

1 — GENERAL CRASH INFORMATION				AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPFF00 13029836				
SPACE USED FOR BARCODE								
LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO.	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO. INJURED 0	NO. KILLED 1	REPORT / CASE / INCIDENT NUMBER 240587831	
CRASH DATE MM/DD/YYYY 11/21/2024		CRASH TIME (MIL.) 2118	NOTIFIED DATE 11/21/2024	TIME NOTIFIED (MIL.) 2126	INVEST. DATE 11/21/2024	TIME ARRIVED (MIL.) 2152	DATE OF RDWY. CLEAR <input checked="" type="checkbox"/> NA	
ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife <input type="checkbox"/> Fell / Jumped From MV	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object		<input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle <input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle <input type="checkbox"/> Other Non-Motorist		DIRECTIONAL ANALYSIS FOR IMPACT WITH 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 (Front to Side) <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA — Answer the following to determine if the "Commercial Vehicle" fields in Section 7H 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 type="checkbox"/> Yes — Complete Section 7H for appropriate vehicle.				
EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM #895 CPL. BLANKENBEKER			AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency MSHP Patrol Records Division, Jefferson City MO 65109				
EVIDENTIARY VIDEO TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM MILLER COUNTY SHERIFF'S DEPARTMENT			AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency MSHP Patrol Records Division, Jefferson City MO 65109				
RECONSTRUCTION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM CPL B. BLANKENBEKER			AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency MSHP Patrol Records Division, Jefferson City MO 65109				
2 — LOCATION								
COUNTY MILLER	MUNICIPALITY NON-CITY OR UNINCORP		BEAT / ZONE 11	TRP/DIST/PCT F	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N 38 D 15 M 44.8 S LONG: W -92 D 25 M 54.6 S			
ON MO 17	RDWY. DIR. N	DISTANCE FROM <input type="checkbox"/> NA 1.32 Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At		INTERSECTING BRIDGE A7854			
SPEED LIMIT 55	ROADWAY MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				SPEED LIMIT NA	INT. DIR. NA	GEO — CODE NA	
TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input checked="" 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			ROADWAY ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROADWAY PROFILE <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 <input checked="" type="checkbox"/> NA <input type="checkbox"/> Cross Intersection (4-Way) <input type="checkbox"/> T-Intersection			ANGLED/SKEWED <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Five or More Legs and Not Circular		ROUNDABOUT / TRAFFIC CIRCLE <input type="checkbox"/> Roundabout <input type="checkbox"/> Other Circular Intersection <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)		Enter Codes ROADWAY CONDITION 1 LIGHT CONDITION 3 ROADWAY SURFACE 2 WEATHER / ENVIRON CONDITION 1	
3 — DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative								
NAME & ADDRESS (Street, City, State, Zip)						PHONE NUMBER		
5 — NON-MOTORIST <input type="checkbox"/> NA <input checked="" type="checkbox"/> Pedestrian (NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE) <input type="checkbox"/> Prior Motor Vehicle Occupant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Other Non-Motorist Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other (Explain)				PEDESTRIAN SPECIAL FUNCTION <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Fire <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Tow Operator <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> EMS				
NO. 1	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)					PHONE NUMBER NONE		
DATE OF BIRTH 04/18/1998		SEX M	STRUCK BY VEH#: 1	INJ 1	TRANS-PORT 2	SAFETY DEVICES 2	LOCATION <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown	
CROSSING ROAD <input checked="" type="checkbox"/> NA		ACTIONS <input type="checkbox"/> NA/None <input type="checkbox"/> Getting On / Off Vehicle <input checked="" type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		ORIGIN / DESTINATION <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"/> Going To / From Transit <input checked="" type="checkbox"/> Unknown (Explain)		BICYCLE LANE / FACILITY (Enter Code) NA		
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Drugs <input type="checkbox"/> Wrong-Way <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Improper Turn				None <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Distracted / Inattentive (If marked, fill in Codes) →		Following Too Close <input checked="" type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped) Improper Start from Park <input type="checkbox"/> Other (Explain) Unknown (Explain)		
				DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

