

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND OR: KANSAS CITY, MISSOURI POLICE DEPARTMENT 1125 LOCUST, KANSAS CITY, MISSOURI 64106 ORI: MOKPD0000
---	--

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	5	0	KC21007944

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
3	2/4/2021	2110	2/4/2021	2110	2/4/2021	2115	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE
	<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.
--	--

No - No commercial vehicle fields need completion.
 Yes - Go to number 2.

EVIDENTIARY PHOTOS TAKEN	BY WHOM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PO KT JANNING #5157

RECONSTRUCTION	BY WHOM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PO JD LAMB #4844

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
JACKSON 048	KANSAS CITY 1280	344	EPD	LAT: N LONG: W

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
IS 435	S	387 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	ERM ERM SOUTH IS 435 MILE 64.2

SPEED LIMIT	ROAD MAINTAINED BY	TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE
65	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input checked="" type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)

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

LIGHT CONDITION
<input type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input checked="" type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

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

4 - WITNESS None Identified Additional Witnesses in Narrative

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

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <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"/> Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. COLLISION
DIAGRAM

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



N E S W U



N E S W U



N E S W U

V4

N E S W U

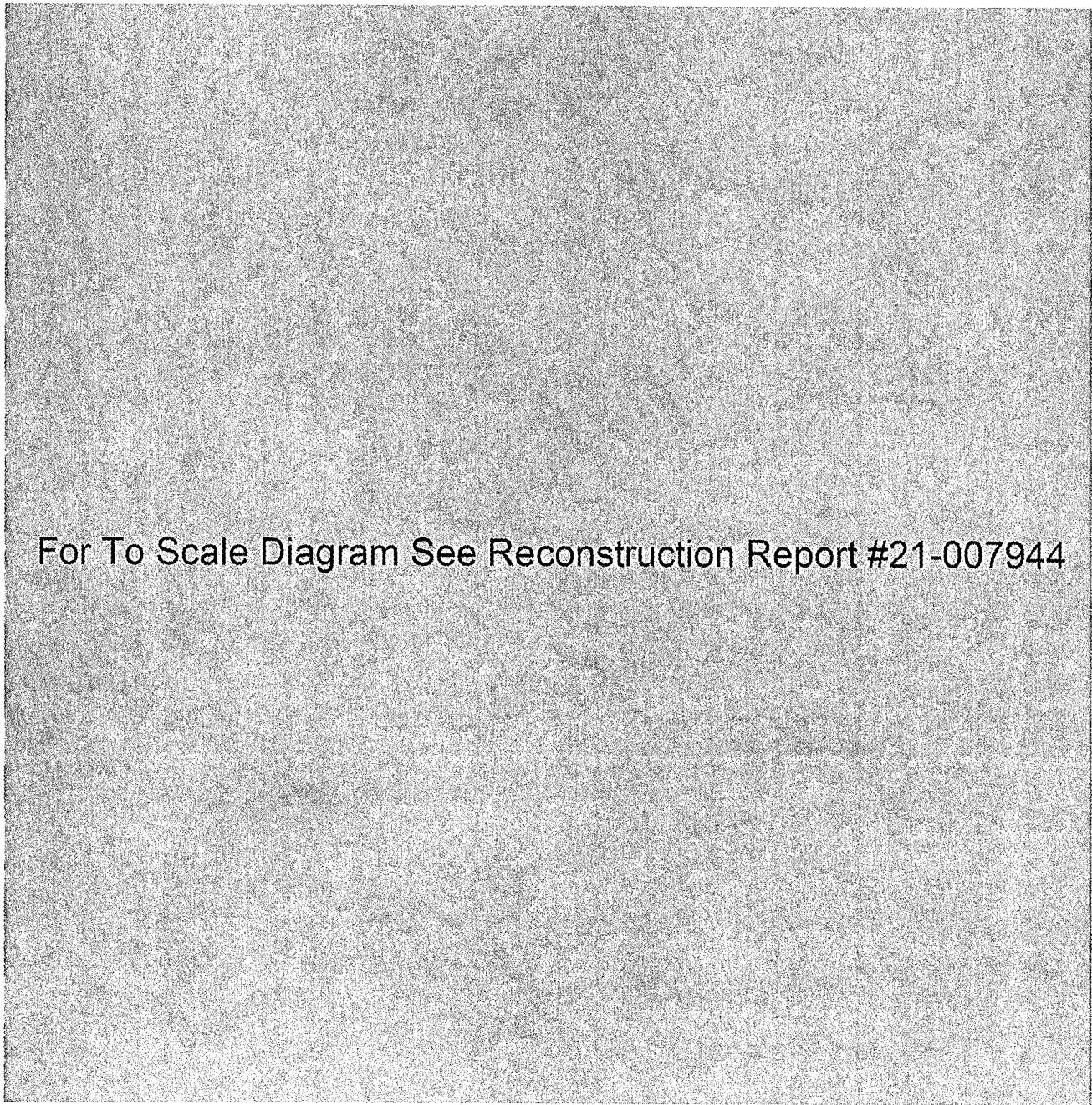
V5

N E S W U

V6

N E S W U

INDICATE
NORTH



For To Scale Diagram See Reconstruction Report #21-007944

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | PHONE NUMBER

1 REID, BRITT E | [REDACTED]

DRIVER LICENSE / ID NUMBER | STATE | LIC STATUS | LIC TYPE | MC ENDORSEMENT

[REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED]

