

SPACE USED FOR BARCODE		1-AGENCY NAME AND ORI KANSAS CITY, MISSOURI POLICE DEPARTMENT 1125 LOCUST KANSAS CITY, MISSOURI 64106 ORI: MOKPD0000							
LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CLEARED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ACCIDENT CLASSIFICATION <input type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NUMBER INJURED 4	NUMBER KILLED 1	REPORT / CASE / INCIDENT NUMBER 04081388-A	
NUMBER OF VEHICLES INVOLVED 4		ACCIDENT DATE 09-05-2004		ACCIDENT TIME 1718		TIME NOTIFIED (MIL.) 1735		TIME ARRIVED (MIL.) 1800	
INVESTIGATION DATE 09-05-2004									
2-LOCATION COUNTY Jackson		MUNICIPALITY KANSAS CITY, MISSOURI				BEAT/ZONE 243	TRP / DIST / PC MPD	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ON CST Blue Ridge Boulevard		DISTANCE FROM 150 FEET		LOCATION <input type="checkbox"/> AFTER <input checked="" type="checkbox"/> BEFORE <input type="checkbox"/> AT		INTERSECTING STREET OR ROADWAY CST 81 st Terrace			
ROADWAY DIRECTION North		SPEED LIMIT 40		MILES		SPEED LIMIT 25		GEO-CODE N/A	GPS LONGITUDE N/A
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input checked="" type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER								LATITUDE N/A	
3-DAMAGE TO PROPERTY OTHER THAN VEHICLES GIVE OWNER'S NAME AND ADDRESS. DESCRIPTION OF PROPERTY AND DAMAGE <input type="checkbox"/> MoDOT Kansas City Power & Light-wooden pole destroyed									
4 DRIVER 1	DRIVER'S FULL NAME (LAST, FIRST, MI) [REDACTED]					ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			
	DRIVER LICENSE NUMBER / ID NUMBER [REDACTED]		STATE MO	TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS F <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 checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
	PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY Self Insured		<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER N/A		
	YEAR 1997	MAKE E-One	MODEL Fire Apparatus		COLOR Red				
VEHICLE 1	LIC. PLATE NO. Pumper 33		STATE MO	YEAR 2004	VIN 4ENFAA85W1008468		TOTAL NO. OF OCCUPANTS 4		
	VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER City of Kansas City Missouri					ADDRESS (STREET, CITY, STATE, ZIP) 414 East 12th St. KCMO 64106			
	VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE		INITIAL IMPACT NO. <input type="checkbox"/> NA 2		TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOW CO. INFORMATION Department Tow		
5 DRIVER 2	DRIVER'S FULL NAME (LAST, FIRST, MI) [REDACTED]					ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			
	DRIVER LICENSE NUMBER / ID NUMBER [REDACTED] (Revoked)		STATE MO	TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT <input checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY None		<input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER None		
	YEAR 1991	MAKE Chevrolet	MODEL Lumina		COLOR Red				
VEHICLE 2	LIC. PLATE NO. [REDACTED]		STATE MO	YEAR 2004	VIN [REDACTED]		TOTAL NO. OF OCCUPANTS 1		
	VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER [REDACTED]					ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			
	VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE		INITIAL IMPACT NO. <input type="checkbox"/> NA 12		TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOW CO. INFORMATION Lazer Tow		
6-WITNESS <input type="checkbox"/> NONE									
NAME OF WITNESS [REDACTED]					ADDRESS (STREET, CITY, STATE, ZIP) [REDACTED]			TELEPHONE NO. [REDACTED]	

7. COLLISION
DIAGRAMDirection Prior to Impact
(check one)

V1

☐ N ☐ E ☒ S ☐ W

V2

☐ N ☐ E ☒ S ☐ W

V3

☒ N ☐ E ☐ S ☐ W

V4

☐ N ☐ E ☐ S ☐ WEst. Speed - Fatals Only
V1 50 V2 V3 V4INDICATE
NORTH

Blue Ridge Boulevard

8105 Blue Ridge
Boulevard

Tire Mark

Blal Terrace

N



INDICATES ROAD NAMES

REQUIRED UNLESS DELAYED REPORT

DIAGRAM NOT TO SCALE

8. EVIDENTIARY PHOTOS TAKEN

☒ YES ☐ NO

BY WHOM P.O. Reilly

AVAILABLE FROM KCPD Accounting

RE CONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

☒ YES ☐ NO

BY WHOM P.O. Wilson

SPACE USED FOR BARCODE		1-AGENCY NAME AND ORI KANSAS CITY, MISSOURI POLICE DEPARTMENT 1125 LOCUST KANSAS CITY, MISSOURI 64106 ORI: MOKPD0000											
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 04081388-A	
NUMBER OF VEHICLES INVOLVED		ACCIDENT DATE		ACCIDENT TIME		TIME NOTIFIED (MIL.)		TIME ARRIVED (MIL.)		INVESTIGATION DATE			
2-LOCATION													
COUNTY		MUNICIPALITY KANSAS CITY, MISSOURI				BEAT / ZONE		TRP / DIST / PC		INVESTIGATED AT SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO			
ON		DISTANCE FROM		LOCATION		INTERSECTING STREET OR ROADWAY		SPEED LIMIT		GEO-CODE		GPS LONGITUDE	
ROADWAY DIRECTION		SPEED LIMIT		FEET MILES		<input type="checkbox"/> AFTER <input type="checkbox"/> BEFORE <input type="checkbox"/> AT		SPEED LIMIT		GEO-CODE		GPS LONGITUDE	
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													
3-DAMAGE TO PROPERTY OTHER THAN VEHICLES GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT													
4. DRIVER'S FULL NAME (LAST, FIRST, MI) ADDRESS (STREET, CITY, STATE, ZIP)													
DRIVER LICENSE NUMBER / ID NUMBER		STATE		TYPE OF LICENSE		<input checked="" type="checkbox"/> 1. OPERATOR CLASS E		<input type="checkbox"/> 3. PERMIT		<input type="checkbox"/> 5. MC ONLY		MC ENDORSEMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA	
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY Gateway		<input checked="" type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE		POLICY NUMBER		<input type="checkbox"/> N/A					
YEAR 1987		MAKE Plymouth		MODEL Reliant K		COLOR Maroon							
LIC. PLATE NO.		STATE MO		YEAR 2005		VIN		TOTAL NO. OF OCCUPANTS 1					
VEHICLE OWNER NAME (LAST, FIRST, MI) / COMMERCIAL CARRIER		ADDRESS (STREET, CITY, STATE, ZIP)		<input checked="" type="checkbox"/> SAME AS DRIVER									
VEHICLE DAMAGE (Circle all damaged areas) <input type="checkbox"/> NONE		INITIAL IMPACT NO. <input type="checkbox"/> NA 14		R E A R		<input checked="" type="checkbox"/> 18-Undercarriage <input checked="" type="checkbox"/> 19-Windshield <input type="checkbox"/> 20-Burned <input type="checkbox"/> 21-Towed Unit <input type="checkbox"/> 22-Cargo		TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TOW CO. INFORMATION City Tow #651789			
5. DRIVER'S FULL NAME (LAST, FIRST, MI) Unoccupied-Parked Vehicle ADDRESS (STREET, CITY, STATE, ZIP)													
DRIVER LICENSE NUMBER / ID NUMBER		STATE		TYPE OF LICENSE		<input type="checkbox"/> 1. OPERATOR CLASS		<input type="checkbox"/> 3. PERMIT		<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 checked="" type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED		INSURANCE COMPANY Unknown		<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE		POLICY NUMBER		<input checked="" type="checkbox"/> N/A					
YEAR 1988		MAKE Ford		MODEL Crown Victoria		COLOR Blue							
LIC. PLATE NO.		STATE MO		YEAR 2006		VIN		TOTAL NO. OF OCCUPANTS 0					
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 12		R E A R		<input type="checkbox"/> 18-Undercarriage <input type="checkbox"/> 19-Windshield <input type="checkbox"/> 20-Burned <input type="checkbox"/> 21-Towed Unit <input type="checkbox"/> 22-Cargo		TOWED FROM SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TOW CO. INFORMATION			
6-WITNESS <input type="checkbox"/> NONE													
NAME OF WITNESS		ADDRESS (STREET, CITY, STATE, ZIP)		TELEPHONE NO.									
DISTRIBUTION: COPY - AGENCY FILE; ORIGINAL - MISSOURI STATE HIGHWAY PATROL - TRAFFIC DIVISION - P.O. BOX 568 - JEFFERSON CITY, MO 65102													

