

Incident Report

KANSAS CITY, MISSOURI POLICE DEPT

16-23157

Supplement No
ORIG



1125 LOCUST
KANSAS CITY, MO 64106

Reported Date
04/03/2016
Nature of Call
VEH FATAL
Serial #
KOHRS, AARON

816-234-5000

Administrative Information

| | | | | | |
|--|--|---|------------------------------------|------------------------------------|-------------------------------|
| Agency KANSAS CITY, MISSOURI POLICE DEPT | | CRN 16-23157 | Supplement No ORIG | Reported Date 04/03/2016 | Reported Time 17:55 |
| Incident No 160942002 | Status Report Taken in Field | Nature of Call VEH-Vehicular Fatality | | | |
| Location FOREST AV/INDEPENDENCE AV | | | City KANSAS CITY | | |
| CAD RD JACKSON | Div CPD | Beat 121 | From Date 04/03/2016 | From Time 17:55 | |
| Serial # P04923/KOHRS, AARON | | Assignment A.I.S. SQUAD 720 | | Entered by P04923 | |
| Assignment A.I.S. SQUAD 720 | RMS Transfer Successful | Property? None | Approving Officer P03602 | Approval Date 04/05/2016 | |
| Approval Time 17:07:22 | | | | | |

Person Summary

| Invl | Invl No | Type | Name | MNI | Race | Sex | DOB |
|------|---------|------|-------------------|------------|------------|------------|------------|
| DRV | 1 | I | LASALA, JOSEPH B | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| DRV | 2 | I | SALUTO, ANTHONY P | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |

Vehicle Summary

| Invl | Type | License No | State | Lic Year | Year | Make | Model | Style | Color |
|------|------|------------|------------|------------|------|------|-------|------------|------------|
| ACC | 1 | [REDACTED] | [REDACTED] | [REDACTED] | 2002 | LEXS | 300 | [REDACTED] | [REDACTED] |
| ACC | B | [REDACTED] | [REDACTED] | [REDACTED] | | | | [REDACTED] | [REDACTED] |

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DRIVER 1: LASALA, JOSEPH B

| | | | | | | |
|---|---------------------|---------------------------------------|---------------------------------|------------------------------------|--------------------------------|------------------------|
| Involvement DRIVER | Invl No 1 | Type Individual | Name LASALA, JOSEPH B | MNI | Race | Sex |
| DOB | Age 29 | Juvenile? No | Height | Weight | Hair Color | Eye Color |
| DL Status | DL Type | DL Class | MC Endorsement? | Seat Location First Left | Injury None Apparent | Vehicle No 1 |
| Air Bag Deployed - Front | | Safety Device 1 Use Unknown | | | | |
| Type HOME | Address | | | City | State | |
| ZIP Code | | | | | | |
| Type OPERATOR LICENSE/DRIVERS LICENSE | | | ID No | OLS | | |

DRIVER 2: SALUTO, ANTHONY P

| | | | | | | |
|---|---------------------|--------------------------------|----------------------------------|------------------------|-----------------------------------|------------------------|
| Involvement DRIVER | Invl No 2 | Type Individual | Name SALUTO, ANTHONY P | MNI | Race | Sex |
| DOB | Age 32 | Juvenile? No | Height | Weight | Hair Color | Eye Color |
| DL Status | DL Type | DL Class | MC Endorsement? | Insured? N/A | Seat Location Pedacycle | Injury Fatal |
| Air Bag None / NA | | Safety Device 1 None | | | | |
| Type HOME | Address | | | City | State | |
| ZIP Code | | | | | | |
| Type OPERATOR LICENSE/DRIVERS LICENSE | | | ID No | OLS | | |

