

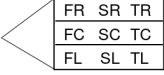
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SHP-2S 01/24

6. COLLISION DIAGRAM	Compass Direction Before Crash Event(s) (Circle One)	V1 N E S <input checked="" type="checkbox"/> 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
<h1>SEE RECONSTRUCTION REPORT</h1>								
INDICATE ROAD NAMES								
DIAGRAM NOT TO SCALE								

7 — DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER — NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)												PHONE NUMBER																			
1 [REDACTED] 65041												(816)244-9707																			
DRIVER LICENSE / ID NUMBER				STATE		LIC STATUS		LIC TYPE		ENDORSEMENTS																					
[REDACTED]				MO		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		<input type="checkbox"/> Operator Class <input checked="" type="checkbox"/> CDL Class B <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		<input type="checkbox"/> Permit <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Yes (add code) <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unk																					
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	INDICATION OF IMPROPER USE?	VISION OBSTRUCTED	Other (Explain)																				
09/17/1979		M	FL	2	2	2	1	5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA	<input type="checkbox"/> NA <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)																				
DRIVER LICENSE RESTRICTIONS Alcohol Interlock Required on License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA Alcohol Interlock Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																															
PROOF OF INSURANCE				INSURANCE COMPANY				PHONE NO. (Optional)		POLICY NUMBER		Driver Vehicle																			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required				NATIONAL INDEMNITY COMPANY						70APS116013		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle																			
7B. VEHICLE — OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD												PHONE NUMBER <input type="checkbox"/> SAD																			
ARODS, TRANSPORTATION LLC P.O. BOX 452 HERMANN, MO 65041												(573)220-5270																			
YEAR		MAKE				MODEL				COLOR		VEH. TYPE		TOTAL NO. OF OCC.																	
2000		FREIGHTLINER CORP.				M LINE SHUTTLE BUS				DGR		1		34																	
LICENSE — PLATE NO. <input type="checkbox"/> Temporary Tag				STATE		YEAR		VIN		4UZABFHD1YCG66494																					
2C64A3				MO		2025																									
TOWED FROM SCENE				TOWED BY				VEHICLE DAMAGE (Mark all damaged areas)				<input type="checkbox"/> None / No Damage																			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				PATRIOT TOWING - WASHINGTON, MO				INITIAL IMPACT NO: [2] [3] [4] [5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [17]				<input checked="" type="checkbox"/> Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Trailer / Towed Unit (Explain)																			
TOWED DUE TO DIS. DAMAGE				2475 EAST FIFTH STREET WASHINGTON, MO 63090				<input type="checkbox"/> NA 1																							
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				PHONE: 636-392-5070																											
VEHICLE BODY TYPES — Automobiles / Specialty Vehicles <input checked="" type="checkbox"/> Vehicle Used As Public Conveyance <input type="checkbox"/> Vehicle Used for Electronic Ride-Hailing (Transportation Network Company)																															
<input type="checkbox"/> Passenger Car <input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Motorcycle <input type="checkbox"/> Autocycle <input type="checkbox"/> Cargo Van <input type="checkbox"/> GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown																															
<input type="checkbox"/> Passenger Van (<9 Seats) <input checked="" type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> ATV <input type="checkbox"/> Recreational Off-Highway Vehicles (ROV) <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Truck Tractor																															
<input type="checkbox"/> 9-12 Passenger Van <input type="checkbox"/> School Bus <input type="checkbox"/> 2 Wh <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) NA																															
<input type="checkbox"/> 15- Passenger Van <input type="checkbox"/> Intercity <input type="checkbox"/> 3 Wh <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) NA																															
<input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other <input type="checkbox"/> 4 Wh <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) NA																															
