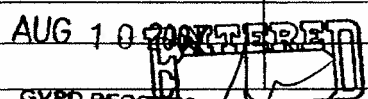


MISSOURI UNIFORM ACCIDENT REPORT

PAGE 1 OF 8

SPACE USED FOR BARCODE				1 AGENCY NAME AND ORI GRANDVIEW MISSOURI POLICE DEPARTMENT MO0480400					
LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO		PROPERTY DAMAGE ONLY <input type="checkbox"/>		NUMBER INJURED 2	NUMBER KILLED 0	REPORT/CASE INCIDENT NUMBER 07-4516	
NUMBER OF VEHICLES INVOLVED 3		ACCIDENT DATE 8/6/2007		ACCIDENT TIME (MIL) 18:14		TIME NOTIFIED (MIL) 18:14	TIME ARRIVED (MIL) 18:16	INVESTIGATION DATE 8/6/2007	
2 - LOCATION									
COUNTY JACKSON			MUNICIPALITY CITY OF GRANDVIEW			BEAT/ZONE n/a	TRP/DIST/PT n/a	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ON CST Raytown Road			DISTANCE FROM 565 FEET		LOCATION <input type="checkbox"/> AFTER <input checked="" type="checkbox"/> BEFORE <input type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY CST Harry Truman Drive			
ROADWAY DIRECTION N		SPEED LIMIT 45		MILES		SPEED LIMIT 25	GEO-CODE n/a	GPS LONGITUDE n/a LATITUDE n/a	
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input checked="" type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER									
3 - DAMAGE TO PROPERTY, OTHER THAN VEHICLES <input checked="" type="checkbox"/> NONE									
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MODOT									
4. DRIVER'S FULL NAME (LAST, FIRST, MI) Johnson, William K ADDRESS (STREET, CITY, STATE, ZIP) 13508 Applewood, Grandview, Mo. 64030									
DRIVER LICENSE NUMBER/ID NUMBER K125241004		STATE Mo	TYPE OF LICENSE <input checked="" type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 5. MC ONLY <input type="checkbox"/> 2. CDL CLASS		MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA		INSURANCE COMPANY Farmers		POLICY NUMBER NA 166458618
PROOF OF INSURANCE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED			INSURANCE COMPANY Farmers		<input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> VEHICLE	POLICY NUMBER NA 166458618			
YEAR 1985	MAKE Chevrolet		MODEL K-20		COLOR Blue				
LIC PLATE NO. 809-CZ7	STATE Mo	YEAR 2007	VIN 1 G C G K 2 4 K 5 N Z 2 3 0 8 5 6	TOTAL NO. OF OCCUPANTS 2					
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 1			REAR 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo		TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION Police Investigation	
5. DRIVER'S FULL NAME (LAST, FIRST, MI) Gaunt, Larry Clifford ADDRESS (STREET, CITY, STATE, ZIP) 2605 NW Bent Tree Circle, Lees Summit, Mo. 64081									
DRIVER LICENSE NUMBER/ID NUMBER N/A		STATE NA	TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input type="checkbox"/> 3. PERMIT <input type="checkbox"/> 5. MC ONLY <input type="checkbox"/> 2. CDL CLASS		MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA		INSURANCE COMPANY N/A		POLICY NUMBER NA
PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT REQUIRED			INSURANCE COMPANY N/A		<input type="checkbox"/> DRIVER <input type="checkbox"/> VEHICLE	POLICY NUMBER NA			
YEAR N/A	MAKE Trek		MODEL Y Foll Sixty-Six		COLOR Red				
LIC PLATE NO. N/A	STATE NA	YEAR N/A	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 8			REAR 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo		TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION Police Vehicle	
6 - WITNESS <input checked="" type="checkbox"/> NONE IDENTIFIED									
NAME OF WITNESS				ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE NO.	
Looney, Eugene K				6807 Winchester, Kansas City, Mo. 64134				816-728-2722	
Emery, Janice				6603 E. 140th Terr, Grandview, Mo. 64030				816-761-3967	
									