Vehicle:

| | | | | | | |
|--|--|--|--|--|----------------------------------|---------------------|
| Involvement TRAFFIC ACCIDENT | Type Automobile | License No | State | Lic Year | Lic Type PASSENGER CAR | Year 2002 |
| Make Lexus | Model ES300 | Style | Color | VIN/OAN/BHN | Vehicle No 1 | |
| Owner | | | Owner Address | | | |
| City | St | ZIP | 1 Link the records | 2 Link the records | | |
| 3 Link the records | 13 Link the records | 14 Link the records | 15 Link the records | | | |
| 18 Link the records | 19-Windshield Link the records | Initial Impact Front Right Corner | | Direction Prior to Impact East | | |
| Veh Type Motor Vehicle In Transport | Body Type Passenger Car | Pull Other? No | Emergency Vehicle Not Applicable | SAD Yes | # Occupants 1 | |
| Alcohol Use Unknown | Traffic Conditions Normal | Vehicle Action / Sequence of Events Going Straight | Vehicle Action / Sequence of Events Ran Off Road - Right | Vehicle Action / Sequence of Events Crossover Centerline | | |
| Vehicle Action / Sequence of Events Collision Inv. Pedalcycle | | | | | | |
| Vehicle Action / Sequence of Events Collision Inv. Fixed Object (enter code - explain) | | | | | | |
| Vehicle Action / Sequence of Events Collision Inv. Fixed Object (enter code - explain) | | | | | | |
| Vehicle Action / Sequence of Events Collision Inv. Fixed Object (enter code - explain) | | | | | | |
| Fixed Object Utility Pole | | | | Fixed Object Utility Pole | | |
| Contributing Factors Wrong Side (not passing) | | | | | | |
| Vision Obstructed Not Obstructed | | Work Zone No | Traffic Control None | | | |
| Tow By/Tow In # CITY TOW/864143 | | Condition DAMAGED | Auth By KOHR, AARON | | | |

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| Vehicle: | | | | | | | |
|--|--|--|--|---------------------------------------|--|---------------------------------------|--|
| Involvement TRAFFIC ACCIDENT | | Type Other | License No [REDACTED] | State [REDACTED] | Color [REDACTED] | | |
| VIN/OAN/BHN [REDACTED] | | Vehicle No 2 | Owner UNKNOWN | | | | |
| Owner Address UNKNOWN | | | | 1 Link the records | | 2 Link the records | |
| 3 Link the records | 4 Link the records | 5 Link the records | 6 Link the records | | | | |
| 7 Link the records | 8 Link the records | 9 Link the records | 10 Link the records | | | | |
| 11 Link the records | 12 Link the records | 13 Link the records | 14 Link the records | | | | |
| 15 Link the records | 16 Link the records | 17 Link the records | Initial Impact Front Center | | Direction Prior to Impact West | | |
| Veh Type Pedalcycle | Body Type Pedalcycle | Pull Other? No | Emergency Vehicle Not Applicable | # Occupants 1 | Alcohol Use Unknown | Traffic Conditions Normal | |
| Vehicle Action / Sequence of Events Going Straight | | Vehicle Action / Sequence of Events Collision Inv. MV in Transport | | | Contributing Factors None | | |
| Vision Obstructed Not Obstructed | | | Work Zone No | Traffic Control None | | | |
| Modus Operandi | | | | | | | |
| Crime Code(s) ALL OTHERS | | | | | | | |

| | |
|--|--|
| 1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE | AGENCY NAME AND ORI KANSAS CITY, MISSOURI POLICE DEPARTMENT 1125 LOCUST KANSAS CITY, MISSOURI 64106 ORI: MOKPD0000 |
|--|--|

| | | | | | | | |
|---|---------------------------------|--|--|--|---|-------------------------------------|---|
| LEFT THE SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | DRIVER NO. 1 | CLEARED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | CRASH CLASSIFICATION <input type="checkbox"/> | PROPERTY DAMAGE ONLY <input type="checkbox"/> | NO. INJURED 0 | NO. KILLED 1 | REPORT / CASE / INCIDENT NUMBER 16-23157 |
| NO. VEH. INV. 2 | CRASH DATE 04/03/2016 | CRASH TIME (MIL.) 17:55 | NOTIFIED DATE 04/03/2016 | TIME NOTIFIED (MIL.) 17:55 | INVESTIGATION DATE 04/03/2016 | TIME ARRIVED (MIL.) 18:16 | INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | |
|---|--|---|---|--|
| ROADWAY <input checked="" type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Roadway | NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife | COLLISION INVOLVING <input type="checkbox"/> Animal <input checked="" type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian | RAILWAY VEHICLE <input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input checked="" type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp Dir.) <input type="checkbox"/> Falling/Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain) |
|---|--|---|---|--|

