1 — GENERAL CRASH INF	ORMAT	TON				AGENCY NAME AND ORI											
	SPAC	CE USED FOR	R BARCOL	)F			MISSOURI STATE HIGHWAY PATROL										
	OFA(	OF ORED LOD	DANOOL	· <b>-</b>						M	OMHPFF0	0					
											13044055						
	ER NO.		CLEARED		CRASH	PROPE DAMAG	OPERTY NO. INJURED NO. KILLED REPORT / CASE / INCIDENT MAGE 34 0 25022279							NO. VEH. INV.			
☐ Yes ■ No  CRASH DATE MM/DD/YYYY	CBAS		Yes		CLASSIFICATION TIME NOTIFIED (M	ONLY	/EST DATE				FRDWY. CLEA		OF RDWY. CLEAF	· · · · · · · · · · · · · · · · · · ·			
05/03/2025		1045	05/03		1053	- /	6/03/2025	112	, ,	5/3/2			325   NA				
		LLISION	☐ Carg	o / Equip	COLLISION INVOI								NALANALYSIS FO	PRIMPACT			
On L	_	turning Explosion		/Shift	Animal Pedalcycle	_	edestrian ruck by Falling	= .	Railway Veh Motor Vehicl		1	Front to	Front	Sideswipe (Same Dir.)			
TYPE	lmm	ersion	Othe	r Collision	Fixed Object	SI	hifting Cargo	or 🔲 F	Parked Moto		$\longrightarrow$	☐ Front to	_	Sideswipe (Opp. Dir.) Other (Explain)			
Off Roadway		knife Jumped	☐ Thro	wnor	Other Object		nything Set in I y Motor Vehicl	<sub>₽</sub> □ '	Vorking Mot Other Non-M		∍——)	Rear to		Unknown (Explain)			
	Fron	n MV		ng Object								☐ Angle (I	Front to Side)				
COMMERCIAL MOTOR VE  1. Does this crash involve a										nercial vehicle	based upon	the following:					
1a. A person fatally injure 1b. A person transported 1c. A vehicle towed due to	ed;OR I for med	ical attention;	OR _	fie	o commercial vehicle elds need completion to to number 2.	. 2	a.Atruck/ca b.Amotorve	rgo van with 0	GVWR/GCV ting for 9 or	/WR of m more incl	ore than 10,000 uding driver; Of	lbs;OR	☐ No — No con need c ■ Ves — Compl	nmercial vehicle fields ompletion. ete Section 7H for			
EVIDENTIARY PHOTOS TA				163—6	io to flumber 2.		.c. A verilicie v	TITT & TIAZATOO		BLE FROM	M ■ Inves	tigating Age	appro	oriate vehicle.			
■ Yes □ No TRP. T. BREWER MSHP Patrol Records Division,												n, Jefferson C	ity MO 65109				
EVIDENTIARY VIDEO TAKEN BY WHOM AVAILABLE FROM Investigating Agency												ency					
RECONSTRUCTION BY WHOM AVAILABLE FROM ■ Investigating Agency													,				
■ Yes □ No CPL J. MCKINNEY MSHP Patrol Records Division, Jeffe												n, Jefferson C	ity MO 65109				
2—LOCATION  COUNTY MUNICIPALITY BEAT / ZONE TRP/DIST/PCT GPS COORDINATES (DD MM SS.S FORMAT)													Γ)				
GASCONAD	E	ı	NON-CI	TY OR	UNINCORP		12	F	LAT: N	38	D 40 M 44.	6 S	LONG: W -9'	D 27 M 51.5 S			
ON						Y. DIR.	DISTANCE		LOCATION		INTERSEC <sup>-</sup>						
SPEED LIMIT ROADWAY		MO 100				W	1726	☐ NA Feet	After	☐ NA	SPEED LIM		AGLES NES	_			
			☐ Unknov cipal ☐		Property   Other			Feet	■ Before □ At		NA	E	R. GEO — COD	NA NA			
TRAFFICWAY										/AYALIGN	MENT R	DADWAY PE		_			
☐ One-Way ■ Tw ☐ Two-Way; Not Divided;		Not Divided	urn Lane		o-Way; Divided; Unpr o-Way; Divided; Posit			☐ Other ☐ Unknown	☐ Stra	aight known (E		_		] Dip ] Unknown (Explain)			
INTERSECTION	, Contint	Jous Center 1	uiii Lane		o-way, Divided, 1 osit	ive ivieui	an Damei			KIIOWII (L	· · ·	ADWAY		ROADWAY			
TYPE PERPEN		R ction (4-Way)		D/SKEW			DABOUT / TF undabout	AFFIC CIRCI		olain)	Enter CO Codes LIG	NDITION	<b>1</b>	SURFACE 2			
NA Gross		,	_		Legs and Not Circular	_		_		,	LIC	NDITION	1 ENVIRON CONDITIO	N 2			
3 — DAMAGE TO PROPER				■ Non													
LIST OWNER'S NAME & AI	DDRES	S, DESCRIPT	ION OF PF	ROPERTY	/, AND DAMAGE.	☐ MoDC	T Co	unty 🗌 M	unicipality								
4 — WITNESS None	lala matifia		itional Wit	!	n Narrative												
NAME & ADDRESS (Street,			Illoriai vvii	ilesses ii	i ivarrative								PHONE	IUMBER			
		7 17															
5 — NON-MOTORIST (NOT OCCUPANT OF	NA	Pedestriar	n itor Vehicle	т.	Pedestrian on Personal Conveyance		Pedalcyc	ist	T	ther Non-	Motorist of Animal or	PEDESTF	RIAN SPECIAL FU nforcement	NCTION NA			
RAILWAY OR		Occupar	nt		Personal Conveyance		└─ On Motor □ No	ized Pedalcyc	le 💛	Animal Dr	awn Device	Office	r	☐ MoDOT Worker			
MOTOR VEHICLE)		☐ Yes	∐ No		Type (Enter Code) _		☐ Gas	_	,	☐ Yes	☐ No	☐ Tow O <sub>I</sub> ☐ EMS	perator	Other Trafficway Worker			
NO. NAME (Last, First, M	II) & ADI	ORESS (Stree	t, City, Sta	te, Zip)			☐ Othe	r (Explain)					PHONE	IUMBER			
					1												
DATE OF BIRTH	SEX	STRUCK BYVEH#:	INJ TR		AFETY LOCA EVICES \ \ \ \ \ \ \ \ \ \ \	TION n Roadwa	av Within		eway Access		alk / Intersectio		rafficway Area ed-Use Path or Tra	BICYCLE LANE /			
						rosswalk	/Intersection	On Med	dian / Separa er / Roadside	ator / Cros		Other	(Explain)	(Enter Code)			
CROSSING ROAD [] I	NA AV	1	1 1		ACTIONS	n Sidewa [	alk □ NA/None		ei / Moadside	<del>-</del>		Unkno		STINATION NA			
☐ With Signal		Intersection —			☐ Getting On				Working			Other (Explai	in) Going	o / From School			
☐ Against Signal☐ No Signal☐	. =	Intersection — Midblock — Ma					Sitting In Traff	icway [		Trafficwa Running	y □ ! ′Cycling / Riding	Jnknown a In Trafficwa	1 = 5 3	On / Off School Bus The Above			
☐ With Flashing Beacon	¦⊡	Midblock—No			I —	// Working of Parked / Stopped Veh With Traffic Against Traffic Going To / From Transit											
Unknown PROBABLE CONTRIBUTION		Unknown UMSTANCES	;	None									Unknov	лі (схріаіп)			
☐ Failed To Yield		Alcohol	_		pairment (Explain)	☐ Impr	oper Passing		llowing Too (					Other (Explain)			
Failure to Obey Traffic Signs, Signals, or Office		Drugs Wrong-Way				_	roper Signal	_					, ,	Unknown (Explain)			
☐ Improper Lane Usage /		Vision Obstruct		ghting, etc proper Tu		☐ Distr	roper Backing racted / Inatte	ntive 、	RAC1 פוט ן	ן ∖ INA ובט / INA	TTENTIVE CO	υE(S) ∐ 	NA ALCOHO	DL USE  ☐ No ☐ Unknown			
Change DISTRIBUTION: COPY—A		(Explain)				,	narked, fill in			 ROX 568 =	.JEEEERSON (	CITY MO 65		SHP-2S 01/24			