7. COLLISION
DIAGRAM

Direction Prior to Impact
(circle one)

V1 (N) E S W

V2 (N) E S W

V3 (N) E S W

V4 N E S W

Est. Speed - Fatals Only

INDICATE
NORTH

See page 8 of 8 For diagram
by Officer Scott Evans

INDICATE ROAD NAMES

REQUIRED UNLESS DELAYED REPORT

DIAGRAM NOT TO SCALE

8. EVIDENTIARY PHOTOS TAKEN

YES NO BY WHOM **Pruitt**

AVAILABLE FROM **Records Unit**

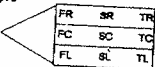
RECONSTRUCTION - Includes Narrative, Diagram, & Photo(s)

YES NO BY WHOM **Scott Evans**

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	EJEC-TION	AIR BAG F	AIR BAG S	SAF. DEV.	TELEPHONE NO.
<input type="checkbox"/> NA DRIVER 1 - SAME ADDRESS AS ABOVE	08-08-1958	M	1	FL	5	1	2	3	1	9	816-966-9644
<input type="checkbox"/> NA DRIVER 1 - SAME ADDRESS AS ABOVE	02-23-1948	M	2	B	1	3	4	1	1	1	816-524-5367

11 - OTHER OCCUPANTS & PEDESTRIANS

(SAD = SAME AS DRIVER)

Johnson, Keith M	07-24-1995	M	1	FR	5	1	2	3	1	9	816-966-9644
<input checked="" 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

- V1 V2
- 1. Passenger Car
 - 2. Station Wagon
 - 3. Sport Utility Vehicle
 - 4. Limousine (6-15 for hire)
 - 5. Van (8 or less with driver)
 - 6. Small Bus (9-15 with driver)
 - 7. Bus (16 or more with driver)
 - 8. School Bus (less than 16 with driver)
 - 9. School Bus (16 or more with driver)
 - 10. Motorcycle
 - 11. ATV
 - 12. Motorized Bicycle
 - 13. Pedalcycle
 - 14. Motor Home/ Camper
 - 15. Farm Implements
 - 16. Construction Equipment
 - 17. Other Transport Device
 - 18. Unknown
 - 19. Pick-up
 - 20. Single-unit Truck: 2 axes, 6 tires
 - 21. Single-unit Truck: 3 or more axes
 - A. Vehicle Pulling Another Unit(s) 1-21 only
 - 22. Truck Tractor With No Units
 - 23. Truck Tractor With One Unit
 - 24. Truck Tractor With Two Units
 - 25. Truck Tractor With Three Units
 - 26. Other Heavy Truck
- GCWW 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.

- 2 Wh.
- 3 Wh.
- 4 Wh.
- 5 Wh. or more
- Unknown

14. HAZARDOUS MATERIALS

- NA
- V1 V2
- Placard Displayed
 - 1. Gases in Bulk
 - 2. Solids in Bulk
 - 3. Liquids in Bulk
 - 4. Explosives
 - 5. None
 - A. Hazardous Materials Cargo Released / Spilled

15. ACCIDENT TYPE

- 1. On Roadway
 - 2. Off Roadway
- COLLISION INVOLVING
- 1. Animal
 - 2. Pedalcycle
 - 3. Fixed Object
 - 4. Other Object
 - 5. Pedestrian
 - 6. Train
 - 7. MV in Transport
 - 8. MV on Other Roadway
 - 9. Parked MV
- NON-COLLISION
- 10. Overturning
 - 11. Other Non-Collision

- TWO VEHICLE COLLISION
- 60. Head On
 - 61. Rear End
 - 62. Sideswipe - Meeting
 - 63. Sideswipe - Passing
 - 64. Angle
 - 65. Backed Into
 - 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. Overturn / 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

