

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE		AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPCC00 R4413589		
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LEFT THE SCENE DRIVER NO	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY NO.	INJURED	NO KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			1	0	

NO. VEH INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
1		0110		0115		0121	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 Transpod <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 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	CORPORAL J. D. COX	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Investigating Agency MSHP TRAFFIC RECORDS DIVISION, JEFFERSON CITY, MO
RECONSTRUCTION	BY WHOM	CORPORAL J. D. COX	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> Investigating Agency MSHP TRAFFIC RECORDS DIVISION, JEFFERSON CITY, MO

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	
ST. LOUIS	NON-CITY OR UNINCORPORATED	04	C	

ON	RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING
IS 55	N	39 Feet	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	ERM NORTH IS 55 MILE 192.2
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT INT. DIR GEO. CODE
60	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			NA NA 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"/> Two-Way Divided, Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)
ROAD PROFILE	
<input type="checkbox"/> Level <input type="checkbox"/> Uphill <input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	

INTERSECTION TYPE	ROAD 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 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"/> Wet <input 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"/> Asphalt <input type="checkbox"/> Back <input type="checkbox"/> Gravel <input checked="" type="checkbox"/> Multi-Surface <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)

LIGHT CONDITION
<input type="checkbox"/> Daylight <input checked="" 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.
<input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality

4 - WITNESS

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
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5 - PEDESTRIAN N/A

NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
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DATE OF BIRTH	SEX	STRUCK BY VEH #.	INJ	TRANS PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	<input type="checkbox"/> NA/None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <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"/> Unknown <input type="checkbox"/> Other (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE Operator Class E Permut Unknown CDL Class MC Only (Explain) NA Interm / Grad Unlicensed MC ENDORSEMENT Yes No NA Unknown (Explain)

N200003014 MO

DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION BAG SAFETY DEVICES VISION OBSTRUCTED Not Obstructed Trees / Brush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) NA Load on Veh Embankment Parked Veh Glare

PROOF OF INSURANCE INSURANCE COMPANY Expired PHONE NO (Optional) POLICY NUMBER NA Driver

Yes No Not Required

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD PHONE NUMBER SAD

YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO OF OCC

2000 TOYOTA CAMRY SIL NA 1 3

LICENSE - PLATE NO STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

9K7T6V MO 2016 Yes No Yes No

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

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

MINERS TOWING 636-349-1975
1633 OLD HIGHWAY 141
FENTON, MO 63026

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 - 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 8)

SEQUENCE OF EVENTS CODES Unknown 1 20 36 29 7

ALCOHOL USE Yes Unk No NA

ANIMAL CODE(S) 39

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Speed - Exceeded Limit Too Fast For Conditions Violation Signal / Sign Failed To Yield Alcohol Drugs

Vision Obstructed Driver Fatigue / Asleep Improper Signal Improper Backing Improper Turn Improper Passing Improperly Parked

Failed To Dim Headlights Failed To Use Lights Following Too Close Wrong Side (Not Passing) Wrong Side (One-Way) Physical Impairment (Explain) Improper Start From Park

Improper Towing / Pushing Improperly Stopped On Roadway Improper Lane Usage / Change Overcorrected Improper Riding / Clinging To Veh Exterior Failed To Secure Load / Improper Loading Animal(s) In Roadway

Object / Obstruction in Roadway Distracted / Inattentive (Designate Type) Unknown (Explain) Other (Explain)

DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8) 14

7E. WORK ZONE TRAFFIC CONTROL None Unknown

Yes No Unknown

Workers Present Yes No Unknown

Electrc: 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 TRANSPORT EJECTION BAG SAFETY DEVICES PHONE NUMBER

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 - Rental Vehicle Not In Commerce - Other Vehicle MC / MX / ICC NO USDOT NO

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 / Chlp / Gravel Log Another Veh Container Chassis Unknown