MISSOURI UNIFORM CRASH REPORT # 250222798

INDICATE ROAD NAMES

COLLISION DIAGRAM

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

V1 NES W U V2 NES W U V3 NES W U V4 NES W U V5 NES W U V6 NES W U INDICATE

SEE RECONSTRUCTION REPORT

DIAGRAM NOT TO SCALE

												PAGE 3 of 11		
7 — DRIVERS, VEHICLES, OWNERS, & OCCUPANTS														
NO. 7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)											PHONE NUM	/BER		
1							650	<b>/1</b>				244-9707		
		1									<del>,' ' '</del>			
DRIVER LICENSE / ID NUMBER STATE LIC Valid	Expired	LIC		] Ope	rator Clas	is	□ P	ermit		Jnknowr		1 1		
	☐ Disqual C	DDL TYF	PE E	CDL	_ Class _E	3	□ N	IC Only	(	Explain)	) 📗 Yes (add c	ode)		
MO NA Canceled / Oth Invalid	Unknown	ı   🗆 ا	NA 🗆	Inte	rm / Grad			Inlicense	ed		■ No □ NA	A □ Unk		
DATE OF BIRTH SEX SEAT IN TRANS-EJEC- AIR SAFETY INDICAT	TION OF THE			_						~~				
	V	ISION BSTRUC	TED -	_	t Obstruct			Brush	_		☐ Moving Ve	/Evalein)		
Yes	■ No		, IED [	Wii	ndshield		Buildin		Hil		☐ Stopped V	/eh ☐ Unknown		
09/17/1979   M   FL   2   2   1       5		NA		Loa	ad on Veh		Embar	kment	☐ Pa	rked Vel	h 🗌 Glare	(Explain)		
		-l [	□ NA				A - ol - ol -	Duning						
DRIVER LICENSE RESTRICTIONS Alcohol Interlock Required off License?	No 🗌 Ur	nknown [	NA		Al	conoi ir	iteriock	Present	? 🗆	Yes	No 🗌 Unknow	wn 🗌 NA		
PROOF OF INSURANCE INSURANCE COMPANY Expired			PHONE	NO.	(Optional)		POL	ICY NU	<b>JMBER</b>	□ 1	٧A	☐ Driver		
■ Yes □ No □ Not Required NATIONAL INDEMNITY COI	MPANY				` ' /				70A	PS110	8013	■ Vehicle		
									, 0,					
7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	AD										PHONE NUM	MBER ☐ SAD		
ARODS, TRANSPORTATION LLC P.O.	BOX 452	HERMA	NN, I	MO 6	5041						(573)	220-5270		
YEAR MAKE MODEL						COLC	ıR			VEH. T		NO. OF OCC.		
	I INC CUI		DIIC					1						
2000 FREIGHTLINER CORP. M	LINE SHU	JIILE	BU2			DC	3K			1		34		
LICENSE—PLATE NO. ☐ Temporary Tag STATE YEAR VIN									_					
2C64A3 MO 2025			4	ĮUZ.	ABFH	ID1Y	CG	6494	4					
			VE		DAMAG	E (Mark	all dan	nagod a	roac)		None / No Dam	nage		
DATRICT TOWNS WASHINGTO	N NO					` .		_	,		] None / No Dan ]- Undercarriage	22 - Cargo		
■ Yes □ No PATRIOT TOWING - WASHINGTO	N, MO		INI	TIAL	MPACT N	10: 2	3	415	6		- Windshield	22 - Gargo 23 - Unknown		
OWED DUE TO DIS. DAMAGE 2475 EAST FIFTH STREET WASHINGTON, MO 63090 NA 1 16 17 8 20 - Burned 24 - Other														
NA 21-Trailer/Towed Unit (Explain)														
■ res □ NO														
VEHICLE BODY TYPES — Automobiles / Specialty Vehicle Specialty Vehicle Used As Public Conveyance														
Passenger Car Small Bus (9-15 W/Driver) Motorcycle Cargo Van GVW / GCVW RATING														
	_	10":"	.le		☐ Picku					_	(Not Licens			
—	Recreation		ihway			rHeavy	Truck				,	J ,		
9–12 Passenger Van	Vehicles (	,			☐ Sing				ires —	<u></u> ]→	(Pickups, Cargo ' Truck Tractor			
☐ 15- Passenger Van	Motor Hon	ne			☐ Sing						Placard V			
Sport Utility Vehicle Intercity 3 Wh	Farm Impl	lements			☐ Truc			Jilliole	20103		Less than o			
	Construct	tion Equip.	.Heavv	Mach.		KITACIO	· —			_				
Limousine (9-15 W/ Driver) Charter / Tour 5 Wh / More Other Vehicle (Code) Number of Trailer / Towed Units: 10,001 - 26,000 lbs.														
	=		,		(Applie	s to all \	ehicle E	Body	NA	$\neg$ I I		n 26,000 lbs.		
Motorized Bicycle / Moped Unknown Unknown	Unknown	(Explain)			Types	MUST	OMPL	ETÉ)	INA	IJII I	Unknown	20,000 150.		
FIRST YEAR MAKE		MOI	DEL											
TRAILER /												Record		
TOWED LICENSE — PLATE NO. STATE YEAR VIN												Subsequent		
UNIT		1							1		1	Trailer /		
