01930134073

MISSOURI UNIFORM ACCIDENT REPORT

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1. AGENCY NAME AND ORI

SEP 29 1993

REC'D SEP 27 TROOP F

MISSOURI STATE HIGHWAY PATROL

FOR STATE USE ONLY — ROUTED: H

LEFT THE SCENE: V1 ☐ V2 ☐ CLEARED YES ☐ NO ☐ N/A

COMPLAINT / REPORT / CASE NUMBER: 27754

ACCIDENT CLASSIFICATION	NUMBER INJURED	NUMBER KILLED	NUMBER OF VEHICLES INVOLVED	ACCIDENT DATE	ACCIDENT TIME	TIME NOTIFIED	TIME ARRIVED	INVESTIGATION DATE
PROPERTY DAMAGE ONLY ☒			1	09-23-93	0145	0145	0145	09-23-93

2. LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP / DIST / PCT	INVESTIGATED AT SCENE
MONTGOMERY 070	N/A	09	F	☒ YES ☐ NO

ON	DISTANCE FROM	DIRECTION	AT INTERSECTING STREET OR ROADWAY
I-70 (WESTBOUND LANES)	1.4 FEET / MILES	☐ N ☐ E ☐ S ☒ W	INTERCHANGE MO. 161 & "J"

LOG POINT	SPEED LIMIT	GEO - CODE	SPEED LIMIT	GEO - CODE
4.24 I-70	65		N/A	

ROAD MAINTAINED BY A: ☒ 1. STATE ☐ 2. COUNTY ☐ 3. MUNICIPAL ☐ 4. PRIVATE PROPERTY ☐ 5. OTHER

3. DAMAGE TO PROPERTY OTHER THAN VEHICLES - GIVE NAME, OWNERSHIP, NATURE OF DAMAGE AND DESCRIPTION OF OBJECT(S).

NONE

4. DRIVER 1

DRIVER'S FULL NAME (LAST, FIRST, MI): RICE, VINCENT S.

ADDRESS: RT. 1 BOX 426A — CITY: NEW FLORENCE — STATE: MO. — ZIP: 63363

DRIVERS LICENSE NUMBER: 500-82-1219 — STATE: MO. — TYPE OF LICENSE: ☐ 1 Permit ☒ 2 For Hire ☐ 3 Oper ☐ 4 Unlic ☐ 5 MC only ☐ 6 CDL — MC Qual ☐ YES ☐ NO

INSURANCE COMPANY: STATE OF MISSOURI — PROOF SHOWN: ☐ YES ☐ NO ☒ Not Required

5. DRIVER 2

DRIVER'S FULL NAME (LAST, FIRST, MI):

ADDRESS — CITY — STATE — ZIP

DRIVERS LICENSE NUMBER — STATE — TYPE OF LICENSE: ☐ 1 Permit ☐ 2 For Hire ☐ 3 Oper ☐ 4 Unlic ☐ 5 MC only ☐ 6 CDL — MC Qual ☐ YES ☐ NO

INSURANCE COMPANY — PROOF SHOWN: ☐ YES ☐ NO ☐ Not Required

VEHICLE 1

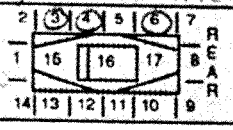
YEAR	MAKE	MODEL	COLOR
93	FORD	MUSTANG	WHITE

VIN: 1FACP42E2PF144852 (P#641) — LIC. PLATE NO.: 632-HP — STATE: MO. — YEAR: 93

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER: MISSOURI STATE HIGHWAY PATROL

ADDRESS: 1510 E. ELM ST. — CITY: JEFFERSON CITY — STATE: MO. — ZIP: 65102

VEHICLE DAMAGE INITIAL IMPACT #: 3,4,6 — Circle all Damaged Areas



18 - Undercarriage
19 - Windshield
20 - Burned
21 - Injury / No Damage
22 - Towed Unit

TOWED: ☐ YES ☒ NO — TOW CO.: N/A

VEHICLE 2

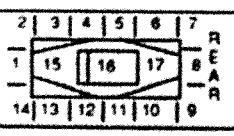
YEAR	MAKE	MODEL	COLOR

VIN: N/A — LIC. PLATE NO. — STATE — YEAR

VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER

ADDRESS — CITY — STATE — ZIP

VEHICLE DAMAGE INITIAL IMPACT # — Circle all Damaged Areas



18 - Undercarriage
19 - Windshield
20 - Burned
21 - Injury / No Damage
22 - Towed Unit