<input type="checkbox"/> Limousine (7-8 W / Driver) <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) NA																															
<input type="checkbox"/> Limousine (9-15 W / Driver) <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) NA																															
<input type="checkbox"/> Motorized Bicycle / Moped <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Number of Trailer / Towed Units: (Applies to all Vehicle Body Types MUST COMPLETE) NA																															
FIRST TRAILER / TOWED UNIT		YEAR		MAKE				MODEL				Record Subsequent Trailer / Towed Units in Section 9 — Narrative.																			
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				DRIVER CEDED CONTROL																			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								<input type="checkbox"/> No Automation <input type="checkbox"/> Partial Automation <input type="checkbox"/> High Automation <input type="checkbox"/> Automation System(s) Engaged Level Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																			
								<input type="checkbox"/> Driver Assistance <input type="checkbox"/> Conditional Automation <input type="checkbox"/> Full Automation <input type="checkbox"/> Unknown																							
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA								CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA																							
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" or "B") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated								<input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)																							
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)																															
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown										ANIMAL CODE(S)		FIXED OBJECT CODE(S)																			
1 20 29 7 17 21 36												42																			
ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA				MARIJUANA USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																											
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)										DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8) <input checked="" type="checkbox"/> NA																					
28 8																															
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										LAW ENFORCEMENT PRESENT																					
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA																					
TYPE OF WORK ZONE <input checked="" type="checkbox"/> NA										LOCATION OF THE CRASH <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown																					
<input type="checkbox"/> Lane Closure <input type="checkbox"/> Work on Shoulder or Median <input type="checkbox"/> Before the First Work Zone Warning Sign <input type="checkbox"/> Transition Area										<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NA																					
<input type="checkbox"/> Lane Shift / Crossover <input type="checkbox"/> Other Type of Work Zone <input type="checkbox"/> Advanced Warning Area <input type="checkbox"/> Activity Area																															
<input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Unknown <input type="checkbox"/> Termination Area																															
7F. TRAFFIC CONTROL <input type="checkbox"/> None <input type="checkbox"/> Unknown										CONTROL MALFUNCTIONING / INOPERATIVE / MISSING																					
Electric: <input type="checkbox"/> Green / Yellow / Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other Electric (Explain)										<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																					
Other: <input type="checkbox"/> Stop Sign <input checked="" type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus																															
Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																															
7G. OCCUPANTS — NAME (Last, First, MI)										DATE OF BIRTH				SEX		SEAT LOC		INJ		TRANS-PORT		EJEC-TION		AIR BAG		SAFETY DEVICES		IMPROPER USE?		PHONE NUMBER	
ADDRESS (Street, City, State, Zip)										MM-DD-YYYY																					
[REDACTED] 66062										02/28/1988		M		CP		2		3		U		1				1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA		(810)623-0519	
[REDACTED] 62052										11/14/1988		F		CP		2		3		2		1				1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA		(618)946-9804	
[REDACTED] 63383										12/09/1964		M		CP		2		3		2		1				1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA		(314)280-1829	
[REDACTED] 63362										12/16/1998		M		CP		3		3		2		1				1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA		(636)358-1471	
[REDACTED] 63060										08/29/1968		M		CP		3		2		2		1				1		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA		UNK	

