K1200996

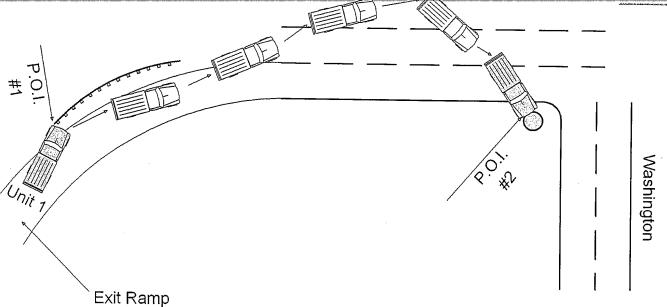
SPACE USED FOR BARCODE

AGENCY NAME AND ORI

KANSAS CITY, MISSOURI POLICE DEPARTMENT
1125 LOCUST

KANSAS CITY, MISSOURI 64106

| ORI: MOKPD0000 |
|--|
| |
| CRASH Roadway Continuous |
| 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 lowed due to disabling damage. Volume of the following: Volume of |
| EVIDENTIARY PHOTOS TAKEN BY WHOM AVAILABLE FROM Investigating Agency RECONSTRUCTION BY WHOM AVAILABLE FROM Investigating Agency |
| AVAILABLE FROM Investigating Agency |
| 2-LOCATION |
| COUNTY MUNICIPALITY BEAT / ZONE TRP / DIST / PCT GPS COORDINATES (DD MM SS.S FORMAT) JACKSON KANSAS CITY, MISSOURI 111 CPD LAT: N LONG: W |
| JACKSON KANSAS CITY, MISSOURI 111 CPD LAT: N LONG: W ON RDWY DIR. DISTANCE FROM LOCATION (CST) 6TH STREET |
| (CSI) OTH STREET |
| SPEED LIMIT ROAD MAINTAINED BY Unknown Feet After NA SPEED LIMIT INT DIR. GEO-CODE |
| 25 |
| ⊠One Way Two Way; Not Divided Two-Way; Divided; Unprotected Median Other Straight Curve ⊠Level Downhill Dip |
| INTERSECTION TYPE NA ROAD CONDITION 4-Way Intersection 7-Intersection 8-way / More 7-Intersection 8-way / More 8-way / More 8-way / More 9-Intersection 8-way / More 9-Intersection 8-way / More 9-Intersection 8-way / More 9-Intersection 9-Interse |
| ROAD SURFACE WEATHER CONDITION |
| ☐ Concrete ☐ Brick ☐ Dirt / Sand ☐ Cobblestone ☐ Clear ☐ Rain ☐ Sleet / Hail ☐ Fog / Mist ☐ Other (Explain) ☑ Asphalt ☐ Gravel ☐ Multi-Surface ☐ Unknown (Explain) ☐ Cloudy ☐ Snow ☐ Freezing (Temp) ☐ Severe Crosswind ☐ Unknown (Explain) LIGHT CONDITION |
| □ Daylight ☑ Dark-Lighted □ Dark-Unlighted □ Dark-Unknown Lighting □ Other (Explain) □ Unknown (Explain) |
| 3-DAMAGE TO PROPERTY OTHER THAN VEHICLES None |
| LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY AND DAMAGE |
| NA . |
| |
| |
| 4-WITNESS ⊠ None Identified ☐ Additional Witnesses In Narrative NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER |
| 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) |
| NO. NAME (Last, First, Mi) & ADDRESS (Street, City, State, Zip) PHONE NUMBER |
| DATE OF BIRTH SEX STRUCK BY VEH #: INJ TRANS- PORT DEVICES ON Roadway In Driveway Access On Median / Crossing Island On Sidewalk Off Roadway Unknown |
| CROSSING ROAD NA OTHER ACTIONS NA / None SCHOOL INFO NA |
| Against Signal In Marked Crosswalk Against Signal In Unmarked Crosswalk In Unmarked Crosswal |
| PROBABLE CONTRIBUTING CIRCUMSTANCES None Other (Explain) Other |
| DISTRIBUTION: COPY - AGENCY File: OPIGINAL - MISSOLIDI STATE HIGHWAY PATROL. TRAESIC DECORDS DIVISION. D. D. DOV. 500 JEESE DOOR OF THE COPY - AGENCY FILE: OPIGINAL - MISSOLIDI STATE HIGHWAY PATROL. TRAESIC DECORDS DIVISION. D. D. DOV. 500 JEESE DOOR OF THE COPY - AGENCY FILE: OPIGINAL - MISSOLIDI STATE HIGHWAY PATROL. TRAESIC DECORDS DIVISION. D. D. DOV. 500 JEESE DOOR OF THE COPY - AGENCY FILE: OPIGINAL - MISSOLIDI STATE HIGHWAY PATROL. TRAESIC DECORDS DIVISION. D. D. DOV. 500 JEESE DOOR OF THE COPY - AGENCY FILE: OPIGINAL - MISSOLIDI STATE HIGHWAY PATROL. TRAESIC DECORDS DIVISION. D. D. DOV. 500 JEESE DOOR OF THE COPY - AGENCY FILE: OPIGINAL - MISSOLIDI STATE HIGHWAY PATROL. TRAESIC DECORDS DIVISION. D. D. DOV. 500 JEESE DIVISION. |



