



Vehicle Attachment 11
Police Report and Photos of Hospital Parking Lot Accident

Gray Summit, MO
HWY-10-MH-018

(18 Pages)

SPACE USED FOR BARCODE	1 - AGENCY NAME AND ORI WASHINGTON P.D. - MO0360800 301 JEFFERSON STREET, WASHINGTON, MO, 63090 636-390-1050
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LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCIDENT CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED 1	NUMBER KILLED 0	REPORT / CASE / INCIDENT NUMBER 10-001547
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NUMBER OF VEHICLES INVOLVED 4	ACCIDENT DATE 08-05-2010	ACCIDENT TIME (MIL) 1331	TIME NOTIFIED (MIL) 1332	TIME ARRIVED (MIL) 1335	INVESTIGATION DATE 08-05-2010
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2 - LOCATION

COUNTY FRANKLIN	MUNICIPALITY WASHINGTON	BEAT / ZONE 2810 EAST	TRP / DIST / PCT N/A	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ON Parking Lot at 851 EAST 5TH STREET		DISTANCE FROM 100 FEET	LOCATION <input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY NORTH OF CST 5TH STREET
ROADWAY DIRECTION U		SPEED LIMIT 5	SPEED LIMIT 30	GEO - CODE
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL <input checked="" type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER				LATITUDE

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES NONE

GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.
 MoDOT (R) _____, WASHINGTON, MO, 63090-UTILITY GARAGE AT 314 BOONE STREET, WASHINGTON, MO

4. DRIVER'S FULL NAME (LAST, FIRST, MI) _____ **ADDRESS (STREET, CITY, STATE, ZIP)** _____
 (R) _____ (R) _____ ST JAMES, MO, 65559

DRIVER LICENSE NUMBER / ID NUMBER (R) _____	STATE MO	TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS B <input type="checkbox"/> 2. CDL CLASS _____	<input type="checkbox"/> 3. PERMIT	<input type="checkbox"/> 5. MC ONLY	MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED	INSURANCE COMPANY STATE FARM INSC.	<input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE	POLICY NUMBER <input type="checkbox"/> NA (R) _____		

VEHICLE 1

YEAR 2000	MAKE BLUE BIRD BODY CO.	MODEL SCHOOL BUS	COLOR YELLOW
LIC. PLATE NO. (R) _____	STATE MO	YEAR 2010	VIN 1BABJCPH5YF (R) _____
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER COPELAND, BUS SERVICE, .		ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER PO BOX 273, SAINT JAMES, MO, 65559	

VEHICLE DAMAGE (Circle all damaged areas)

<input type="checkbox"/> NONE	INITIAL IMPACT NO. <input type="checkbox"/> NA U		18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION MILES TOWING 904 HWY P, CUBA, MO, 65453
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5. DRIVER'S FULL NAME (LAST, FIRST, MI) **N/A, .** **ADDRESS (STREET, CITY, STATE, ZIP)** _____

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

VEHICLE 2

YEAR 2008	MAKE TOYOTA	MODEL SEQUOIA	COLOR BLUE
LIC. PLATE NO. (R) _____	STATE MO	YEAR 2012	VIN 5TDBY68A28S (R) _____
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER (R) _____		ADDRESS (STREET, CITY, STATE, ZIP) <input type="checkbox"/> SAME AS DRIVER (R) _____ NEW HAVEN, MO, 63068	

VEHICLE DAMAGE (Circle all damaged areas)

<input type="checkbox"/> NONE	INITIAL IMPACT NO. <input type="checkbox"/> NA 7		18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TOW CO. INFORMATION NA
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6 - WITNESS NONE IDENTIFIED

NAME OF WITNESS	ADDRESS (STREET, CITY, STATE, ZIP)	TELEPHONE NO.
(R) _____	(R) _____ UNION, MO, 63084	(R) _____
(R) _____	(R) _____ WASHINGTON, MO, 63090	(R) _____

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 <input type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED	NUMBER KILLED	REPORT / CASE / INCIDENT NUMBER 10-001547
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
ROADWAY DIRECTION	SPEED LIMIT	DISTANCE FROM _____ FEET _____ MILES	LOCATION <input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY
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				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
 DRIVER LICENSE NUMBER / ID NUMBER _____ STATE **U** TYPE OF LICENSE _____
 1. OPERATOR CLASS _____ 3. PERMIT 5. MC ONLY MC ENDORSEMENT
 2. CDL CLASS _____ 4. UNLICENSED YES NO NA

