

SPACE USED FOR BARCODE	1 - AGENCY NAME AND ORI
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LEFT THE SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENT CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED	NUMBER KILLED	REPORT / CASE / INCIDENT NUMBER
NUMBER OF VEHICLES INVOLVED	ACCIDENT DATE	ACCIDENT TIME (MIL.)	TIME NOTIFIED (MIL.)	TIME ARRIVED (MIL.)	INVESTIGATION DATE	

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP / DIST / PCT	INVESTIGATED AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO
ON	DISTANCE FROM _____ FEET	LOCATION <input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY	
ROADWAY DIRECTION	SPEED LIMIT	_____ MILES	SPEED LIMIT	GEO - CODE
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER				GPS LONGITUDE
				LATITUDE

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES NONE

GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.

MoDOT

4. DRIVER'S FULL NAME (LAST, FIRST, MI) _____ **ADDRESS (STREET, CITY, STATE, ZIP)** _____

DRIVER LICENSE NUMBER / ID NUMBER	STATE	TYPE OF LICENSE	<input type="checkbox"/> 1. OPERATOR CLASS _____ <input type="checkbox"/> 2. CDL CLASS _____	<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED	<input type="checkbox"/> 5. MC ONLY MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	INSURANCE COMPANY		<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER <input type="checkbox"/> NA	

YEAR	MAKE	MODEL	COLOR
LIC. PLATE NO.	STATE	YEAR	VIN
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER		ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER	

VEHICLE DAMAGE (Circle all damaged areas)

<input type="checkbox"/> NONE INITIAL IMPACT NO. <input type="checkbox"/> NA	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>	2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	REAR 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO TOW CO. INFORMATION
2	3	4	5	6	7																
1	15	16	17	8																	
14	13	12	11	10	9																

5. DRIVER'S FULL NAME (LAST, FIRST, MI) _____ **ADDRESS (STREET, CITY, STATE, ZIP)** _____

DRIVERS LICENSE NUMBER / ID NUMBER	STATE	TYPE OF LICENSE	<input type="checkbox"/> 1. OPERATOR CLASS _____ <input type="checkbox"/> 2. CDL CLASS _____	<input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 4. UNLICENSED	<input type="checkbox"/> 5. MC ONLY MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	INSURANCE COMPANY		<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER <input type="checkbox"/> NA	

YEAR	MAKE	MODEL	COLOR
LIC. PLATE NO.	STATE	YEAR	VIN
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER		ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER	

VEHICLE DAMAGE (Circle all damaged areas)

<input type="checkbox"/> NONE INITIAL IMPACT NO. <input type="checkbox"/> NA	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>	2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	REAR 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO TOW CO. INFORMATION
2	3	4	5	6	7																
1	15	16	17	8																	
14	13	12	11	10	9																

6 - WITNESS NONE IDENTIFIED

NAME OF WITNESS	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.

7. COLLISION DIAGRAM | Direction Prior to Impact (circle one) **V1** N E S W **V2** N E S W **V3** N E S W **V4** N E S W | Est. Speed - Fatals Only
V1 V2 V3 V4

INDICATE NORTH

INDICATE ROAD NAMES

REQUIRED UNLESS DELAYED REPORT

DIAGRAM NOT TO SCALE

8. EVIDENTIARY PHOTOS TAKEN

YES NO BY WHOM

AVAILABLE FROM

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

YES NO BY WHOM

SEAT LOCATION		INJURY	TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES	
XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)	FR SR TR FC SC TC FL SL TL						1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint	7. Helmet Used 8. Helmet Not Used 9. Use Unknown
		1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	1. No 2. EMS 3. Other 4. Unknown	1. NA 2. No 3. Partially 4. Totally 5. Unknown	1. None / NA 2. Deployed 3. Not Deployed	1. None / NA 2. Deployed 3. Not Deployed		

10 - DRIVERS												
NAME		DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS- PORT	EJEC- TION	AIR BAG		SAF DEV	TELEPHONE NO.
ADDRESS									F	S		
<input type="checkbox"/> NA	DRIVER 1 - SAME ADDRESS AS ABOVE			1								
<input type="checkbox"/> NA	DRIVER 2 - SAME ADDRESS AS ABOVE			2								

