

1 — GENERAL CRASH INFORMATION		AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPPF00 13035348		
SPACE USED FOR BARCODE				

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER	NO. VEH. INV.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	4	1	250036399	2
CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVEST. DATE	TIME ARRIVED (MIL.)	DATE OF RDWY. CLEAR	TIME OF RDWY. CLEAR	INVEST. AT SCENE
01/23/2025	1730	01/23/2025	1735	01/23/2025	1744	1/23/2025 <input type="checkbox"/> NA	1925 <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING			DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE		
	<input checked="" type="checkbox"/> On Roadway <input 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"/> Thrown or Falling Object	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object	<input 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 checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle <input type="checkbox"/> Other Non-Motorist	<input type="checkbox"/> Front to Front <input checked="" 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.	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"/> No — No commercial vehicle fields need completion.
<input checked="" type="checkbox"/> Yes — Go to number 2. —>	<input type="checkbox"/> Yes — Complete Section 7H for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SGT P. MEYERS	<input checked="" type="checkbox"/> Investigating Agency MSHP Patrol Records Division, Jefferson City MO 65109
EVIDENTIARY VIDEOTAKEN	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SGT P. MEYERS	<input checked="" type="checkbox"/> Investigating Agency MSHP Patrol Records Division, Jefferson City MO 65109

2 — LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)		
BOONE	NON-CITY OR UNINCORP	10	F	LAT: N	39 D 9 M 42.1 S	LONG: W -92 D 19 M 51.3 S

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING		
US 63	S	591 <input type="checkbox"/> NA <input type="checkbox"/> Feet	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	CRD OLD HWY 63	SPEED LIMIT	INT. DIR.
70	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				NA	N

TRAFFICWAY		ROADWAY ALIGNMENT		ROADWAY PROFILE		
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input checked="" 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)	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Dip	<input type="checkbox"/> Downhill	<input type="checkbox"/> Dip
INTERSECTION TYPE		ROADWAY CONDITION		ROADWAY SURFACE		
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Perpendicular <input type="checkbox"/> Cross Intersection (4-Way) <input type="checkbox"/> T-Intersection	<input type="checkbox"/> Angled/Skewed <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Five or More Legs and Not Circular	<input type="checkbox"/> Roundabout / Traffic Circle <input type="checkbox"/> Roundabout <input type="checkbox"/> Other Circular Intersection <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	1	8	1 6

3 — DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

MODOT 10' GUARDRAIL FACE BENT

4 — WITNESS None Identified Additional Witnesses In Narrative

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

5 — NON-MOTORIST NA Pedestrian Pedestrian on Personal Conveyance Pedalcyclist Other Non-Motorist

(NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE)

Prior Motor Vehicle Occupant Occupant of Animal or Animal Drawn Device

Yes No

PEDESTRIAN SPECIAL FUNCTION NA

Law Enforcement Officer Fire ModOT Worker EMS Other Trafficway Worker

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	Non-Trafficway Area	BICYCLE LANE / FACILITY
						<input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> On Sidewalk	<input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown	(Enter Code)

CROSSING ROAD <input type="checkbox"/> NA	ACTIONS <input type="checkbox"/> NA / None	ORIGIN / DESTINATION <input type="checkbox"/> NA
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> With Flashing Beacon <input type="checkbox"/> Unknown	<input type="checkbox"/> Intersection — Marked Crosswalk <input type="checkbox"/> Intersection — Unmarked Crosswalk <input type="checkbox"/> Midblock — Marked Crosswalk <input type="checkbox"/> Midblock — No Crosswalk <input type="checkbox"/> Unknown	<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 type="checkbox"/> Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES None

<input type="checkbox"/> Failed To Yield	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped)	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Failure to Obey Traffic Signs, Signals, or Officer	<input type="checkbox"/> Drugs	<input type="checkbox"/> Not Visible (Dark Clothing, No Lighting, etc.)	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Improper Start from Park	<input type="checkbox"/> Unknown (Explain)	
<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Wrong-Way	<input type="checkbox"/> Vision Obstructed (Explain)	<input type="checkbox"/> Improper Backing	DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE
	<input type="checkbox"/> Improper Turn		<input type="checkbox"/> Distracted / Inattentive (If marked, fill in Codes) —>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. COLLISION
DIAGRAM

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

V1 N E W U V2 N E 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 RECONSTRUCTION
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 [REDACTED] 65257 [REDACTED] PHONE NUMBER [REDACTED]

DRIVER LICENSE / ID NUMBER [REDACTED] STATE MO LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE NA Operator Class E Permit Unknown (Explain) CDL Class MC Only Unlicensed ENDORSEMENTS Yes (add code) No NA Unk