TOWED: ☐ YES ☐ NO — TOW CO.:

6. CODES

SEAT LOCATION: FR SR TR / FC SC TC / FL SL TL

XX - Not Known
OE - Occupant - Enclosed Load Area
OU - Occupant - Unenclosed Load Area
P - Pedestrian
B - Bicycle
SV - Other (Explain in Remarks)

INJURY: 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown

TRANSPORTED: 1. No 2. EMS 3. Other 4. Unknown

EJECTION: 1. No 2. Partially 3. Totally 4. Unknown

AIR BAG: 1. None / NA 2. Deployed 3. Not Deployed

SAFETY DEVICES: 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

7. DRIVERS

NAME	ADDRESS	DATE OF BIRTH	SEX	VEH NO	SEAT LOC	INJ	TRAN	EJEC-TION	AIR BAG	SAF DEV.	PHONE
DRIVER 1	SAME AS ABOVE	12 16 68	M	1	FL	5	1	1	3	5	314 252-4723
DRIVER 2	SAME AS ABOVE N/A			2							

8. OTHER OCCUPANTS & PEDESTRIANS

N/A											

9. WITNESSES

NAME OF WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE
N/A					

INVESTIGATING AGENCY SEND TO: MISSOURI STATE HIGHWAY PATROL - TRAFFIC DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102

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9. VEHICLE BODY TYPES
AUTOMOBILES / SPECIAL VEHICLES

V1	V2	
☒	☐	1. Passenger Car
☐	☐	2. Station Wagon
☐	☐	3. Sport Utility Vehicle
☐	☐	4. Van / Small Bus - Less Than 16 Seating Cap.
☐	☐	5. Bus - 16 or More Seating Cap.
☐	☐	6. School Bus - Less Than 16 Seating Cap.
☐	☐	7. School Bus - 16 or More Seating Cap
☐	☐	8. Motorcycle
☐	☐	9. ATV
☐	☐	10. Moped
☐	☐	11. Bicycle
☐	☐	12. Motor Home / Camper
☐	☐	13. Farm Implements
☐	☐	14. Construction Equipment
☐	☐	15. Other Transport Devices
☐	☐	16. Unknown
☐	☐	17. Pick-up
☐	☐	18. Single Unit Truck

V1	V2	
☐	☐	2 Wh.
☐	☐	3 Wh
☐	☐	4 Wh.
☐	☐	5 Wh. or More
N/A		
☐	☐	Unk.

☐ ☐ A. Vehicle Pulling Another Unit(s)

☐ ☐ 19. Truck Tractor With Single Unit
☐ ☐ 20. Truck Tractor With Multi-Unit

If box 17, 18, 19, or 20 is checked, complete the following:

V1 ____ Axles ____ Tires

V2 ____ Axles ____ Tires

11. HAZARDOUS MATERIALS

V1	V2	
☐	☐	A. Gases in Bulk ☒ NA
☐	☐	B. Solids in Bulk
☐	☐	C. Liquids in Bulk
☐	☐	D. Explosives
☐	☐	A. Hazardous Materials Released / Spilled
☐	☐	PLACARD DISPLAYED

12. EMERGENCY VEHICLE INVOLVEMENT

V1	V2	
☒	☐	1. Police ☐ NA
☐	☐	2. Fire
☐	☐	3. Ambulance
☐	☐	4. Other (Must Check 'A')
☐	☐	A. Emergency Vehicle on Emergency Run

13. VEHICLE ACTION

V1	V2	
☐	☐	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. Crossover Median
☐	☐	17. Crossover Centerline
☐	☐	18. Crossing Road