SECOND YEAR MAKE		140	DEL									Towed Units		
SECOND		MOI	DEL									in Section 9 —		
TRAILER /												Narrative.		
TOWED LICENSE — PLATE NO. STATE YEAR VIN														
UNIT	1 1		1	1							1 1			
AUTOMATION SYSTEM OR If marked Yes, complete AUTOMATION SYST	TEM LEVELS	ENGAGE	D AT TI	IME O	F CRASH						DRIVER C	EDED CONTROL		
SYSTEMS IN VEHICLE Automation System Levels	☐ Partia				High Aut		n 🗆	] Auton	nation Sy	ystem(s)		☐ No		
Engaged at Time of Creek and	_			_			_	Engag	ged Leve	el Unknov	wn =	_		
☐ Yes ■ No ☐ Unknown ☐ Unknown ☐ Driver Ceded Control fields ☐ ☐ Driver Assistance	e 🗌 Condit	tional Auto	mation		Full Auto	mation		] Unkno	own		Unknov	vn 🗌 NA		
EMERGENCY VEHICLE INVOLVEMENT   NA			CONT	RIRIII	TING TRA	EEIC C	ONIDITI	ONS	NΙΔ					
_ ```			CONT	וטטווו	IIIVA IIIA	11100	CINDIII	CIVO	INA					
Police Ambulance A. Emergency Vehicle on Eme			ПС	onaes	tion Ahead	ы П	Crash A	head	☐ Oth	ner Incide	ent Ahead □ l	Jnknown (Explain)		
☐ Fire ☐ Other (Must check "A" or "B") → ☐ B. Stationary With Emergence	cy Equip. Activ	/ated		3					ш			, , , , , , , , , , , , , , , , , , , ,		
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in	n Narrative	(See Cod	les in S	Section	n 8)									
	- Transite				<del>- '</del>		A N. 118		DE(0)		EIVED OD I	FOT CODE (C)		
							ANIN	/AL CO	DE(S)			ECT CODE(S)		
1 20 29 7 17 21 36											42			
ALCOHOL USE ☐ Yes ■ No ☐ Unknown ☐ NA MARIJUANA USE [	Yes	No 🗆	Unkno	w/n	☐ NA									
								_						
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES Additional Codes Listed in Narra	ative (See Cod	des in Sec	tion 8)		DISTRA			- 1				NA		
28 8	☐ Unkno	wn (Evnla	in)		INATTE									
					(See Co	aes in S	ection	5)						
7E. WORK ZONE TYPE OF WORK ZONE NA		LOCATIO	N OF T	HE CI	RASH	N/	\ [	Unkn	own		LAWENFORCE	EMENT PRESENT		
☐ Yes ■ No ☐ Unknown ☐ Lane Closure ☐ Work on Shoulder of	r Median	☐ Before	e the Fi	rst Wo	rk	Пт	ransitio	n Area			☐ Yes	□ No		
Workers Present Lane Shift / Crossover Other Type of Work.	Zone	Zone	Warnin	ıg Sigr	1		ctivity A							
Workers Tresent		☐ Advar	acad W	arnina	Aroa						Unknown	NA NA		
Yes No Unknown Lintermittent or Moving Work Unknown		☐ Auvai	iceu vv	arriirig	Area	<u></u> ⊢ 1€	erminati	on Area						
7F. TRAFFIC CONTROL None Unknown												LFUNCTIONING /		
Electric: Green/Yellow/Red Flashing Red	☐ Flashing	Yellow		Ramp	Meter	Г	Other	Electric	(Expla	ւin)	INOPERATIVE			
H									<u>-</u> `	<u> </u>	Yes (Explai	in) 🔳 No		
Other Stop Sign No Passing Zone	☐ Turn Res				/ Flagma			I On Sc		ıs	Unknown	□ NA		
Controls:  Warning Sign / Device Railway Crossing Sign / Device	☐ School Z	one	_ ∐ \	/ield S	Sign	L	Other	(Explai	n)		JIKIIOWII			
OCCUPANTS — NAME (Last, First, MI)	DATE OF BIR	RTH SEX	SEAT	INJ	TRANS-	EIEO		AIR	-	SAFETY	IMPROPER	PHONE		
ADDRESS (Street, City, State, Zip)	MM-DD-YY		LOC	IIVU	PORT	EJEC- TION		BAG		EVICES		NUMBER		
ADDRESS (Street, City, State, Zip)	ו ז ז -טט-ואוואו				IONI	HON		unu .	ر ا	- VICES	USE!	TOWNELL		
								1			│			
	02/20/402		CD	_	3		4		.	.		(810)623-0519		
66062	02/28/198	88 M	СР	2	3	U	1			1	□ OIK ■ IVA	(010)023-0519		
											Van   N			
	441441400	_	CD	_	_	_				.	Yes No	(040)040 000		
62052	11/14/198	88   F	СР	2	3	2	1			1	UNK INA	(618)946-9804		
								П			Yes No			
	40/00/100		00		_	_				.		(04.4)000 :555		
63383	12/09/196	64   M	CP	2	3	2	1			1	I □ UNK ■ NA	(314)280-1829		
											To			
				_	_	_				_	Yes No			
63362	12/16/199	98   M	CP	3	3	2	1			1	∐ Unk ■ NA	(636)358-1471		
								+	$\vdash$		Inv n.			
			l .								Yes No			
62060	08/29/196	R M R	CP	1 2	. 2	<b>ว</b>	1	1 1		4	ı ☐ Unk ■ NA	LINK		