PROOF OF INSURANCE YES NO NOT REQUIRED **INSURANCE COMPANY** **STATE FARM INSC.**
 DRIVER NA **POLICY NUMBER** _____
 VEHICLE

VEHICLE
 YEAR **2007** MAKE **SATURN** MODEL _____ COLOR **BLACK**
 LIC. PLATE NO. _____ STATE **TN** YEAR **2010** VIN **1G8MB35B97Y** _____ TOTAL NO. OF OCCUPANTS **0**

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER _____ **ADDRESS (STREET, CITY, STATE, ZIP)** _____ SAME AS DRIVER
 _____ **NASHVILLE, TN, 37207**

VEHICLE DAMAGE (Circle all damaged areas)
 NONE 2 3 4 5 6 7
 INITIAL IMPACT NO. NA **3**

TOWED FROM SCENE YES NO
TOW CO. INFORMATION **STURM'S/COUNTY WIDE TOWING**
 1808 E 5TH STREET, WASHINGTON, MO, 63090

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

DRIVER
 DRIVERS LICENSE NUMBER / ID NUMBER _____ STATE **U** TYPE OF LICENSE _____
 1. OPERATOR CLASS _____ 3. PERMIT 5. MC ONLY MC ENDORSEMENT
 2. CDL CLASS _____ 4. UNLICENSED YES NO NA

PROOF OF INSURANCE YES NO NOT REQUIRED **INSURANCE COMPANY** **FARMERS INSC.**
 DRIVER NA **POLICY NUMBER** _____
 VEHICLE

VEHICLE
 YEAR **2004** MAKE **CHEVROLET** MODEL **SILVERADO PICKUP** COLOR **WHITE**
 LIC. PLATE NO. _____ STATE **MO** YEAR **2012** VIN **1GCHK23294F** _____ TOTAL NO. OF OCCUPANTS **0**

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER _____ **ADDRESS (STREET, CITY, STATE, ZIP)** _____ SAME AS DRIVER
 _____ **SULLIVAN, MO, 63080**

VEHICLE DAMAGE (Circle all damaged areas)
 NONE 1 2 3 4 5 6 7
 INITIAL IMPACT NO. NA **3**

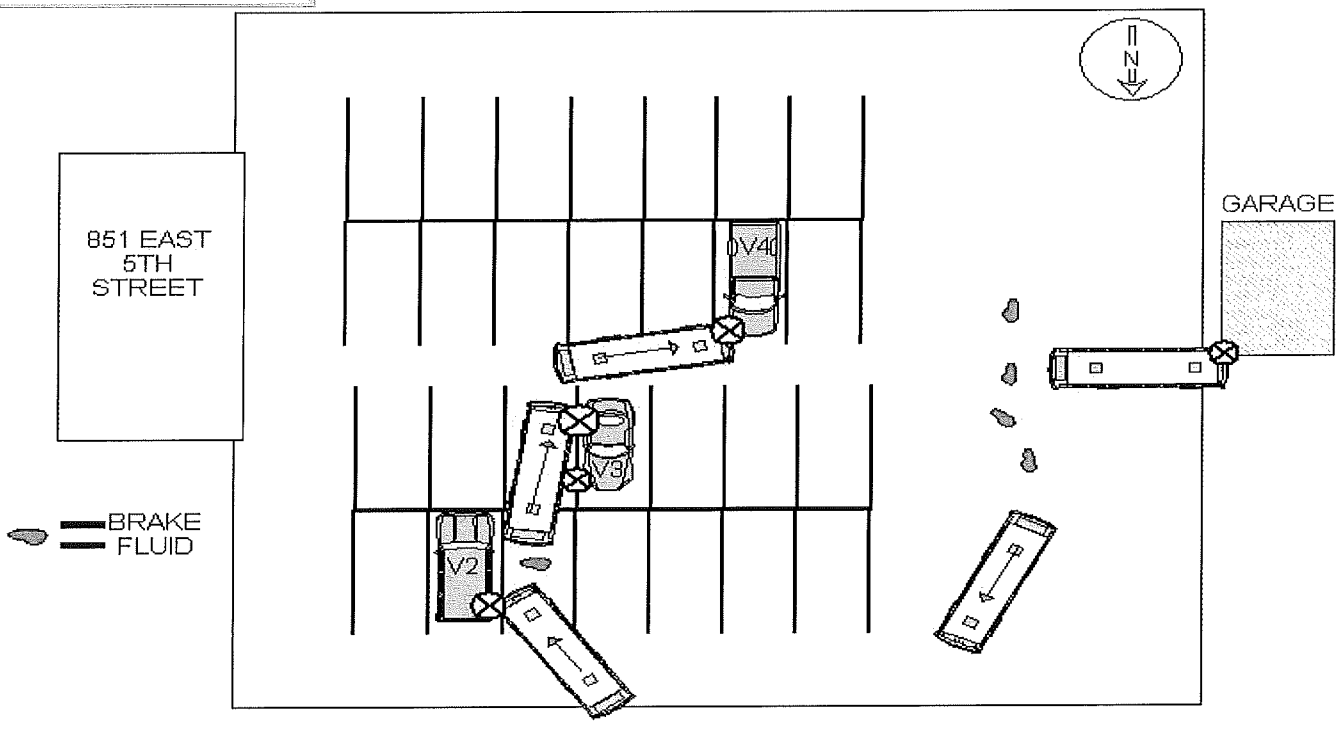
TOWED FROM SCENE YES NO
TOW CO. INFORMATION **STURM'S/COUNTY WIDE TOWING**
 1808 E 5TH STREET, WASHINGTON, MO, 63090

