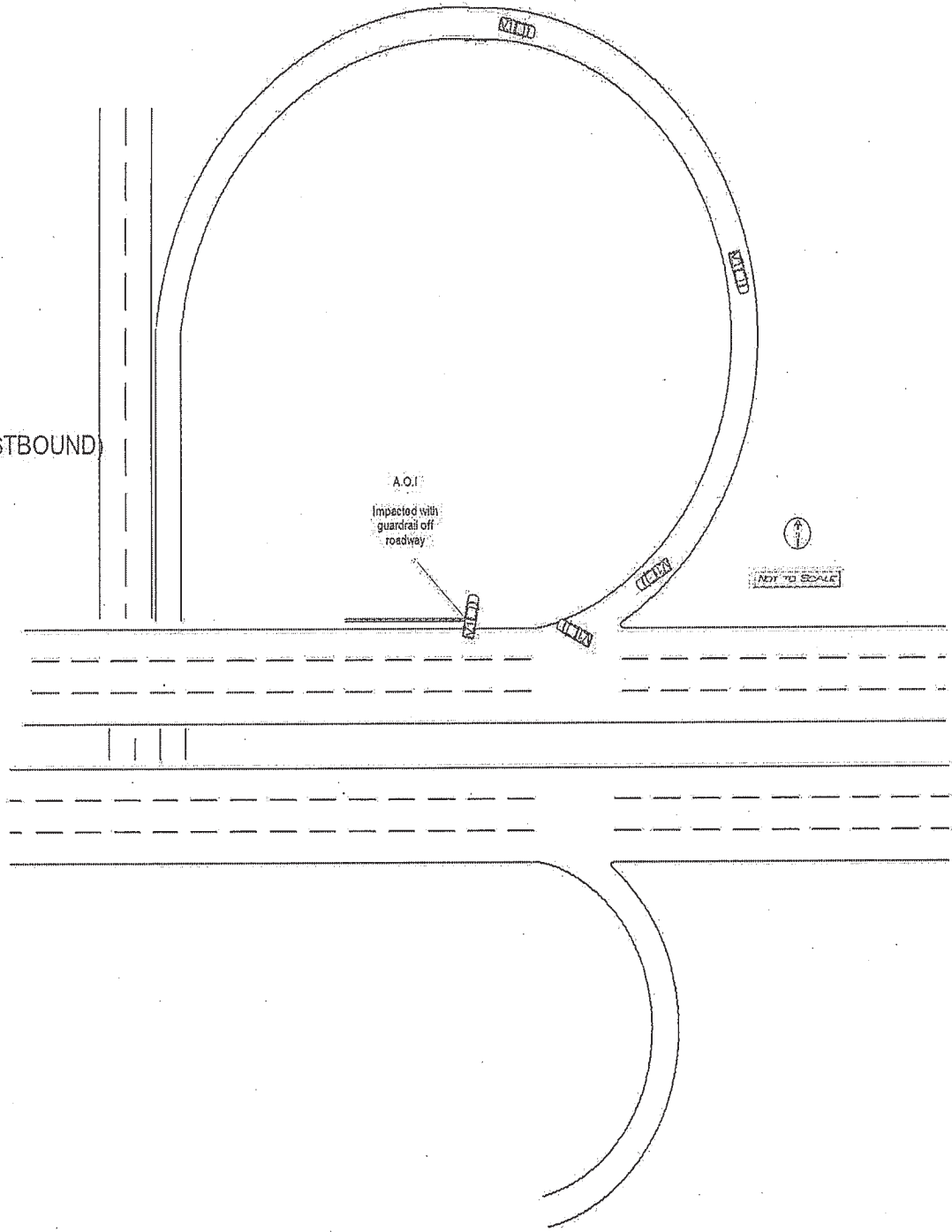
A.O.I.
Impacted with
guardrail off
roadway

NOT TO SCALE

1470

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE





VEHICLE DAMAGE (Mark all damaged areas) None / No Damage

INITIAL IMPACT NO. 2 | 3 | 4 | 5 | 6 | 7 Undercarriage 22 - Cargo
 NA 11 1 | 15 | 6 | 8 19 - Windshield 23 - Unknown
14 | 10 | 10 | 10 | 10 | 10 20 - Burned 24 - Other (Explain)
 21 - Towed Unit