| INITIAL IMPACT NO: | 0 0 15 0 | | $\frac{7}{8}$ | one / No Damage 3-Undercarriage Windshield 3-Burned 1-Towed Unit | 22-Carg 23-Unkn 24-Othe (Expla | nown | TOO | BY [](| Jaknown OW | ÜΝΑ | | | | |
|---|--|---|----------------------|--|---|--|---|---|--|--|---|-----------------------|---|----------|
| VEHICLE BODY TYPES - | Automobiles | , , , , , , | - | □ Vebiet | - 11 | | | | | | | | | |
| Passenger Car Van (< 9 W/Driver) | | Small Bus (9-15 Large Bus (16+) | W/Driver) | ☐ Motorcycle ¬ | ☐ Motor F | | | | Single-un | it Truck; 2 a | xles, 6 ti | res | GVW / GCVW RATING | |
| Passenger Van (9+ W/I | Driver) | School Bus | W/Driver) | | Constru | mplements uction-Equ | in-Heav | | Single-up | it Truck; 3 o | | xles | (Not Licensed Weight) Pickups, Cargo Vans, All Trucks, | |
| Limousine (7-8 W/Drive Limousine (9-15 W/Drive Limousine (9-15 W/Drive Motorized Bicycle Pedalcycle To / From School | er) /er) [| ☐ Intercity ☐ Transit / Comr ☐ Charter / Tour ☐ Other | muter | 3 Wh [] 4 Wh [] 5 Wh / More [] | □ Cargo \ ☑ Cargo \ ☑ Pickup □ Other H | /enicle (℃ Van | ode) _ | | (<u>Does not</u> Truck Tra Truck Tra Truck Tra | apply to Tructor With No ctor With Or ctor With Tv ctor With Th | ck Tract Units ne Unit vo Units | grs) Du | Truck Tractors, or Haz Mat Placerd Veh. Only) ess than or qual to 10,000 lbs. 0,001 - 26,000 lbs. reater than 26,000 lbs. | |
| EMERGENCY VEHICLE II Police Ambulan Fire Other (M 7C. VEHICLE ACTION / S | ce lust check "A" | '/"B") → [| iB. Static | gency Vehicle on Emeronary With Emergency E | Equip. Acti | ivated | | | | ITRIBUTING Congestion / Crash Ahead | Ahead | IC CONDITI | nknown IONS ⊠NA Incident Ahead own (Explain) | <u>.</u> |
| SEQUENCE OF EVENTS | ~ | Unknown | DES | Additional Codes Lis | led in Nar | rative (Se | - r | | | | | | ALCOHOL USE ☐Yes ⊠Unk | |
| 1 7 36 7D. PROBABLE CONTRI | | | | | | | ANIN | AL CODE(| s) | | 23 | CODE(S) | □No □NA | |
| ☐ Vehicle Defects (Expla Speed - Exceeded Lim ☐ Too Fast for Condition: ☐ Volation Signal / Sign ☐ Failed to Yield ☐ Alcohol ☐ Drugs | in) □Visi it □Driv s □Imp □Imp | ion Obstructed wer Fatigue / Asle proper Signal proper Backing proper Turn proper Passing properly Parked | eep [| None Falled To Dim Headlig Falled To Use Lights Following Too Close Wrong Side (Not Pass Wrong Side (One-Way Physical Impairment Improper Start From P | ing) () Explain) | ☐ Improp ☐ Improp ☐ Overco ☐ Improp | erly Stop er Lane L rrected er Riding To Secure | y / Pushing ped On Roa Isage / Cha / Clinging 1 - Load / Im | inge To Veh Ev | Di Ur Oi | stracted nknown her (Exp DISTRAC | (Explain) olain) | (Designate Type) TENTIVE CODE(S) NA | |