7H. — COMMERCIAL MOTOR VEHICLE NA	Required on vehicle if "Yes" was answere	ed to questions in parts 1		PORT #	PAGE 4 of 11
	easee, etc.) — NAME & ADDRESS (Street,			chiteria and vehicle meets one of the time	PHONE NUMBER SAO
_		IIGHWAY 19 HER	-	MC /MV /ICC NO	(573)220-5270
	<ul><li>Not In Commerce — Government Veh</li><li>Not In Commerce — Rental Vehicle</li></ul>		merce — Other Vehicle	MC/MX/ICC NO. NONE	USDOT NO. <b>4344214</b>
I RODY	☐ Concrete Mixer     ☐ Garbage / R       ☐ Auto Transporter     ☐ Grain / Chip	10.000	Trailer Vehicle T	Veh. Container C	NA (No
HAZARDOUS PLACARD DISPLAYED 4-DIGIT  HAZARDOUS Yes ■ No  Unknown	NO. CLASS HM CARGO PRESENT ☐ Yes ■ No ☐ Unknown	HM CARGO RELEA  Yes ■ No Unknown	SED HAZARDOUS M	MATERIAL NAME	
8 — CODES					
ROADWAY CONDITION CODES	ROADWAY SURFACE CODES  1. Concrete 2. Asphalt 7. Cobblestor 3. Brick 8. Other (Expl 4. Gravel U. Unknown 5. Dirt/Sand (Explain)	ace 1. Daylight one 2. Dark-Lig blain) 3. Dark-Ur	lighted known Lighting xplain) usk	2. Cloudy 10. 3. Rain 11. 4. Snow 12. 5. Sleet/Hail 13.	FAL CONDITION CODES Fog / Mist Severe Crosswinds Other (Explain) Blowing Snow Smoke / Smog 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	(Enter Numerical Value) (For M	4. Totally	AIR BAG  1. None / Not Applicat 3. Not Deployed 4. Removed 5. Deployed — Front 6. Deployed — Side 7. Deployed — Curtai 8. Deployed — Other (Knee, Air Belt, etc 10. Deployment Unkno U. Air Bag Presence	2. Not Used     3. Shoulder Belt Only     4. Lap Belt Only     5. Shoulder and Lap Be     7. DOT Compliant     MC Helmet     8. No Helmet     wn     10. Booster Seat	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
PERSONAL CONVEYANCE TYPE CODES  1. Scooter — Mobility Assistance / Motorized  2. Scooter — Stand-up / Motorized  3. Stand-up / Non-motorized  4. Stand-up / Motorized-Other	Stroller     Rideable Toy     Other (Explain)	,	BICYCLE LANE / FAI  1. Signed Route (No P. 2. Shared Lane Markin 3. On-street Bike Lane 4. On-street Buffered B 5. Separated Bike Lan	avement Marking)         6. Off-st           ngs         7. Othe           s         U. Unkr           ßike Lanes         N. Not A	reet Trails / Sidepaths r (Explain) nown Applicable
Passengers     Stereo / Audio / Video Equipment	5. Communication Device — Hand-held 6. Communication Device — Hands Free 7. Communication Device — Texting / E-ma 8. Communication Device — Web Browsing		g 14. Ac to Use 15. Of	omputer Equipment / Electronic Game djusting Vehicle Controls ther (Explain)	es / etc.
ENDORSEMENT CODES  1. H—Hazardous Materials 2. N—Tank Vehicle 3. P—Passe 4. S—School				7. Other Non-commercial License Endorsements (e.g., Motorcycle, et	c.)
	Working Motor Vehicle     U. Unknown	OTHER VEHICLE CO 1. Riding Mower / Ga 2. Golf Cart	rden Tractor 3. Si	nowmobile 6. LowSpeedVeh orklift 7. Other(Explain)	icle(LSV)
4. RightTurnonRed         18. Cross F           5. MakingLeftTurn         19. Airborn           6. MakingU-Turn         20. Ran Of           7. Skidding/Sliding         21. Ran Of           8. Slowing/Stopping         22. Overtur           9. StartIn Traffic         23. Fire/E           10. Start From Parked         24. Immers           11. Backing         25. Jackkni	ng 28. S Median 29. R Center Of Road 30. C Road 31. C ne 32. C ff Roadway—Right 33. C ffRoadway—Left 34. C rrr/Rollover 35. C xplosion 36. C sion 37. C //EquipmentLoss/Shift 41. C	oding) Separation Of Units Returned To Roadway Collision Inv. Pedestrian ( Collision Inv. Bicycle / Pec Collision Inv. Railway Veh Collision Inv. Animal (**) Collision Inv. MV in Trans; Collision Inv. Parked MV Collision Inv. Parked MV Collision Inv. Cher Object Collision Inv. Other Object Collision Inv. Working MV Cownhill Runaway	*) 44. 46. 46. 47. 47. 48. 49. 49. 49. 60rt 50.	Fell/Jumped From MV Thrown/Falling Object Ran Off Roadway — Other (Explain) Cross Separator Collision Inv. Other Non-motorist (**) Struck By Falling, Shifting Cargo, Object by Motor Vehicle End Departure (T-intersection, Dead-ed	
ANIMAL CODES FOR VEHICLE ACTION / SEQUENTS 60. Deer 61. Farm Animal	NCE OF EVENTS 62. Dog	63. Other An	mal	U. Unknown	
FIXED OBJECT CODES FOR VEHICLE ACTION/S 20. Tree/Stump (Standing) 21. Embankment/Driveway/Ground/Rock Bluff 22. Guardrail Face 23. Utility Pole/Guy Wire 24. Fence 25. Street Light Support		32. Building 33. Traffic Signal Sup 34. Impact Attenuato 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet Er	98. E 99. C/Crash Cushion 40. C 41. C 42. E	Bridge Rail 44. W Guardrail End 45. C Other Traffic Barrier 46. B Overhead Sign Support 47. O	Vall able Barrier ridge Overhead Structure verhead Line / Cable nknown
3. Improperly Stopped in Roadway       11.         4. Speed — Exceeded Limit       12.         5. Too Fast For Conditions       13.         6. Improper Passing       14.         7. Failure to Obey Traffic Signs,       15.         Signals, or Officer       16.         8. Wrong Side (Not Passing)       17.	Items with double-asterisk [**] require additional improper Signal improper Backing improper Turn improper Lane Usage / Change improper Lane Usage / Change improper Start From Park improperly Parked improperly Parked Alcohol	19. Drugs 20. Physical In 21. Distracted 23. Vision Obs 24. Driver Fat 25. Failed to L 26. Failed to L	tructed gue / Asleep im Headlights se Lights owing / Pushing	29. Improper Riding / Clingin 30. Failed To Secure Load / In 31. Animal(s) In Roadway 32. Object / Obstruction in Roa 33. Other (Explain)	nproper Loading