7H. — COMMERCIAL MOTOR VEHICLE <input 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. 1	MOTOR CARRIER IDENTIFICATION (Leasee, etc.) — NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO WINE TROLLEY LLC 1332 S HIGHWAY 19 HERMANN, MO 65041					PHONE NUMBER <input type="checkbox"/> SAO (573)220-5270		
COMMERICAL / NON-COMMERICAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier <input type="checkbox"/> Not In Commerce — Government Vehicle <input type="checkbox"/> Not In Commerce — Other Vehicle <input type="checkbox"/> Not In Commerce — Rental Vehicle		MC / MX / ICC NO. NONE		USDOT NO. 4344214				
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"/> Unknown	<input type="checkbox"/> Cargo Tank <input type="checkbox"/> Dump <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log							
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	PLACARD DISPLAYED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	4-DIGIT NO.	CLASS N	HM CARGO PRESENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME		
8 — CODES								
ROADWAY 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)		ROADWAY SURFACE CODES 1. Concrete 2. Asphalt 3. Brick 4. Gravel 5. Dirt / Sand 6. Multi-surface 7. Cobblestone 8. Other (Explain) U. Unknown (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 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				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
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				
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)					
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

VEHICLE #1 WAS TRAVELING WESTBOUND ON MISSOURI 100, EAST OF EAGLES NEST DRIVE. THIS CRASH OCCURRED AS VEHICLE #1 TRAVELED OFF THE RIGHT SIDE OF THE ROADWAY. DRIVER #1 OVERCORRECTED, CAUSING VEHICLE #1 TO RETURN TO THE ROADWAY AND BEGAN TO SKID AND SLIDE. VEHICLE #1 CROSSED THE ROADWAY AND TRAVELED OFF THE LEFT SIDE OF THE ROAD. THE FRONT OF VEHICLE #1 STRUCK A DITCH AND CONTINUED OFF THE ROADWAY UNTIL IT CAME TO REST FACING SOUTHWEST.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR T. BREWER	0175	12	F
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT C. HOLZSCHUH	1119		

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 POT HOLE IN THE ROADWAY, CAUSING HIM TO VEE R 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 OFF THE ROAD.

██████████ : 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 DUALY 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.

██████████ : 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 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: HERMANN AMBULANCE DISTRICT

TRANSPORTED TO: UNIVERSITY OF MISSOURI

██████████ : 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: 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 BY: OWENSVILLE AMBULANCE DISTRICT

TRANSPORTED TO: MERCY HOSPITAL WASHINGTON

██████████ : PASSENGER OF VEHICLE 1 TRANSPORTATION INFO

TRANSPORTED BY: PRIVATE CONVEYANCE

TRANSPORTED TO: HERMANN AREA DISTRICT

██████████ : 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

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

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

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TRANSPORTED BY: PRIVATE CONVEYANCE

██████████: 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

██████████: 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

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

██████████: PASSENGER OF VEHICLE 1 TRANSPORTATION INFO
TRANSPORTED BY: OWENSVILLE AMBULANCE DISTRICT

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: UNIVERSITY OF MISSOURI

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: MERCY HOSPITAL WASHINGTON

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: BARNES-JEWISH HOSPITAL

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: UNIVERSITY HOSPITAL

TRANSPORTED TO: MERCY HOSPITAL WASHINGTON

TRANSPORTED TO: HERMANN AREA DISTRICT HOSPITAL

TRANSPORTED TO: MERCY HOSPITAL WASHINGTON

MISSOURI UNIFORM CRASH REPORT

☒ Continuation☐ Supplement

ORIGINAL REPORT # 250222798

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SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL																				
CRASH DATE 05/03/2025		TRP / DIST / PCT		COUNTY GASCONADE		13044055																		
REPORTING OFFICER NAME				DSN / BADGE NO. 0175		SUPPLEMENTAL REVIEWING OFFICER NAME						DSN / BADGE 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		<table border="1"><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 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																						
5 - NON-MOTORIST <input checked="" type="checkbox"/> NA <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Other Non-Motorist (NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE) <input type="checkbox"/> Prior Motor Vehicle Occupant <input type="checkbox"/> Personal Conveyance Type (Enter Code) <input type="checkbox"/> On Motorized Pedalcycle <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No														PEDESTRIAN SPECIAL FUNCTION <input 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.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER												
DATE OF BIRTH		SEX	STRUCK BY VEH #	INJ	TRANS- SAFETY PORT DEVICES	LOCATION <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> Shoulder / Roadside			<input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown			BICYCLE LANE / FACILITY (Enter Code)												
CROSSING ROAD <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				ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running / Cycling / Riding In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown						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 type="checkbox"/> Unknown (Explain)										
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Physical Impairment (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 Lane Usage / Change <input type="checkbox"/> Wrong-Way <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Improper Turn <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.) <input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Start from Park <input type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)														DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk								
7G. OCCUPANTS - NAME (Last, First, MI)		DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG		SAFETY DEVICES	IMPROPER USE?	PHONE NUMBER											
ADDRESS (Street, City, State, Zip)																								
[REDACTED] 63060		06/28/1971		F	CP	3	2	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(573)263-1108											
[REDACTED]		10/03/1995		F	CP	3	3	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)226-3852											
[REDACTED] 64081		09/26/1990		F	CP	3	2	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)665-0542											
[REDACTED] 64086		04/02/1965		F	CP	3	2	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)820-8540											
[REDACTED] 64086		09/07/1960		M	CP	3	3	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)506-7991											
[REDACTED] 62052		08/21/1959		F	CP	2	2	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(618)779-6377											
[REDACTED] 62052		12/05/1988		F	CP	3	3	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(618)946-2160											
[REDACTED] 63383		05/22/1993		M	CP	3	3	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(636)359-6244											
[REDACTED] 63383		07/05/1969		M	CP	3	3	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(636)359-6244											
[REDACTED] 64157		07/18/1981		F	CP	3	3	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)309-1393											
[REDACTED] 62035		09/29/1997		F	CP	3	3	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(618)363-3010											
[REDACTED] 62035		05/28/1987		F	CP	3	3	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(314)604-4346											

