

<b>1 - GENERAL CRASH INFORMATION</b>  SPACE USED FOR BARCODE	AGENCY NAME AND ORI  <b>MISSOURI STATE HIGHWAY PATROL MOMHPAA00</b>
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CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE
<input type="checkbox"/> On Roadway	<input type="checkbox"/> On Roadway	<input type="checkbox"/> Overturning	<input type="checkbox"/> Animal	<input type="checkbox"/> Front to Front
<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Fell/Jumped From MV	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Front to Rear
	<input type="checkbox"/> Immersion	<input type="checkbox"/> Cargo / Equip Loss / Shift	<input checked="" type="checkbox"/> Fixed Object	<input type="checkbox"/> Rear to Rear
	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Other Object	<input type="checkbox"/> Rear to Side
			<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Angle
			<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Sideswipe (Same Dir.)
			<input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans.	<input type="checkbox"/> Sideswipe (Opp Dir.)
			<input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)
			<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/> Other (Explain)
			<input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Unknown (Explain)

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

1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck/cargo van with GVWR/GCVWR of more than 10,000 lbs: OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.
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No - No commercial vehicle fields need completion.  
 Yes - Go to number 2. →

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NOT APPLICABLE</b>	<input type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NOT APPLICABLE</b>	<input type="checkbox"/> Investigating Agency

**2 - LOCATION**

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GRAD	LATITUDE
JACKSON	LEES SUMMIT	06	A		

ON	RDWY. DIR	DISTANCE FROM	LOCATION
IS 470	E	5 Feet	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At

SPEED LIMIT	ROAD MAINTAINED BY	SPEED LIMIT	INT. DIR.	GEO - CODE
65	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	NA	N	NA

TRAFFICWAY	ROAD ALIGNMENT
<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)
ROAD PROFILE	
<input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> NA	<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 checked="" type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)

ROAD SURFACE	WEATHER CONDITION
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)

LIGHT CONDITION
<input 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

**MODOT GUARDRAIL END AND POST; 27 FEET OF GUARDRAIL AND 1 POST**

**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
						<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

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input 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"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. COLLISION DIAGRAM