6. COLLISION
DIAGRAM

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

V1 E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE
NORTH

SEE RECONSTRUCTIONIST REPORT

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 — DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1
PHONE NUMBER (573)369-2342

DRIVER LICENSE / ID NUMBER
STATE MO
LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown
LIC TYPE Operator Class F Permit Unknown CDL Class MC Only (Explain) Intern / Grad Unlicensed

DATE OF BIRTH 01/21/1999 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 3 SAFETY DEVICES 5 INDICATION OF IMPROPER USE? Unk No NA VISION OBSTRUCTED Not Obstructed Trees / Brush Sign Building Hillcrest Windshield Embankment Load on Veh Parked Veh

DRIVER LICENSE RESTRICTIONS Alcohol Interlock Required on License? No Alcohol Interlock Present? No

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY MOPERM PHONE NO. (Optional) POLICY NUMBER PLP-2038-202401

7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
PHONE NUMBER (573)369-2342

YEAR 2024 MAKE FORD (ALSO SEE ENGLISH FRENCH) MODEL EXPLORER COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE — PLATE NO. 5312 STATE MO YEAR 2024 VIN 1FM5K8AB4RGA69059

TOWED FROM SCENE Yes No TOWED BY Unknown NA VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO: 1

VEHICLE BODY TYPES — Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance Vehicle Used for Electronic Ride-Hailing (Transportation Network Company)
Passenger Car Passenger Van 9-12 Passenger Van 15- Passenger Van Sport Utility Vehicle Limousine (7-8 W / Driver) Limousine (9-15 W / Driver) Motorized Bicycle / Moped
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
Autocycle Recreational Off-Highway Vehicles (ROV) Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) Unknown (Explain)
Cargo Van Pickup Other Heavy Truck Single-unit Truck; 2 axles, 6 tires Single-unit Truck; 3 or more axles Truck Tractor
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

FIRST TRAILER / TOWED UNIT YEAR MAKE MODEL LICENSE — PLATE NO. STATE YEAR VIN
SECOND TRAILER / TOWED UNIT YEAR MAKE MODEL LICENSE — PLATE NO. STATE YEAR VIN

AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE If marked Yes, complete Automation System Levels Engaged at Time of Crash and Driver Ceded Control fields
AUTOMATION SYSTEM LEVELS ENGAGED AT TIME OF CRASH No Automation Partial Automation High Automation Automation System(s) Engaged Level Unknown
DRIVER CEDED CONTROL Yes No Unknown

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated
CONTRIBUTING TRAFFIC CONDITIONS NA Congestion Ahead Crash Ahead Other Incident Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8)
SEQUENCE OF EVENTS CODES 1 30 ANIMAL CODE(S) FIXED OBJECT CODE(S)

ALCOHOL USE Yes No Unknown NA MARIJUANA USE Yes No Unknown NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES Additional Codes Listed in Narrative (See Codes in Section 8)
DISTRACTED / INATTENTIVE CODE(S) NA

7E. WORK ZONE Yes No Unknown Workers Present Intermittent or Moving Work
TYPE OF WORK ZONE Lane Closure Lane Shift / Crossover Intermittent or Moving Work Work on Shoulder or Median Other Type of Work Zone
LOCATION OF THE CRASH Before the First Work Zone Warning Sign Advanced Warning Area Transition Area Activity Area Termination Area

7F. TRAFFIC CONTROL None Unknown
Electric: Green / Yellow / Red Flashing Red Flashing Yellow Ramp Meter Other Electric (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)

Table with 11 columns: OCCUPANTS — NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-TION, AIR BAG, SAFETY DEVICES, IMPROPER USE?, PHONE NUMBER. Includes checkboxes for Yes/No/Unk/NA.