DATE OF BIRTH 07/08/2004 SEX M SEAT LOC FL INJ 4 TRANS-PORT 2 EJECTION 2 AIR BAG 5 SAFETY DEVICES 5 INDICATION OF IMPROPER USE? Yes No Unk NA VISION OBSTRUCTED NA Not Obstructed Trees / Brush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare

DRIVER LICENSE RESTRICTIONS Alcohol Interlock Required on License? Yes No Unknown NA Alcohol Interlock Present? Yes No Unknown NA

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY PROGRESSIVE Expired Expired PHONE NO. (Optional) POLICY NUMBER 954039699 NA Driver Vehicle Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
 [REDACTED] 65257 [REDACTED] PHONE NUMBER UNK SAD

YEAR 2017 MAKE JEEP FOR MODEL YEARS 1989 MODEL WRANGLER COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 1EDSSG STATE MO YEAR 2025 VIN 1C4HJWFGXHL657129

TOWED FROM SCENE Yes No TOWED BY I-70 TOWING - COLUMBIA, MO TOWED DUE TO O/S. DAMAGE Yes No 4201 I-70 DRIVE SE COLUMBIA, MO 65202 PHONE: 573-442-8227

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO: 1

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

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 Seats) 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 / GCVW 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

Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) NA

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

Record Subsequent Trailer / Towed Units in Section 9 - Narrative.

AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE Yes No Unknown 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 Assistance Conditional Automation Full Automation Unknown

DRIVER CEDED CONTROL Yes No Unknown NA

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire Other (Must check "A" or "B")

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 8 34 7 34 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)

4 21 None Unknown (Explain) DISTRACTED / INATTENTIVE CODE(S) 5 NA

7E. WORK ZONE Yes No Unknown TYPE OF WORK ZONE NA Lane Closure Lane Shift / Crossover Intermittent or Moving Work Work on Shoulder or Median Other Type of Work Zone Unknown

Workers Present Yes No Unknown LOCATION OF THE CRASH NA Unknown Before the First Work Zone Warning Sign Transition Area Activity Area Advanced Warning Area Termination Area

LAW ENFORCEMENT PRESENT Yes No Unknown NA

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)

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

7G. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	IMPROPER USE?	PHONE NUMBER
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	
									<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 2 [REDACTED] 65270 PHONE NUMBER UNK

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

DATE OF BIRTH 10/04/1999 SEX M SEAT LOC FL INJ 2 TRANS-PORT 2 EJECT-ION 2 AIR BAG 7 SAFETY DEVICES 6 INDICATION OF IMPROPER USE? No VISION OBSTRUCTED NA

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

PROOF OF INSURANCE INSURANCE COMPANY PROGRESSIVE PHONE NO. (Optional) POLICY NUMBER 972462653

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

YEAR 2023 MAKE FORD (ALSO SEE ENGLISH FRENCH) MODEL BRONCO COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 4

LICENSE - PLATE NO. VC9E5K STATE MO YEAR 2025 VIN 3FMCR9C63PRD52311

TOWED FROM SCENE TOWED BY I-70 TOWING - COLUMBIA, MO VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. 8

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Passenger Car, School Bus, Intercity, Transit / Commuter, Charter / Tour, Other

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

AUTOMATION SYSTEM OR SYSTEMS IN VEHICLE If marked Yes, complete Automation System Levels Engaged at Time of Crash and Driver Ceded Control fields

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 1 8 34 7 20 36 29 34 ANIMAL CODE(S) FIXED OBJECT CODE(S) 22

ALCOHOL USE No MARIJUANA USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES DISTRACTED / INATTENTIVE CODE(S) NA

7E. WORK ZONE TYPE OF WORK ZONE Lane Closure, Work on Shoulder or Median, Other Type of Work Zone, Intermittent or Moving Work, Unknown

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

Table with 12 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS, DATE OF BIRTH, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-ION, AIR BAG, SAFETY DEVICES, IMPROPER USE?, PHONE NUMBER. Contains 3 rows of occupant data.

7H. — 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.

VEH NO.	MOTOR CARRIER IDENTIFICATION (Lessee, 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 <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce—Rental Vehicle	MC / MX / ICC NO. USDOT NO.
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"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <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"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME

8 — CODES

ROADWAY CONDITION CODES 1. Dry 8. Moving Water 2. Wet 9. Other (Explain) 3. Snow 11. Mud, Dirt, Gravel 4. Ice / Frost 12. Sand 5. Slush U. Unknown (Explain) 7. Standing Water	ROADWAY SURFACE CODES 1. Concrete 6. Multi-surface 2. Asphalt 7. Cobblestone 3. Brick 8. Other (Explain) 4. Gravel U. Unknown 5. Dirt / Sand (Explain)	LIGHT CONDITION CODES 1. Daylight 2. Dark-Lighted 3. Dark-Unlighted 6. Dark-Unknown Lighting 7. Other (Explain) 8. Dawn / Dusk U. Unknown (Explain)	WEATHER / ENVIRONMENTAL CONDITION CODES 1. Clear 7. Fog / Mist 2. Cloudy 10. Severe Crosswinds 3. Rain 11. Other (Explain) 4. Snow 12. Blowing Snow 5. Sleet / Hail 13. Smoke / Smog 6. Freezing (Temp) U. Unknown (Explain)
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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 13. Other Helmet 2. Not Used 14. Reflective Clothing 3. Shoulder Belt Only 15. Other (Explain) 4. Lap Belt Only 16. Child Restraint — Type Unknown 5. Shoulder and Lap Belt 7. DOT Compliant 17. Stretcher MC Helmet 18. Wheelchair 8. No Helmet 19. Lighting 10. Booster Seat 20. Reflectors 11. Child Restraint — Forward Facing U. Use Unknown 12. Child Restraint — Rear Facing 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)
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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.)
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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
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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 / 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
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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)
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9. NARRATIVE/STATEMENTS

NARRATIVE

THROUGH INVESTIGATION, IT WAS DETERMINED BOTH VEHICLES WERE TRAVELING ON SOUTHBOUND U.S. 63 IN LANE TWO OF TWO. VEHICLE 1 WAS BEHIND VEHICLE 2. THIS CRASH OCCURRED AS DRIVER 1 EXCEEDED THE POSTED SPEED LIMIT AND WAS DISTRACTED. DRIVER 2 APPLIED THE BRAKES AND VEHICLE 2 BEGAN SLOWING FOR CONGESTION AHEAD. DRIVER 1 NOTICED VEHICLE 2 STOPPING AND APPLIED THE BRAKES. IMPACT OCCURRED AS THE FRONT OF VEHICLE 1 STRUCK THE REAR OF VEHICLE 2. VEHICLE 2 TRAVELED OFF THE RIGHT SIDE OF THE ROADWAY AND STRUCK THE GUARDRAIL FACE, BEFORE RETURNING TO THE ROADWAY. THE FRONT OF VEHICLE 1 THEN STRUCK THE RIGHT SIDE OF VEHICLE 2. VEHICLE 2 CAME TO REST, FACING NORTH, PARTIALLY BLOCKING LANE TWO. VEHICLE 1 CAME TO FINAL REST, FACING SOUTH, WITH ITS RIGHT FRONT CORNER AGAINST THE RIGHT SIDE OF VEHICLE 2.

10. REPORTING AND REVIEWING OFFICER INFORMATION

TPR D. HOLLIDAY	0447	10	F
CPL N. MARCH	0762	REVIEWING OFFICER 2 NAME DSN / BADGE NO.	

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

[REDACTED] : DRIVER OF VEHICLE 1 STATEMENT

"I JUST RAMMED THEM (V2). I WAS PUTTING MY PHONE DOWN. I WAS ABOUT TO MAKE A CALL. I WAS LOOKING DOWN AT SOMEWHERE TO PUT IT."

[REDACTED] : DRIVER OF VEHICLE 2 STATEMENT

WE WERE STOPPING BECAUSE OF THE TRAFFIC AHEAD AND THE JEEP (V1) HIT US.

[REDACTED] : PASSENGER OF VEHICLE 2 STATEMENT

NONE

[REDACTED] : PASSENGER OF VEHICLE 2 STATEMENT

NONE

[REDACTED] : PASSENGER OF VEHICLE 2 STATEMENT

NONE

[REDACTED] : PASSENGER OF VEHICLE 2 FATALITY AND TRANSPORTATION INFO

PRONOUNCED BY: DR. KARL HUESGEN AT LOCATION: SCENE DATE/TIME: 01/23/2025 1804 NEXT OF KIN NOTIFIED: YES
DISPOSITION OF BODY: PARKER MILLARD FUNERAL HOME TO BOONE COUNTY MEDICAL EXAMINERS OFFICE EJECTION PATH:

[REDACTED] : DRIVER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: BOONE HOSPITAL EMS

TRANSPORTED TO: UNIVERSITY HOSPITAL

[REDACTED] : PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY: BOONE HOSPITAL EMS

TRANSPORTED TO: UNIVERSITY HOSPITAL

[REDACTED] : DRIVER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY: UNIVERSITY HOSPITAL EMS

TRANSPORTED TO: UNIVERSITY HOSPITAL

[REDACTED] : PASSENGER OF VEHICLE 2 TRANSPORTATION INFO

TRANSPORTED BY: UNIVERSITY HOSPITAL EMS

TRANSPORTED TO: UNIVERSITY HOSPITAL