DATE OF BIRTH | SEX | SEAT LOC | INJ | TRANS-PORT | EJECT-ION | AIR-BAG | SAFETY-DEVICES | VISION OBSTRUCTED | Not Obstructed | Trees / Brush | Sign | Moving Veh | Other (Explain)

[REDACTED] | M | FL | 3 | 2 | 2 | 9 | 5 | NA | Windshield | Building | Hillcrest | Stopped Veh | Unknown (Explain)

[REDACTED] | Load on Veh | Embankment | Parked Veh | Glare

PROOF OF INSURANCE | INSURANCE COMPANY | Expired | PHONE NO. (Optional) | POLICY NUMBER | NA | Driver | Vehicle

Yes No Not Required | [REDACTED] | [REDACTED] | [REDACTED]

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

BETHEL, JEFFREY | [REDACTED] | **(816)287-1222** | [REDACTED]

YEAR | MAKE | MODEL | COLOR | VEH. TYPE | TOTAL NO. OF OCC.

2020 | **Dodge** | **Ram 1500 pickup** | **WHI** | **1** | **1**

LICENSE - PLATE NO. | STATE | YEAR | TOWED FROM SCENE | TOWED DUE TO DIS. DAMAGE

D385 | **MO** | **2021** | Yes No | Yes No

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

INITIAL IMPACT NO. | NA | **02** | **City Tow**
7750 Front St. Kansas City, MO 64120
816-513-0692

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

Passenger Car | Van (< 9 W/Driver) | Passenger Van (9+ W/Driver) | Sport Utility Vehicle | Limousine (7-8 W/Driver) | Limousine (9-15 W/Driver) | Motorized Bicycle | Pedalcycle | To / From School

Small Bus (9-15 W/Driver) | Large Bus (16+ W/Driver) | School Bus | Intercity | Transit / Commuter | Charter / Tour | Other

Motorcycle | Motor Home | Farm Implements | Construction Equip. Heavy Mach. | Other Vehicle (Code) | Cargo Van | Pickup | Other Heavy Truck | Unknown (Explain)

Single-unit Truck; 2 axles, 6 tires | Single-unit Truck; 3 or more axles | Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) | Truck Tractor With No Units | Truck Tractor With One Unit | Truck Tractor With Two Units | Truck Tractor With Three Units

GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) | Less than or equal to 10,000 lbs. | 10,001 - 26,000 lbs. | Greater than 26,000 lbs. | Unknown

EMERGENCY VEHICLE INVOLVEMENT | NA | CONTRIBUTING TRAFFIC CONDITIONS | NA

Police | Ambulance | Fire | Other (Must check "A" / "B") | A. Emergency Vehicle on Emergency Run | B. Stationary With Emergency Equip. Activated | Congestion Ahead | Crash Ahead | Other Incident Ahead | Unknown (Explain)