| 7E. WORK ZONE ☐ Yes ☒ No ☐ Unknow | TRAFFI | IC CONTROL [| None [| Unknown | | | | | | | | _ | ROL MALFUNCTIONING / | |
| Workers Present | Other | □Stop Sign | | Flashing Red | ro Doniel | | | | | | | INOPE | RATIVE / MISSING 'es (Explain) No | |
| ☐ Yes ☒ No ☐ Unknow | | ols: ∐Warning 8 | Sign / Dev | ice Railway Crossin | ng Sign / D | Device [| School | Zone 🖾 Y | rield Sign | On School I | Bus (Explain | | Jnknown NA | |
| ADDRESS (Street | t, City, State, | Zip) | | MM-DD-YYYY | SEX | SEAT LOC. | INJ. | TRANS- PORT | EJEC- TION | AIR BAG | SAFE | | PHONE NUMBER | |
| TUCKER,MAURI 1237 BLUESTEM JUNCTION CITY | DRIVE | | | 04 10 1000 | 3.4 | 1 | | | | | | | | |
| | , KS 0044 | 11 | | 04-10-1988 | M | FR | 5 | 1 | 2 | 5 | 5 | (9 | 913)671-9435 | |
| | , KS 0044 | 41 | | 04-10-1988 | IVI | FR | 5 | 1 | 2 | 5 | 5 | (9 | 913)671-9435 | |
| | , KS 6644 | 41 | | | IVI | FR | 5 | 1 | 2 | 5 | 5 | (! | 913)671-9435 | |
| | , KS 6644 | 41 | | 04-10-1988 | M | FR | 5 | 1 | 2 | 5 | 5 | (9 | 913)671-9435 | |
| 7G COMMEDIAL 1000 | | | | | | | | | | | | | | |
| 7G. COMMERCIAL MOTOL MOTOR CARRIER IDENTIF | R VEHICLE | ⊠NA Require | d on vehic | | | | arts 1 and | 2 in CMV | | | | e meets one | of the three criteria in part 2. | |
| NA | R VEHICLE | ⊠NA Require | | | ed to queste, Zip) | tions in pa | rts 1 and | 2 in CMV | involveme | | | e meets one | | |
| NA COMMERCIAL / DIR NON-COMMERCIAL DIR | R VEHICLE FICATION (Le nterstate Carr | ⊠NA Require easee, etc.) - NAI rier □ Not In C | Commerce | | ed to queste, Zip) | tions in pa | rts 1 and | 2 in CMV | nvolveme | | nd vehicl | e meets one | of the three criteria in part 2. IE NUMBER SAO | |
| NA COMMERCIAL / | R VEHICLE FICATION (Le nterstate Carr htrastate Carr | ⊠NA Require | Commerce Commerce | | ed to quessite, Zip) NA | tions in pa | nerce - O | 2 in CMV in SAO SAO Sher Vehicle Too | involvement A Ming h. | nt criteria an | nd vehicl | e meets one PHON USDO | of the three criteria in part 2. IE NUMBER SAO | |

