

# FAX

8/14/2013

To \_\_\_\_\_

Company:

Department:

Name: 

From \_\_\_\_\_

Company: Independence Police

Department: Records

Name: Kris

Phone: 816-325-7305

FAX: 816-325-7202



MISSOURI UNIFORM CRASH REPORT

1 - GENERAL CRASH INFORMATION		AGENCY NAME AND/OR:	MO0480600
SPACE USED FOR BARCODE		INDEPENDENCE MISSOURI POLICE DEPT 223 N MEMORIAL DR INDEPENDENCE, MO 64050	

ROADWAY	NON-COLLISION	COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE		
<input type="checkbox"/> On Roadway	<input type="checkbox"/> Overturning	<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 checked="" type="checkbox"/> Off Roadway	<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 checked="" 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"/> Jackknife	<input type="checkbox"/> Other Object	<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/> Rear to Side	<input type="checkbox"/> Felling / Shifting Cargo (Set in motion by MV)	
		<input type="checkbox"/> Non-Collision	<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 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:	BEAR / ZONE:	TRP DIST / PCT:	GPS COORDINATES (DD MM SS S FORMAT)	
048-Jackson	1210-Independence	SW	NA	LAT: N	LONG: W
ROADWAY OR DISTRICT:	DISTANCE FROM:	LOCATION:	SPEED LIMIT:	INT. DIR.:	GEO. CODE:
45	500 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	35	S	NA
TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE			
<input checked="" type="checkbox"/> One-Way <input type="checkbox"/> Two-Way, Not Divided <input 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"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)			
<input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided, Positive Median Barrier	<input type="checkbox"/> Unknown (Explain)				
INTERSECTION TYPE	ROAD CONDITION:				
<input checked="" type="checkbox"/> NA	<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"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <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)				
<input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)					
ROAD SURFACE	WEATHER CONDITION				
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone	<input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)				
<input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	<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

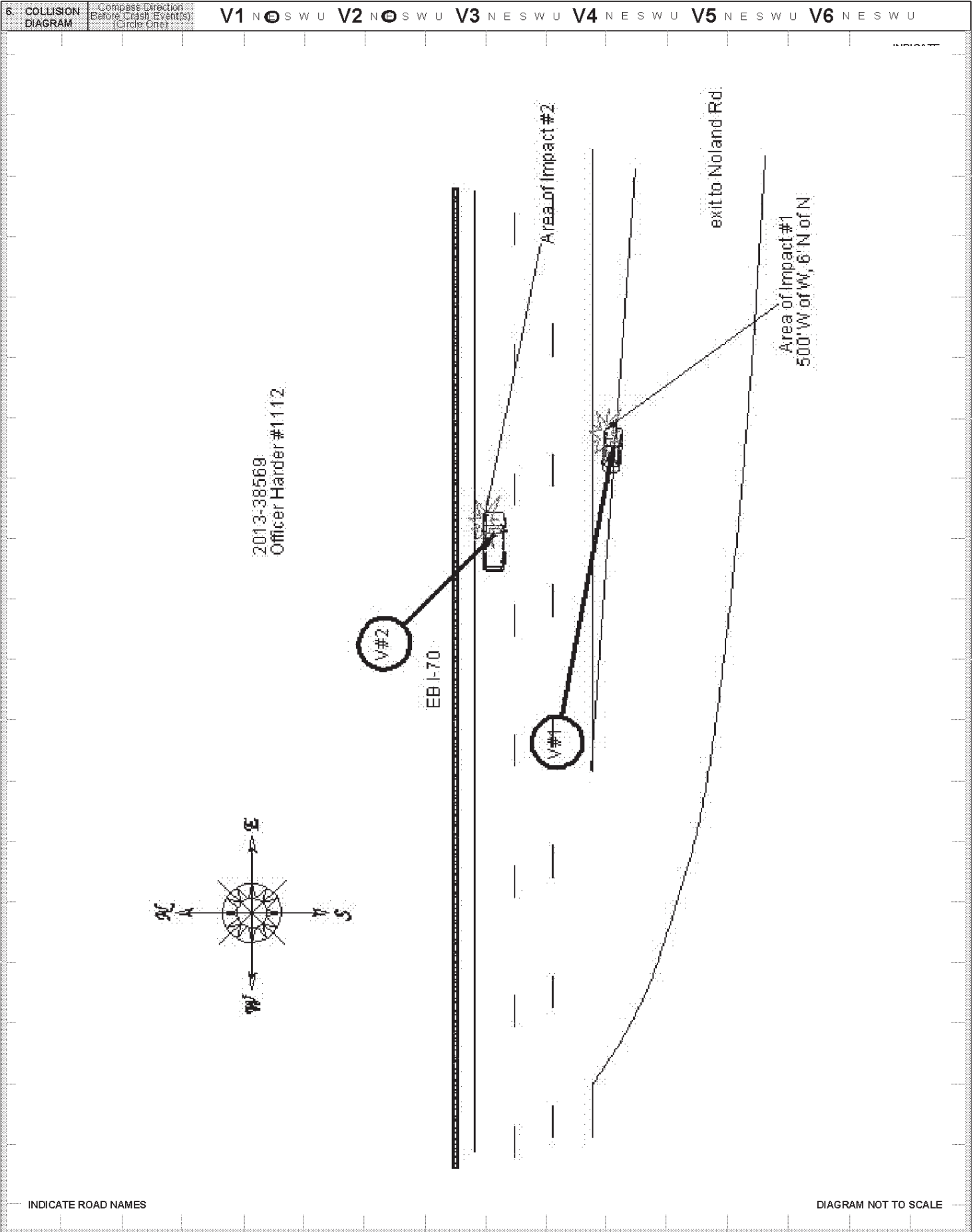
MODOT - Interstate exit sign. -

4 - WITNESS  None Identified  Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONENUMBER