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

SEQUENCE OF EVENTS CODES | Unknown | ANIMAL CODE(S) | FIXED OBJECT CODE(S) | Yes Unk No NA

01 34 01 34 | [REDACTED] | [REDACTED]

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES | None

Vehicle Defects (Explain) | Speed - Exceeded Limit | Too Fast For Conditions | Violation Signal / Sign | Failed To Yield | Alcohol | Drugs | Vision Obstructed | Driver Fatigue / Asleep | Improper Signal | Improper Backing | Improper Turn | Improper Passing | Improperly Parked | Failed To Dim Headlights | Failed To Use Lights | Following Too Close | Wrong Side (Not Passing) | Wrong Side (One-Way) | Physical Impairment (Explain) | Improper Start From Park | Improper Towing / Pushing | Improperly Stopped On Roadway | Improper Lane Usage / Change | Overcorrected | Improper Riding / Clinging To Veh. Exterior | Failed To Secure Load / Improper Loading | Animal(s) in Roadway | Object / Obstruction in Roadway | Distracted / Inattentive (Designate Type) | Unknown (Explain) | Other (Explain)

DISTRACTED / INATTENTIVE CODE(S) | NA (See Codes in Section 8)

7E. WORK ZONE | Yes No Unknown | TRAFFIC CONTROL | None Unknown | CONTROL MALFUNCTIONING / INOPERATIVE / MISSING

Workers Present | Yes No Unknown | Electric: Green/Yellow/Red | Flashing Red | Flashing Yellow | Ramp Meter | Other (Explain) | Yes (Explain) No Unknown

Other: Stop Sign | No Passing Zone | Turn Restricted | Officer / Flagman | Signal On School Bus | Warning Sign / Device | Railway Crossing Sign / Device | School Zone | Yield Sign | Other (Explain)

7F. OCCUPANTS - NAME (Last, First, MI) | DATE OF BIRTH | SEX | SEAT LOC | INJ | TRANS-PORT | EJECT-ION | AIR-BAG | SAFETY-DEVICES | PHONE NUMBER

ADDRESS (Street, City, State, Zip)

NAME	DOB	SEX	SEAT	INJ	TRANS-PORT	EJECT-ION	AIR-BAG	SAFETY-DEVICES	PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE | NA | Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) | SAO | PHONE NUMBER | SAO

COMMERCIAL / NON-COMMERCIAL | Interstate Carrier | Intrastate Carrier | Not In Commerce - Government Vehicle | Not In Commerce - Other Vehicle | Not In Commerce - Rental Vehicle | MC / MX / ICC NO. | USDOT NO.

CARGO BODY TYPE | Enclosed Box | Flatbed | Concrete Mixer | Garbage / Refuse | Pole Trailer | Vehicle Towing Another Veh. | Intermodal Container Chassis | NA (No Cargo Body) | Other | Unknown

Cargo Tank | Dump | Auto Transporter | Grain / Chip / Gravel | Log

HAZARDOUS MATERIALS | PLACARD DISPLAYED | 4-DIGIT NO. | CLASS | HM CARGO PRESENT | HM CARGO RELEASED | HAZARDOUS MATERIAL NAME

Yes No Unknown | Yes No Unknown | Yes No Unknown

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): 2 VASQUEZ, ALFREDO J [REDACTED] PHONE NUMBER [REDACTED]

DRIVER LICENSE / ID NUMBER [REDACTED] STATE [REDACTED] LIC STATUS [REDACTED] LIC TYPE [REDACTED] MC ENDORSEMENT [REDACTED]

DATE OF BIRTH [REDACTED] SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR-BAG 3 SAFETY DEVICES 2 VISION OBSTRUCTED [REDACTED] Not Obstructed [REDACTED] Trees / Brush [REDACTED] Sign [REDACTED] Moving Veh [REDACTED] Other (Explain) [REDACTED]

PROOF OF INSURANCE [REDACTED] INSURANCE COMPANY [REDACTED] Expired [REDACTED] PHONE NO. (Optional) [REDACTED] POLICY NUMBER [REDACTED] NA [REDACTED] Driver [REDACTED] Vehicle [REDACTED]