14. PROBABLE CONTRIBUTING CIRCUMSTANCES

V1	V2	P1	P2	
☐	☐			1. Speed -- Exceeded Limit
☐	☐			2. Too Fast for Conditions
☐	☐			3. Improper Passing
☐	☐			4. Violation Signal / Sign
☐	☐			5. Wrong Side (Not Passing)
☐	☐			6. Following Too Close
☐	☐			7. Improper Signal
☐	☐			8. Improper Backing
☐	☐			9. Improper Turn
☐	☐			10. Improper Lane Usage / Change
☐	☐			11. Wrong Way (One-Way)
☐	☐			12. Improper Start From Park
☐	☐			13. Improperly Parked
☐	☐	☐	☐	14. Vehicle Defects
☐	☐	☐	☐	15. Failed to Yield
☐	☐	☐	☐	16. Drinking
☐	☐	☐	☐	17. Drugs
☐	☐	☐	☐	18. Physical Impairment
☐	☐	☐	☐	19. Inattention
☐	☐	☒	☐	20. None

15. VISION OBSCURED

V1	V2	
☐	☐	1. Windshield
☐	☐	2. Load on Vehicle
☐	☐	3. Trees / Brush
☐	☐	4. Building
☐	☐	5. Embankment
☐	☐	6. Signboards
☐	☐	7. Hillcrest
☐	☐	8. Parked Cars
☐	☐	9. Moving Cars
☒	☐	10. Other (Explain in Remarks)
☐	☐	11. Not Obscured

16. TRAFFIC CONTROL

V1	V2	
☐	☐	1. Stop Sign
☐	☐	2. Elec. Signal
☐	☐	3. RR Signal / Gate
☐	☐	4. Yield Sign
☐	☐	5. Officer / Flagman
☐	☐	6. No Passing Zone
☐	☐	7. Turn Restricted
☐	☐	8. Construction Zone
☐	☐	9. School Bus Signal
☒	☐	10. None

17. PEDESTRIAN ACTIONS ☒ NA

P1	P2	INTERSECTION
☐	☐	1. With Signal
☐	☐	2. Against Signal
☐	☐	3. No Signal
☐	☐	4. Diagonally
		NOT AT INTERSECTION
☐	☐	5. Behind / In Front Of Parked Car
☐	☐	6. Walking With Traffic
☐	☐	7. Walking Against Traffic
☐	☐	8. Getting On / Off vehicle
☐	☐	9. Standing / Lying in Road
☐	☐	10. Pushing / Working on Vehicle
☐	☐	11. Other Working
☐	☐	12. Playing in Road
☐	☐	13. Other Than Crosswalk
☐	☐	14. Off Roadway
☐	☐	15. Crosswalk Marked

18. ACCIDENT TYPE
COLLISION INVOLVING

☐	1. Animal	
☐	2. Bicyclist or Pedalcyclist	
☒	3. Fixed Object	
☐	4. Other Object	
☐	5. Pedestrian	
☐	6. Train	
☐	7. MV in Transport	
☐	8. MV on Other Roadway	
☐	9. Parked MV	

NON-COLLISION 22

☐	10. Overturning
☐	11. Other Non-Collision

☐ 1. On Roadway ☒ 2. Off Roadway

19. TWO VEHICLE COLLISION (To be completed only if Accident Type Box 7, 8, or 9 is checked).

☐ 60. Head On ☐ 62. Sideswipe - Meeting ☐ 64. Angle ☐ 67. Other
☐ 61. Rear End ☐ 63. Sideswipe - Passing ☐ 65. Backed Into

20. LIGHT CONDITION

☐ 1. Daylight
☐ 2. Dark With Street Lights On
☐ 3. Dark With Street Lights Off
☒ 4. Dark - No Street Lights

21. WEATHER

☐ 1. Clear
☐ 2. Cloudy
☒ 3. Rain
☐ 4. Snow
☐ 5. Sleet
☐ 6. Freezing
☐ 7. Fog or Mist

22. ROAD SURFACE

☐ 1. Concrete
☒ 2. Asphalt
☐ 3. Brick
☐ 4. Gravel
☐ 5. Dirt / Sand
☐ 6. Multi-Surface

23. ROAD CONDITION

☐ 1. Dry
☒ 2. Wet
☐ 3. Snow
☐ 4. Ice
☐ 5. Mud

24. ROAD TYPE 1

☒ 1. Straight
☐ 2. Curve

25. ROAD TYPE 2

☐ 1. Level
☒ 2. Hill / Grd
☐ 3. Crest

26. COMMERCIAL MOTOR VEHICLE SECTION

26A. CMV CRITERIA (Complete the following to determine if this section should be updated).