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

| | |
|--|--|
| 1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Go to number 2. | 2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle. |
|--|--|

| | | | |
|---|----------------------------------|---|--|
| EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | BY WHOM VULJE, MICHAEL | AVAILABLE FROM KCPD CRIME LAB/816-349-3200 | <input checked="" type="checkbox"/> Investigating Agency |
| RECONSTRUCTION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | BY WHOM KOHR, AARON | AVAILABLE FROM KCPD RECORDS UNIT/816-234-5000 | <input checked="" type="checkbox"/> Investigating Agency |

2-LOCATION

| | | | | |
|--------------------------|--|---------------------------|--------------------------------|---|
| COUNTY JACKSON | MUNICIPALITY KANSAS CITY, MISSOURI | BEAT / ZONE 121 | TRP / DIST / PCT CPD | GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W |
|--------------------------|--|---------------------------|--------------------------------|---|

| | | | | |
|--|---|----------------------------------|---|--|
| ON (CST) INDEPENDENCE AVENUE | RDWY DIR. E | DISTANCE FROM 150 Feet | LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At | INTERSECTING (CST) FOREST AVENUE |
| SPEED LIMIT 25 | ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | | SPEED LIMIT 25 |

| | | | | | |
|---|---|--|--|---|---|
| TRAFFICWAY <input type="checkbox"/> One Way <input checked="" type="checkbox"/> Two Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane | <input type="checkbox"/> Two-Way; Divided; Unprotected Median | <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier | <input type="checkbox"/> Other <input type="checkbox"/> Unknown | ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain) | ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain) |
|---|---|--|--|---|---|

| | |
|--|--|
| INTERSECTION TYPE <input type="checkbox"/> 4-Way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain) | ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain) |
|--|--|

| | |
|---|--|
| ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain) | WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain) |
|---|--|

| |
|--|
| LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain) |
|--|

3-DAMAGE TO PROPERTY OTHER THAN VEHICLES None

| |
|--|
| LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY AND DAMAGE <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipality |
| KCP&L UTILITY POLE SCD0507 BROKEN |
| KCP&L UTILITY POLE 234024 BROKEN |
| KC ATA BUS STOP BLUE POLE BROKEN |

| | | |
|--|------------------------------------|--------------|
| 4-WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative | | |
| NAME | ADDRESS (Street, City, State, Zip) | PHONE NUMBER |
| | | |
| | | |
| | | |

5-PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

| | | |
|-----|---|--------------|
| NO. | NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | PHONE NUMBER |
|-----|---|--------------|

| | | | | | | |
|---------------|-----|------------------|-----|------------|----------------|--|
| DATE OF BIRTH | SEX | STRUCK BY VEH #: | INJ | TRANS-PORT | SAFETY DEVICES | LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown |
|---------------|-----|------------------|-----|------------|----------------|--|

| | | | | |
|---|--|--|--|--|
| CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown | <input type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown | OTHER ACTIONS <input type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. | <input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic | SCHOOL INFO <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain) |
|---|--|--|--|--|

| | | | | |
|---|---|---|---|--|
| PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive | <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) | <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain) | DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA | ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|---|---|---|--|

| | | |
|-------------------------|--|---|
| 6. COLLISION DIAGRAM | Compass Direction Before Crash Event(s) (Circle One) | V1 N (E) S W U V2 N E S (W) U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U |
|-------------------------|--|---|