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

YEAR 2009 MAKE Chevrolet MODEL Impala COLOR GRY VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. LD0Z9G STATE MO YEAR 2022 VIN [REDACTED] TOWED FROM SCENE [REDACTED] Yes [REDACTED] No [REDACTED] TOWED DUE TO DIS. DAMAGE [REDACTED] Yes [REDACTED] No [REDACTED]

VEHICLE DAMAGE (Mark all damaged areas) [REDACTED] None / No Damage [REDACTED] TOWED BY [REDACTED] Unknown [REDACTED] NA [REDACTED] City Tow 7750 Front St. Kansas City, MO 64120 816-513-0692

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [REDACTED] Vehicle Used As Public Conveyance [REDACTED] Passenger Car [REDACTED] Van [REDACTED] Passenger Van [REDACTED] Sport Utility Vehicle [REDACTED] Limousine [REDACTED] Motorized Bicycle [REDACTED] Pedalcycle [REDACTED] To / From School [REDACTED] School Bus [REDACTED] Intercity [REDACTED] Transit / Commuter [REDACTED] Charter / Tour [REDACTED] Other [REDACTED] 2 Wh [REDACTED] 3 Wh [REDACTED] 4 Wh [REDACTED] 5 Wh / More [REDACTED] Unknown [REDACTED] Motor Home [REDACTED] Farm Implements [REDACTED] Construction Equip. Heavy Mach. [REDACTED] Other Vehicle (Code) [REDACTED] Cargo Van [REDACTED] Pickup [REDACTED] Other Heavy Truck [REDACTED] Unknown (Explain) [REDACTED] Single-unit Truck; 2 axles, 6 tires [REDACTED] Single-unit Truck; 3 or more axles [REDACTED] Veh. Pulling Another Unit(s) [REDACTED] (Does not apply to Truck Tractors) [REDACTED] Truck Tractor With No Units [REDACTED] Truck Tractor With One Unit [REDACTED] Truck Tractor With Two Units [REDACTED] Truck Tractor With Three Units [REDACTED] GVW / GCWW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) [REDACTED] Less than or equal to 10,000 lbs. [REDACTED] 10,001 - 26,000 lbs. [REDACTED] Greater than 26,000 lbs. [REDACTED] Unknown [REDACTED]

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

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES [REDACTED] Additional Codes Listed in Narrative (See Codes in Section 8) [REDACTED] SEQUENCE OF EVENTS CODES [REDACTED] Unknown [REDACTED] ANIMAL CODE(S) [REDACTED] FIXED OBJECT CODE(S) [REDACTED] ALCOHOL USE [REDACTED] Yes [REDACTED] Unk [REDACTED] No [REDACTED] NA [REDACTED]

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [REDACTED] None [REDACTED] Vehicle Defects (Explain) [REDACTED] Speed - Exceeded Limit [REDACTED] Too Fast For Conditions [REDACTED] Violation Signal / Sign [REDACTED] Failed To Yield [REDACTED] Alcohol [REDACTED] Drugs [REDACTED] Vision Obstructed [REDACTED] Driver Fatigue / Asleep [REDACTED] Improper Signal [REDACTED] Improper Backing [REDACTED] Improper Turn [REDACTED] Improper Passing [REDACTED] Improperly Parked [REDACTED] Failed To Dim Headlights [REDACTED] Failed To Use Lights [REDACTED] Following Too Close [REDACTED] Wrong Side (Not Passing) [REDACTED] Wrong Side (One-Way) [REDACTED] Physical Impairment (Explain) [REDACTED] Improper Start From Park [REDACTED] Improper Towing / Pushing [REDACTED] Improperly Stopped On Roadway [REDACTED] Improper Lane Usage / Change [REDACTED] Overcorrected [REDACTED] Improper Riding / Clinging To Veh. Exterior [REDACTED] Failed To Secure Load / Improper Loading [REDACTED] Animal(s) In Roadway [REDACTED] Object / Obstruction in Roadway [REDACTED] Distracted / Inattentive (Designate Type) [REDACTED] Unknown (Explain) [REDACTED] Other (Explain) [REDACTED] DISTRACTED / INATTENTIVE CODE(S) [REDACTED] NA [REDACTED] (See Codes in Section 8) [REDACTED]