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

☒ NO ☐ YES → Examine each vehicle to determine if any are a commercial vehicle based on the following:

1. a truck with at least 2 axles and 6 tires; or
2. a bus or school bus - 16 or more seating capacity; or
3. a vehicle with a hazardous materials placard

☐ YES ☐ NO → **DO NOT COMPLETE SECTIONS 26 B - G**

DO NOT COMPLETE SECTIONS 26 B - G

Complete Sections 26 B - G for each commercial vehicle involved

26B. (Circle One)

V1 ICC NO. or USDOT NO. ☐ NA Enter Commercial Carrier Name and Address in Section 4 or 5.

V2 ICC NO. or USDOT NO. ☐ NA Enter Commercial Carrier Name and Address in Section 4 or 5.

FOR STATE USE ONLY

FED. REF # _____

ST. CEN. # _____

26C. VEHICLE CONFIGURATION

V1	V2	
☐	☐	1. Bus
☐	☐	2. Single-unit Truck - 2 axle, 6 tires
☐	☐	3. Single-unit Truck - 3 or more axles
☐	☐	4. Single-unit Truck Pulling Trailer
☐	☐	5. Truck Tractor With No Units
☐	☐	6. Truck Tractor With One Unit
☐	☐	7. Truck Tractor With Two Units
☐	☐	8. Truck Tractor With Three Units
☐	☐	9. Unknown Heavy Truck
☐	☐	10. Other

26D. CARGO BODY TYPE

V1	V2	
☐	☐	1. Bus
☐	☐	2. Van / Enclosed Box
☐	☐	3. Cargo Tank
☐	☐	4. Flatbed
☐	☐	5. Dump
☐	☐	6. Concrete Mixer
☐	☐	7. Auto Transporter
☐	☐	8. Garbage / Refuse
☐	☐	9. Other

26E. SEQUENCE OF EVENTS (Circle 1, 2, 3, 4 in order of occurrence)

V1	V2	
1 2 3 4	1 2 3 4	A. Ran Off Road
1 2 3 4	1 2 3 4	B. Jackknife
1 2 3 4	1 2 3 4	C. Overturn
1 2 3 4	1 2 3 4	D. Downhill Runaway
1 2 3 4	1 2 3 4	E. Cargo Loss or Shift
1 2 3 4	1 2 3 4	F. Explosion or Fire
1 2 3 4	1 2 3 4	G. Separation of Unit
1 2 3 4	1 2 3 4	H. Collision Involving Pedestrian
1 2 3 4	1 2 3 4	I. Collision Involving Motor Vehicle in Transport
1 2 3 4	1 2 3 4	J. Collision Involving Parked Motor Vehicle
1 2 3 4	1 2 3 4	K. Collision Involving Train
1 2 3 4	1 2 3 4	L. Collision Involving Pedalcycle
1 2 3 4	1 2 3 4	M. Collision Involving Animal
1 2 3 4	1 2 3 4	N. Collision Involving Fixed Object
1 2 3 4	1 2 3 4	O. Collision Involving Other Object
1 2 3 4	1 2 3 4	P. Other

26F. HAZARDOUS MATERIAL PLACARD NUMBER / NAME INDICATOR ☐ NA

V1 4-Digit Placard Number / Name from Diamond / Box

V2 4-Digit Placard Number / Name from Diamond / Box

V1 Number From Bottom of Diamond

V2 Number From Bottom of Diamond

26G. GROSS VEHICLE WEIGHT RATING

V1 _____ lbs.

V2 _____ lbs.