V1 Unknown

1 / 7 / 15 / 31 / ___ / ___ / ___

33. Animal Code ___

36. Fixed Object Code ___ / ___ / ___

V2 Unknown

1 / 31 / ___ / ___ / ___ / ___

33. Animal Code ___

36. Fixed Object Code ___ / ___ / ___

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

13. EMERGENCY VEHICLE INVOLVEMENT

- V1 V2 NA
- 1. Police
 - 2. Fire
 - 3. Ambulance
 - 4. Other (must check 'A')
 - A. Emergency Vehicle on Emergency Run

16. TRAFFIC CONDITIONS

- V1 V2
- 1. Normal
 - 2. Accident Ahead
 - 3. Congestion Ahead

18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <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 checked="" type="checkbox"/> <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> <input type="checkbox"/> 13. Improper Lane Usage /Change <input type="checkbox"/> <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> <input type="checkbox"/> 18. Alcohol <input type="checkbox"/> <input type="checkbox"/> 19. Drugs <input type="checkbox"/> <input type="checkbox"/> 20. Physical Impairment (explain) <input type="checkbox"/> <input type="checkbox"/> 21. Inattention (explain) P1 P2 <input type="checkbox"/> <input type="checkbox"/> 22. None P1 ___ P2 ___ V1 ___ V2 ___	19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection ----- CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway 26. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 3. Brick <input type="checkbox"/> 5. Dirt / Sand <input checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-Surface	20. VISION OBSCURED V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input type="checkbox"/> <input type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> <input 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 V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 12. None 24. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 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 checked="" type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest 25. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Slush <input type="checkbox"/> 6. Mud <input type="checkbox"/> 7. Standing Water <input type="checkbox"/> 8. Moving Water <input type="checkbox"/> 9. Other (explain)
--	--	---	--	---

27 - COMMERCIAL MOTOR VEHICLE (Complete for each commercial vehicle involved.)

A. CMV CRITERIA Answer the following to determine if this section should be completed. 1. Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input type="checkbox"/> NO - DO NOT COMPLETE <input checked="" type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. a truck with 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 V1 ICC NO. MC ___ USDOT NO. ___ V2 ICC NO. MC ___ USDOT NO. ___ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> N/A V1 4-Digit Placard Number from Diamond / Box ___ Number From Bottom of Diamond ___ V2 4-Digit Placard Number from Diamond / Box ___ Number From Bottom of Diamond ___ D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided	E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other
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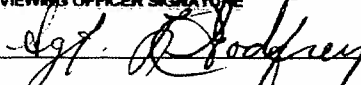
28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

Driver Johnson stated he was north bound on Raytown Road, south of Harry Truman, when he observed two subjects riding bicycles on the right shoulder of the roadway. Johnson said he was on the inside lane of traffic and was traveling approximately 45 mph. Johnson said as he drove closer to the bicyclists they were traveling side by side on the shoulder of the roadway. Johnson said the subject riding the bike closest to the roadway suddenly swung out into his lane of traffic and he locked up his brakes in order to avoid hitting the subject. Johnson said he panicked and swerved right causing him to strike the bicyclist in the back with the front end of his truck. Johnson said as he skidded to a stop he then struck the second bicyclist who followed the first subject into the roadway. (statement taken by Detective Greg Smith)

Operator of the Red Trek, Mr. Larry Gaunt, vehicle number two was pronounced deceased at the scene.

Operator of the Yellow Giant, Miss. Sierra Gaunt, vehicle number three was transported to the hospital where she later succumbed to her injuries.

Refer to additional supplement reports for further information.

29. REPORTING OFFICER SIGNATURE 	DSN / BADGE NO. 009	BEAT / ZONE n/a	TROOP / DIST / PCT n/a
REVIEWING OFFICER SIGNATURE 	DSN / BADGE NO. 41	REVIEWING OFFICER 2 SIGNATURE	DSN / BADGE NO.