					REPORT #2502227	798	
9. NARRATIVE/STATEMENTS							PAGE 5 of 11
NARRATIVE							
ROADWAY, DRIVER #1 OVER	G WESTBOUND ON MISSOURI 100, EAST OF EA RCORRECTED, CAUSING VEHICLE #1 TO RETU SIDE OF THE ROAD. THE FRONT OF VEHICLE #1	RN TO	THE ROADWAY AND	BEGA	AN TO SKID AND SLIDE. VEHICLE #	#1 CROSSED THE RO	DADWAY AND
· ·							
10. REPORTING AND REVIEW	JING OFFICED INFORMATION						
REPORTING OFFICER NAME	TPR T. BREWER		DSN / BADGE NO. <b>0175</b>		BEAT / ZONE 12	TROOP / DISTRICT / F	PRECINCT
REVIEWING OFFICER NAME	III II DILIVER	DSN	I / BADGE NO.	REV	IEWING OFFICER 2 NAME		DSN / BADGE NO.

1119

SGT C. HOLZSCHUH

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

# : DRIVER OF VEHICLE 1 STATEMENT

DRIVER #1 STATED HE STRUCK A POTHOLE IN THE ROADWAY, CAUSING HIM TO VEER TO THE RIGHT. DRIVER #1 STATED THE REAR TIRE ON VEHICLE #1 TRAVELED OFF THE ROADWAY. DRIVER #1 STATED IN AN ATTEMPT TO SAVE IT, HE STEERED TO THE LEFT, CAUSING HIM TO OVERCORRECT AND TRAVEL OFF THE LEFT SIDE OF THE ROADWAY.

#### : PASSENGER OF VEHICLE 1 STATEMENT

STATED HERE AND HER FIANCE WERE IN THE FRONT SEAT ON THE DRIVER'S SIDE. SHE STATED SHE FELT THE TIRES DIP OFF THEN THE DRIVER STEERING LEFT AND THEY WENT OFF THE ROAD

## : PASSENGER OF VEHICLE 1 STATEMENT

THE RIGHT DRIVER SIDE TIRE SLIPPED OFF THE PAVEMENT AND THE DRIVER TRIED TO CORRECT IT. AND WHEN HE OVERCORRECTED, WE WENT OVER TO THE LEFT SIDE OF THE PAVEMENT ALTOGETHER. WE HIT A SLIGHT EMBANKMENT AND THAT JUST STOPPED EVERYTHING. THAT IS WHEN I WENT FLYING OVER THE TOP OF THE SEAT. EVERYTHING CAME CRASHING

## : PASSENGER OF VEHICLE 1 STATEMENT

STATED SHE WAS IN THE VERY BACK WHERE ITS LIKE A U-SHAPE SEATING ON THE LEFT SIDE. STATED IT SEEMED LIKE HE WAS GOING TOO FAST FOR THE WET ROADWAY. DID NOT THINK IT WAS RAINING AT THE TIME, BUT THE ROAD WAS WET.

## : PASSENGER OF VEHICLE 1 STATEMENT

THERE WAS A LITTLE DIP IN THE ASPHALT, IT LOOKED LIKE IT HAD ERODED A LITTLE BIT. AND HE WAS KINDA CLOSE TO THE END OF THE STREET, AND HIS RIGHT TIRE DROPPED OFF ONTO THE GRASS. THAT TURNED THE TROLLEY AND WHEN HE TRIED TO COUNTER AND CAME BACK ONTO THE ROAD, THE WHEELS POPPED UP, THE RIGHT REAR TIRES. THE TROLLEY PICKED UP ON TWO TIRES, I THOUGHT WE WERE GOING TO ROLL. THAT SENT US DIAGONAL ACROSS, WHEN IT SAT BACK DOWN. WE WENT STRAIGHT OFF ONTO THE GRASS IN BETWEEN THOSE TWO TREES TO A DEAD STOP.

## : PASSENGER OF VEHICLE 1 STATEMENT

WE HAD JUST LEFT THE WINERY, AND HE HAD HIT THE SHOULDER JUST LITTLE BIT - THE RIGHT SHOULDER. I FELT LIKE HE KIND OF TRIED TO CORRECT IT TO GET BACK ONTO THE ROAD, BUT THEN HE JUST WENT STRAIGHT OVER TO THE RAVINE ON THE LEFT SIDE.

#### : PASSENGER OF VEHICLE 1 STATEMENT

SO I WAS ACTUALLY LOOKING OUT THE FRONT, WE WERE FLYING PRETTY FAST. SO I AM HOLDING ONTO THE RAILING, WE ARE GOING DOWN A HILL AND IT LOOKED LIKE TO ME THE HIGHWAY KIND OF NARROWED AT THE BOTTOM, LIKE OVER A CULVERT OR THAT SORT OF THING. I SAW IT AND WE SWERVED TO THE LEFT, SO I THOUGHT WE WERE GOING TO MISS THE CULVERT WHERE IT COMES IN A LITTLE BIT. AND THEN WE JUST KEPT GOING TO THE LEFT AND SWERVED OUT OF CONTROL. THAT IS WHERE WE SWERVED OFF THE LEFT SIDE AND INTO THE DITCH.

: PASSENGER OF VEHICLE 1 STATEMENT
STATED SHE WAS IN THE SECOND SEAT FROM THE BACK ON THE DRIVER SIDE. JUST REMEMBERS FEELING LIKE THE DRIVER WAS GOING A LITTLE FAST, THEN TRAVELING OFF THE ROAD AND BOUNCING ALL OVER.