| 7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS | Page 4 c |
|--|--|
| NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | PHONE NUMBER |
| DRIVER LICENSE / ID NUMBER STATE LIC TValid Texting | |
| STATUS Susp / Rev / Denied Disqual CDL T | IC ☐ Operator Class ☐ Permit ☐ Unknown MC ENDORSEMENT YPE ☐ CDL Class ☐ MC Only (Explain) ☐ Yes ☐ No ☐ NA ☐ NA ☐ Interm / Grad ☐ Unlicensed ☐ Unknown (Explain) |
| DATE OF BIRTH SEX SEAT INJ TRANS- EJEC- AIR SAFETY VISION OBSTRUCTED Windshield NA Load on Veh | Trees / Brush Sign Moving Veh Other (Explain) Building Hillcrest Stopped Veh Unknown |
| PROOF OF INCURANCE | ☐ Embankment ☐ Parked Veh ☐ Glare (Explain) DNE NO. (Optional) POLICY NUMBER ☐ NA ☐ Driver |
| 7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | Vehicle |
| V-15 | □ SAD . PHONE NUMBER □ SAD |
| WODEL | COLOR VEH. TYPE TOTAL NO. OF OCC. |
| | TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE |
| VEHICLE DAMAGE (Mark all damaged areas) INOne / No Damage INITIAL IMPACT NO: 18-Undercarriage 22-Cargo 19-Windshield 23-Undercarriage 23-Undercarriage | |
| 1 15 16 17 8 20-Burned 24-Other | |
| 14 13 12 11 10 9 | |
| VEHICLE BODY TYPES - Automobiles / Specialty Vehicles | nce |
| Van (< 9 W/Driver) — Large Bus (16+ W/Driver) ATV — Farm Implements | Single-unit Truck; 2 axies, 6 tires GVW / GCVW RATING |
| Sport Utility Vehicle School Bus 2 Wh Other Vehicle (Code) | avy Mach Uveh. Pulling Another Unit(s) |
| Limousine (9-15 W/Driver) Li | ☐ Truck Tractor With No Units Placard Veh. Only) |
| Motorized Bicycle Charter / Tour 5 Wh / More Other Heavy Truck | ☐ Truck Tractor With One Unit ☐ Truck Tractor With Two Units ☐ Less than or equal to 10,000 lbs, |
| LITo / From School | Truck Tractor With Three Units 10,001 - 26,000 lbs. Greater than 26,000 lbs. Unknown |
| EMERGENCY VEHICLE INVOLVEMENT Police | CONTRIBUTING TRAFFIC CONDITIONS |
| 7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Code | ☐ Crash Ahead ☐ Unknown (Explain) es in Section 8) |
| SEQUENCE OF EVENTS CODES Unknown | IIMAL CODE(S) FIXED OBJECT CODE(S) Yes Unk |
| 7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights Improper Tow | |
| Speed - Exceeded Limit Driver Fatigue / Asleep Failed To Use Lights Improper Stonal Failed To Close Improper Stonal | ing / Pushing |
| Failed to Yield | Other (Evoluin) |
| Alcohol ☐ Improper Passing ☐ Physical Impairment (Explain) ☐ Failed To Sec ☐ Drugs ☐ Improperly Parked ☐ Improper Start From Park ☐ Animal(s) In R | ng / Clinging To Veh Exterior cure Load / Improper Loading Roadway DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8) |
| 7E. WORK ZONE TRAFFIC CONTROL □ None □ Unknown □ Volume □ Unknown □ Flashing Red □ Flashing Yellow □ Retails Traffic Control □ None □ Unknown □ Flashing Red □ Flashing Yellow □ Retails Traffic Control □ None □ Unknown □ Flashing Red □ Flashing Yellow □ Retails Traffic Control □ None □ Unknown □ Retails Traffic Control □ None | armo Meter Cothor (Fundaia) CONTROL MALFUNCTIONING / |
| Workers Present Other Stop Sign No Passing Zone Turn Bostsield Control | State Of Sta |
| CCCUPANTS - NAME (Last, First, MI) OCCUPANTS - NAME (Last, First, MI) DATE OF BIRTH SEX SEAT LINU | ool Zone ☐ Yield Sign ☐ Other (Explain) ☐ Unknown ☐ NA |
| ADDRESS (Street, City, State, Zip) MM-DD-YYYY LOC. | PORT TION BAG DEVICES PHONE NUMBER |
| | |
| | |
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| | |
| 7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 a | and 2 in CMV involvement offerio and vehicle |
| MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) | SAO PHONE NUMBER SAO |
| COMMERCIAL / Interstate Carrier Not In Commerce - Government Vehicle Not In Commerce - NON-COMMERCIAL Intrastate Carrier Not In Commerce - Rental Vehicle | Other Vehicle MC / MX / ICC NO. USDOT NO. |
| CARGO Fincinsed Roy Finited | □ Vehicle Towing □ Intermodal □ NA (No □ Other Another Veh. Container Cargo □ Ulskooup |
| HAZARDOUS PLACARD DISPLAYED 4-DIGIT NO. CLASS HM CARGO PRESENT HM CARGO RELEAS | Chassis Body) |
| MATERIALS Yes No Yes No Yes No Yes No Yes No Unknown Unknown | TOTAL |