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	V2 N E (S) W	V3 N E S W	V4 N E S W	Est. Speed - Fatais Only	V1 0	V2 0	V3 0	V4 0

NOT TO SCALE



8. EVIDENTIARY PHOTOS TAKEN YES NO BY WHOM P.O. DOUGLAS #267 AVAILABLE FROM REPORT

RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s) YES NO BY WHOM

9 - CODES		INJURY	TRANSPORTED (Medical Treatment)	EJECTION	AIR BAG FRONT	AIR BAG SIDE	SAFETY DEVICES									
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)	<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	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 7. Helmet Used 8. Helmet Not Used 9. Use Unknown
FR	SR	TR														
FC	SC	TC														
FL	SL	TL														

10 - DRIVERS											
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	
<input checked="" type="checkbox"/> NA	DRIVER 3 - SAME ADDRESS AS ABOVE		U	U	3						(R)
<input checked="" type="checkbox"/> NA	DRIVER 4 - SAME ADDRESS AS ABOVE		U	U	4						(R)

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	
V3 V4	
<input checked="" type="checkbox"/> 1. Passenger Car	
<input type="checkbox"/> 2. Station Wagon	
<input type="checkbox"/> 3. Sport Utility Vehicle	
<input type="checkbox"/> 4. Limousine (6-15 for hire)	
<input type="checkbox"/> 5. Van (8 or less with driver)	
<input type="checkbox"/> 6. Small Bus (9-15 with driver)	
<input type="checkbox"/> 7. Bus (16 or more with driver)	
<input type="checkbox"/> 8. School Bus (less than 16 with driver)	
<input type="checkbox"/> 9. School Bus (16 or more with driver)	
<input type="checkbox"/> 10. Motorcycle	<input type="checkbox"/> 2 Wh.
<input type="checkbox"/> 11. ATV	<input type="checkbox"/> 3 Wh.
<input type="checkbox"/> 12. Motorized Bicycle	<input type="checkbox"/> 4 Wh.
<input type="checkbox"/> 13. Pedalcycle	<input type="checkbox"/> 5 Wh. or More
<input type="checkbox"/> 14. Motor Home / Camper	<input type="checkbox"/> Unknown
<input type="checkbox"/> 15. Farm Implements	
<input type="checkbox"/> 16. Construction Equipment	
<input type="checkbox"/> 17. Other Transport Device	
<input type="checkbox"/> 18. Unknown	
<input checked="" type="checkbox"/> 19. Pick-up	
<input type="checkbox"/> 20. Single-unit Truck: 2 axles, 6 tires	
<input type="checkbox"/> 21. Single-unit Truck: 3 or more axles	
<input type="checkbox"/> A. Vehicle Pulling Another Unit(s) 1-21 only	
<input type="checkbox"/> 22. Truck Tractor With No Units	
<input type="checkbox"/> 23. Truck Tractor With One Unit	
<input type="checkbox"/> 24. Truck Tractor With Two Units	
<input type="checkbox"/> 25. Truck Tractor With Three Units	
<input type="checkbox"/> 26. Other Heavy Truck	
GCVW Rating (not licensed weight) 19-26 only	
<input type="checkbox"/> Less than or equal to 10,000 lbs.	
<input checked="" type="checkbox"/> 10,001 - 26,000 lbs.	
<input type="checkbox"/> Greater than 26,000 lbs.	