11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)												
<input type="checkbox"/> SAD												
<input type="checkbox"/> SAD												
<input type="checkbox"/> SAD												
<input type="checkbox"/> SAD												
<input type="checkbox"/> SAD												

12. VEHICLE BODY TYPES AUTOMOBILES / SPECIAL VEHICLES	
V1 V2	<input type="checkbox"/> <input type="checkbox"/> 1. Passenger Car
	<input type="checkbox"/> <input type="checkbox"/> 2. Station Wagon
	<input type="checkbox"/> <input type="checkbox"/> 3. Sport Utility Vehicle
	<input type="checkbox"/> <input type="checkbox"/> 4. Limousine (6-15 for hire)
	<input type="checkbox"/> <input type="checkbox"/> 5. Van (8 or less with driver)
	<input type="checkbox"/> <input type="checkbox"/> 6. Small Bus (9-15 with driver)
	<input type="checkbox"/> <input type="checkbox"/> 7. Bus (16 or more with driver)
	<input type="checkbox"/> <input type="checkbox"/> 8. School Bus (less than 16 with driver)
	<input type="checkbox"/> <input type="checkbox"/> 9. School Bus (16 or more with driver)
	<input type="checkbox"/> <input type="checkbox"/> 10. Motorcycle
	<input type="checkbox"/> <input type="checkbox"/> 11. ATV
	<input type="checkbox"/> <input type="checkbox"/> 12. Motorized Bicycle
	<input type="checkbox"/> <input type="checkbox"/> 13. Pedalcycle
	<input type="checkbox"/> <input type="checkbox"/> 14. Motor Home / Camper
	<input type="checkbox"/> <input type="checkbox"/> 15. Farm Implements
	<input type="checkbox"/> <input type="checkbox"/> 16. Construction Equipment
	<input type="checkbox"/> <input type="checkbox"/> 17. Other Transport Device
	<input type="checkbox"/> <input type="checkbox"/> 18. Unknown
	<input type="checkbox"/> <input type="checkbox"/> 19. Pick-up
	<input type="checkbox"/> <input type="checkbox"/> 20. Single-unit Truck: 2 axles, 6 tires
	<input type="checkbox"/> <input type="checkbox"/> 21. Single-unit Truck: 3 or more axles
	<input type="checkbox"/> <input type="checkbox"/> A. Vehicle Pulling Another Unit(s) 1-21 only
	<input type="checkbox"/> <input type="checkbox"/> 22. Truck Tractor With No Units
	<input type="checkbox"/> <input type="checkbox"/> 23. Truck Tractor With One Unit
	<input type="checkbox"/> <input type="checkbox"/> 24. Truck Tractor With Two Units
	<input type="checkbox"/> <input type="checkbox"/> 25. Truck Tractor With Three Units
	<input type="checkbox"/> <input type="checkbox"/> 26. Other Heavy Truck
GCWV Rating (not licensed weight) 19-26 only	
<input type="checkbox"/> <input type="checkbox"/>	Less than or equal to 10,000 lbs.
<input type="checkbox"/> <input type="checkbox"/>	10,001 - 26,000 lbs.
<input type="checkbox"/> <input type="checkbox"/>	Greater than 26,000 lbs.

14. HAZARDOUS MATERIALS <input type="checkbox"/> NA	
V1 V2	<input type="checkbox"/> <input type="checkbox"/> Placard Displayed
	<input type="checkbox"/> <input type="checkbox"/> 1. Gases in Bulk
	<input type="checkbox"/> <input type="checkbox"/> 2. Solids in Bulk
	<input type="checkbox"/> <input type="checkbox"/> 3. Liquids in Bulk
	<input type="checkbox"/> <input type="checkbox"/> 4. Explosives
	<input type="checkbox"/> <input type="checkbox"/> 5. None
	<input type="checkbox"/> <input type="checkbox"/> A. Hazardous Materials' Cargo Released / Spilled