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	FR SR TR FG 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 Bell, 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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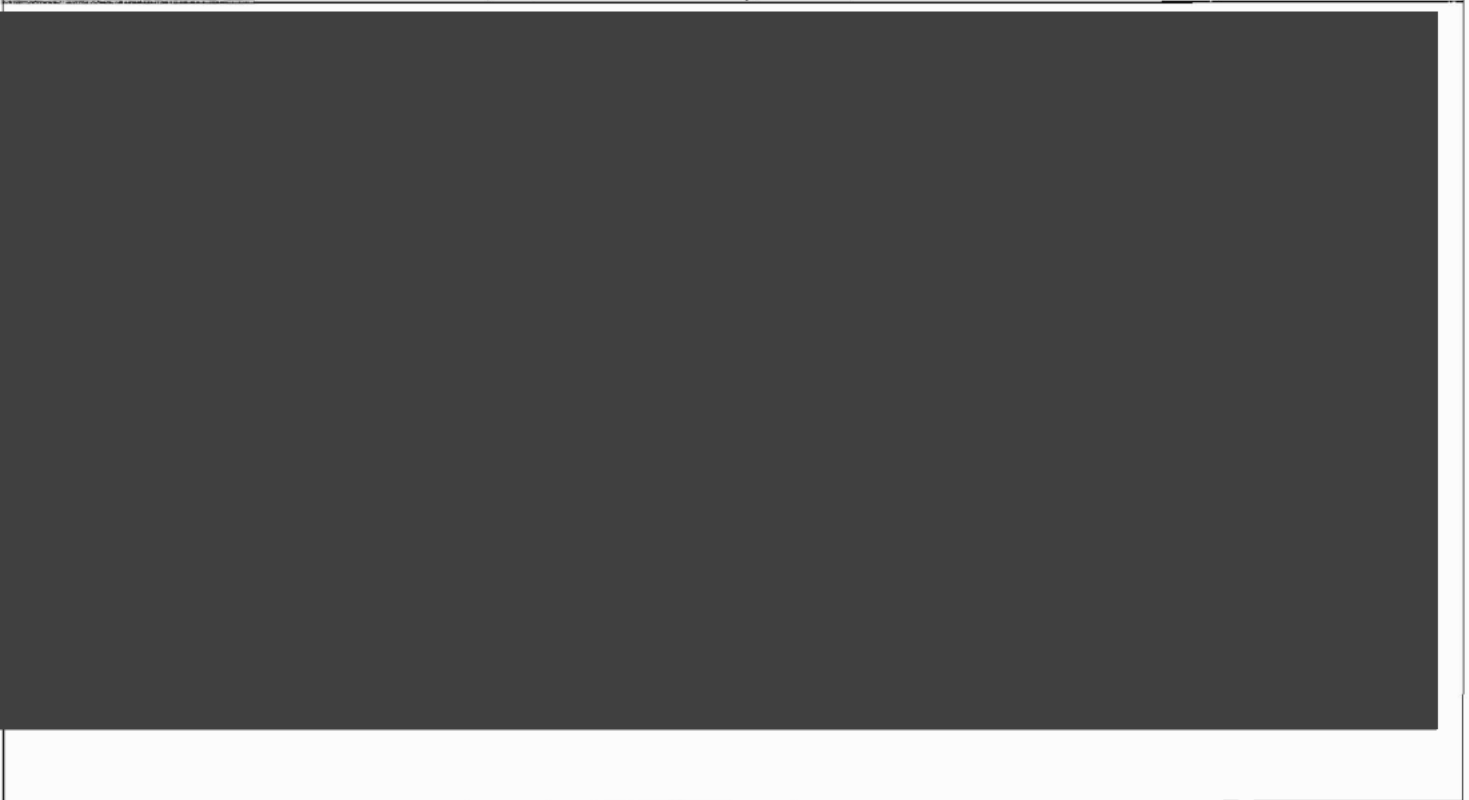
VEHICLE TYPE CODES

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)



10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME TPR A. MICHELS	DSN / BADGE NO. 1381	BEAT / ZONE 04	TROOP / DISTRICT / PRECINCT G
REVIEWING OFFICER NAME CPL J. POTOCKI	DSN / BADGE NO. 677	REVIEWING OFFICER 2 NAME CPL J. COX	DSN / BADGE NO. 654



INTERSECTION
NO INJURIES
HAVE OCCURRED
SEE SIGNAGE
FOR THE LEAD

Red spray paint markings on the asphalt.

Green spray paint marking on the asphalt.

Green spray paint marking on the asphalt.





00:00:33