7. COLLISION
DIAGRAM

Direction Prior to Impact
(check one)

V1

☐ N

☐ E

☐ S

☐ W

V2

☐ N

☐ E

☐ S

☐ W

V3

☐ N

☐ E

☐ S

☐ W

V4

☐ N

☐ E

☐ S

☐ W

V1

☐ N

☐ E

☐ S

☐ W

V2

☐ N

☐ E

☐ S

☐ W

V3

☐ N

☐ E

☐ S

☐ W

Est. Speed - Fatals Only

V1

☐ N

☐ E

☐ S

☐ W

V2

☐ N

☐ E

☐ S

☐ W

INDICATE
NORTH



INDICATES ROAD NAMES

REQUIRED UNLESS DELAYED REPORT

DIAGRAM NOT TO SCALE

8. EVIDENTIARY PHOTOS TAKEN

☐ YES ☐ NO

BY WHOM

AVAILABLE FROM

RE CONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

☐ YES ☐ NO

BY WHOM

9 - CODES

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)	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

10 - DRIVERS

NAME	DATE OF BIRTH MM-DD-YYYY	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS- PORT	EJEC- TION	AIR BAG F	AIR BAG S	SAF DEV	TELEPHONE NO.
<input type="checkbox"/> NA DRIVER 1 - SAME AS ADDRESS ABOVE			1	FL	3	2	2	1	1	5	
<input type="checkbox"/> NA DRIVER 2 - SAME AS ADDRESS ABOVE			2	FL	5	1	2	1	1	9	

11 - OTHER OCCUPANTS & PEDESTRIANS (SAD = SAME AS DRIVER)

<input checked="" type="checkbox"/> SAD			1	FR	1	2	5	1	1	2	
<input checked="" type="checkbox"/> SAD			1	SR	2	2	2	1	1	9	
<input checked="" type="checkbox"/> SAD			1	SL	3	2	2	1	1	9	
<input type="checkbox"/> SAD											
<input type="checkbox"/> SAD											
<input type="checkbox"/> SAD											

12. VEHICLE BODY TYPES
AUTOMOBILES / SPECIAL VEHICLES

<input checked="" type="checkbox"/> 1. Passenger Car	<input type="checkbox"/> 2 Wh.
<input type="checkbox"/> 2. Station Wagon	<input type="checkbox"/> 3 Wh.
<input type="checkbox"/> 3. Sport Utility Vehicle	<input type="checkbox"/> 4 Wh.
<input type="checkbox"/> 4. Limousine (6-15 for hire)	<input type="checkbox"/> 5 Wh. or More
<input type="checkbox"/> 5. Van (8 or less with driver)	<input type="checkbox"/> Unknown
<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"/> 11. ATV	
<input type="checkbox"/> 12. Motorized Bicycle	
<input type="checkbox"/> 13. Pedalcycle	
<input type="checkbox"/> 14. Motor Home / Camper	
<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 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	

GCW Rating (not licensed weight) 19-26 only
 Less than or equal to 10,000 lbs.
 10,001-26,000 lbs.
 Greater than 26,000 lbs.

13. EMERGENCY VEHICLE INVOLVEMENT

V1 V2	<input type="checkbox"/> NA
<input type="checkbox"/> 1. Police	
<input checked="" type="checkbox"/> 2. Fire	
<input type="checkbox"/> 3. Ambulance	
<input type="checkbox"/> 4. Other (must check "A")	
<input checked="" type="checkbox"/> A. Emergency Vehicle on Emergency Run	

14. HAZARDOUS MATERIALS ☒ NA

V1 V2	<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
<input type="checkbox"/> 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 checked="" type="checkbox"/> 7. MV in Transport
<input type="checkbox"/> 8. MV on Other Roadway
<input type="checkbox"/> 9. Parked MV
<input type="checkbox"/> 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

V1 V2
<input checked="" type="checkbox"/> 1. Normal
<input type="checkbox"/> 2. Accident
<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

1 / 17 / 34 / 34 / 21 / 36 / 36

33. Animal Code

36. Fixed Object Code 23 / 20 /

V2 ☐ Unknown

5 / 34 / / / / / /

33. Animal Code

36. Fixed Object Code / / /

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

[illegible]

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
- ☐ NO - DO NOT COMPLETE
- ☐ 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 (9 or more including driver); or
 3. a vehicle with a hazardous materials placard
- ☐ NO - DO NOT COMPLETE
- ☐ YES - COMPLETE SECTIONS B - E

B. CARRIER ID NUMBER

V1 ICC NO. MC _____ US DOT NO. _____
V2 ICC NO. MC _____ US DOT NO. _____

C. HAZARDOUS MATERIAL PLACARD NUMBER

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

- ☐ 1. Two-Way; Not Divided
- ☐ 2. Two-Way; Divided; Unprotected Median
- ☐ 3. Two-Way; Divided; Positive Median Barrier
- ☐ 4. One-Way; Not Divided

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

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

On 09-05-2004 at 1735 hours, P.O. Reilly and I were dispatched to the area of 81st Terrace and Blue Ridge Boulevard in regard to a serious injury vehicular involving a Kansas City Missouri firetruck.

Upon arrival to the scene I observed what appeared to be three vehicles involved in the collision. Vehicle #1, Pumper 33 of the Kansas City Missouri Fire Department, was located in the private drive, against a very large tree at the residence of 8111 Blue Ridge Boulevard. Vehicle #1 had very extensive damage to the front of the vehicle with most of the damage to the right front of the area of the vehicle. There were no occupants of vehicle #1 at the scene at the time of my arrival. Vehicle #2 was located near the center of Blue Ridge Boulevard, facing southbound, in front of the residence at 8105 Blue Ridge Boulevard. Damage was observed on the left side and front of vehicle #2. Driver #2 was present at the scene and interviewed by a Detective of the Traffic Investigation Section. Vehicle #3 was located east of vehicle #2 with extensive damage to the front of the vehicle. Gouge and tire marks could be observed from the #2 lane of northbound Blue Ridge Boulevard to the final rest position of vehicle #3.