7E. WORK ZONE [REDACTED] Yes [REDACTED] No [REDACTED] Unknown [REDACTED] TRAFFIC CONTROL [REDACTED] None [REDACTED] Unknown [REDACTED] Electric: [REDACTED] Green/Yellow/Red [REDACTED] Flashing Red [REDACTED] Flashing Yellow [REDACTED] Ramp Meter [REDACTED] Other (Explain) [REDACTED] Other [REDACTED] Stop Sign [REDACTED] No Passing Zone [REDACTED] Turn Restricted [REDACTED] Officer / Flagman [REDACTED] Signal On School Bus [REDACTED] Controls: [REDACTED] Warning Sign / Device [REDACTED] Railway Crossing Sign / Device [REDACTED] School Zone [REDACTED] Yield Sign [REDACTED] Other (Explain) [REDACTED] CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [REDACTED] Yes (Explain) [REDACTED] No [REDACTED] Unknown [REDACTED] NA [REDACTED]

Table with 10 columns: 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, PHONE NUMBER. Row 7F. is empty.

7G. COMMERCIAL MOTOR VEHICLE [REDACTED] NA [REDACTED] Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) [REDACTED] SAO [REDACTED] PHONE NUMBER [REDACTED] SAO [REDACTED]

COMMERCIAL / NON-COMMERCIAL [REDACTED] Interstate Carrier [REDACTED] Intrastate Carrier [REDACTED] Not In Commerce - Government Vehicle [REDACTED] Not In Commerce - Other Vehicle [REDACTED] Not In Commerce - Rental Vehicle [REDACTED] MC / MX / ICC NO. [REDACTED] USDOT NO. [REDACTED]

CARGO BODY TYPE [REDACTED] Enclosed Box [REDACTED] Cargo Tank [REDACTED] Flatbed [REDACTED] Dump [REDACTED] Concrete Mixer [REDACTED] Auto Transporter [REDACTED] Garbage / Refuse [REDACTED] Grain / Chip / Gravel [REDACTED] Pole Trailer [REDACTED] Log [REDACTED] Vehicle Towing Another Veh. [REDACTED] Intermodal Container Chassis [REDACTED] NA (No Cargo Body) [REDACTED] Other [REDACTED] Unknown [REDACTED]

HAZARDOUS MATERIALS [REDACTED] PLACARD DISPLAYED [REDACTED] Yes [REDACTED] No [REDACTED] Unknown [REDACTED] 4-DIGIT NO. [REDACTED] CLASS [REDACTED] HM CARGO PRESENT [REDACTED] Yes [REDACTED] No [REDACTED] Unknown [REDACTED] HM CARGO RELEASED [REDACTED] Yes [REDACTED] No [REDACTED] Unknown [REDACTED] HAZARDOUS MATERIAL NAME [REDACTED]

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **3 MILLER, FELICIA L** PHONE NUMBER [REDACTED]

DRIVER LICENSE / ID NUMBER [REDACTED] STATE [REDACTED] LIC STATUS [REDACTED] LIC TYPE [REDACTED] MC ENDORSEMENT [REDACTED]

DATE OF BIRTH [REDACTED] SEX **F** SEAT LOC **FL** INJ **4** TRANS-PORT **2** EJECTION **2** AIR BAG **3** SAFETY DEVICES **2** VISION OBSTRUCTED NA Not Obstructed Windshield Load on Veh Trees / Brush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare Other (Explain) Unknown (Explain)

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

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **MILLER, FELICIA L** PHONE NUMBER **SAD**

YEAR **2009** MAKE **Chevrolet** MODEL **Traverse** COLOR **SIL** VEH. TYPE **1** TOTAL NO. OF OCC. **4**

LICENSE - PLATE NO. **04VN4V** STATE **MO** YEAR **2020** VIN [REDACTED] TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA **City Tow**
 INITIAL IMPACT NO: **08** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24**
 18 - Undercarriage 22 - Cargo City Tow
 19 - Windshield 23 - Unknown 7750 Front St. Kansas City, MO 64120
 20 - Burned 24 - Other (Explain) 816-513-0692
 21 - Towed Unit