14. HAZARDOUS MATERIALS V3 V4	<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Placard Displayed	
<input type="checkbox"/> 1. Gases in Bulk	
<input type="checkbox"/> 2. Solids in Bulk	
<input type="checkbox"/> 3. Liquids in Bulk	
<input type="checkbox"/> 4. Explosives	
<input type="checkbox"/> 5. None	
<input type="checkbox"/> A. Hazardous Materials' Cargo Released / Spilled	

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

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

16. TRAFFIC CONDITIONS	
V3 V4	
<input checked="" type="checkbox"/> 1. Normal	
<input type="checkbox"/> 2. Accident Ahead	
<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

V3	<input type="checkbox"/> Unknown
13	34
33. Animal Code	NA
36. Fixed Object Code	NA

V4	<input type="checkbox"/> Unknown
13	
33. Animal Code	NA
36. Fixed Object Code	NA

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

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input checked="" 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 checked="" type="checkbox"/> 22. None	19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" 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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> 12. Not Obscured 23. LIGHT CONDITION <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> <input type="checkbox"/> 2. Dark with Street Lights On <input type="checkbox"/> <input type="checkbox"/> 3. Dark with Street Lights Off <input type="checkbox"/> <input type="checkbox"/> 4. Dark - No Street Lights <input type="checkbox"/> <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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. None 24. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> <input type="checkbox"/> 3. Rain <input type="checkbox"/> <input type="checkbox"/> 4. Snow <input type="checkbox"/> <input type="checkbox"/> 5. Sleet <input type="checkbox"/> <input type="checkbox"/> 6. Freezing (temp.) <input type="checkbox"/> <input type="checkbox"/> 7. Fog / Mist <input type="checkbox"/> <input type="checkbox"/> 8. Indeterminate (explain)	22. ROAD CHARACTER ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input checked="" type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest 25. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> <input type="checkbox"/> 2. Wet <input type="checkbox"/> <input type="checkbox"/> 3. Snow <input type="checkbox"/> <input type="checkbox"/> 4. Ice <input type="checkbox"/> <input type="checkbox"/> 5. Slush <input type="checkbox"/> <input type="checkbox"/> 6. Mud <input type="checkbox"/> <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> <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 checked="" 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 checked="" 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 _____ V2 4-Digit Placard Number _____ Number From Bottom of Diamond _____ 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 / POT
REVIEWING OFFICER 1 SIGNATURE	DSN / BADGE NO.	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V3 V4 <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 P3 P4 <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P3 P4 V3 V4 <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 22. None	19. PEDESTRIAN INVOLVEMENT P3 P4 <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 checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-Surface	20. VISION OBSCURED V3 V4 <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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. Not Obscured	21. TRAFFIC CONTROL V3 V4 <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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. None	22. ROAD CHARACTER ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input checked="" type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest
		23. LIGHT CONDITION <input checked="" 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)	24. WEATHER CONDITION <input checked="" 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)	25. ROAD CONDITION <input checked="" 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)

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 checked="" 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 checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V3 ICC NO. MC _____ USDOT NO. _____ V4 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V3 4-Digit Placard Number _____ Number From Bottom of Diamond _____ V4 4-Digit Placard Number _____ Number From Bottom of Diamond _____ 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 V3 V4 <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, Chlp, 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.)

DRIVER 1 SAID SHE PULLED INTO THE PARKING LOT AT 851 EAST 5TH STREET TO PARK HER BUS. DRIVER ONE WAS HEADING NORTH AND THEN EAST ON THE LOT WHEN SHE NOTICED HER BRAKES WERE "SPONGY". DRIVER ONE SAID SHE TURNED SOUTH ON THE LOT WHEN SHE NOTICED SHE DID NOT HAVE ANY BRAKES. SHE STRUCK 3 VEHICLES THAT WERE PARKED IN THE LOT AND THEN STRUCK A GARAGE THAT WAS JUST WEST OF THE PARKING LOT STOPPING THE BUS.

I OBSERVED FLUID THAT HAD LEAKED FROM THE BUS AROUND THE PARKING LOT. I ALSO TOOK PICTURES OF WHAT APPEARED TO BE BRAKE FLUID LEAKING FROM UNDER THE FRONT DRIVERS SIDE UNDERCARRIAGE.

DRIVER 1 HAD BRUISING ON HER LEFT ARM FROM IMPACTING THE GARAGE.

29. REPORTING OFFICER SIGNATURE CHRISTOPHER DOUGLAS (R)	DSN / BADGE NO. 267	BEAT / ZONE EAST	TROOP / DIST / PCT N/A
REVIEWING OFFICER 1 SIGNATURE (R)	DSN / BADGE NO. # 228	REVIEWING OFFICER 2 SIGNATURE DSN / BADGE NO.	

