29. REPORTING OFFICER'S SIGNATURE <i>P. D. Wilson</i>	DSN / BADGE NO. 4154	BEAT / ZONE 721	TROOP / DIST / PCT VCS
REVIEWING OFFICER 1 SIGNATURE <i>Sgt. R. Sims</i>	DSN / BADGE NO. 3521	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

9 - CODES														
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 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown		TRANSPORTED (Medical Treatment) 1. No 2. EMS 3. Other 4. Unknown		EJECTION 1. NA 2. No 3. Partially 4. Totally 5. Unknown		AIR BAG FRONT 1. None / NA 2. Deployed 3. Not Deployed		AIR BAG SIDE 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		
10 - DRIVERS														
NAME			DATE OF BIRTH		SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS. PORT	EJECTION	AIR BAG F	AIR BAG S	SAF DEV	TELEPHONE NO.
ADDRESS			MM-DD-YYYY											
<input type="checkbox"/> NA DRIVER 3 - SAME AS ADDRESS ABOVE			<input type="checkbox"/> NA DRIVER 4 - SAME AS ADDRESS ABOVE		M	3	FL	2	2	2	1	1	g	Unknown
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 <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"/> 11. ATV <input type="checkbox"/> 12. Motorized Bicycle <input type="checkbox"/> 13. Pedalcycle <input type="checkbox"/> 14. Motor Home / Camper <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 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"/> 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 <input type="checkbox"/> GCVW Rating (not licensed weight) 19-25 only <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001-26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs.														
14. HAZARDOUS MATERIALS <input checked="" type="checkbox"/> NA														
V3 V4 <input type="checkbox"/> 1. Placard Displayed <input type="checkbox"/> 2. Gases in Bulk <input type="checkbox"/> 3. Solids in Bulk <input type="checkbox"/> 4. Liquids in Bulk <input type="checkbox"/> 5. Explosives <input type="checkbox"/> 6. 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 checked="" type="checkbox"/> 7. MV in Transport <input type="checkbox"/> 8. MV on Other Roadway <input type="checkbox"/> 9. Parked MV NON-COLLISION <input type="checkbox"/> 10. Overtaking <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 type="checkbox"/> 63. Sideswipe-Passing <input checked="" type="checkbox"/> 64. Angle <input type="checkbox"/> 65. Backed Into <input type="checkbox"/> 67. Other														
17. VEHICLE ACTION / SEQUENCE OF EVENTS														
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 19. Airborne 20. Ran Off Road - Right 21. Ran Off Road - Left 22. Overtake / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss/Shift 27. Equipment Failure 28. Separation of Units 29. Returned to Road 30. Collision Inv. Pedestrian 31. Collision Inv. Pedalcycle 32. Collision Inv. Train 33. Collision Inv. Animal (enter code - explain) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked Motor Vehicle 36. Collision Inv. Fixed Object (enter code - explain) 37. Collision Inv. Other Object (explain) 38. Other - Non Collision V3 <input type="checkbox"/> Unknown 12 / 34 / _ / _ / _ / _ / _ 33. Animal Code _ 35. Fixed Object Code _ / _ / _ V4 <input type="checkbox"/> Unknown 13 / _ / _ / _ / _ / _ / _ 35. Animal Code _ 36. Fixed Object Code _ / _ / _ Animal, Fixed Object, and Inattention Codes explained in narrative.														
13. EMERGENCY VEHICLE INVOLVEMENT														
V3 V4 <input type="checkbox"/> 1. Police <input type="checkbox"/> 2. Fire <input type="checkbox"/> 3. Ambulance <input type="checkbox"/> 4. Other (must check "A") <input type="checkbox"/> A. Emergency Vehicle on Emergency Run														
16. TRAFFIC CONDITIONS														
V3 V4 <input type="checkbox"/> 1. Normal <input checked="" type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Congestion Ahead														

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 <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. Intention (explain) P3 P4 V3 V4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. None		19. PEDESTRIAN INVOLVEMENT P3 P4 <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 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 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)		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 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)		22. ROAD CHARACTER ALIGNMENT <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve PROFILE <input type="checkbox"/> 1. Level <input checked="" type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest 5. 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)	
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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 GVWR 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 V3 ICC NO. MC _____ US DOT NO. _____ V4 ICC NO. MC _____ US DOT 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		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, 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.)

Closer investigation revealed damage to another vehicle, vehicle #4, that had been struck by a large branch that had been separated from the tree that was struck by vehicle #1. The owner of vehicle #4 was present at the scene and also gave a statement to a Detective from the Traffic Investigation Section.

Preliminary investigation indicates that vehicle #1 was traveling southbound on Blue Ridge Boulevard on an emergency call. Vehicle #1 was traveling in the #1 lane of traffic and had the emergency lights and siren activated as it was approaching 81st Terrace. Vehicle #2 appeared to be stopped in the #1 lane of traffic on Blue Ridge Boulevard in front of the residence at 8105 Blue Ridge Boulevard. As vehicle #1 approached vehicle #2, vehicle #1 traveled left of center to pass vehicle #2 that still appeared to be stopped. As vehicle #1 was passing vehicle #2, vehicle #2 made a left turn into the path of vehicle #1 causing a collision. After the collision with vehicle #2, vehicle #1 veered into the #2 lane of northbound Blue Ridge Boulevard where it struck vehicle #3 that appeared to be stopped waiting for vehicle #1 to pass his location. After striking vehicle #3, vehicle #1 continued in a southerly direction, off of the east

29. REPORTING OFFICER SIGNATURE <i>P.O. David Wilson</i>		DSN / BADGE NO. 4154		BEAT / ZONE 721		TROOP / DIST / PCT VCS	
REVIEWING OFFICER 1 SIGNATURE <i>Sgt. R. Sims</i>		DSN / BADGE NO. 3521		REVIEWING OFFICER 2 SIGNATURE		DSN / BADGE NO.	

MISSOURI UNIFORM ACCIDENT REPORT

Final Report

PAGE 9 OF 9

NARRATIVE / STATEMENTS		<input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT		1-AGENCY NAME AND OR	
ORIGINAL REPORT / CASE / INCIDENT NUMBER		ADDITIONAL SUPPLEMENT NO.		KANSAS CITY, MISSOURI POLICE DEPARTMENT 1125 LOCUST KANSAS CITY, MISSOURI 64106 ORI: MOKPD0000	
04081388-A		N/A			
SUPPLEMENTAL REPORT DATE		ACCIDENT DATE		TRP / DIST / PCT	COUNTY
N/A		09-05-2004		MPD.	Jackson
REPORTING OFFICER SIGNATURE		DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE		DSN / BADGE NO.
J. David Wilson		4154	<i>Sgt. R. Jones</i>		3521

side of the roadway until striking a wooden utility pole. After striking the utility pole vehicle #1 began to rotate counter-clock wise prior to striking the tree. As vehicle #1 was rotating, the right front area of the cab struck one of the branches protruding from the tree causing extensive damage to the entire cab of the vehicle. The majority of the damage caused by the tree appeared to be in the area of the passenger located in the front right seat.

For further information, driver and witness statements, and reconstruction see supplemental reports prepared by various investigators involved in this collision. It should be noted that the forensic map shown on page 2 of 9 displays the final rest position of the vehicles after the collision. Page 4 of 9 displays the roadway evidence as mapped after the collision. A scaled, detailed map will be included with supplemental report 04081388-A.