INDICATE
NORTH

For scale diagram, see Supplemental Report 16-023157

INDICATES ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) LASALA, JOSEPH B PHONE NUMBER

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Susp / Rev / Denied Expired Disqual CDL LJC TYPE Operator Class CDL Class Permit MC Only Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES VISION OBSTRUCTED Not Obstructed Trees / Brush Sign Hillcrest Moving Veh Other (Explain)

PROOF OF INSURANCE INSURANCE COMPANY NA Expired PHONE NO. (Optional) POLICY NUMBER NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD PHONE NUMBER SAD

YEAR 2002 MAKE Lexus MODEL ES300 COLOR VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO: 2 TOWED BY CITY TOW/864143

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance Passenger Car Van School Bus Motorcycle Motor Home Single-unit Truck

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire Other CONTRIBUTING TRAFFIC CONDITIONS NA Congestion Ahead Other Incident Ahead Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) SEQUENCE OF EVENTS CODES 1 20 17 31 36 36 36 ANIMAL CODE(S) FIXED OBJECT CODE(S) 23 23 43 ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None Vision Obstructed Failed To Dim Headlights Improper Towing / Pushing Object / Obstruction in Roadway

7E. WORK ZONE TRAFFIC CONTROL None Unknown Electric Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH (MM-DD-YYYY), SEX, SEAT LOC., INJ., TRANSPORT, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

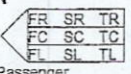
MOTOR CARRIER IDENTIFICATION (Leases, etc.) - NAME & ADDRESS (Street, City, State, Zip) NA SAO PHONE NUMBER SAO

COMMERCIAL / Interstate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Endosed Box Cargo Tank Flatbed Dump Concrete Mixer Auto Transporter Garbage / Refuse Grain / Chip / Gravel Pole Trailer Log Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other Unknown

HAZARDOUS MATERIALS PLACARD DISPLAYED 4-DIGIT NO. CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME

| | | | | | | | | | | | |
|--|--|-------------------|----------|------------|------------------|--|---------|-----------------------------|-------------------|---|--|
| 7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS | | | | | | | | | | | |
| 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 2 SALUTO, ANTHONY P | | | | | | | | | | PHONE NUMBER | |
| DRIVER LICENSE / ID NUMBER | | STATE | | LIC STATUS | | Valid <input type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Canceled / Oth Invalid | | Expired / Disqual / Unknown | | LIC TYPE | |
| DATE OF BIRTH | | SEX | SEAT LOC | INJ | TRANS-PORT | EJEC-TION | AIR BAG | SAFETY DEVICES | VISION OBSTRUCTED | <input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh | <input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment |
| PROOF OF INSURANCE | | INSURANCE COMPANY | | | | <input type="checkbox"/> Expired | | PHONE NO. (Optional) | | POLICY NUMBER | |
| 7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | | | | | | | | | | PHONE NUMBER | |
| YEAR | | MAKE | | MODEL | | | | COLOR | | VEH. TYPE | TOTAL NO. OF OCC. |
| LICENSE - PLATE NO | | STATE | YEAR | VIN | TOWED FROM SCENE | TOWED DUE TO DIS. DAMAGE | | | | | |
| VEHICLE DAMAGE (Mark all damaged areas) | | | | | | | | | | TOWED BY | |
| INITIAL IMPACT NO: 1 | | | | | | | | | | <input checked="" type="checkbox"/> NA | |
| VEHICLE BODY TYPES - Automobiles / Specialty Vehicles | | | | | | | | | | | |
| <input type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input checked="" type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School <input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other <input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Single-unit Truck; 2 axes, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axes <input type="checkbox"/> Veh. Pulling Another Unit(s) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units <input type="checkbox"/> GVW / GCWV RATING (Not Licensed Weight) <input type="checkbox"/> (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 25,000 lbs. <input type="checkbox"/> Greater than 25,000 lbs. <input type="checkbox"/> Unknown | | | | | | | | | | | |
| EMERGENCY VEHICLE INVOLVEMENT | | | | | | | | | | CONTRIBUTING TRAFFIC CONDITIONS | |
| <input checked="" type="checkbox"/> NA | | | | | | | | | | <input checked="" type="checkbox"/> NA | |
| 7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES | | | | | | | | | | ALCOHOL USE | |
| SEQUENCE OF EVENTS CODES | | | | | | | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unk <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 7D. PROBABLE CONTRIBUTING CIRCUMSTANCES | | | | | | | | | | | |
| <input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast for Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked <input checked="" type="checkbox"/> None <input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park <input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway <input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain) | | | | | | | | | | | |
| 7E. WORK ZONE | | | | | | | | | | CONTROL MALFUNCTIONING / INOPERATIVE / MISSING | |
| TRAFFIC CONTROL | | | | | | | | | | <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> NA | |
| 7F. OCCUPANTS - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | | | | | | | | | | | |
| 7G. COMMERCIAL MOTOR VEHICLE | | | | | | | | | | | |
| MOTOR CARRIER IDENTIFICATION (Lease, etc.) - NAME & ADDRESS (Street, City, State, Zip) | | | | | | | | | | | |
| COMMERCIAL / NON-COMMERCIAL | | | | | | | | | | | |
| HAZARDOUS MATERIALS | | | | | | | | | | | |