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

V1  NESWU

V2  NESWU

V3  NESWU

V4  NESWU

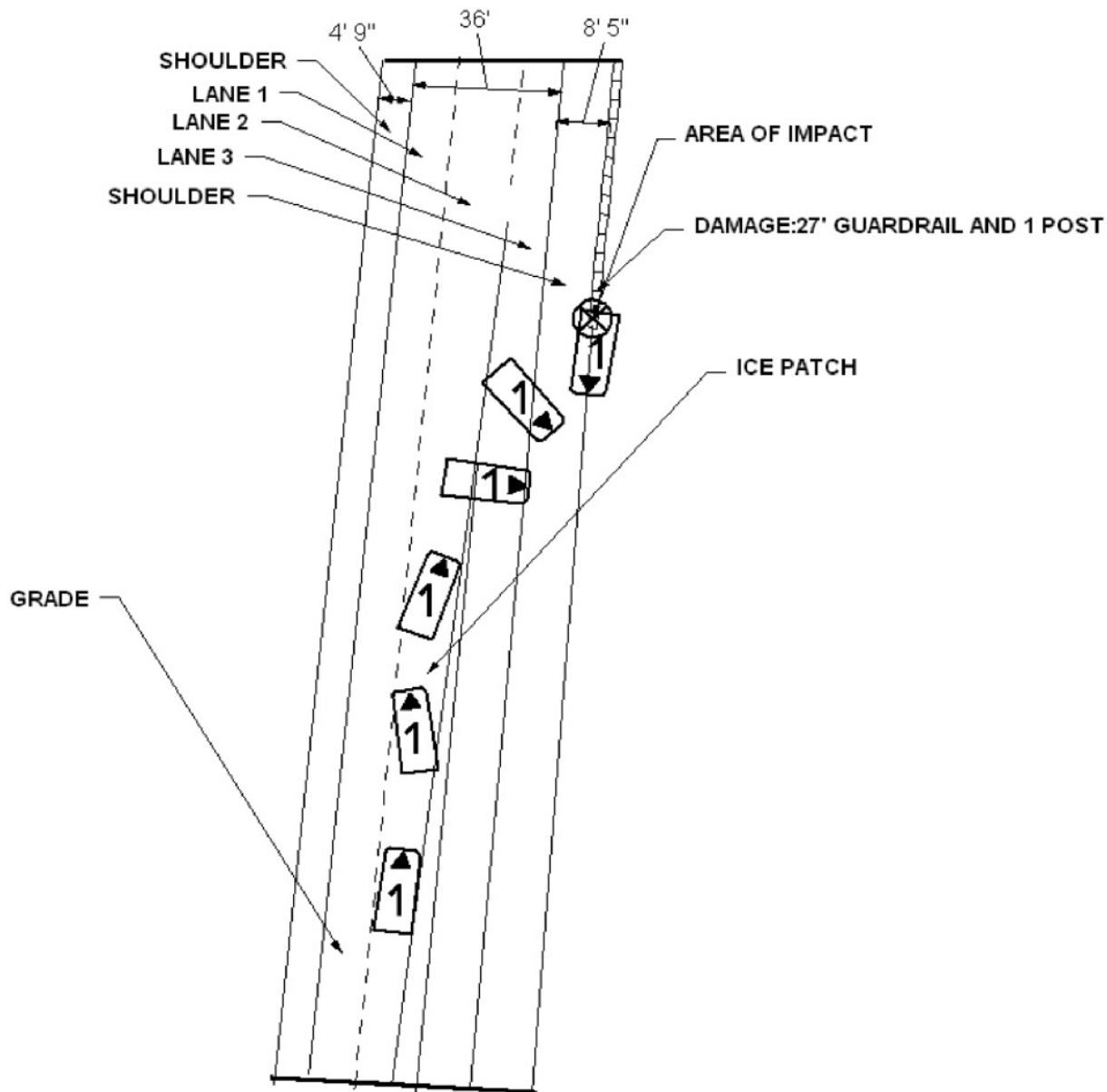
V5  NESWU

V6  NESWU

INDICATE NORTH



### EASTBOUND INTERSTATE 470



VEHICLE MOVED PRIOR TO FINAL MEASUREMENTS

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

VEHICLE DAMAGE (Mark all damaged areas)  None / No Damage TOWED BY  Unknown  NA

INITIAL IMPACT NO: 2 | 3 | 4 | 5 | 6 | 7 | 18 - Undercarriage 22 - Cargo  
 NA 1 | 15 | 16 | 17 | 8 | 19 - Windshield 23 - Unknown  
 8 | 14 | 13 | 12 | 11 | 10 | 9 | 20 - Burned 24 - Other  
 21 - Towed Unit (Explain)

GT TOWING (816)935-5028

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

Passenger Car  Small Bus (9-15 W/Driver)  Motorcycle  Motor Home  Single-unit Truck; 2 axles, 6 tires  
 Van (< 9 W/Driver)  Large Bus (16+ W/Driver)  ATV  Farm Implements  Single-unit Truck; 3 or more axles  
 Passenger Van (9+ W/Driver)  School Bus  Construction Equip. Heavy Mach.  Veh. Pulling Another Unit(s)  
 Sport Utility Vehicle  Intercity  Other Vehicle (Code) \_\_\_\_\_ (Does not apply to Truck Tractors)  
 Limousine (7-8 W/Driver)  Transit / Commuter  Cargo Van  Truck Tractor With No Units  
 Limousine (9-15 W/Driver)  Charter / Tour  Pickup  Truck Tractor With One Unit  
 Motorized Bicycle  Other  2 Wh  Other Heavy Truck  Truck Tractor With Two Units  
 Pedalcycle  Other  3 Wh  Unknown (Explain)  Truck Tractor With Three Units  
 To / From School  Unknown  Unknown

GVW / 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  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)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES  Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES  Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE

1 7 20 36 39  No  Unk  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 8)

7E. WORK ZONE TRAFFIC CONTROL  None  Unknown

Yes  No  Unknown Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)  
 Workers Present Other:  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus  
 Yes  No  Unknown 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 MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
NA									
NA									
NA									
NA									
NA									

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 (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)  SAO PHONE NUMBER  SAO

COMMERCIAL / NON-COMMERCIAL  Interstate Carrier  Intrastate Carrier  Not In Commerce - Government Vehicle  Not In Commerce - Other Vehicle  Not In Commerce - Rental Vehicle MC / MX / ICC 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

<b>8 - CODES</b>																		
<b>SEAT LOCATION</b> 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" style="width:100%; border-collapse: collapse;"> <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	<b>INJURY</b> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	<b>TRANSPORTED (For Medical Treatment)</b> 1. No 2. EMS 3. Other U. Unknown N. NA	<b>EJECTION</b> 1. NA 2. No 3. Partially 4. Totally U. Unknown	<b>AIR BAG</b> 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	<b>AIR BAG</b> 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	<b>SAFETY DEVICES</b> 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable		
FR	SR	TR																
FC	SC	TC																
FL	SL	TL																
<b>VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)</b>																		
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 (**)															
<b>ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>																		
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown														
<b>FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>																		
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															
<b>DISTRACTED / INATTENTIVE CODES</b>																		
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																
<b>VEHICLE TYPE CODES</b>																		
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																
<b>OTHER VEHICLE CODES</b>																		
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)															
<b>9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)</b>																		
<b>10. REPORTING AND REVIEWING OFFICER INFORMATION</b>																		
REPORTING OFFICER NAME <b>TPR D. SMITH</b>			DSN / BADGE NO. <b>1368</b>		BEAT / ZONE <b>06</b>		TROOP / DISTRICT / PRECINCT <b>A</b>											
REVIEWING OFFICER NAME <b>CPL D. CAMPBELL</b>			DSN / BADGE NO. <b>1241</b>		REVIEWING OFFICER 2 NAME <b>.</b>			DSN / BADGE NO.										



NORTH  
470  
10.4

Worker in yellow hard hat and orange safety vest.