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

Passenger Car Small Bus (9-15 W/Driver) Motorcycle Motor Home Single-unit Truck; 2 axles, 6 tires
 Van (< 9 W/Driver) Large Bus (16+ W/Driver) ATV Farm Implements Single-unit Truck; 3 or more axles
 Passenger Van (9+ W/Driver) School Bus Construction Equip. Heavy Mach. Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
 Sport Utility Vehicle Inter-city Other Vehicle (Code) _____
 Limousine (7-8 W/Driver) Transit / Commuter Cargo Van Truck Tractor With No Units
 Limousine (9-15 W/Driver) Charter / Tour Pickup Truck Tractor With One Unit
 Motorized Bicycle Other Other Heavy Truck Truck Tractor With Two Units
 Pedalcycle To / From School Unknown (Explain) Truck Tractor With Three Units
 GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
 Less than or equal to 10,000 lbs.
 10,001 - 26,000 lbs.
 Greater than 26,000 lbs.
 Unknown

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire Other (Must check "A" / "B") A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS NA Congestion Ahead Other Incident Ahead Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE Yes Unk No NA

SEQUENCE OF EVENTS CODES **12 34** Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S)

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights Improper Towing / Pushing Object / Obstruction in Roadway
 Speed - Exceeded Limit Driver Fatigue / Asleep Failed To Use Lights Improperly Stopped On Roadway Distracted / Inattentive (Designate Type)
 Too Fast For Conditions Improper Signal Following Too Close Improper Lane Usage / Change Unknown (Explain)
 Violation Signal / Sign Improper Backing Wrong Side (Not Passing) Overcorrected Other (Explain)
 Failed To Yield Improper Turn Wrong Side (One-Way) Improper Riding / Clinging To Veh. Exterior
 Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading
 Drugs Improperly Parked Improper Start From Park Animal(s) In Roadway
 DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

7E. WORK ZONE Yes No Unknown TRAFFIC CONTROL None Unknown
 Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)
 Workers Present Yes No Unknown Other Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus
 Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)
 CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
SAENZ, ANGELA	[REDACTED]	F	FR	4	2	2	3	2	[REDACTED]
[REDACTED]	[REDACTED]	F	TL	2	2	2	3	U	[REDACTED]
[REDACTED]	[REDACTED]	F	SR	3	2	2	3	5	[REDACTED]

7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle Not In Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other Unknown

HAZARDOUS MATERIALS PLACARD DISPLAYED Yes No Unknown 4-DIGIT NO. CLASS HM CARGO PRESENT Yes No Unknown HM CARGO RELEASED Yes No Unknown HAZARDOUS MATERIAL NAME

8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	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 U. Use Unknown N. Not Applicable

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 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 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 Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**)

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

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 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