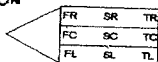
MISSOURI UNIFORM ACCIDENT REPORT

SPACE USED FOR BARCODE				AGENCY NAME AND ORI GRANDVIEW MISSOURI POLICE DEPARTMENT MO0480400																							
LEFT THE SCENE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CLEARED <input type="checkbox"/> YES <input type="checkbox"/> NO		PROPERTY DAMAGE ONLY <input type="checkbox"/>		NUMBER INJURED 2	NUMBER KILLED 0	REPORT/CASE INCIDENT NUMBER 07-4516																			
NUMBER OF VEHICLES INVOLVED 3		ACCIDENT DATE 8/6/2007	ACCIDENT TIME (MIL) 18:14	TIME NOTIFIED (MIL) 18:14	TIME ARRIVED (MIL) 18:16	INVESTIGATION DATE 8/6/2007																					
2 - LOCATION																											
COUNTY JACKSON			MUNICIPALITY CITY OF GRANDVIEW			BEAT/ZONE n/a	TRP/DIST/POT n/a	INVESTIGATED AT SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
ON CST Raytown Road			DISTANCE FROM 565 FEET	LOCATION <input type="checkbox"/> AFTER <input checked="" type="checkbox"/> BEFORE <input type="checkbox"/> AT	INTERSECTING STREET OR ROADWAY CST Harry Truman Drive																						
ROADWAY DIRECTION N		SPEED LIMIT 45		MILES		SPEED LIMIT 25	GEO-CODE n/a	GPS LONGITUDE n/a LATITUDE n/a																			
ROAD MAINTAINED BY <input type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input checked="" type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER																											
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES								<input checked="" type="checkbox"/> NONE																			
GIVE OWNER'S NAME AND ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT																											
4 - DRIVER																											
DRIVER'S FULL NAME (LAST, FIRST, MI) Gaunt, Sierra E				ADDRESS (STREET, CITY, STATE, ZIP) 403 White Rich Drive, Lees Summit, Mo. 64081																							
DRIVER LICENSE NUMBER/ID NUMBER N/A		STATE NA	TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input checked="" type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT	<input type="checkbox"/> 4. UNLICENSED	<input type="checkbox"/> 5. MC ONLY	MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA																			
PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NOT REQUIRED			INSURANCE COMPANY N/A		<input type="checkbox"/> DRIVER	POLICY NUMBER <input checked="" type="checkbox"/> NA																					
YEAR N/A	MAKE Giant		MODEL 6061			COLOR Yellow																					
LIC. PLATE NO. N/A	STATE NA	YEAR N/A	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 <input type="checkbox"/> NONE	(Circle all damaged areas)		<table border="1" style="display: inline-table; text-align: center;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>			2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION Police Investigation	
2	3	4	5	6	7																						
1	15	16	17	8																							
14	13	12	11	10	9																						
INITIAL IMPACT NO. <input type="checkbox"/> NA 8																											
5 - DRIVER																											
DRIVER'S FULL NAME (LAST, FIRST, MI)				ADDRESS (STREET, CITY, STATE, ZIP)																							
DRIVER LICENSE NUMBER/ID NUMBER		STATE	TYPE OF LICENSE <input type="checkbox"/> 1. OPERATOR CLASS <input checked="" type="checkbox"/> 2. CDL CLASS		<input type="checkbox"/> 3. PERMIT	<input type="checkbox"/> 4. UNLICENSED	<input type="checkbox"/> 5. MC ONLY	MC ENDORSEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA																			
PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT REQUIRED			INSURANCE COMPANY		<input type="checkbox"/> DRIVER	POLICY NUMBER <input type="checkbox"/> NA																					
YEAR	MAKE		MODEL			COLOR																					
LIC. PLATE NO.	STATE	YEAR	VIN	TOTAL NO. OF OCCUPANTS																							
VEHICLE OWNER NAME (LAST, FIRST, MI)/ COMMERCIAL CARRIER				ADDRESS (STREET, CITY, STATE, ZIP)					<input type="checkbox"/> SAME AS DRIVER																		
VEHICLE DAMAGE <input type="checkbox"/> NONE	(Circle all damaged areas)		<table border="1" style="display: inline-table; text-align: center;"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td></tr> </table>			2	3	4	5	6	7	1	15	16	17	8		14	13	12	11	10	9	18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo	TOWED FROM SCENE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOW CO. INFORMATION	
2	3	4	5	6	7																						
1	15	16	17	8																							
14	13	12	11	10	9																						
INITIAL IMPACT NO. <input type="checkbox"/> NA																											
6 - WITNESS <input checked="" type="checkbox"/> NONE IDENTIFIED																											
NAME OF WITNESS			ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE 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	ADDRESS	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 ADDRESS AS ABOVE	05-03-1993	F	T3	B	1	2	4	1	1	1	818-524-5367
<input type="checkbox"/> NA	DRIVER 1 - SAME ADDRESS AS ABOVE			2								