MISSOURI UNIFORM CRASH REPORT

☒ Continuation☐ Supplement

ORIGINAL REPORT # 250222798

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL											
CRASH DATE 05/03/2025		TRP / DIST / PCT		COUNTY GASCONADE		13044055									
REPORTING OFFICER NAME				DSN / BADGE NO. 0175		SUPPLEMENTAL REVIEWING OFFICER NAME						DSN / BADGE 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		<table border="1" style="width:100%; text-align: center;"> <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 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																						

5 - NON-MOTORIST <input checked="" type="checkbox"/> NA (NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE)		<input type="checkbox"/> Pedestrian <input type="checkbox"/> Prior Motor Vehicle Occupant <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Personal Conveyance Type (Enter Code)		<input type="checkbox"/> Pedalcyclist <input type="checkbox"/> On Motorized Pedalcycle <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Other Non-Motorist <input type="checkbox"/> Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Yes <input type="checkbox"/> No		PEDESTRIAN SPECIAL FUNCTION <input 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	
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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- SAFETY PORT DEVICES	LOCATION				<input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Shoulder / Roadside		<input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown		BICYCLE LANE / FACILITY (Enter Code)	
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CROSSING ROAD				ACTIONS				ORIGIN / DESTINATION							
<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"/> NA <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"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running / Cycling / Riding In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic				<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 type="checkbox"/> Unknown (Explain)			

PROBABLE CONTRIBUTING CIRCUMSTANCES										<input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Drugs <input type="checkbox"/> Not Visible (Dark Clothing, No Lighting, etc.) <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Improper Turn		<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.)		<input type="checkbox"/> Following Too Close <input type="checkbox"/> Improper Start from Park <input type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped)		<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
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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
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
[REDACTED] 63123		05/02/1986	F	CP	3	3	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(314)566-1964
[REDACTED] 63166		07/31/1984	M	CP	3	3	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(314)803-1059
[REDACTED] 63026		05/14/1986	F	CP	3	3	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(314)397-0514
[REDACTED] 63026		02/16/1981	M	CP	3	3	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(314)756-7429
[REDACTED] 64029		12/12/1986	F	CP	3	3	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)969-0932
[REDACTED] 62052		12/29/1981	F	CP	3	3	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(618)535-7899
[REDACTED] 62052		07/22/1959	F	CP	2	3	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(618)535-6308
[REDACTED] 66212		05/02/1983	F	CP	3	2	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(708)955-7346
[REDACTED] 64119		11/15/1986	F	CP	3	2	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)456-7990
[REDACTED] 64081		03/30/1991	M	CP	3	2	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)721-9633
[REDACTED] 63456		01/28/1961	F	CP	3	2	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(573)719-7998
[REDACTED] 62035		02/06/1983	F	CP	3	2	2	1	1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(618)535-6090