#### : PASSENGER OF VEHICLE 1 STATEMENT

WE WENT OFF THE ROAD AND DOWN A RAVINE

## : PASSENGER OF VEHICLE 1 STATEMENT

STATED HER AND HER HUSBAND WERE IN THE VERY FRONT SEAT ON THE PASSENGER SIDE. STATED IT JUST SEEMED LIKE DRIVER WAS GOING TOO FAST AND TROLLEY DIPPED

#### : PASSENGER OF VEHICLE 1 STATEMENT

WE WERE GOING ALONG, AND IT FELT LIKE SOMETHING JERKED US TO THE RIGHT A LITTLE BIT. AND THE REAR DUALLY FELT LIKE IT DROPPED OFF, THEN THE FRONT DROPPED OFF INTO THE DITCH. HE WAS ABLE TO GET IT BACK ON THE ROAD, BUT HE OVERCORRECTED, AND WE TURNED SIDEWAYS. I THOUGHT WE WERE GOING TO ROLL IT. WE WENT UP ON TWO WHEELS FOR A SECOND AND THEN WE CROSSED THE ROAD DOWN THE EMBANKMENT. THANK GOD HE MISSED THE TRESS AND DID NOT ROLL IT. HE HIT THE BRUSH AND STUFF IN BETWEEN THE TWO BIG TREE TREES. IT COULD HAVE BEEN A LOT WORSE, IT DID COME TO AN ABRUPT STOP

THE OTOT IN BETWEEN THE TWO BIG TREE TREES. IT GOODS TAVE BEEN REGION	ANGEL IT BID COME TO ANTADROL TOTOL.
: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE	TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL
: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE	TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL
: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: GERALD AMBULANCE DISTRICT	TRANSPORTED TO: MERCY HOSPITIAL WASHINGTON
: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE	TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL
: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO	

TRANSPORTED BY: HERMANN AMBULANCE DISTRICT TRANSPORTED TO: UNIVERSITY OF MISSOURI : PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: NEW HAVEN AMBULANCE DISTRICT TRANSPORTED TO: MERCY HOSPITIAL WASHINGTON

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: OWENSVILLE AMBULANCE DISTRICT TRANSPORTED TO: MERCY HOSPITAL WASHINGTON

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: OWENSVILLE AMBULANCE DISTRICT TRANSPORTED TO: MERCY HOSPITAL WASHINGTON

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: GERALD AMBULANCE DISTRICT TRANSPORTED TO: MERCY HOSPITAL WASHINGTON : PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: OWENSVILLE AMBULANCE DISTRICT TRANSPORTED TO: MERCY HOSPITAL WASHINGTON : PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: PRIVATE CONVEYANCE TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: NEW HAVEN AMBULANCE DISTRICT TRANSPORTED TO: MERCY HOSPITAL WASHINGTON

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: HERMANN AMBULANCE DISTRICT TRANSPORTED TO: UNIVERSITY OF MISSOURI

PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED TO: MERCY HOSPITAL WASHINGTON TRANSPORTED BY: OWENSVILLE AMBULANCE DISTRICT

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE TRANSPORTED TO: HERMANN AREA DISTRICT

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

PAGE 7 of 11

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: HERMANN AMBULANCE DISTRICT

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE

PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE

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: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: HERMANN AMBULANCE DISTRICT

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: PRIVATE CONVEYANCE

: DRIVER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: ARCH 6

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO TRANSPORTED BY: NEW HAVEN AMBULANCE DISTRICT

TRANSPORTED BY: PRIVATE CONVEYANCE

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: OWENSVILLE AMBULANCE DISTRICT

TRANSPORTED TO: UNIVERSITY OF MISSOURI

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: MERCY HOSPITIAL WASHINGTON

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: BARNES-JEWISH HOSPITAL

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: UNIVERSITY HOSPITAL

TRANSPORTED TO: MERCY HOSPITIAL WASHINGTON

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: MERCY HOSPITAL WASHINGTON

MISSOURI UNIFORM CRASH REPORT Continu		uation	Supple	ment	OF	RIGINA	L REP	ORT :	#2	502227	98	_	PAGE 8 01 11	
SUPPLEMENTAL REPORT NO.	SUPPLEMENTA	AL REPORT	DATE A	AGENCY NA	ME AND	ORI								
CRASH DATE TRP / DIST /	PCT COUNTY						MIS	SOUR	STA	TE HIGH	IWAY F	PATRO	DL	
05/03/2025		ONADE							1	3044055	5			
REPORTING OFFICER NAME			ADGE NO. 5	SUPPLEMEN	NTAL RE	VIEWII	NG OFFIC	ER NAM	ΛE				DSN / BADG	E NO.
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	Adue) Serious 1 2 Minor 3	RANSPORTEI (For Medical Treatment)  I. No 2. EMS 3. Other J. Unknown N. NA	ED EJECTION  1. NA 2. No 3. Partially 4. Totally U. Unknown  2. Deployed — Front 6. Deployed — Side 7. Deployed — Other (Knee, Air Belt, etc.) 10. Deployment Unknown U. Air Bag Presence Unknown U. Air Bag Presence Unknown U. 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 10. Booster Seat 11. Child Restraint — Forward Facing 12. Child Restraint — Rear Facing							13. Other I 14. Reflect 15. Other ( 16. Child F Unknow 17. Stretch 18. Wheeld 19. Lighting 20. Reflect U. Use Un N. Not Apj	ive Clothing Explain) estraint — Type vn er er chair g ors known			
5 — NON-MOTORIST NA NA NOTOR OCCUPANT OF RAILWAY OR MOTOR VEHICLE)	Pedestrian  Prior Motor Vehicle Occupant  Yes No  SS (Street, City, State, Zip)	Person	an on al Conveyance nal Conveyanc (Enter Code)	$\downarrow$	dalcyclist n Motori: No Gas Other	zed Pe	Electric	L	ccupan	-Motorist t of Animal rawn Devic	or L		rator	Fire MoDOT Worker Other Trafficway Worker
DATE OF BIRTH SEX STRUCK BY VEH #  CROSSING ROAD NA With Signal Intersect Intersect No Signal Midbloc	J TRANS- SAFETY PORT DEVICES  ettion — Marked Crosswalk tition — Unmarked Crosswalk k — Marked Crosswalk k — No Crosswalk	ACTION  ACTION  Sta	Roadway With osswalk / Inters Sidewalk	section  NA / Vehicle / Sitting in Ti	On R On M Shou None	Roadwa Median ulder / F		ng In Tra	afficway ficway	ind	Share Other Unkn Other (Ex Unknown	r (Explaii own plain)	ory Area Path or Trail ORIGIN / DESTI	CYCLE LANE / CILITY ter Code) NATION NA From School School Bus Above From Transit
PROBABLE CONTRIBUTING CIRCUMST Failed To Yield Alcoho Failure To Obey Traffic Drugs Signs, Signals, or Officer Wrong Improper Lane Usage / Vision Change	Physical Im Not Visible	tc.)	ng, No   In   Ir   D	mproper Pass mproper Sign mproper Back histracted / Ina If marked, fill	al king attentive	<u></u>	Following 1 mproper S	tart from	Park	In Road Lying, V	Vorking, Pl		. =	
7G. OCCUPANTS — NAME (Las	· · · · · ·		DATE OF BIF		SEAT	INJ	TRANS- PORT	EJEC- TION		AIR BAG		FETY VICES	IMPROPER USE?	PHONE NUMBER
							_	_					Yes No	
	63	3060	10/03/19		СР	3	3	2	1		1		Unk NA  Yes No	(573)263-1108 (816)226-3852
		64081	09/26/19		СР	3	2	2	1		1		Yes No	(816)665-0542
	640	086	04/02/19	65 F	СР	3	2	2	1		1		Yes No	(816)820-8540
	646	086	09/07/19	60 M	СР	3	3	2	1		1		Yes No	(816)506-7991
	6205	52	08/21/19	59 F	СР	2	2	2	1		1		Yes No	(618)779-6377
	62	052	12/05/19	88 F	СР	3	3	2	1		1		Yes No	(618)946-2160
	633	883	05/22/19	93 M	СР	3	3	2	1		1		Yes No	(636)359-6244
	63383 07/			69 M	СР	3	3	2	1		1		Yes No	(636)359-6244
	64157 07			81 F	СР	3	3	2	1		1		Yes No	(816)309-1393
	620	35	09/29/19	97 F	СР	3	3	2	1		1		Yes No	(618)363-3010
	620	35	05/28/198	87 F	СР	3	3	2	1		1		Yes No	(314)604-4346