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												
<input type="checkbox"/> SAD												

12. VEHICLE BODY TYPES
 AUTOMOBILES / SPECIAL VEHICLES

- V1 V2
- 1. Passenger Car
 - 2. Station Wagon
 - 3. Sport Utility Vehicle
 - 4. Limousine (6-15 for hire)
 - 5. Van (8 or less with driver)
 - 6. Small Bus (9-15 with driver)
 - 7. Bus (16 or more with driver)
 - 8. School Bus (less than 16 with driver)
 - 9. School Bus (16 or more with driver)
 - 10. Motorcycle
 - 11. ATV
 - 12. Motorized Bicycle
 - 13. Pedalcycle
 - 14. Motor Home/ Camper
 - 15. Farm Implements
 - 16. Construction Equipment
 - 17. Other Transport Device
 - 18. Unknown
 - 19. Pick-up
 - 20. Single-unit Truck: 2 axles, 6 tires
 - 21. Single-unit Truck: 3 or more axles
 - A. Vehicle Pulling Another Unit(s) 1-21 only
 - 22. Truck Tractor With No Units
 - 23. Truck Tractor With One Unit
 - 24. Truck Tractor With Two Units
 - 25. Truck Tractor With Three Units
 - 26. Other Heavy Truck
- GCVW 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.

- 2 Wh.
- 3 Wh.
- 4 Wh.
- 5 Wh. or more
- Unknown

14. HAZARDOUS MATERIALS

- NA
- V1 V2
- Placard Displayed
 - 1. Gases in Bulk
 - 2. Solids in Bulk
 - 3. Liquids in Bulk
 - 4. Explosives
 - 5. None
 - A. Hazardous Materials Cargo Released / Spilled

15. ACCIDENT TYPE

- 1. On Roadway
 - 2. Off Roadway
- COLLISION INVOLVING
- 1. Animal
 - 2. Pedalcycle
 - 3. Fixed Object
 - 4. Other Object
 - 5. Pedestrian
 - 6. Train
 - 7. MV in Transport
 - 8. MV on Other Roadway
 - 9. Parked MV

NON-COLLISION

- 10. Overtuning
- 11. Other Non-Collision

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

16. TRAFFIC CONDITIONS

- V1 V2
- 1. Normal
 - 2. Accident Ahead
 - 3. Congestion Ahead

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. Overtun / 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

