

MISSOURI UNIFORM ACCIDENT REPORT

SPACE USED FOR BARCODE		1 AGENCY NAME AND ORI GRANDVIEW MISSOURI POLICE DEPARTMENT MO0480400				
LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CLEARED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED 1	NUMBER KILLED 1	REPORT/CASE/INCIDENT NUMBER 09-5557	
NUMBER OF VEHICLES INVOLVED 2	ACCIDENT DATE 11/5/2009	ACCIDENT TIME (mi) 15:55	TIME NOTIFIED (mi) 15:56	TIME ARRIVED (mi) 16:59	INVESTIGATION DATE 11/5/2009	
2-LOCATION COUNTY JACKSON		MUNICIPALITY CITY OF GRANDVIEW		BEAT/ZONE n/a	TRP/DISTRICT n/a	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ON PVT- Parking lot at 12204 Blue Ridge Blvd.		DISTANCE FROM 75 FEET	LOCATION <input type="checkbox"/> AFTER <input checked="" type="checkbox"/> BEFORE N/A	INTERSECTING STREET OR ROADWAY North of Blue Ridge Blvd.		
ROADWAY DIRECTION n/a	SPEED LIMIT n/a	MILES		SPEED LIMIT n/a	GEO-CODE n/a	GPS LONGITUDE n/a LATITUDE n/a
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 <input type="checkbox"/> NONE						
3- DAMAGE TO PROPERTY OTHER THAN VEHICLES <input type="checkbox"/> NONE						
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT Building, window & bench of 12204 Blue Ridge belonging to the Grandview Auto Wash.						
4. DRIVER'S FULL NAME (LAST, FIRST, MI) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____						
D R I V E R 1	DRIVER LICENSE NUMBER/ID NUMBER _____	STATE _____	TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS C <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 checked="" type="checkbox"/> NA
	PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY _____		<input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE	POLICY NUMBER NA
	YEAR 2002	MAKE Toyota	MODEL Land Cruiser		COLOR Blue	
V E H I C L E 1	LICENSE NO. _____	STATE _____	YEAR _____	VIN _____	TOTAL NO. OF OCCUPANTS 1	
	VEHICLE OWNER NAME (LAST, FIRST, MI) COMMERCIAL CARRIER _____			ADDRESS (STREET, CITY, STATE, ZIP) _____		
	VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE			INITIAL IMPACT NO. <input type="checkbox"/> NA 9	REAR 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
5. DRIVER'S FULL NAME (LAST, FIRST, MI) _____ ADDRESS (STREET, CITY, STATE, ZIP) _____						
D R I V E R 2	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 checked="" type="checkbox"/> NA
	PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY _____		<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE	POLICY NUMBER NA
	YEAR 2000	MAKE Pontiac	MODEL Grand Prix		COLOR Black	
V E H I C L E 2	LICENSE NO. _____	STATE _____	YEAR _____	VIN _____	TOTAL NO. OF OCCUPANTS 0	
	VEHICLE OWNER NAME (LAST, FIRST, MI) COMMERCIAL CARRIER _____			ADDRESS (STREET, CITY, STATE, ZIP) _____		
	VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE			INITIAL IMPACT NO. <input type="checkbox"/> NA 7	REAR 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
6 - WITNESS <input type="checkbox"/> NONE IDENTIFIED						
NAME OF WITNESS		ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE NO.
_____		_____				_____
_____		_____				_____
_____		_____				_____

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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 <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) P1 P2 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 22. None		19. PEDESTRIAN INVOLVEMENT P1 P2 <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> 17. Off Roadway 28. ROAD SURFACE <input checked="" 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 checked="" 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/> 11. Signal on School Bus <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. None		22. ROAD CHARACTER ALIGNMENT <input type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve <input checked="" type="checkbox"/> 3. Profile <input checked="" type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Infillrest 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) <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)	
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27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. VEHICLE 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 GVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (8 or more including driver); or 3. a vehicle with a hazardous materials placard <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - COMPLETE SECTIONS B - E			B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____			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		
C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ 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					

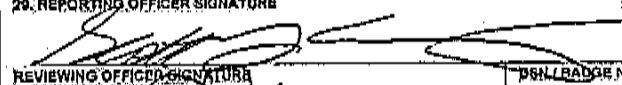

28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

Driver #1 stated after going thru the car wash, he followed the private driveway to the right. The accelerator pedal stuck and forced vehicle #1 out of control. Vehicle #1 struck the right curb and drove on the sidewalk. Vehicle #1 struck two pedestrians sitting on a green park bench next to the car wash building. Vehicle #1 then struck the building and overturned onto the driver's side striking vehicle #2.

Pedestrian #1 succumbed from her injuries. No statement was obtained.

Pedestrian #2 stated while sitting on the bench in front of the Grandview Auto Wash, she observed vehicle #1 come out of the car wash slowly. All the sudden, vehicle #1 accelerated rapidly striking vehicle #2. After the collision, Vehicle #1 traveled in her direction and struck both pedestrians on the bench. Vehicle #1 then rolled over on the driver's side.

See supplemental reports on witness statements and further investigation.

29. REPORTING OFFICER SIGNATURE 		DSN / BADGE NO. 108	DEPT / ZONE n/a	I/ROOF/DIST./PCT. n/a
REVIEWING OFFICER SIGNATURE 		DSN / BADGE NO. 009	REVIEWING OFFICER 2 SIGNATURE 	