15. ACCIDENT TYPE	
<input type="checkbox"/> <input type="checkbox"/>	1. On Roadway
<input type="checkbox"/> <input type="checkbox"/>	2. Off Roadway
COLLISION INVOLVING	
<input type="checkbox"/> <input type="checkbox"/>	1. Animal
<input type="checkbox"/> <input type="checkbox"/>	2. Pedalcycle
<input type="checkbox"/> <input type="checkbox"/>	3. Fixed Object
<input type="checkbox"/> <input type="checkbox"/>	4. Other Object
<input type="checkbox"/> <input type="checkbox"/>	5. Pedestrian
<input type="checkbox"/> <input type="checkbox"/>	6. Train
<input type="checkbox"/> <input type="checkbox"/>	7. MV in Transport
<input type="checkbox"/> <input type="checkbox"/>	8. MV on Other Roadway
<input type="checkbox"/> <input type="checkbox"/>	9. Parked MV
NON-COLLISION	
<input type="checkbox"/> <input type="checkbox"/>	10. Overturning
<input type="checkbox"/> <input type="checkbox"/>	11. Other Non-Collision

TWO VEHICLE COLLISION	
<input type="checkbox"/> <input type="checkbox"/>	60. Head On
<input type="checkbox"/> <input type="checkbox"/>	61. Rear End
<input type="checkbox"/> <input type="checkbox"/>	62. Sideswipe - Meeting
<input type="checkbox"/> <input type="checkbox"/>	63. Sideswipe - Passing
<input type="checkbox"/> <input type="checkbox"/>	64. Angle
<input type="checkbox"/> <input type="checkbox"/>	65. Backed Into
<input type="checkbox"/> <input type="checkbox"/>	67. Other

16. TRAFFIC CONDITIONS	
V1 V2	<input type="checkbox"/> <input type="checkbox"/> 1. Normal
	<input type="checkbox"/> <input type="checkbox"/> 2. Accident Ahead
	<input type="checkbox"/> <input type="checkbox"/> 3. Congestion Ahead

17. VEHICLE ACTION / SEQUENCE OF EVENTS	
1. Going Straight	20. Ran Off Road - Right
2. Overtaking	21. Ran Off Road - Left
3. Making Right Turn	22. Overturn / Rollover
4. Right Turn on Red	23. Fire / Explosion
5. Making Left Turn	24. Immersion
6. Making U Turn	25. Jackknife
7. Skidding / Sliding	26. Cargo Loss / Shift
8. Slowing / Stopping	27. Equipment Failure
9. Start in Traffic	28. Separation of Units
10. Start From Parked	29. Returned to Road
11. Backing	30. Collision Inv. Pedestrian
12. Stopped in Traffic	31. Collision Inv. Pedalcycle
13. Parked	32. Collision Inv. Train
14. Changing Lanes	33. Collision Inv. Animal (enter code - explain)
15. Avoiding	34. Collision Inv. MV in Transport
16. Crossover Median	35. Collision Inv. Parked Motor Vehicle
17. Crossover Centerline	36. Collision Inv. Fixed Object (enter code - explain)
18. Crossing Road	37. Collision Inv. Other Object (explain)
19. Airborne	38. Other - Non Collision

V1 Unknown

____ / ____ / ____ / ____ / ____ / ____ / ____

33. Animal Code _____

36. Fixed Object Code ____ / ____ / ____

V2 Unknown

____ / ____ / ____ / ____ / ____ / ____ / ____

33. Animal Code _____

36. Fixed Object Code ____ / ____ / ____

Animal, Fixed Object, and Inattention Codes explained in narrative.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> <input type="checkbox"/> 3. Improperly Stopped on Roadway <input type="checkbox"/> <input type="checkbox"/> 4. Speed - Exceeded Limit <input type="checkbox"/> <input type="checkbox"/> 5. Too Fast for Conditions <input type="checkbox"/> <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> <input type="checkbox"/> 7. Violation Signal / Sign <input type="checkbox"/> <input type="checkbox"/> 8. Wrong Side (not passing) <input type="checkbox"/> <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> <input type="checkbox"/> 13. Improper Lane Usage / Change <input type="checkbox"/> <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> <input type="checkbox"/> 15. Improper Start From Park P1 P2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P1 _____ P2 _____ V1 _____ V2 _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. None	19. PEDESTRIAN INVOLVEMENT P1 P2 <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway 26. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 3. Brick <input type="checkbox"/> 5. Dirt / Sand <input type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-Surface	20. VISION OBSCURED V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input type="checkbox"/> <input type="checkbox"/> 11. Other (explain) <input type="checkbox"/> <input type="checkbox"/> 12. Not Obscured 23. LIGHT CONDITION <input type="checkbox"/> 1. Daylight <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> 5. Indeterminate (explain)	21. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input type="checkbox"/> <input type="checkbox"/> 12. None 24. WEATHER CONDITION <input type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> 8. Indeterminate (explain)	22. ROAD CHARACTER ALIGNMENT <input type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest 25. ROAD CONDITION <input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)
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27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. a truck with GCVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard <input type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V1 4-Digit Placard Number _____ Number From Bottom of Diamond _____ from Diamond / Box _____ V2 4-Digit Placard Number _____ Number From Bottom of Diamond _____ from Diamond / Box _____ D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided	E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other
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28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