| 8 - CODES | | | | | | | |
|---|---|--|--|---|--|---|--|
| SEAT LOCATION | INJURY | TRANSPORTED (For Medical Treatment) | EJECTION | AIR BAG | | SAFETY DEVICES | |
| XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant-Enclosed Load Area OU - Occupant-Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable |  1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA | 1. No 2. EMS 3. Other U. Unknown N. NA | 1. NA 2. No 3. Partially 4. Totally U. Unknown | 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) | 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown | 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet | 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable |

| VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**)) require additional coding) | | | | | | | |
|--|--------------------------|-----------------------------|---------------------------------------|--|---|--|--|
| 1. Going Straight | 10. Start From Parked | 19. Airborne | 28. Separation Of Units | 37. Collision Inv. Other Object (Explain) | 44. Thrown/Falling Object | | |
| 2. Overtaking | 11. Backing | 20. Ran Off Roadway - Right | 29. Returned To Roadway | 38. Other Non-collision | 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV | | |
| 3. Making Right Turn | 12. Stopped In Traffic | 21. Ran Off Roadway - Left | 30. Collision Inv. Pedestrian | 39. Collision Inv. Bicycle/Pedalcycle | 46. Ran Off Roadway - Other (Explain) | | |
| 4. Right Turn on Red | 13. Parked | 22. Overturn / Rollover | 31. Collision Inv. Bicycle/Pedalcycle | 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation | 47. Cross Separator | | |
| 5. Making Left Turn | 14. Changing Lanes | 23. Fire / Explosion | 32. Collision Inv. Railway Veh. | 41. Collision Inv. Working MV | | | |
| 6. Making U-Turn | 15. Avoiding | 24. Immersion | 33. Collision Inv. Animal (**) | 42. Downhill Runaway | | | |
| 7. Skidding / Sliding | 16. Cross Median | 25. Jackknife | 34. Collision Inv. MV In Transport | 43. Fell/Jumped From MV | | | |
| 8. Slowing / Stopping | 17. Cross Center Of Road | 26. Cargo Loss / Shift | 35. Collision Inv. Parked MV | | | | |
| 9. Start In Traffic | 18. Cross Road | 27. Equipment Failure | 36. Collision Inv. Fixed Object (**) | | | | |

| ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS | | | | |
|--|-----------------|---------|------------------|------------|
| 60. Deer | 61. Farm Animal | 62. Dog | 63. Other Animal | U. Unknown |

| FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS | | | | |
|--|---|---------------------------------------|---------------------------------|-------------------------------|
| 20. Tree / Stump (Standing) | 26. Culvert | 32. Building | 38. Bridge Rail | 44. Wall |
| 21. Embankment / Driveway / Ground / Rock Bluff | 27. Highway Traffic Sign Post / Support | 33. Traffic Signal Support | 39. Guardrail End | 45. Cable Barrier |
| 22. Guardrail Face | 28. Bridge Pier / Abutment / Support | 34. Impact Attenuator / Crash Cushion | 40. Other Traffic Barrier | 46. Bridge Overhead Structure |
| 23. Utility Pole | 29. Curb | 35. Fire Hydrant | 41. Overhead Sign Support | 47. Overhead Line / Cable |
| 24. Fence | 30. Mail Box | 36. Other (Explain) | 42. Ditch | U. Unknown |
| 25. Street Light Support | 31. Concrete Traffic Barrier | 37. Bridge Parapet End | 43. Other Post / Pole / Support | |

| DISTRACTED / INATTENTIVE CODES | | | | |
|-------------------------------------|---|----------------------|--|--|
| 1. External Distraction | 5. Communication Device - Hand-held | 9. Eating / Drinking | 13. Computer Equipment / Electronic Games / etc. | |
| 2. Passengers | 6. Communication Device - Hands Free | 10. Reading | 14. Adjusting Vehicle Controls | |
| 3. Stereo / Audio / Video Equipment | 7. Communication Device - Texting / E-mailing | 11. Tobacco Use | 15. Other (Explain) | |
| 4. Navigation Device | 8. Communication Device - Web Browsing | 12. Grooming | | |

| VEHICLE TYPE CODES | | |
|-------------------------------|--------------------------|--|
| 1. Motor Vehicle In Transport | 3. Working Motor Vehicle | 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes |
| 2. Parked Motor Vehicle | 4. Pedalcycle | U. Unknown |

| OTHER VEHICLE CODES | | |
|----------------------------------|---------------|--|
| 1. Riding Mower / Garden Tractor | 3. Snowmobile | 5. Animal Drawn Vehicle / Animal Ridden For Transportation |
| 2. Golf Cart | 4. Forklift | 6. Low Speed Vehicle |
| | | 7. Other (Explain) |

9 - NARRATIVE / STATEMENTS (if additional room is necessary, use Section 11 - Narrative / Statements Continuation)

See Section 11

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|---|-----------------|--------------------------|-----------------------------|
| REPORTING OFFICER NAME | DSN / BADGE NO. | BEAT / ZONE | TROOP / DISTRICT / PRECINCT |
| KOHR, AARON | P04923 | | |
| REVIEWING OFFICER NAME | DSN / BADGE NO. | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |
| MAHONEY, WILLIAM | P03602 | | |

11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)

On 04/03/2016, at approximately 1816 hours, I responded to the area of Independence Avenue and Forest Avenue to meet officers of the Kansas City, Missouri Police Department Central Patrol Division officers in regard to a fatality motor vehicle collision.

I responded as the primary investigator, and was assisted by Sergeant W.J. Mahoney and Officer M.S. Vulje of the Accident Investigation Section. Sergeant J.A. Cowdry and Detective D.L. Phillips of the Traffic Investigation Section and Officer K.L. Smeiska of the DUI Section responded to assist in this investigation.

[REDACTED]

During my investigation, the following was determined: Driver #1 was eastbound on Independence Avenue in the vicinity of Forest Avenue when he suddenly veered left (north) and Vehicle #1 crossed the center line. Vehicle #2 was westbound on Independence Avenue, west of Forest Avenue along the north edge-of-pavement. Vehicle #1 struck Vehicle #2 head-on, causing Driver #2 to be ejected from the saddle of Vehicle #2. Vehicle #1 struck two wooden utility poles and a bus stop pole after striking Vehicle #2. Following the collision, Driver #1 drove the vehicle under power from the scene to the 600 block of Lydia Avenue, at which point the vehicle apparently became immobile.

[REDACTED]

A more detailed analysis, including a forensic map of the scene, will be included in the reconstruction supplement.

/s/ P.O. A.M. Kohrs #4923
Accident Investigation Section