P.O. J. David Wilson #4154
P.O. J. David Wilson #4154
Vehicular Crimes Section

**KANSAS CITY, MISSOURI POLICE DEPARTMENT
REPORT FORM**

APPROVED BY 

(☒ SUPP) CRN 04-081388

SERIAL # 3146

DATE 12-18-04

PAGE 1 OF 2

☐ BIAS CRIME ☐ DEPARTMENT MEMBER ☐ DEPARTMENT PROPERTY

CLASSIFICATION OF OFFENSE / TITLE OF CASE
State Warrant Arrest/Involuntary Manslaughter

DATE OF OCCURRENCE
12-18-04

TIME OF OCCURRENCE
1000

ROUTING:
☐ DRUG ENF. UNIT
☐ GANG SECTION
☐ JUVENILE SECTION
☐ PIC

☐ STREET NARCOTICS UNIT
☐ FRAUD/FORGERY SECTION
☐ BOMB & ARSON SECTION
☐ PROP CRIMES SECT.
☐ OTHER

LOCATION OF OCCURRENCE
1125 Locust

BEAT OF OCC 112
BEAT REPORTING 917

SUBJECT 1	LAST NAME		FIRST NAME		INT.	JR / SR	RACE	SEX	EST. AGE / D.O.B.	STATE	MONIKER
	HGT.	WGT.	BUILD	HAIR	EYES	COMP.	HAT	COAT	SHIRT/BLOUSE	TROUSERS/SKIRT	SOCIAL SECURITY NUMBER
	ADDRESS						APT.	CITY	STATE	BUSINESS / SCHOOL ADDRESS	
	HOME PHONE		BUSINESS PHONE		SPEC. I.D. CHAR.						
	G.O.S. # / UTT	ORD. #	G.O.S. # / UTT	ORD. #	BOOKING SLIP / G.O.S. # / UTT		ORD. #	INVESTIGATION ARREST APPROVING AUTHORITY			
	TRANSPORTED BY:				TRANSPORTED TO:				PRIORITY RELEASE		

SUBJECT 2	LAST NAME		FIRST NAME		INT.	JR / SR	RACE	SEX	EST. AGE / D.O.B.	STATE	MONIKER
	HGT.	WGT.	BUILD	HAIR	EYES	COMP.	HAT	COAT	SHIRT/BLOUSE	TROUSERS/SKIRT	SOCIAL SECURITY NUMBER
	ADDRESS						APT.	CITY	STATE	BUSINESS / SCHOOL ADDRESS	
	HOME PHONE		BUSINESS PHONE		SPEC. I.D. CHAR.						
	G.O.S. # / UTT	ORD. #	G.O.S. # / UTT	ORD. #	BOOKING SLIP / G.O.S. # / UTT		ORD. #	INVESTIGATION ARREST APPROVING AUTHORITY			
	TRANSPORTED BY:				TRANSPORTED TO:				PRIORITY RELEASE		

SUBJECT 3	LAST NAME		FIRST NAME		INT.	JR / SR	RACE	SEX	EST. AGE / D.O.B.	STATE	MONIKER
	HGT.	WGT.	BUILD	HAIR	EYES	COMP.	HAT	COAT	SHIRT/BLOUSE	TROUSERS/SKIRT	SOCIAL SECURITY NUMBER
	ADDRESS						APT.	CITY	STATE	BUSINESS / SCHOOL ADDRESS	
	HOME PHONE		BUSINESS PHONE		SPEC. I.D. CHAR.						
	G.O.S. # / UTT	ORD. #	G.O.S. # / UTT	ORD. #	BOOKING SLIP / G.O.S. # / UTT		ORD. #	INVESTIGATION ARREST APPROVING AUTHORITY			
	TRANSPORTED BY:				TRANSPORTED TO:				PRIORITY RELEASE		

VEHICLE	COLOR	YEAR	MAKE	MODEL	STYLE
	LICENSE	STATE	VEHICLE IDENTIFICATION #	TOW-IN NUMBER	
	SPEC. I.D. CHAR.				

PROPERTY	ITEM	QUAN- TITY	SUBJECT #	DESCRIPTION OF PROPERTY	SERIAL NUMBER	EST. VALUE	RECOVERED	RELEASED

OFFICER: (PRINT NAME) Reid

SERIAL #: 3936

REPORT FORM NARRATIVE

(☒) SUPP) CRN 04-081388

PAGE 2 OF 2

DATE 12-18-04

NARRATIVE:

On 12-18-04 I was notified by the Records Section of a surrender in the lobby of Police Headquarters, 1125 Locust. Upon arrival I came in contact with the listed subject who through the alert terminal showed a Jackson County Warrant 04CR205451 for Involuntary Manslaughter. The listed subject was placed under arrest and escorted to main detention for booking.



KANSAS CITY, MISSOURI POLICE DEPARTMENT
INVESTIGATIVE REPORT [CASE DOCUMENT]

Supp Case # 04-081388

Title of Investigation		Subject of Report	
Progressive Investigation-Fatality Accident		McGowan, Gerald	
Report By: P. O. Thomas M. Higgs Serial # 2819	Assignment: Commercial Vehicle	Date: 9/05/04	Page 1 of 1 Pages

On 9/5/04 at approximately 1830 hours, the reporting officer was contacted by the communications unit supervisor, who stated that the reporting officer was requested by Sgt. Sims, of the Vehicular Crimes Unit, to respond to a fatal accident involving the Kansas City, Missouri Fire Department. Upon arrival, the reporting officer contacted Sgt Sims, and P. O. Dave Wilson. It was requested that the reporting officer weigh the fire truck and conduct a brake measurement on the vehicle.

My investigation revealed the fire truck to be as follows:

1997 E One Vehicle Identification # 4ENFAAA85W1008468, Vehicle #3292, Pumper #33.

Upon checking the vehicle brake measurements, it was discovered that the brake on axle 1, right side, was not able to be checked because of a ruptured air line. Axle 1, left side brake measurement was 1 and 1/2 inch push rod travel, axle 2, right side was 2 and 1/4 inch push rod travel, and axle 2, left side, was 2 and 1/8 inch push rod travel

The reporting officer then weighed the fire truck and it was revealed the total weight was 26,000#. A complete (level one) inspection was not conducted due to the damage caused by the accident.

P.O. Thomas M. Higgs 2819

P.O. Thomas M. Higgs Serial #2819

Supervisor *[Signature]* 3670
Form 107 P.D. (10-80)

File Page # _____



DRIVER/VEHICLE EXAMINATION REPORT

Rpt # 04-081 388

GENERAL INFORMATION

11. AGENCY <input type="checkbox"/> HIGHWAY PATROL <input checked="" type="checkbox"/> KANSAS CITY PD <input type="checkbox"/> OTHER		2. COUNTY CODE 048											
3. INSPECTION DATE 9/15/04		4. MILITARY TIME STARTED 18:30		5. INSPECTION LOCATION Blue Ridge #81 TRK		6. MO DOT		7. ICC DOCKET NO.		8. U.S. DOT			
9. INTERSTATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. LEGAL NAME OF MOTOR CARRIER CITY OF KANSAS CITY		11. STREET ADDRESS 414 E 13th St. KC, MO		15. CARRIER PHONE NUMBER WHERE VEHICLE IS STATIONED							
12. CITY KANSAS CITY		13. STATE MO		14. ZIP CODE 64106		16. NAME OF SHIPPER/CITY/STATE							
17. SHIPPING PAPER NUMBER						18. DRIVER DOB (MM/DD/YY) / /							
19. DRIVER IDENTIFICATION (LAST NAME, FIRST, MIDDLE INITIAL) [REDACTED]						20. DRIVER LICENSE NUMBER [REDACTED]						21. STATE MO	

VEHICLE INFORMATION

22. UNIT	23. UNIT TYPE	YEAR	MAKE	COMPANY NUMBER	LICENSE NUMBER	STATE	G.V.W.R.	COMPLETE VIN NUMBER	CVSA
TR	97	5-ONE	392 (P33)					[REDACTED]	