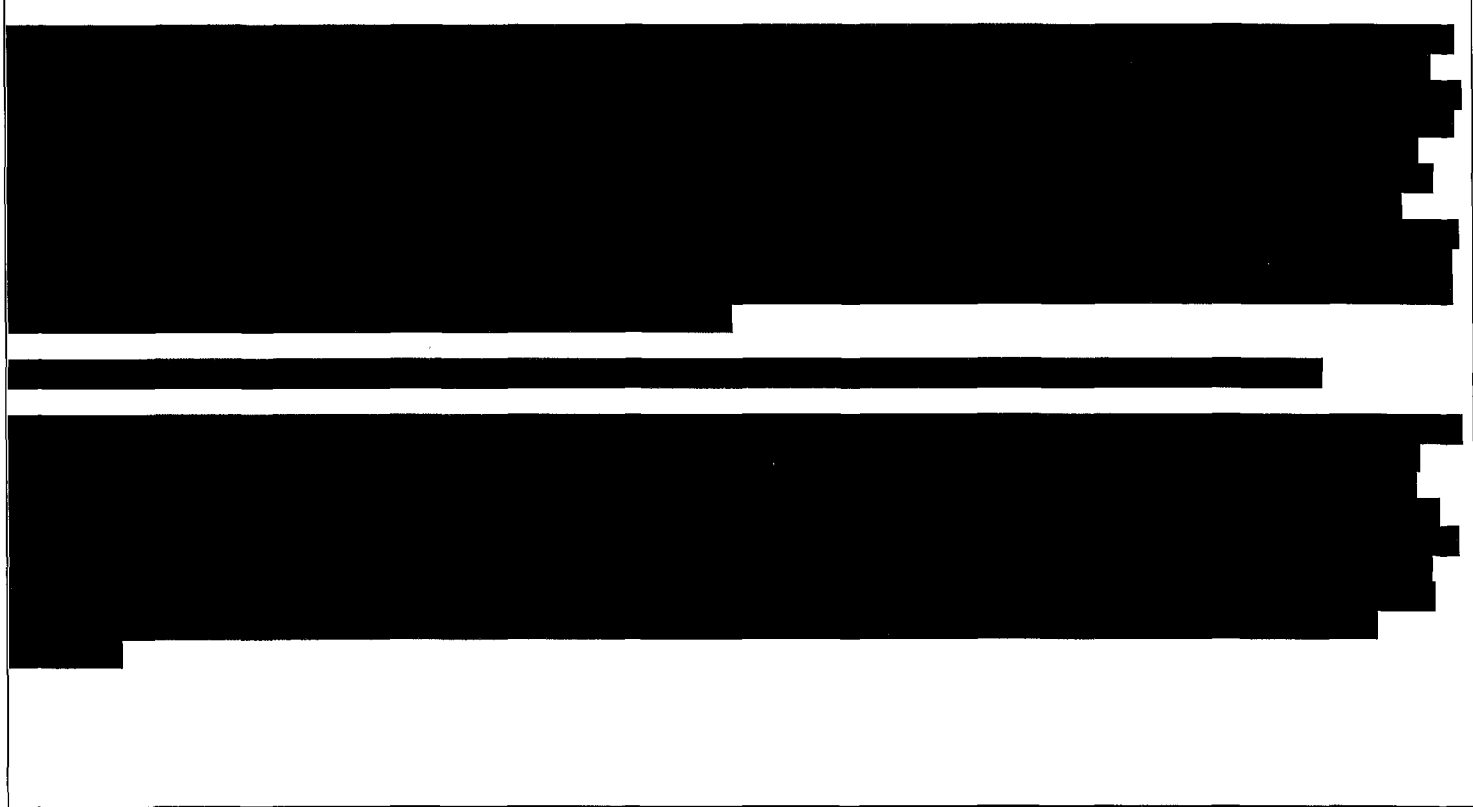
DISTRACTED / INATTENTIVE CODES			
1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device	5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing	9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming	13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)

VEHICLE TYPE CODES			
1. Motor Vehicle In Transport 2. Parked Motor Vehicle	3. Working Motor Vehicle 4. Pedalcycle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown	

OTHER VEHICLE CODES			
1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle 7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On 02/04/2021 at approximately 2130 hours, I was notified of a serious injury collision that occurred on southbound Interstate 435 just south of the Stadium Drive entrance ramp. Sgt. DJ Randol, Sgt. JA Cowdrey, Officer MC Phelps, Officer KT Janning, Officer JA White, Officer R Kaighen, and Detective LR Pollard responded to assist during the investigation.



10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME LAMB, JAMIE D	DSN / BADGE NO. 4844	BEAT / ZONE 731	TROOP / DISTRICT / PRECINCT AIS
REVIEWING OFFICER NAME RANDOL, D.	DSN / BADGE NO. 3782	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

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



The events associated with the collision are as follows: Driver #2 was traveling southbound on Interstate 435, just south of the Stadium Drive exit when his vehicle became disabled/ran out of gas. Driver #3 responded to the scene to assist Driver #2, and had pulled her vehicle in front of Vehicle #2. Driver #1 had entered onto southbound Interstate 435 from the Stadium Drive entrance ramp. Driver #1 sideswiped Vehicle #2, traveled forward a short distance, and then struck the rear of Vehicle #3.

For further information, including causation, Driver #1's statements, and To Scale Diagram, see Reconstruction Report, as well as multiple supplemental reports on Case Report Number #21-007944.

/s/ PO JD Lamb #4844

Explanations:

- Vehicle 1 Probable Contributing Circumstances Explanation - SEE NARRATIVE**
- Vehicle 2 Probable Contributing Circumstances Explanation - SEE NARRATIVE**
- Vehicle 3 Probable Contributing Circumstances Explanation - SEE NARRATIVE**