MISSOURI UNIFORM CRASH REPORT		Continu	Continuation		plement	0	RIGINA	L REF	ORT	#2	250222	798	_	PAGE 9 01 11	
SUPPLEMENTAL REPORT	SUPPLEMENTAL REPORT NO. SUPPLEMENTAL REPORT				AGENCY	NAME AN	D ORI								
CRASH DATE	TRP / DIST / PCT (	COUNTY						MIS	SOUR	I STA	TE HIGH	HWAY	PATR	OL	
05/03/2025	TRE/DIST/FCT	GASC	ONADE							1	304405	5			
REPORTING OFFICER NA	AME			ADGE NO.	SUPPLE	/ENTAL F	EVIEW	ING OFFIC	CER NAI	ME		<u>-</u>		DSN / BADG	E NO.
				175											
	R SRTR C SCTC	INJURY (Enter Numerical Va	alue)	RANSPORTI (For Medical	ED EJE	CTION		ne / Not Ap			SAFETY 1. None	Э	3	13. Other I	
	FL SLTL	1. (K) Fatal Injury		Treatment)	1. N 2. N		4. Rei					ulder Belt Belt Only	Only	15. Other (	
OE — Occupant — Enclose OU — Occupant — Unencl	ed Load Area	2. (A) Suspected S Injury)	2	. No 2. EMS 3. Other	3. P	artially otally	6. De	oloyed — I	Side		5. Shou 7. DOT	ılder and Compliar	Lap Belt nt	Unknov	
RC — Rail Crew VE — Riding on Motor Veh (non-trailing unit)	icle Exterior	<ol> <li>(B) Suspected M Injury</li> <li>(C) Possible Inju</li> </ol>	ι	J. Unknown		nknown	8. De	oloyed — 0 oloyed — 0 ee, Air Be	Other		8. No H			17. Stretch 18. Wheeld 19. Lighting	chair
SS — Sleeper Section of C TU — Trailing Unit	,	5. (O) No Apparent U. Unknown		v. 1VA			10. De	oloyment l Bag Prese	Jnknowr		11. Child Forw 12. Child	ard Facin	g	20. Reflect U. Use Ur	tors
SV — Other (Explain in Na NA — Not Applicable	rrative)	N. NA										r Facing	. —	N. Not Ap	
5 — NON-MOTORIST (NOT OCCUPANT OF	NA Pedes	strian or Motor Vehicle	Pedestri	an on al Conveyand		Pedalcycli → On Moto		adalcycle	T		n-Motorist			N SPECIAL FUNC	TION NA Fire
RAILWAY OR MOTOR VEHICLE)	Occ	cupant	Perso	nal Conveyar		N₀		Electric			nt of Animal Drawn Devid	ce	Officer		MoDOT Worker
,	L	Yes No	Type (	Enter Code)		Gas	s er (Expl	ain)		Ye	s N		Tow Ope EMS	erator	Other Trafficway Worker
NO. NAME (Last, First,	MI) & ADDRESS (Stre	eet, City, State, Zip)	-											PHONE N	IUMBER
DATE OF BIRTH SEX ST		NS- SAFETY RT DEVICES	LOCATI		ialo i so			y Access	0:	-II. / ! ·			-Trafficw	, , ,	CYCLE LANE /
	Y VEH#   POI	HI DEVICES	Cro	Roadway Wi osswalk / Inte		On	Median	ay Outside / Separate				_	ed-Use r (Expla	in)	CILITY
CROSSING ROAD			On ACTION	Sidewalk NS		Sho	oulder /	Roadside				Unk	nown		INATION NA
With Signal	Intersection —	Marked Crosswalk	☐ Ge	etting On / Of		NA7 NOTIC		☐ Worki	ing In Tr	afficway		Other (E	xplain)	Going To /	From School
Against Signal No Signal	Midblock — Ma	Unmarked Crosswalk arked Crosswalk		anding / Lying Ishing / Work			ıy	☐ Playir ☐ Walki	-		ycling / Ric	Unknowi ding In Tra		Both of the	(7) (1) (1) (1) (1) (1)
With Flashing Beacon Unknown	n ☐ Midblock — No ☐ Unknown	Crosswalk	-	hind / In Fror	-		d Veh.		With Trat	-	Agains	-		Going To / Unknown (I	From Transit Explain)
PROBABLE CONTRIBUTII		_ 🗆				y 89									
Failed To Yield Failure To Obey Traffic	☐ Alcohol  □ Drugs	Physical Imp		=	Improper F Improper S		=	Following Improper S			∐ In Road Lying, V	dway Impr Norking, F		=	Other (Explain) Unknown (Explain)
Signs, Signals, or Office Improper Lane Usage	<u> </u>	Lighting, etc			Improper E	Backing / Inattentive	<u>,</u> –	DISTRAC	CTED / I	NATTE	NTIVE COE	DE(S)	☐ NA	7	
Change						, fill in Code								Yes	No Unk
7G.	— NAME (Last, First, reet, City, State, Zip)	MI)		DATE OF B		X SEAT		TRANS-	EJEC- TION		AIR BAG		FETY	IMPROPER USE?	PHONE NUMBER
								1.						Yes No	
		631	123	05/02/19	986 F	CP	3	3	2	1		1		Unk NA  Yes No	(314)566-1964
		631	66	07/31/19	984 N	I CP	3	3	2	1		1			(314)803-1059
		00000		05/14/19	986 F	СР								Yes No	(24.4)207.0E4.4
		63026		05/14/18	900 1	- CF	3	3	2	1		1		Yes No	(314)397-0514
		63026		02/16/19	981 N	і СР	3	3	2	1		1			(314)756-7429
_														Yes No	
		64	4029	12/12/19	986 F	CP	3	3	2	1		1		Unk NA	(816)969-0932
				40/00/4		.								Yes No	(040)505 7000
		620	)52	12/29/19	981 F	СР	3	3	2	1		1			(618)535-7899
		6	2052	07/22/19	959 F	: CP	2	3	2	1		1		☐ Yes ☐ No☐ Unk ■ NA	(618)535-6308
		<u> </u>	2052	0//22/13	939 1	CF	+	3		'		1			(616)535-6306
		66	212	05/02/19	983 F	: СР	3	2	2	1				☐ Yes ☐ No☐ Unk ■ NA	(708)955-7346
				00/02/10		<del>  •</del>	+	<del>  -</del>	_						(100)000 1010
		64	110	11/15/19	986 F	: CP	3	2	2	1				Yes No	(816)456-7990
	64119 11			, ,		<del>                                     </del>	$\dagger$	† <u> </u>	<u> </u>				+		13.5,400 1300
_	64081 03/3			03/30/19	991 N	ı CP	3	2	2	1				☐ Yes ☐ No☐ Unk ■ NA	(816)721-9633
			0-700 I	33/30/13		·   5.	+	+-	<u> </u>				+		(5.5),2, 5000
			3456	01/28/19	961 F	: CP	3	2	2	1				☐ Yes ☐ No☐ Unk ■ NA	(573)719-7998
		0.	U-100	5 1/20/1S			+		_			<b>"</b>			(3.5)113-1330
			.005	00/00/		.			_			.		Yes No	(040)505 0005
		62	035	02/06/19	983 F	CP	3	2	2	1		1		Unk NA	(618)535-6090