MISSOURI UNIFORM CRASH REPORT

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ORIGINAL REPORT # 250222798

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SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL																																										
CRASH DATE 05/03/2025		TRP / DIST / PCT		COUNTY GASCONADE		13044055																																								
REPORTING OFFICER NAME				DSN / BADGE NO. 0175		SUPPLEMENTAL REVIEWING OFFICER NAME						DSN / BADGE 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		<table border="1" style="width:100%; text-align: center;"><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 <table style="width:100%;"><tr><td>1. None</td><td>13. Other Helmet</td></tr><tr><td>2. Not Used</td><td>14. Reflective Clothing</td></tr><tr><td>3. Shoulder Belt Only</td><td>15. Other (Explain)</td></tr><tr><td>4. Lap Belt Only</td><td>16. Child Restraint - Type Unknown</td></tr><tr><td>5. Shoulder and Lap Belt</td><td>17. Stretcher</td></tr><tr><td>7. DOT Compliant MC Helmet</td><td>18. Wheelchair</td></tr><tr><td>8. No Helmet</td><td>19. Lighting</td></tr><tr><td>10. Booster Seat</td><td>20. Reflectors</td></tr><tr><td>11. Child Restraint - Forward Facing</td><td>U. Use Unknown</td></tr><tr><td>12. Child Restraint - Rear Facing</td><td>N. Not Applicable</td></tr></table>						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	17. Stretcher	7. DOT Compliant 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
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5 - NON-MOTORIST <input checked="" type="checkbox"/> NA <input type="checkbox"/> Pedestrian <input type="checkbox"/> Pedestrian on Personal Conveyance <input type="checkbox"/> Pedalcyclist <input type="checkbox"/> Other Non-Motorist (NOT OCCUPANT OF RAILWAY OR MOTOR VEHICLE) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Prior Motor Vehicle Occupant <input type="checkbox"/> Yes <input type="checkbox"/> No</div><div><input type="checkbox"/> Personal Conveyance Type (Enter Code)</div><div><input type="checkbox"/> On Motorized Pedalcycle <input type="checkbox"/> No <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other (Explain)</div><div><input type="checkbox"/> Occupant of Animal or Animal Drawn Device <input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> PEDESTRIAN SPECIAL FUNCTION <input type="checkbox"/> NA <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Tow Operator <input type="checkbox"/> EMS</div><div><input type="checkbox"/> Fire <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker</div></div>																																														
NO.		NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER																																		
DATE OF BIRTH		SEX	STRUCK BY VEH #	INJ	TRANS- SAFETY PORT DEVICES	LOCATION <input type="checkbox"/> On Roadway Within Crosswalk / Intersection <input type="checkbox"/> On Sidewalk			<input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Roadway Outside Crosswalk / Intersection <input type="checkbox"/> On Median / Separator / Crossing Island <input type="checkbox"/> Shoulder / Roadside			<input type="checkbox"/> Non-Trafficway Area <input type="checkbox"/> Shared-Use Path or Trail <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown			BICYCLE LANE / FACILITY (Enter Code)																															
CROSSING ROAD <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"/> NA <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				ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running / Cycling / Riding In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic						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 type="checkbox"/> Unknown (Explain)																																
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <div style="display: flex; flex-wrap: wrap;"><div><input type="checkbox"/> Failed To Yield</div><div><input type="checkbox"/> Alcohol</div><div><input type="checkbox"/> Physical Impairment (Explain)</div><div><input type="checkbox"/> Improper Passing</div><div><input type="checkbox"/> Following Too Close</div><div><input type="checkbox"/> In Roadway Improperly (Standing, Lying, Working, Playing, Stopped)</div><div><input type="checkbox"/> Other (Explain)</div><div><input type="checkbox"/> Failure To Obey Traffic Signs, Signals, or Officer</div><div><input type="checkbox"/> Drugs</div><div><input type="checkbox"/> Not Visible (Dark Clothing, No Lighting, etc.)</div><div><input type="checkbox"/> Improper Signal</div><div><input type="checkbox"/> Improper Start from Park</div><div><input type="checkbox"/> Unknown (Explain)</div><div><input type="checkbox"/> Improper Lane Usage / Change</div><div><input type="checkbox"/> Wrong-Way</div><div><input type="checkbox"/> Vision Obstructed</div><div><input type="checkbox"/> Improper Backing</div><div><input type="checkbox"/> Distracted / Inattentive (If marked, fill in Codes.) →</div></div>														DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk																														
7G. OCCUPANTS - NAME (Last, First, MI)		DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS- PORT	EJEC- TION	AIR BAG		SAFETY DEVICES	IMPROPER USE?	PHONE NUMBER																																	
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[REDACTED]		10/03/1975		M	CP	3	2	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(314)267-7652																																	
[REDACTED] 63052		09/21/1976		F	CP	3	2	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(573)450-2497																																	
[REDACTED] 63052		08/28/1956		M	CP	3	2	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(573)248-4997																																	
[REDACTED] 63456		03/03/1984		M	CP	2	2	2	1		1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	(816)456-7473																																	
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