HAZARDOUS MATERIAL

23. TYPE OF INSPECTION <input checked="" type="checkbox"/> COMPLETE (1) <input type="checkbox"/> DRIVER (3) <input type="checkbox"/> SPECIAL (4) <input type="checkbox"/> WALK AROUND (2) <input type="checkbox"/> TERMINAL (5)		28. RIGHT STEERING 30 NA 30 2 1/4 TYPE AXLE 1 TYPE AXLE 2 AXLE 3 AXLE 4 AXLE 5 AXLE 6 AXLE 7 30 1 1/4 30 2 1/8 LEFT		30. TOTAL # AXLES 2		31. CARGO TANK TYPE		34. CODE RO HW	
24. GVWR/GCWR <input type="checkbox"/> UP TO 10,000 (1) <input type="checkbox"/> 10,001 TO 26,000 (2) <input checked="" type="checkbox"/> ABOVE 26,001 (3)		25. ORIGIN STATE MO		26. DESTINATION STATE MO		29. A/C S <input type="checkbox"/> S/W <input checked="" type="checkbox"/> DIS <input type="checkbox"/> #A		32. SURVEY CODE	
27. COMMODITY WATER / EQUIPMENT		33. ACCIDENT <input checked="" type="checkbox"/>		35. HM INSPECTION <input type="checkbox"/> YES <input type="checkbox"/> NO		36. PLACARDS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		37. BULK <input type="checkbox"/> NON-BULK <input type="checkbox"/>	

VIOLATIONS

NUMBER	VIOLATION IDENTIFICATION	UNIT NUMBER	OUT OF SVC	VIOLATIONS DISCOVERED
1	3.9.B.3.A.1.B.A			2 Brakes out of adjustment

SEE CONTINUATION SHEET

☐ YES☐ NOOUT OF SERVICE
STICKER NUMBERVEHICLE PASSED INSPECTION AS REQUIRED
BY 396.17 CFR ☐ YES ☐ NO ☐ N/A

VEHICLE/DRIVER OUT OF SERVICE NOTICE

- ☐ Pursuant to authority contained in _____, I hereby declare vehicles with defects followed by an "X" in the "Out of Service" column of this report Out of Service. No person shall remove the out of service sticker applied to these vehicles, or operate such vehicles, until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.
- ☐ Pursuant to authority contained in _____, I hereby notify and declare the driver named on this report Out of Service. No motor carrier shall permit or require this driver to drive or operate any motor vehicle until _____.

REPORT PREPARED BY: [Signature]	BADGE NO. 2829	MILITARY TIME COMPLETED	COPY RECEIVED BY
------------------------------------	-------------------	-------------------------	------------------

NOTE TO DRIVER: This report must be furnished to the motor carrier whose name appears. NOTE TO MOTOR CARRIER: If required as indicated directly above, please sign the certification on the back of this report and return to the Missouri Highway Patrol within 15 days.

Kansas City Missouri Police Department

Scale Worksheet

Radio Number 764

Date Scaled: Sunday, September 05, 2004

Carrier: City Of Kansas City (KCFD) Location: 81st Terrace & Blue Ridge Time: 18:30

Driver: Parison, John Load: Water/Equipment Number of Axles: 2

GVWR: 0 License Number/State: Veh#3292, P33 License Weight: 0

Tire Weight	Axle Weight	TOTAL	Tire Weight	Axle Weight	TOTAL
Left: 0	Axle #1: 7450	13200	Left: 0	Axle #4: 0	0
Right: 0	Axle #1: 5750		Right: 0	Axle #4: 0	0
Left: 0	Axle #2: 5900	12800	Left: 0	Axle #5: 0	0
Right: 0	Axle #2: 6900		Right: 0	Axle #5: 0	0
Left: 0	Axle #3: 0	0	Left: 0	Axle #6: 0	0
Right: 0	Axle #3: 0	0	Right: 0	Axle #6: 0	0

Tire Weight	Axle #1 Left	7450	Axle #4 Left	0	Axle Weight	Axle #1:	-9200
	Axle #1 Right	5750	Axle #4 Right	0		Axle #2:	-9600
	Axle #2 Left	5900	Axle #5 Left	0		Axle #3:	-22400
	Axle #2 Right	6900	Axle #5 Right	0		Axle #4:	-22400
	Axle #3 Left	0	Axle #6 Left	0		Axle #5:	-22400
	Axle #3 Right	0	Axle #6 Right	0		Axle #6:	-22400

Total Gross Weight: 26000 City UTIs for Weight: 0 State Tickets for Weight: 0

Enter Amount Over State Fine Amount

VIOLATION OF:

Axle Weight:	0	Amount Over:	0	Axle Weight Fine:	\$0.00
Tire Weight:	0	Amount Over:	0	Tire Weight Fine:	\$0.00
License Weight:	0	Amount Over:	0	License Weight Fine:	\$0.00
Weight on Bridge:	0	Amount Over:	0	Bridge Fine:	\$0.00
Exceeding GVWR:	0	Amount Over:	0	GVWR Fine:	\$0.00

Vehicle OOS for Equipment: No

Vehicle Off Loaded: No

Total Scale Fines: \$0.00

KANSAS CITY, MISSOURI POLICE DEPARTMENT
INVESTIGATIVE REPORT [CASE DOCUMENT]

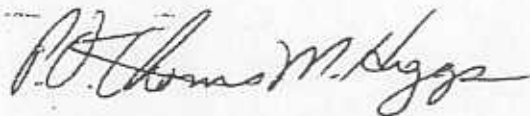
Supp Case # 04-081388

Title of Investigation		Subject of Report	
Progressive Investigation-Fatality Accident		Gerald McGowan	
Report By: P.O. Thomas M. Higgs	Assignment: Commercial Vehicle	Date: 092104	Page 1 of 7 Pages

On 9/21/04 at approximately 0830 hours, the reporting officer and Radio# 762, Officer James Walton, responded to 4100 Main Street, Grandview, Missouri, Pipes Tow lot, to confirm brake canister sizes and types and brake slack adjuster make and types and to take photos.

Upon checking the vehicle, it was confirmed that the brake canisters on all four brakes were made by MGM and were size 30. It was also discovered that the slack adjusters were Rockwell automatic slack adjusters, part #3275 on all four brakes.

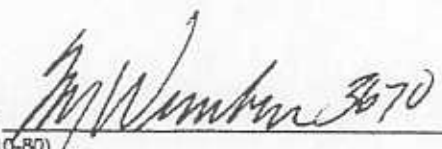
Approximately 17 photos were taken of the brake canisters and slack adjusters. The 17 photos taken are included as pages 2-7 of this report.



P.O. Thomas M. Higgs Serial #2819

Supervisor

Form 107 P.D. (10-80)



File Page #

KANSAS CITY, MISSOURI POLICE DEPARTMENT
INVESTIGATIVE REPORT [CASE DOCUMENT]

Supp Case # 04-081388

Title of Investigation		Subject of Report	
Progressive Investigation, Fatality Vehicular		Gerald K. McGowan W/M 04/25/47	
Report By: P.O. Thomas M. Higgs Serial #2819	Assignment: Commercial Vehicle	Date: 09/24/04	Page 1 of 4 Pages

On 9/24/04 at 0800, the reporting officer was contacted by P.O. Dave Wilson, who requested that the reporting officer respond to the Laser-Pipes Tow lot in Grandview, Mo. to collect data on tire information, slack adjuster length, brake drum diameters, and the tire rolling radius of the fire truck involved in the above fatal accident.

The reporting officer, assisted by Radio #762, Officer James Walton and Radio #763, Officer Ronald VanHoecke, responded to the Laser-Pipes Tow lot at 4100 Main Street in Grandview, Mo. and collected the information requested. That information is included as pages 2, 3, and 4 of this report.