TOWED BY: Unknown NA

ABC Tow
 12 SE 16TH ST
 Lee's Summit MO

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

Passenger Car Small Bus (9-15 W/Driver) Motorcycle Motor Home
 Van (< 9 W/Driver) Large Bus (16+ W/Driver) ATV Farm Implements
 Passenger Van (9+ W/Driver) School Bus 2 Wh Construction Equip. Heavy Mech.
 Sport Utility Vehicle Intercity 3 Wh Other Vehicle (Code) _____
 Limousine (7-8 W/Driver) Transit / Commuter 4 Wh Cargo Van
 Limousine (9-15 W/Driver) Charter / Tour 5 Wh / More Pickup Truck Tractor With No Units
 Motorized Bicycle Other Unknown Other Heavy Truck Truck Tractor With One Unit
 Pedalcycle To / From School Unknown (Explain) Truck Tractor With Two Units
 Single-unit Truck; 2 axles, 8 tires Single-unit Truck; 3 or more axles
 Vsh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
 Truck Tractor With Three Units

GWV / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
 Less than or equal to 10,000 lbs.
 10,001 - 26,000 lbs.
 Greater than 26,000 lbs.
 Unknown

EMERGENCY VEHICLE INVOLVEMENT NA
 Police Ambulance Fire Other (Must check "A" / "B") ->

A. Emergency Vehicle on Emergency Run
 B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS: NA
 Congestion Ahead Other Incident Ahead
 Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 6)

SEQUENCE OF EVENTS CODES: Unknown
 1 | 7 | 20 | 36

ANIMAL CODE(S): _____ FIXED OBJECT CODE(S): 39

ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES: None

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

DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 6)

7E. WORK ZONE: Yes No Unknown

TRAFFIC CONTROL: None Unknown
 Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)
 Other: Stop Sign No-Passing Zone Turn Restricted Officer / Flagman Signal On School Bus
 Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING: Yes (Explain) No Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)									

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

MOTOR CARRIER IDENTIFICATION (Lease, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO

COMMERCIAL / NON-COMMERCIAL: Interstate Carrier Intrastate Carrier Not In Commerce - Government Vehicle Not In Commerce - Rental Vehicle Not In Commerce - Other Vehicle

MC / MX / CC NO. _____ USDOT NO. _____

CARGO BODY TYPE: Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other Unknown

Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log

HAZARDOUS MATERIALS

PLACARD DISPLAYED: Yes No Unknown

4-DIGIT NO. _____ CLASS _____ HM CARGO PRESENT: Yes No Unknown

HM CARGO RELEASED: Yes No Unknown

HAZARDOUS MATERIAL NAME _____

8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES									
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<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> <ol style="list-style-type: none"> Fatal Disabling Evident - Not Disabling Probable - Not Apparent None Apparent U. Unknown N. NA 	FR	SR	TR	FC	SC	TC	FL	SL	TL	<ol style="list-style-type: none"> No EMS Other U. Unknown N. NA 	<ol style="list-style-type: none"> NA No Partially Totally U. Unknown 	<ol style="list-style-type: none"> None / NA Not Deployed Removed Deployed - Front Deployed - Side Deployed - Curtain Deployed - Other (Knee, Air Belt, etc.) Deployed - Combination Deployment Unknown Air Bag Presence Unknown 	<ol style="list-style-type: none"> None Not Used Shoulder Belt Only Lap Belt Only Shoulder and Lap Belt DOT Compliant MC Helmet No Helmet Booster Seat Child Restraint - Forward Facing Child Restraint - Rear Facing Other Helmet Reflective Clothing Other Use Unknown Not Applicable
FR	SR	TR												
FC	SC	TC												
FL	SL	TL												

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

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

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

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

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

DISTRACTED / INATTENTIVE CODES

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

VEHICLE TYPE CODES

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

OTHER VEHICLE CODES

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

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

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME Griffin, Benjamin	DSN / BADGE NO. 0008	BEAT / ZONE 4	TROOP / DISTRICT / PRECINCT 4
REVIEWING OFFICER NAME Schaeffer, Rodney	DSN / BADGE NO. 9206	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.



EXIT 7A
80 EAST
Sedalia

EXIT 7
80 WEST
MILE 7
6