MISSOURI UNIFORM CRASH RE	PORT	Continua	ation	Supple	ment	OF	RIGINA	L REP	ORT	#2	250222	2798		PAGE 10 of 11
SUPPLEMENTAL REPORT NO.	SUPPLEMENTAL REPORT NO. SUPPLEMENTAL REPORT DATE				AGENCY NAME AND ORI									
CRASH DATE TRP / DIST / PCT   C	OUNTY			MISSOURI STATE HIGHWAY PATROL										
05/03/2025	GASCO	NADE							1	304405	5			
REPORTING OFFICER NAME		DSN / BA	DGE NO. S	SUPPLEMEN	ITAL RE	VIEWII	NG OFFIC	ER NAM	ΛE				DSN / BADG	E NO.
SEAT LOCATION  XX - Not Known  M - Motorcycle  CP - Commercial Passenger  OE — Occupant — Enclosed Load Area  OU — Occupant — Unenclosed Load Area  RC — Rail Crea  RC — Riding on Motor Vehicle Exterior  (non-trailing unit)  SS — Sleeper Section of Cab (truck)  TU — Trailing Unit  V — Other (Explain in Narrative)  NA — Not Applicable	erious 1. 2. linor 3.	RANSPORTED For Medical Treatment)  No EMS Other Unknown	1. NA 2. No 3. Partia 4. Total U. Unkr	ally y iown	3. Not 4. Ren 5. Dep 6. Dep 7. Dep 3. Dep (Kne 0. Dep	e / Not Ap Deployed	Front Side Curtain Other t, etc.)		4. Lap 5. Shou 7. DOT MC I 8. No I 10. Boos 11. Child Forw 12. Child	e Used ulder Bel Belt Only ulder and Complia Helmet Helmet	t Only / d Lap Be ant : nt — ing nt —	15. Other (	ive Clothing Explain) estraint — Type vn er er chair g ors known	
RAILWAY OR Occu	Motor Vehicle pant No	→ Person	an on I Conveyance ial Conveyance Enter Code)	$\Box_{\circ}$	dalcyclist n Motori: No Gas Other	zed Pe	Electric	L	ccupar	n-Motorist nt of Animal Drawn Devi	l or ce		perator	_
NO. NAME (Last, First, MI) & ADDRESS (Street	et, City, State, Zip)												PHONE N	UMBER
BY VEH #   POR		ACTION Get Sta	Roadway With sswalk / Inters Sidewalk	ection  NA / /ehicle / Sitting in Ti	On R On M Shou None	oadwa ledian Ider / F		ng In Tra	afficway ficway	and	Shall	ared-Use ner (Expl known Explain) vn	e Path or Trail   FA	From Transit
PROBABLE CONTRIBUTING CIRCUMSTANCES  Failed To Yield Alcohol Failure To Obey Traffic Drugs Signs, Signals, or Officer Wrong-Way Improper Lane Usage / Vision Obstructor Change	None Physical Imp Not Visible (I Lighting, etc	Dark Clothin	ng, No   Im   Im   Di	nproper Pass nproper Sign nproper Back istracted / Ina f marked, fill	al iing attentive	<u></u>	ollowing Tollowing Tollowi	tart from	Park	In Road Lying, \	Working,		Stopped)	_
7G. OCCUPANTS — NAME (Last, First,	MI)		DATE OF BIR		SEAT LOC	INJ	TRANS- PORT	EJEC- TION		AIR BAG		AFETY EVICES	IMPROPER USE?	PHONE NUMBER
ADDRESS (Street, City, State, Zip)			IVIIVI-DD-YYY	Y	LOC		PORT	TION		BAG		PEVICES	Yes No	NOWBER
	630		10/03/197		СР	3	2	2	1			1	Yes No	(314)267-7652
	63	052	09/21/197	76 F	СР	3	2	2	1			1	Unk NA  Yes No	(573)450-2497
	63	3456	08/28/195	56 M	СР	3	2	2	1			1	Unk NA	(573)248-4997
	66	212	03/03/198	34 M	СР	2	2	2	1			1	Yes No	(816)456-7473
													Yes No	
													Yes No	
													Yes No	
													Yes No	
													Yes No	
													Yes No	
													Yes No	
													Yes No	