29. REPORTING OFFICER SIGNATURE	DSN / BADGE NO.	BEAT / ZONE	TROOP / DIST / PCT
REVIEWING OFFICER 1 SIGNATURE	DSN / BADGE NO.	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

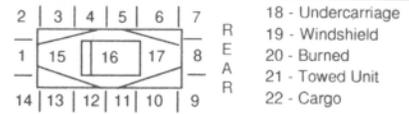
MISSOURI UNIFORM ACCIDENT REPORT

NARRATIVE / STATEMENTS		<input type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT	AGENCY NAME AND ORI	
ORIGINAL REPORT / CASE / INCIDENT NUMBER	ADDITIONAL SUPPLEMENT NO.			
SUPPLEMENTAL REPORT DATE	ACCIDENT DATE	TRP / DIST / PCT	COUNTY	
REPORTING OFFICER SIGNATURE	DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE	DSN / BADGE NO.	

Lined area for narrative text.

TRAIN ACCIDENT		<input type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT		AGENCY NAME AND ORI			
ORIGINAL REPORT / CASE / INCIDENT NUMBER		ADDITIONAL SUPPLEMENT NO.					
SUPPLEMENTAL REPORT DATE		ACCIDENT DATE		TRP / DIST / PCT		COUNTY	
REPORTING OFFICER SIGNATURE			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE			DSN / BADGE NO.

TRAIN INFORMATION							
TRAIN ID NO.		LEAD ENGINE NO.			LEAD ENGINE SERIAL NO.		
MAKE				MODEL			
HEADLIGHT WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO		HORN WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO		BELL WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO		TRAIN DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE	
NO. OF CARS		SPEED		DISTANCE FROM IMPACT POINT TO FRONT OF LEAD ENGINE		INITIAL IMPACT NO. <input type="checkbox"/> NA	
RAILROAD CO. - TRACKS		NAME & ADDRESS (STREET, CITY, STATE, ZIP)					
RAILROAD CO. - TRAIN		NAME & ADDRESS (STREET, CITY, STATE, ZIP)					



CROSSING SIGNALS							
<input type="checkbox"/> 1. LIGHT / GATE / BELL COMBINATION		<input type="checkbox"/> 3. LIGHT / GATE		<input type="checkbox"/> 5. PASSIVE WARNING (CROSSBUCKS ONLY)		<input type="checkbox"/> 7. PAVEMENT MARKINGS	
<input type="checkbox"/> 2. LIGHT / BELL COMBINATION		<input type="checkbox"/> 4. LIGHT ONLY		<input type="checkbox"/> 6. WIG-WAG TYPE		<input type="checkbox"/> 8. NONE	
UPON INVESTIGATING OFFICER'S ARRIVAL AT SCENE:		CROSSING GATES DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		LIGHTS FLASHING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		BELLS RINGING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	

OTHER CROSSING CHARACTERISTICS							
ADVANCE WARNING SIGNS IN PLACE <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTANCE FROM SIGN TO NEAREST RAIL <input type="checkbox"/> FEET <input type="checkbox"/> MILES		CROSSING SURFACE (Rubber, asphalt, etc.)		DOT / AAR CROSSING ID NO.	

SEAT LOCATION XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)		INJURY	TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES
		1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown	1. No 2. EMS 3. Other 4. Unknown	1. NA 2. No 3. Partially 4. Totally 5. Unknown	1. None / NA 2. Deployed 3. Not Deployed	1. None / NA 2. Deployed 3. Not Deployed	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint

ENGINEER & CONDUCTOR													
NAME			DATE OF BIRTH		SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS-PORT	EJEC-TION	AIR BAG	SAF DEV	TELEPHONE NO.
ADDRESS			MM-DD-YYYY								F S		
ENGINEER													
CONDUCTOR													

TRAIN CREW MEMBERS - List Train Passengers in Section 11 - Other Occupants and Pedestrians on Page 3														

COMMENTS