P.O. Thomas M. Higgs 2819

P.O. Thomas M. Higgs Serial #2819

Supervisor *Jim Wilson #7670*
Form 107 P.D. (10-80)

File Page # _____

Electric Brake System (If used)

Type of Control Module: _____
 Gain Setting: _____
 Level Setting: _____
 Position/Angle: _____
 Wiring (Dedicated Ground or wired to fuse box): _____
 Size: _____
 Notes _____

Tire Information

AXLE #/V	Outside		Inside		Inside		Outside	
Size	12R22.5						12R22.5	
Make	Michelin						Michelin	
Design	XZE						XZE	
Pressure	123 PSIG						116 PSIG	
Tread Depth	Max 16/32"	Min 16/32"	Max	Min	Max	Min	Max 18/32"	Min 18/32"

AXLE # 2	Outside		Inside		Inside		Outside	
Size	12R22.5		12R22.5		12R22.5		12R22.5	
Make	Goodyear		Goodyear		Goodyear		Goodyear	
Design	G159		G159		G159		G159	
Pressure	123 PSIG		117 PSIG		114 PSIG		122 PSIG	
Tread	Max 19/32"	Min 19/32"	Max 16/32"	Min 15/32"	Max 18/32"	Min 17/32"	Max 18/32"	Min 17/32"
Depth								
AXLE # 3	Outside		Inside		Inside		Outside	
Size								
Make								
Design								
Pressure								
Tread	Max	Min	Max	Min	Max	Min	Max	Min
Depth								
AXLE # 4	Outside		Inside		Inside		Outside	
Size								
Make								
Design								
Pressure								
Tread	Max	Min	Max	Min	Max	Min	Max	Min
Depth								

AXLE #8	Outside		Inside		Inside		Outside	
Size								
Make								
Design								
Pressure								
Treads	Max	Min	Max	Min	Max	Min	Max	Min
Depth								

Slack Adjuster Length

	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8
Right Side	51/2"	6"						
Left Side	51/2"	6"						

Brake Push Rod Travel

	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8
Right Side								
Left Side								
Chamber								

Friction Code

	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8
Right Side								
Left Side								

Brake Drum Diameter

	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8
Right Side	161/2x5	161/2x7						
Left Side	161/2x5	161/2x7						

Tire Rolling Radius

	Axle 1	Axle 2	Axle 3	Axle 4	Axle 5	Axle 6	Axle 7	Axle 8
Right Side	19 1/2"	20 1/2"						
Left Side	19 1/2"	20 1/2"						

KANSAS CITY, MISSOURI POLICE DEPARTMENT
INVESTIGATIVE REPORT [CASE DOCUMENT]

Supp Case # 04-081388

Title of Investigation		Subject of Report	
Progressive Investigation - Fatality Accident		City of Kansas City, Missouri Fire Department	
Report By: Ronald J. Van Hoecke #3206	Assignment: C.V.E.	Date: 10-7-04	Page 1 of 2 Pages

On 10-7-04 at 1200 hours I responded to Fire Station #16 located at 9205 NW 112th St at the request of P.O. Wilson, R-721. He requested I weigh pumper #16 at that location to obtain an accurate weight of the vehicle while it was fully loaded with water and equipment.

This pumper was the only one in the city similar to the pumper involved in a fatality accident on 9-5-04 and reported on complaint number 04-081388.

Upon weighing the pumper it was determined to weigh 35400 lbs. A copy of the scale is attached to this report as page #2.

P.O. Ronald J. Van Hoecke #3206

P.O. Ronald J. Van Hoecke #3206
Commercial Vehicle Enforcement Unit

Supervisor *Mr. Wilson 3670*
Form 107 P.D. (10-80)

File Page # _____

Kansas City Missouri Police Department

SCALE WORKSHEET

Date Scaled: Thursday, October 07, 2004

Carrier: Kansas City, Mo Fire Department Location: 9205 NW 112th St Time: 12:00

Driver: Load: wwater Number of Axles 2

GVWR: 0 License Number/State: 3273 License Weight: 0

TOTAL

TOTAL

 Tire Weight Rating Axle #1 Left: 7050
 Tire Weight Rating Axle #1 Right: 7150 **14200**

 Tire Weight Rating Axle #4 Left: 0
 Tire Weight Rating Axle #4 Right: 0 **0**

 Tire Weight Rating Axle #2 Left: 10500
 Tire Weight Rating Axle #2 Right: 10600 **21200**

 Tire Weight Rating Axle #5 Left: 0
 Tire Weight Rating Axle #5 Right: 0 **0**

 Tire Weight Rating Axle #3 Left: 0
 Tire Weight Rating Axle #3 Right: 0 **0**

 Tire Weight Rating Axle #6 Left: 0
 Tire Weight Rating Axle #6 Right: 0 **0**

Tire Weight

 Axle #1 Left
 Axle #1 Right
 Axle #2 Left
 Axle #2 Right
 Axle #3 Left
 Axle #3 Right

 Axle #4 Left
 Axle #4 Right
 Axle #5 Left
 Axle #5 Right
 Axle #6 Left
 Axle #6 Right

Axle Weight

 Axle #1: 8200
 Axle #2: 1200
 Axle #3: 22400
 Axle #4: 22400
 Axle #5: 22400
 Axle #6: 22400

Total Gross Weight: 35400

City UTTs for Weight: 0

State Tickets for Weight: 0

Enter Amount Ove State Fine Amount

VIOLATION OF:

Axle Weight: 0

Amount Over: 0

Axle Weight Fine: \$0.00

Tire Weight: 0

Amount Over: 0

Tire Weight Fine: \$0.00

License Weight: 0

Amount Over: 0

License Weight Fine: \$0.00

Weight on Bridge: 0

Amount Over: 0

Bridge Fine: \$0.00

Exceeding GVWR: 0

Amount Over: 0

GVWR Fine: \$0.00

Vehicle OOS for Equipment Violation: No

Vehicle Off Loaded: No

Total Scale Fines: \$0.00

KANSAS CITY, MISSOURI POLICE DEPARTMENT
INVESTIGATIVE REPORT [CASE DOCUMENT]

Supp Case # 04-081388

Title of Investigation		Subject of Report	
Progressive Investigation Injury Vehicular		Kansas City Missouri Fire Department vehicle #3292, Pumper #33, Vin #4ENFAA85W1008468.	
Report By: P.O. James R. Walton, Serial # 3267	Assignment: CVE	Date: 10-8-04	Page 1 of 2 Pages

On 10-8-04, at approximately 1230 hrs., P.O. Van Hoeke and I responded to the Lazer/Pipes Tow storage lot located at 4100 Main St. Grandview Missouri 64130, to obtain the push rod travel for the right front brake and weigh the vehicle. The right front brake did not appear to have been damaged in the accident. The airline going to the brake had been torn from the fitting on the frame. The right front spring and shock absorber had been pulled from their mounting on the front axle. I removed the torn airline from the brake canister and installed a schrader valve. Using air from a tow truck I activated the right front brake and found the push rod travel to be 1¼ inch. P.O. Van Hoecke weighed the vehicle. I should be noted that all of the equipment had been removed and the water drained from the storage tank and lines. See attached scale sheet.