01930134074

REC'D SEP 27 TROOP F

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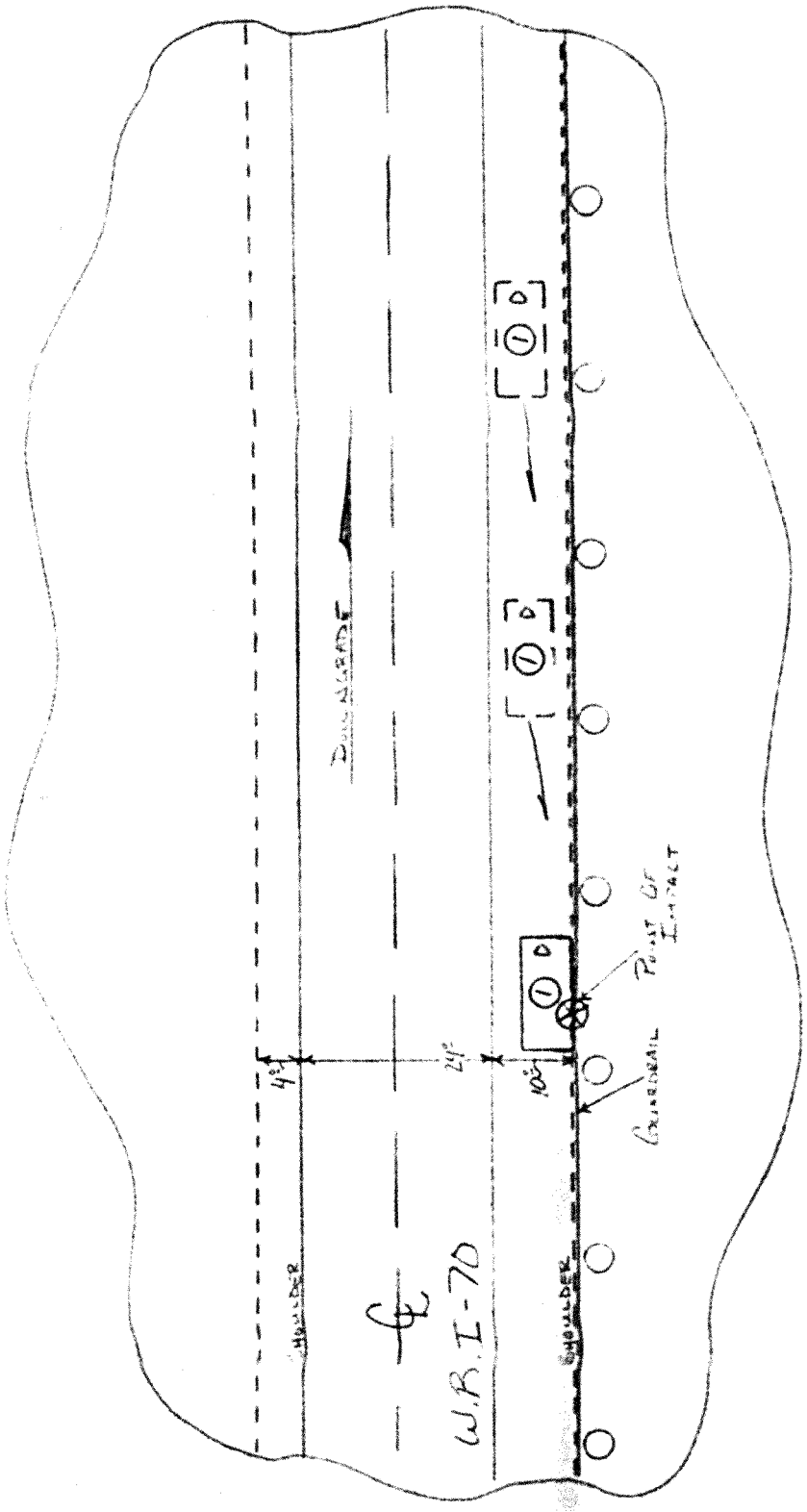
27. COLLISION DIAGRAM | Direction Prior to Impact (circle one) V1 N (E) S W | V2 N E S W N/A | Est. Speed - Fatals Only V1 N/A V2 N/A

INDICATE NORTH

(train accidents only) Train speed estimate at collision N/A mph Lead engine number N/A



28. NARRATIVE / STATEMENTS

THIS ACCIDENT OCCURRED AS VEHICLE #1 WAS BEING BACKED UP THE RIGHT SHOULDER, AND MADE CONTACT WITH ITS RIGHTSIDE ON A GUARDRAIL.

VISION WAS OBSCURED BY DARKNESS, RAIN AND ONCOMING HEADLIGHTS.

29. ASSIGNMENTS	FIELDS NOT USED	NAME	CHARGE	AR NO. / SUMMONS	COURT	DATE
		1. N/A				
		2.				

30. PHOTOS YES ☐ NO ☒ #____ RECONSTRUCTION YES ☐ NO ☒ #____

31. Submitting Agency Use Only (FIELD NOT USED BY PATROL)

32. REPORTING OFFICER SIGNATURE	DSN / BADGE NO.	BEAT / ZONE	TROOP / DIST / PCT	REVIEWING OFFICER	DSN / BADGE NO.