

1 - GENERAL CRASH INFORMATION  SPACE USED FOR BARCODE	AGENCY NAME AND ORI  <b>MISSOURI STATE HIGHWAY PATROL</b> <b>MOMHPFF00</b> <b>R6597569</b>
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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			0	5	190268389

NO. VEH INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
1	05/15/2019	1915	05/15/2019	1919	05/15/2019	1938	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

ROADWAY	NON-COLLISION	COLLISION INVOLVING	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE
<input checked="" type="checkbox"/> On Roadway	<input checked="" 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"/> Pedalcycle	<input type="checkbox"/> Front to Rear
<input type="checkbox"/> Roadway	<input type="checkbox"/> Immersion	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Rear to Rear
<input type="checkbox"/> Roadway	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Other Object	<input type="checkbox"/> Rear to Side
	<input type="checkbox"/> Non-Collision	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Falling / Shifting Cargo
		<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Angle
		<input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans	<input type="checkbox"/> Sideswipe (Same Dir.)
		<input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Sideswipe (Opp Dir.)
		<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/> Unknown
		<input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Other (Explain)
			<input type="checkbox"/> Unknown (Explain)
			<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 <input type="checkbox"/> No - No commercial vehicle fields need completion. 1b. A person transported for medical attention; OR <input type="checkbox"/> No - No commercial vehicle fields need completion. 1c. A vehicle towed due to disabling damage <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 <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. 2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle. 2c. A vehicle with a hazardous materials placard
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EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	MSGT. M. J. CODY AND SGT. G. D. WARD	<input checked="" type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SERGEANT G. D. WARD	<input checked="" type="checkbox"/> Investigating Agency
		MSHP PATROL RECORDS DIVISION, JEFFERSON CITY, MO

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
MILLER	NON-CITY OR UNINCORPORATED	11	F	LAT: N38 20 03.1 LONG: W92 33 54.7

ON	RDWY. DIR	DISTANCE FROM	LOCATION	INTERSECTING
US 54	W	0.9 Miles	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	RP 279265
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT INT. DIR. GEO - CODE
70	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			NA W NA

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way Divided; Unprotected Median <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <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	<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)

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

4 - WITNESS  None Identified  Additional Witnesses in Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
		65101

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
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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"/> 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"/> Getting On / Off Vehicle	<input type="checkbox"/> NA
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk	<input type="checkbox"/> Standing / Lying / Sitting In Trafficway	<input type="checkbox"/> Going To / From School
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk	<input type="checkbox"/> Pushing / Working On Vehicle	<input type="checkbox"/> Getting On / Off School Bus
<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh	<input type="checkbox"/> Both Of The Above
	<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Unknown (Explain)
	<input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> None	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <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"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)		

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

See  
Technical  
Supplement

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [REDACTED] 65202 PHONE NUMBER [REDACTED]

1

DRIVER LICENSE / ID NUMBER [REDACTED] STATE MO LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Canceled / Oth Invalid  Unknown

DATE OF BIRTH 03/12/1989 SEX F SEAT LOC FL INJ 1 TRANS. PORT 1 EJECTION 4 AIR BAG 3 SAFETY DEVICES 2 VISION OBSTRUCTED  Windshield  Load on Veh  NA

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY NONE PHONE NO. (Optional) POLICY NUMBER  NA  Driver  Vehicle

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

YEAR 2004 MAKE MITSUBISHI MODEL ENDEAVOR COLOR BLK VEH TYPE 1 TOTAL NO. OF OCC 5

LICENSE - PLATE NO. BB0B8R STATE MO YEAR 2020 VIN 4A4MN21S14E009094 TOWED FROM SCENE  Yes  No TOWED DUE TO DIS. DAMAGE  Yes  No

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

INITIAL IMPACT NO. 18

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

EMERGENCY VEHICLE INVOLVEMENT  NA

CONTRIBUTING TRAFFIC CONDITIONS  NA

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

SEQUENCE OF EVENTS CODES  Unknown

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES  None

7E. WORK ZONE  Yes  No  Unknown

TRAFFIC CONTROL  None  Unknown

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING  Yes (Explain)  No  Unknown  NA

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH SEX SEAT LOC INJ TRANS. PORT EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER

[REDACTED]	[REDACTED]	02/03/2016	F	SC	1	1	4	1	2	SAD	
[REDACTED]	[REDACTED]	01/26/2015	M	SR	1	1	2	1	10	15	SAD
[REDACTED]	[REDACTED]	10/26/2018	F	SL	1	1	2	1	2	SAD	
[REDACTED]	[REDACTED]	07/05/2010	F	FR	1	2	4	3	2	SAD	
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  Not In Commerce - Government Vehicle  Not In Commerce - Other Vehicle MC / MX / ICC 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

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





MISSOURI STATE HIGHWAY PATROL  
WRITTEN STATEMENT

SHP-70C 07/03

The foregoing statements are true and are made under oath or affirmation under penalty of making a false affidavit.  
False statements are punishable by law.

ALL CORRECTIONS SHOULD BE INITIALED BY THE PERSON GIVING THE STATEMENT. ATTACH AND NUMBER ADDITIONAL PAGES IF NECESSARY.

PAGE 1 OF 1

I [redacted] driving north on highway 54 witnessed a black SUV come to a stop off the left side of the road partially on the shoulder. The vehicle had come to a stop after rolling over. When I approached a child (female) was laying on the road. I looked inside saw a deceased child in the rear passenger. An infant was in the rear driver's side.

~~[Large Xed-out area with handwritten initials 'mb' scattered throughout]~~

I fully understand the contents of the entire statement made by me. I have made this freely without hope of benefit or reward, threat of punishment, or unlawful inducement. I realize false statements are punishable by law.

SIGNATURE OF PERSON GIVING STATEMENT [redacted]	TIME 1945	DATE 5-15-19	LOCATION OF STATEMENT Hwy 54 / 87
PRINTED OR TYPED NAME OF PERSON GIVING STATEMENT [redacted]	DATE OF BIRTH 6-16-78	RACE W	SEX F
[redacted]	DATE 5/15/19	OFFICER'S SIGNATURE [redacted]	DATE 5/15/19