P.O. James R. Walton #3267

P.O. James R. Walton, Serial #3267
Commercial Vehicle Enforcement Unit

Supervisor *[Signature]* 3670
Form 107 P.D. (10-80)

File Page # _____

Kansas City Missouri Police Department SCALE WORKSHEET

Date Scaled: Friday, October 08, 2004

Carrier: Kansas City, Mo Fire Department Location: 4100 Main St Grandview, Mo Time: 12:30

Driver: Load: empty Number of Axles: 2

GVWR: 0 License Number/State: KCMO Pumper License Weight: 0

TOTAL

TOTAL

Tire Weight Rating Axle #1 Left: 7150
Tire Weight Rating Axle #1 Right: 6100 13250

Tire Weight Rating Axle #4 Left: 0
Tire Weight Rating Axle #4 Right: 0 0

Tire Weight Rating Axle #2 Left: 3700
Tire Weight Rating Axle #2 Right: 6050 9750

Tire Weight Rating Axle #5 Left: 0
Tire Weight Rating Axle #5 Right: 0 0

Tire Weight Rating Axle #3 Left: 0
Tire Weight Rating Axle #3 Right: 0 0

Tire Weight Rating Axle #6 Left: 0
Tire Weight Rating Axle #6 Right: 0 0

Tire Weight

Axle #1 Left
Axle #1 Right
Axle #2 Left
Axle #2 Right
Axle #3 Left
Axle #3 Right

Axle #4 Left
Axle #4 Right
Axle #5 Left
Axle #5 Right
Axle #6 Left
Axle #6 Right

Axle Weight

Axle #1: -9150
Axle #2: -12650
Axle #3: -22400
Axle #4: -22400
Axle #5: -22400
Axle #6: -22400

Total Gross Weight: 23000

City UTUs for Weight: 0

State Tickets for Weight: 0

Enter Amount Ove

State Fine Amount

VIOLATION OF:

Axle Weight: 0

Amount Over: 0

Axle Weight Fine: \$0.00

Tire Weight: 0

Amount Over: 0

Tire Weight Fine: \$0.00

License Weight: 0

Amount Over: 0

License Weight Fine: \$0.00

Weight on Bridge: 0

Amount Over: 0

Bridge Fine: \$0.00

Exceeding GVWR: 0

Amount Over: 0

GVWR Fine: \$0.00


Vehicle OOS for Equipment Violation No

Vehicle Off Loaded: No

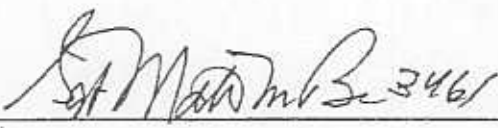
Total Scale Fines: \$0.00

KANSAS CITY, MISSOURI POLICE DEPARTMENT
INVESTIGATIVE REPORT [CASE DOCUMENT]

supp Case # 04-081388

Title of Investigation		Subject of Report	
Fatality Vehicle Crash 81 st Terrace & Blue Ridge			
Driver Statement			
Report By: Det. Chris Majors	Assignment: TIS	Date: 10-14-2004	Page 1 of Pages

On 10-14-2004 I conducted a phone interview with the above listed subject, the driver of the fire truck involved in the crash. He stated that he was southbound, on Blue Ridge, on an emergency run when he observed the red vehicle in front of him. He noticed the vehicle was a couple of blocks ahead of him, still traveling in the inside lane. The red vehicle did not immediately yield to the emergency vehicle, and continued to travel southbound in the inside lane. He stated the vehicle finally stopped in the inside lane and he was forced to pass on the left side of the red vehicle due to other traffic already being stopped in the outside lanes of both north and southbound traffic. He stated his speed was between 40 and 50 mph and does not remember if he hit the brakes. He did state however that he was almost at the rear bumper of the red vehicle when it turned in front of him.

Supervisor  3461
Form 107 P.D. (10-80)

File Page # _____

KANSAS CITY, MISSOURI POLICE DEPARTMENT
STATEMENT

PAGE 1 OF 2 PAGES

SUPP. # 04-081388

STATEMENT OF [REDACTED], TAKEN AT [REDACTED]
[REDACTED], BY Det. Chris
[REDACTED] ON THIS 5th DAY OF Sept.
2004, AT 1830 HOURS.

MY NAME IS [REDACTED], I AM [REDACTED] YEARS OF AGE,
HAVING BEEN BORN IN [REDACTED], I LIVE AT [REDACTED]
[REDACTED], PHONE NUMBER [REDACTED]

Q. Explain to ~~me~~ the events leading to the vehicular
crash on 9-5-04 at 8111 Blue Ridge.

A. The red car turned left directly in front of the
fire truck. The fire truck then struck the minivan
vehicle. The truck then went into the pole and then
into the tree. The fire truck was attempting to go around
the red car when they struck.

Q. Was the fire truck traveling with its emergency lights
and siren on.

A. Yes

Q. Did you hear or see the fire truck's emergency equipment
prior to the crash.

A. Yes I heard it.

[Signature]

STATEMENT OF Mark Foster

PAGE 2 OF 2 PAGES

SUPP. # 04-081388

Q. Where were you at when you heard the sirens?

A. Just past 81st Terr + Blue Ridge.

Q. Is there anything else that you wish to add to this statement?

A. No, I heard the sirens and then saw the lights

Q. Will you read and sign this statement?

A. Yes, I have read the above statement which consists of 2 page(s)
I understand it and I am signing it because it is the truth.

SIGNED



WITNESS

WITNESS

KANSAS CITY, MISSOURI POLICE DEPARTMENT

STATEMENT

PAGE 1 OF 2 PAGESSUPP. # 04-081388

STATEMENT OF [REDACTED]

TAKEN AT [REDACTED]

BY Det. Chris MajorsON THIS 5thDAY OF September2004, AT 1900 HOURS.

MY NAME IS [REDACTED]

I AM [REDACTED]

YEARS OF AGE,

HAVING BEEN BORN IN [REDACTED]

I LIVE AT [REDACTED]

PHONE NUMBER [REDACTED]

Q. Explain to me the events leading to the vehicular crash you witnessed on 9-5-04 on Blue Ridge.

A. I was southbound on Blue Ridge at 81st Street in the Outside lane. I pulled to the curb and stopped because I heard the fire truck and then saw it, southbound on Blue Ridge with its emergency lights + Sirens on. I saw a Red car in front of the fire truck and was wondering why it was not pulling over to the curb. The fire truck pulled to the left and was attempting to pass the red car, when the red car pulled right in front of it.

Q. How fast would you estimate the Fire Truck was traveling?

A. 45 mph.



STATEMENT OF Rodney Kraft

PAGE 2 OF 2 PAGES

SUPP. # 04-081388

Q. In your opinion is there anything the fire truck could have done to avoid the collision?

A. No, I don't think they would expect someone to pull in front of them like that.

Q. Is there anything else that you wish to add to this statement?

A. No

Q. Will you read and sign this statement?

A. Yes, I have read the above statement which consists of _____ page(s)
I understand it and I am signing it because it is the truth.

