



1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPEE00 R4744636
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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/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. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NOT APPLICABLE	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NOT APPLICABLE	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY SCOTT	MUNICIPALITY NON-CITY OR UNINCORPORATED	BEAT / ZONE 04	TRP/DIST/PCT E	[REDACTED]
ON IS 55	RDWY. DIR S	DISTANCE FROM <input type="checkbox"/> NA Feet	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	[REDACTED]
SPEED LIMIT 70	ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	0 . 5 Miles	SPEED LIMIT INT. DIR. GEO - CODE NA E NA	[REDACTED]
TRAFFICWAY <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	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)		
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)			
ROAD SURFACE <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)	WEATHER CONDITION <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 type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input checked="" 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; DAMAGED 40 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
						<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 <input type="checkbox"/> NA <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	OTHER ACTIONS <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	SCHOOL INFO. <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)
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PROBABLE CONTRIBUTING CIRCUMSTANCES <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)	DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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6. COLLISION DIAGRAM

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

V1 NESWU

V2 NESWU

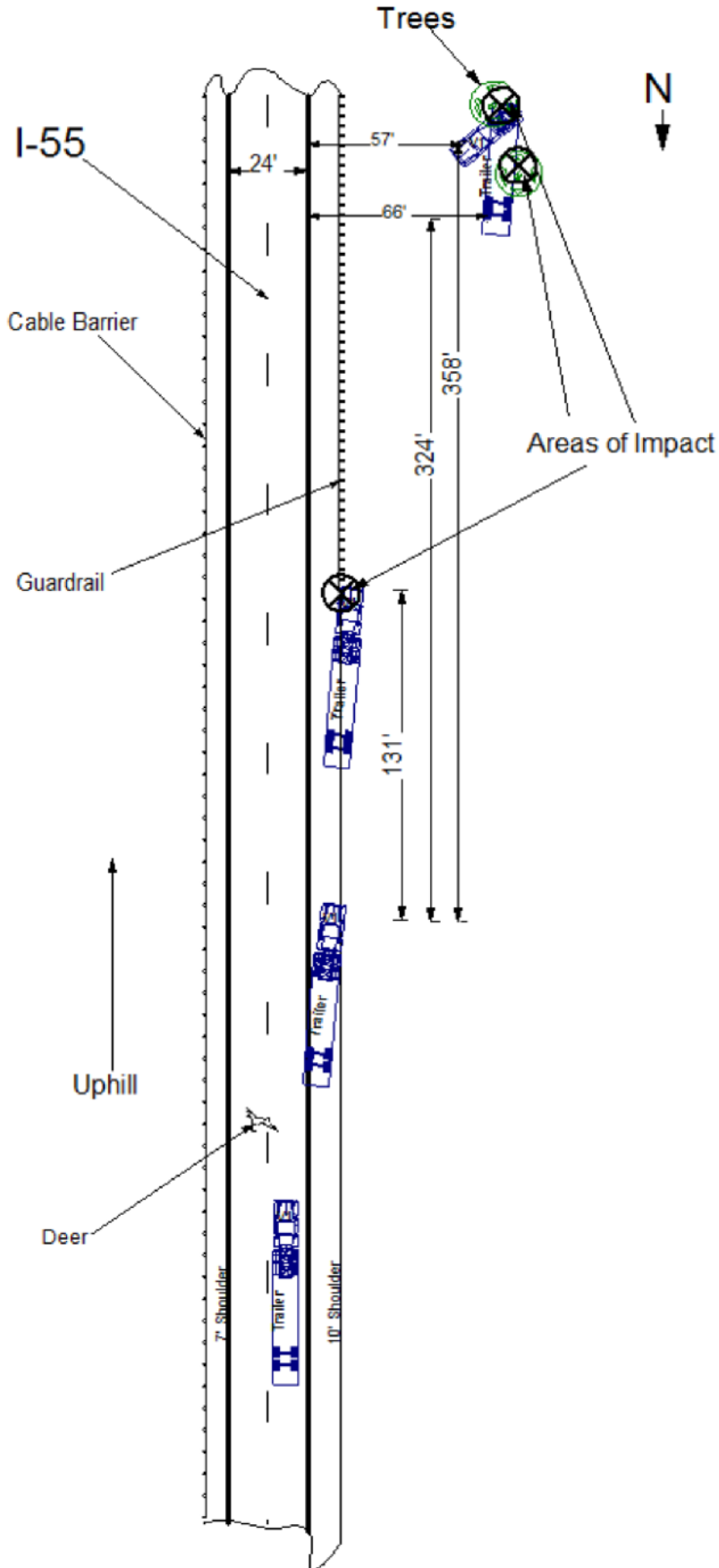
V3 NESWU

V4 NESWU

V5 NESWU

V6 NESWU

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

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

INITIAL IMPACT NO: **14**

TOWED BY Unknown NA

CARNELLS WRECKER 573-334-1867
6906 ST. HWY 74
CAPE GIRARDEAU, MO 63701

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) 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 Other Heavy Truck Truck Tractor With Two Units

Pedalcycle Other Unknown (Explain) Truck Tractor With Three Units

To / From School 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

1 15 20 36 7 25 36 36

ANIMAL CODE(S) FIXED OBJECT CODE(S)

39 20 20

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 8)

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

Workers Present 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

JUSTIN TIME TRANSPORTATION LLC 300 HAAG STREET BREESE, IL 62230

PHONE NUMBER SAO **(618)526-7120**

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

MC / MX / ICC NO. **324174** USDOT NO. **344560**

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal NA (No Cargo Body) Other

Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log Container Another Veh. Chassis Unknown

HAZARDOUS MATERIALS PLACARD DISPLAYED Yes No Unknown

4-DIGIT NO. **NA** CLASS **NA** HM CARGO PRESENT Yes No Unknown

HM CARGO RELEASED Yes No Unknown

HAZARDOUS MATERIAL NAME **NA**

8 - CODES

SEAT LOCATION	FR SR TR FC SC TC FL SL TL	INJURY	TRANSPORTED (For Medical Treatment)	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		1. Fatal 2. Disabling 3. Evident- Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 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 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. Cross Median 17. Cross Center Of Road 18. Cross Road	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 Failure	28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**)	37. Collision Inv. Other Object (Explain) 38. Other Non-collision 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV	44. Thrown/Falling Object 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator
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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) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support	26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier	32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End	38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support	44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown
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DISTRACTED / INATTENTIVE CODES

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

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

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

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



THAT
TROL.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME CPL J. MCCULLOUGH	DSN / BADGE NO. 437	BEAT / ZONE 04	TROOP / DISTRICT / PRECINCT E
REVIEWING OFFICER NAME SGT B. LIVELY	DSN / BADGE NO. 908	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.