7H. — 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.					
VEH NO.	MOTOR CARRIER IDENTIFICATION (Leasee, etc.) — NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO					PHONE NUMBER <input type="checkbox"/> SAO	
COMMERCIAL / NON-COMMERCIAL	<input type="checkbox"/> Interstate Carrier	<input type="checkbox"/> Not In Commerce — Government Vehicle	<input type="checkbox"/> Not In Commerce — Other Vehicle	MC / MX / ICC NO.	USDOT NO.		
	<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 Another Veh.	
	<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"/> Intermodal Container Chassis	
	<input type="checkbox"/> NA (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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME	

8 — CODES			
ROADWAY CONDITION CODES	ROADWAY SURFACE CODES	LIGHT CONDITION CODES	WEATHER / ENVIRONMENTAL CONDITION CODES
1. Dry 2. Wet 3. Snow 4. Ice / Frost 5. Slush 7. Standing Water 8. Moving Water 9. Other (Explain) 11. Mud, Dirt, Gravel 12. Sand U. Unknown (Explain)	1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt / Sand 6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (Explain)	1. Daylight 2. Dark-Lighted 3. Dark-Unlighted 6. Dark-Unknown Lighting 7. Other (Explain) 8. Dawn /Dusk U. Unknown (Explain)	1. Clear 2. Cloudy 3. Rain 4. Snow 5. Sleet /Hail 6. Freezing (Temp) 7. Fog / Mist 10. Severe Crosswinds 11. Other (Explain) 12. Blowing Snow 13. Smoke /Smog U. Unknown (Explain)

SEAT LOCATION XX—Not Known M — Motorcycle CP—Commercial Passenger OE—Occupant—Enclosed Load Area OU—Occupant—Unenclosed Load Area RC—Rail Crew VE—Riding on Motor Vehicle Exterior (non-trailing unit) SS—Sleeper Section of Cab (truck) TU—Trailing Unit SV—Other (Explain in Narrative) NA—Not Applicable	<table border="1" style="margin:auto;"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	INJURY (Enter Numerical Value) 1. (K) Fatal Injury 2. (A) Suspected Serious Injury 3. (B) Suspected Minor Injury 4. (C) Possible Injury 5. (O) No Apparent Injury U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / Not Applicable 3. Not Deployed 4. Removed 5. Deployed—Front 6. Deployed—Side 7. Deployed—Curtain 8. Deployed—Other (Knee, Air Belt, etc.) 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 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 (Explain) 16. Child Restraint—Type Unknown 17. Stretcher 18. Wheelchair 19. Lighting 20. Reflectors U. Use Unknown N. Not Applicable
	FR	SR	TR												
FC	SC	TC													
FL	SL	TL													

PERSONAL CONVEYANCE TYPE CODES 1. Scooter—Mobility Assistance / Motorized 2. Scooter—Stand-up / Motorized 3. Stand-up / Non-motorized 4. Stand-up / Motorized-Other 5. Stroller 6. Rideable Toy 7. Other (Explain)	BICYCLE LANE / FACILITY CODES 1. Signed Route (No Pavement Marking) 2. Shared Lane Markings 3. On-street Bike Lanes 4. On-street Buffered Bike Lanes 5. Separated Bike Lanes 6. Off-street Trails / Sidepaths 7. Other (Explain) U. Unknown N. Not Applicable
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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)

ENDORSEMENT CODES		
1. H—Hazardous Materials 2. N—Tank Vehicle	3. P—Passenger 4. S—School	5. T—Double / Triple Trailers 6. X—Combination of Tank Vehicle and Hazardous Materials 7. Other Non-commercial License Endorsements (e.g., Motorcycle, etc.)