SIGNED

WITNESS

Det. Chris Majors 3936

WITNESS

**KANSAS CITY, MISSOURI POLICE DEPARTMENT
CASE STATUS REPORT**

APPROVED BY *[Signature]* 3461

STATE ATTORNEY SUPPLEMENT C.R.N. 04-081388

PROS. OFFICE NO. _____

OFFENSE CYCLE NO. _____

PROSECUTOR'S DATA ☒

CLEARED BY ARREST ☒

EXCEPTIONALLY CLEARED ☐

CASE NOT CLEARED ☐

WARRANT ISSUED ☒

RECLASSIFIED ☐

UNFOUNDED ☐

VICTIM / WITNESS

12-16-04

NAME	RACE	SEX	DATE OF BIRTH	ADDRESS	BUSINESS PHONE
					BUSINESS PHONE
					BUSINESS PHONE
					BUSINESS PHONE
					BUSINESS PHONE
					BUSINESS PHONE

*ASTERISK THE VICTIM OF THE CASE FILE

NATURE OF ORIGINAL REPORT FATALITY

RECLASSIFIED TO _____

LOCATION 8111 Blue Ridge

DATE OF OFFENSE 9/ 5/2004

REASON _____

PROSECUTOR'S INFORMATION

LOCAL CRIMINAL RECORDS CHECK ☒

CHARGE(S) Invol. Manslaughter / DWI

PROSECUTOR DWR

960220

DATE SENT TO PROSECUTOR _____

COMPLAINT DATE _____

CUSTODY ☐

CHARGES DECLINED ☐

REASON _____

DEFENDANT

NAME	RACE	SEX	DATE OF BIRTH	ADDRESS
QTY	PHONE	SOCIAL SECURITY NO.	BUSINESS ADDRESS	

OFFICERS

ARRESTING OFFICER <input type="checkbox"/>	INVEST. OFFICER <input type="checkbox"/>	ID OFFICER <input type="checkbox"/>	SERIAL #	UNIT
PO John Wilson			4254	VCS
ARRESTING OFFICER <input type="checkbox"/>	INVEST. OFFICER <input type="checkbox"/>	ID OFFICER <input type="checkbox"/>	SERIAL #	UNIT
Det. Chris Majors			3930	TIS
ARRESTING OFFICER <input type="checkbox"/>	INVEST. OFFICER <input type="checkbox"/>	ID OFFICER <input type="checkbox"/>	SERIAL #	UNIT
ARRESTING OFFICER <input type="checkbox"/>	INVEST. OFFICER <input type="checkbox"/>	ID OFFICER <input type="checkbox"/>	SERIAL #	UNIT

ARRESTING OFFICER <input type="checkbox"/>	INVEST. OFFICER <input type="checkbox"/>	ID OFFICER <input type="checkbox"/>	SERIAL #	UNIT
ARRESTING OFFICER <input type="checkbox"/>	INVEST. OFFICER <input type="checkbox"/>	ID OFFICER <input type="checkbox"/>	SERIAL #	UNIT
ARRESTING OFFICER <input type="checkbox"/>	INVEST. OFFICER <input type="checkbox"/>	ID OFFICER <input type="checkbox"/>	SERIAL #	UNIT
ARRESTING OFFICER <input type="checkbox"/>	INVEST. OFFICER <input type="checkbox"/>	ID OFFICER <input type="checkbox"/>	SERIAL #	UNIT

JACKSON ☒ CLAY ☐ PLATTE ☐ CASS ☐ ARN. CT. HOE

ARN. DIST. 27

ARN. DATE 12-20-04

ARN. TIME 0930

ARN. JUDGE Gibbs

ARN. PLEA NG

TRIAL DATE 1-24-05

TRIAL TIME 0900

TRIAL JUDGE 1.11-04

CT. CASE NO. 04CR205451

BOND TYPE 10%

BONDSMAN

BOND AMOUNT 15,000

COMMITTED COUNTY JAIL ☒

ARN. OFFICER [Signature]

SERIAL 2940

DATE 12-20-04

MUNICIPAL COURT REFERRAL

GCS NO. _____

CT. DATE _____

CT. ROOM _____

TIME _____

ORD. NO. _____

ARN. OFFICER _____

SERIAL _____

DATE _____

KANSAS CITY, MISSOURI POLICE DEPARTMENT
TOW-IN REPORT

Supp. # 04-081388

DATE 9-5-04	RPT. DIST. 243	EXACT LOCATION OF VEHICLE 8111 Blue Ridge	REPORTING OFFICER/SERIAL # P.O. Jason Cote 4730
<input type="checkbox"/> ATTEMPT TO LOCATE <input type="checkbox"/> ABANDONED <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> ARREST <input type="checkbox"/> ILLEGALLY PARKED <input type="checkbox"/> STOLEN.		<input checked="" type="checkbox"/> KEYS IN <input type="checkbox"/> KEYS OUT <input type="checkbox"/> OPEN SWITCH	DESCRIPTION OF VEHICLE YEAR: 1987 MAKE: Plymouth MODEL: Reliant K BODY STYLE: 4 door VIN (SERIAL NO.): [REDACTED]

LICENSE NO. [REDACTED] STATE MO YEAR 05 COLOR Maroon

DAMAGE TO VEHICLE

<input checked="" type="checkbox"/> FRONT	<input checked="" type="checkbox"/> RIGHT FRONT	<input checked="" type="checkbox"/> RIGHT SIDE	<input checked="" type="checkbox"/> RIGHT REAR	<input checked="" type="checkbox"/> REAR	<input checked="" type="checkbox"/> LEFT REAR	<input checked="" type="checkbox"/> LEFT SIDE	<input checked="" type="checkbox"/> LEFT FRONT	<input type="checkbox"/> NONE
<input type="checkbox"/> MINOR	<input type="checkbox"/> MINOR	<input type="checkbox"/> MINOR	<input type="checkbox"/> MINOR	<input type="checkbox"/> MINOR	<input type="checkbox"/> MINOR	<input type="checkbox"/> MINOR	<input type="checkbox"/> MINOR	<input type="checkbox"/> MINOR
<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> MEDIUM
<input checked="" type="checkbox"/> MAJOR	<input checked="" type="checkbox"/> MAJOR	<input checked="" type="checkbox"/> MAJOR	<input checked="" type="checkbox"/> MAJOR	<input checked="" type="checkbox"/> MAJOR	<input checked="" type="checkbox"/> MAJOR	<input checked="" type="checkbox"/> MAJOR	<input checked="" type="checkbox"/> MAJOR	<input checked="" type="checkbox"/> MAJOR

OTHER DAMAGES [EXPLAIN] major interior damage

CONTENTS OF VEHICLE

<input checked="" type="checkbox"/> RADIO	ACCESSORIES (ITEMIZE)	HUB CAPS: <input checked="" type="checkbox"/> STANDARD <input type="checkbox"/> DELUXE <input type="checkbox"/> OTHER (EXPLAIN)
<input type="checkbox"/> CD PLAYER	NONE	OTHER CONTENTS (IN DETAIL)
<input type="checkbox"/> TAPE PLAYER		misc trash
<input type="checkbox"/> RADAR DETECTOR		luggage
		misc tools

NAME OF DRIVER [REDACTED] ADDRESS [REDACTED] TELEPHONE NO. [REDACTED]

IF ABANDONED, HOW LONG KNOWN AT THIS LOCATION N/A

NAME OF OWNER OR PERSONS CONTACTED REGARDING REMOVAL None

COMMENTS OF REPORTING OFFICER Vehicle involved in injury accident. Driver transported by MAST. Vehicle towed to 3901 Bennington for safekeeping.

P.O. 2 Cote 4730

HOLD ☐ YES ☒ NO FOR WHOM: PERSON CONTACTED AT EXT. 5105 DATE & TIME EXT. 5105 NOTIFIED

TIME TOW TRUCK ORDERED 1931 TIME TOW TRUCK ARRIVED 2101

TOW TRUCK DRIVER-SIGNATURE

LOT ATTENDANT-SIGNATURE

DISPOSITION OF PROPERTY	<input type="checkbox"/> Released to owner/agent*	<input type="checkbox"/> Locked in trunk
	<input type="checkbox"/> Placed in property room	<input checked="" type="checkbox"/> Left in vehicle
*AGENT'S NAME	ADDRESS	PHONE NO.

WHITE COPY TO TOW SERVICE UNIT
CANARY COPY FORWARD TO UNIT WITH "HOLD" ON VEHICLE
BUFF COPY TO IMPOUNDMENT LOT

APPROVED

NAME [Signature] 3740

SERIAL #

TOW-IN NO.