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)	PHONENUMBER					
DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ.	TRANS-PORT	SAFETY DEVICES	LOCATION	SCHOOL INFO.
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island	<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)
						<input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown	
CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.		PROBABLE CONTRIBUTING CIRCUMSTANCES		DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk	<input type="checkbox"/> NA / None	<input type="checkbox"/> NA		<input type="checkbox"/> None		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk	<input type="checkbox"/> Getting On / Off Vehicle	<input type="checkbox"/> Unknown		<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)			
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk	<input type="checkbox"/> Standing / Lying / Sitting In Trafficway	<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"/> Unknown <input type="checkbox"/> Unknown	<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 In Trafficway						
	<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic						



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS



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

TOWED BY:  Unknown  NA

INITIAL IMPACT NO:  NA 14

18 - Undercarriage 22 - Cargo  
19 - Windshield 23 - Unknown  
20 - Burned 24 - Other (Explain)  
21 - Towed Unit

LANGER TOW - Phone#: 252-4454  
11014 E TRUMAN RD  
INDEPENDENCE, MO

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

Passenger Car  
 Van (< 9 W/Driver)  
 Passenger Van (9+ W/Driver)  
 Sport Utility Vehicle  
 Limousine (7-8 W/Driver)  
 Limousine (9-15 W/Driver)  
 Motorized Bicycle  
 Pedalcycle  
 To / From School

Small Bus (9-15 W/Driver)  
 Large Bus (16+ W/Driver)  
 School Bus  
 Intercity  
 Transit / Commuter  
 Charter / Tour  
 Other

Motorcycle  
 ATV  
 2 Wh  
 3 Wh  
 4 Wh  
 5 Wh / More  
 Unknown

Motor Home  
 Farm Implements  
 Construction Equip. Heavy Mach.  
 Other Vehicle (Code) \_\_\_\_\_  
 Cargo Van  
 Pickup  
 Other Heavy Truck  
 Unknown (Explain)

Single-unit Truck, 2 axles, 6 tires  
 Single-unit Truck, 3 or more axles  
 Veh. Pulling Another Unit(s)  
(Does not apply to Truck Tractors)  
 Truck Tractor With No Units  
 Truck Tractor With One Unit  
 Truck Tractor With Two Units  
 Truck Tractor With Three Units

GVW / GCW 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 - 28,000 lbs.  
 Greater than 28,000 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 8)

SEQUENCE OF EVENTS CODES:  Unknown  
01 21 36

ANIMAL CODE(S):  
FIXED OBJECT CODE(S): 27

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  Failed To Secure Load / Improper Loading  
 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. WDRK 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	EJECTION	AIR BAG	SAFETY DEVICES	PHONENUMBER
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 (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)  SAO

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

CARGO BODY TYPE  Enclosed Box  Flatbed  Concrete Mixer  Garbage / Refuse  Pole Trailer  Vehicle Towing  Intermodal Container Chassis  N/A (No Cargo Body)  Other  
 Cargo Tank  Dump  Auto Transporter  Grain / Chip / Gravel  Log  Other

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS



LICENSE PLATE NO. SH2 N6F	STATE MO	YEAR 2013	VIN. 5 L M F U 2 8 R 8 3 L J 3 1 4 7 5	TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOWED DUE TO BUS DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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. <input type="checkbox"/> NA 13	<table border="1"> <tr> <td>18 - Undercarriage</td> <td>22 - Cargo</td> </tr> <tr> <td>19 - Windshield</td> <td>23 - Unknown</td> </tr> <tr> <td>20 - Burned</td> <td>24 - Other (Explain)</td> </tr> <tr> <td>21 - Towed Unit</td> <td></td> </tr> </table>	18 - Undercarriage	22 - Cargo	19 - Windshield	23 - Unknown	20 - Burned	24 - Other (Explain)	21 - Towed Unit	
18 - Undercarriage	22 - Cargo								
19 - Windshield	23 - Unknown								
20 - Burned	24 - Other (Explain)								
21 - Towed Unit									

VEHICLE BODY TYPE: <input checked="" type="checkbox"/> Automobile / Specialty Vehicle	<input type="checkbox"/> Vehicle Used As Public Conveyance				
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 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"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown	<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"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)	<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) <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 / GCW 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 - 28,000 lbs. <input type="checkbox"/> Greater than 28,000 lbs. <input 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" / "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)	ALCOHOL USE
SEQUENCE OF EVENTS CODES: 01 15 37	ANIMAL CODE(S)	<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	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)

7E. WORK ZONE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	TRAFFIC CONTROL: <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING: <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA
Workers Present: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> 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"/> 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"/> 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	PHONENUMBER
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)	SAO <input type="checkbox"/> SAO <input type="checkbox"/>
COMMERCIAL / NON-COMMERCIAL	<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle <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"/> Intermodal Container Chassis <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"/> N/A (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown
HAZARDOUS MATERIALS	PLACARD DISPLAYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 4-DIGIT NO. CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**8 - CODES**

SEAT LOCATION	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES	
XXC - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SY - Other (Explain in Narrative) NA - Not Applicable	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No (For Medical Treatment) 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	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

**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	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 HARDER, GLEN	DSN / BADGE NO. 01112	BEAT / ZONE SW	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME PASSIGLIA, JOHN	DSN / BADGE NO. 00631	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.



EXIT  
12 ↗

AMERICAN  
39<sup>th</sup> INN

QUALITY  
HOTELS & SUITES

Best Western  
B. B. Q.

6  
P.L.C.

WALMART  
GAS  
PHARMACY







Public  
Work Area

Construction  
Warning

18-5003