VEHICLE TYPE CODES 1. Motor Vehicle In Transport 2. Parked Motor Vehicle	3. Working Motor Vehicle U. Unknown	OTHER VEHICLE CODES 1. Riding Mower / Garden Tractor 2. Golf Cart 3. Snowmobile 4. Forklift 6. Low Speed Vehicle (LSV) 7. Other (Explain)
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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 / Merging 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 / Equipment 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 Vehicle 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 41. Collision Inv. Working MV 42. Downhill Runaway	43. Fell / Jumped From MV 44. Thrown / Falling Object 46. Ran Off Roadway—Other (Explain) 47. Cross Separator 48. Collision Inv. Other Non-motorist (**) 49. Struck By Falling, Shifting Cargo, Object Set In Motion by Motor Vehicle 50. End Departure (T-intersection, Dead-end, etc.)

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS			
60. Deer	61. Farm Animal	62. Dog	63. Other Animal
			U. Unknown

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 / Guy Wire 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

PROBABLE CONTRIBUTING CIRCUMSTANCES (Items with double-asterisk [**] require additional coding)		
1. Vehicle Defects (Explain) 3. Improperly Stopped In Roadway 4. Speed—Exceeded Limit 5. Too Fast For Conditions 6. Improper Passing 7. Failure to Obey Traffic Signs, Signals, or Officer 8. Wrong Side (Not Passing) 9. Following Too Close	10. Improper Signal 11. Improper Backing 12. Improper Turn 13. Improper Lane Usage / Change 14. Wrong Way 15. Improper Start From Park 16. Improperly Parked 17. Failed To Yield 18. Alcohol	19. Drugs 20. Physical Impairment (Explain) 21. Distracted / Inattentive (**) 23. Vision Obstructed 24. Driver Fatigue / Asleep 25. Failed to Dim Headlights 26. Failed to Use Lights 27. Improper Towing / Pushing 28. Overcorrected 29. Improper Riding / Clinging To Vehicle Exterior 30. Failed To Secure Load / Improper Loading 31. Animal(s) In Roadway 32. Object / Obstruction in Roadway 33. Other (Explain)

9. NARRATIVE/STATEMENTS

NARRATIVE

BASED ON THE EVIDENCE AT THE SCENE AND THE STATEMENT GIVEN, THIS CRASH OCCURRED AS VEHICLE 1 WAS TRAVELLING NORTH ON HIGHWAY 17 IN MILLER COUNTY, MISSOURI. VEHICLE 1 GOING STRAIGHT AND STRUCK A PEDESTRIAN THAT WAS STANDING IN THE MIDDLE OF THE ROADWAY.

ONCOMING TRAFFIC HAD ITS HEADLIGHTS ON, PREVENTING DRIVER 1 FROM OBSERVING THE PEDESTRIAN IN THE ROADWAY.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR T. RAYHART	0631	11	F
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
CPL M. PARKER	0816		

11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)

██████████: DRIVER OF VEHICLE 1 STATEMENT

"SO I WAS HEADING TOWARDS MARY'S HOME, GOING THIS WAY. UM, I WAS PASSING ANOTHER CAR, THEIR LIGHTS KINDA BLINDED ME. WHEN I PASSED THEM AND I FINALLY GOT MY VISION BACK, I JUST SAW A BLACK FIGURE LIKE IN THE MIDDLE OF THE ROAD, AND I DIDN'T EVEN KNOW WHAT IT WAS. I JUST KNEW I HIT SOMETHING. UM, SO I TURNED AROUND AND I SAW HIM, SO I WENT OVER AND TRIED TO HELP HIM THE BEST I COULD."

██████████: NON-MOTORIST 1 STATEMENT

NO STATEMENT GIVEN

██████████: NON-MOTORIST 1 FATALITY AND TRANSPORTATION INFO

PRONOUNCED BY: DR. HUNTER CHALFANT AT LOCATION: UNIVERSITY HOSPITAL - COLUMBIA, MISSOURI DATE/TIME: 11/27/2024 1725 NEXT OF KIN NOTIFIED: YES

DISPOSITION OF BODY: BOONE COUNTY MEDICAL EXAMINER

TRANSPORTED BY: MU AIR TRANSPORTED TO: UNIVERSITY HOSPITAL - COLUMBIA