| 8 - CODES | | | | | REPORT # 12-40189 | Page 5 o |
|--|---|--|--|---|--|--|
| | INJURY TRANSPORTED | E IEOTIO: | | | | |
| XX - Not Known B - Pedalcycle CP - Commercial Passenger OE - Occupant-Enclosed Load Area OU - Occupant-Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable | fatal (For Medical Treatment) vident - (No 1) storbable - (Ot Apparent Johknown N. NA | 1. NA 2. No 3. Partially 4. Totally U. Unknown | AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Ourtain 8. Deployed - Other (Knee, Air Belt, etc.) | 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presenc Unknown | 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only | AFETY DEVICES 10. Booster Seat 11. Child Restraint - Forward Fac 12. Child Restraint - Rear Facing 13. Other Helmet Belt 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable |
| 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 / Slidding 8. Slowing / Stopping 9. Start in Traffic ANIMAL CODES FOR VEHICLE ACTION / SE | 19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Fallure | 28. Separati 29. Returne 30. Collision 31. Collision 32. Collision 34. Collision 35. Collision | | 38. Other Non-co 39. Collision Inv. In Bicycle Lane 40. Collision Inv. | Jllision Bicycle/Pedalcycle 4 Animal Drawn Vehicle / Pen For Transportation Working MV laway | 14. Thrown/Falling Object 15. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 6. Ran Off Roadway - Other (Explain) 7. Cross Separator |
| 60. Deer 61. Farm Animal | | | | 63. Othe | r Animal | ıknown |
| FIXED OBJECT CODES FOR VEHICLE ACTI | ION / SECUENCE OF EVENTS | | | | 0.01 | ikhown |
| 20. Tree / Stump (Standing) 21. Embankment / Driveway / Ground / Rock Bit 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support | 26 Culvert | st / Support Support | 32. Building 33. Traffic Signal Suppo 34. Impact Attenuator / 0 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End | rt 3 Crash Cushion 4 4 | 88. Bridge Rail 19. Guardrail End 10. Other Traffic Barrier 11. Overhead Sign Support 12. Ditch 3. Other Post / Pole / Suppor | 44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown |
| DISTRACTED/INATTENTIVE CODES 1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device | 5. Communication Device - Har 6. Communication Device - Har 7. Communication Device - Tex 8. Communication Device - We | nds Free ting / E-mailing | 9. Eating / Drink 10. Reading 11. Tobacco Use 12. Grooming | ing 13. Comp 14. Adjus | outer Equipment / Electronic (ting Vehicle Controls (Explain) | |
| VEHICLE TYPE CODES | | | | | | |
| Motor Vehicle in Transport Parked Motor Vehicle | Working Motor Vehicle Pedalcycle | | 5. Animal E U. Unknow | Orawn Vehicle / Anin | nal Ridden For Transport Pur | poses |
| OTHER VEHICLE CODES | · · · · · · · · · · · · · · · · · · · | | | | | |
| Riding Mower / Garden Tractor Golf Cart | Snowmobile Forklift | | 5. Animal D |)rawn Vehicle / Anin | nal Ridden For Transportation | 6. Low Speed Vehicle |

See Section 11

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|---|---------------------------|--------------------------|--|
| REPORTING OFFICER NAME | DSN / BADGE NO. | BEAT / ZONE | TROOP / DISTRICT / PRECINCT |
| BURKE,DANIEL | P04808 | | The state of the s |
| REVIEWING OFFICER NAME MCADAMS, JAMES | DSN / BADGE NO. P04525 | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |

| 11. NARRATIVE / STATEMENTS CONTINUATION (if additional room | Page Not Used | REPORT #_12-40189 | Page 6 of 6 |
|---|-------------------------------------|-------------------|-------------|
| | - Survey outernens continuation? Su | opiementi | |
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| /S/ Sgt. Daniel Burke/4808 | | | |
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