V1 V2 Unknown

1 / 31 / ___ / ___ / ___ / ___ / ___ / ___

33. Animal Code _____

36. Fixed Object Code ___ / ___ / ___

V2 Unknown

___ / ___ / ___ / ___ / ___ / ___ / ___ / ___

33. Animal Code _____

36. Fixed Object Code ___ / ___ / ___

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

3

3


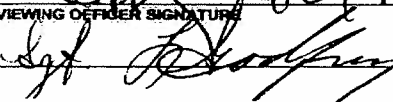
18. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Vehicle Defects (explain) <input type="checkbox"/> <input type="checkbox"/> 2. Traffic Control Inoperable or Missing <input type="checkbox"/> <input type="checkbox"/> 3. Improperly Stopped on Roadway <input 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. Inattention (explain) P1 P2 <input type="checkbox"/> <input type="checkbox"/> 22. None P1 ___ P2 ___ V1 ___ V2 ___	19. PEDESTRIAN INVOLVEMENT P1 P2 <input checked="" type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> 1. At Intersection <input type="checkbox"/> <input type="checkbox"/> 2. Not At Intersection ----- CROSSING ROAD <input type="checkbox"/> <input type="checkbox"/> 3. With Signal <input type="checkbox"/> <input type="checkbox"/> 4. Against Signal <input type="checkbox"/> <input type="checkbox"/> 5. No Signal <input type="checkbox"/> <input type="checkbox"/> 6. Diagonally <input type="checkbox"/> <input type="checkbox"/> 7. Within Crosswalk <input type="checkbox"/> <input type="checkbox"/> 8. Within Marked Crosswalk <input type="checkbox"/> <input type="checkbox"/> 9. Behind / In Front of Parked Car <input type="checkbox"/> <input type="checkbox"/> 10. With Traffic <input type="checkbox"/> <input type="checkbox"/> 11. Against Traffic <input type="checkbox"/> <input type="checkbox"/> 12. Getting On / Off Vehicle <input type="checkbox"/> <input type="checkbox"/> 13. Standing / Lying / Sitting on Road <input type="checkbox"/> <input type="checkbox"/> 14. Pushing / Working on Vehicle <input type="checkbox"/> <input type="checkbox"/> 15. Other Working <input type="checkbox"/> <input type="checkbox"/> 16. Playing on Road <input type="checkbox"/> <input type="checkbox"/> 17. Off Roadway 26. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 3. Brick <input type="checkbox"/> 5. Dirt / Sand <input checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 6. Multi-Surface	20. VISION OBSCURED V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Windshield <input type="checkbox"/> <input type="checkbox"/> 2. Load on Vehicle <input type="checkbox"/> <input type="checkbox"/> 3. Trees / Brush <input type="checkbox"/> <input type="checkbox"/> 4. Building <input type="checkbox"/> <input type="checkbox"/> 5. Embankment <input type="checkbox"/> <input type="checkbox"/> 6. Signboards <input type="checkbox"/> <input type="checkbox"/> 7. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 8. Parked Cars <input type="checkbox"/> <input type="checkbox"/> 9. Moving Cars <input type="checkbox"/> <input type="checkbox"/> 10. Glare <input type="checkbox"/> <input type="checkbox"/> 11. Other (explain) <input checked="" type="checkbox"/> <input type="checkbox"/> 12. Not Obscured 23. LIGHT CONDITION <input checked="" type="checkbox"/> 1. Daylight <input type="checkbox"/> 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 V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Construction Zone <input type="checkbox"/> <input type="checkbox"/> 2. Other Work Zone <input type="checkbox"/> <input type="checkbox"/> 3. School Zone <input type="checkbox"/> <input type="checkbox"/> 4. Stop Sign <input type="checkbox"/> <input type="checkbox"/> 5. Electric Signal <input type="checkbox"/> <input type="checkbox"/> 6. RR Signal / Gate <input type="checkbox"/> <input type="checkbox"/> 7. Yield Sign <input type="checkbox"/> <input type="checkbox"/> 8. Officer / Flagman <input type="checkbox"/> <input type="checkbox"/> 9. No Passing Zone <input type="checkbox"/> <input type="checkbox"/> 10. Turn Restricted <input type="checkbox"/> <input type="checkbox"/> 11. Signal on School Bus <input checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> 1. Level <input type="checkbox"/> 2. Grade <input type="checkbox"/> 3. Hillcrest 25. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 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 checked="" type="checkbox"/> YES - GO TO NUMBER 2 2. Examine each vehicle to determine if it is a commercial vehicle based on the following: 1. a truck with GVWR of more than 10,000 lbs. and engaged in commerce; or 2. a bus or school bus (9 or more including driver); or 3. a vehicle with a hazardous materials placard <input checked="" type="checkbox"/> NO - DO NOT COMPLETE <input type="checkbox"/> YES - COMPLETE SECTIONS B - E	B. CARRIER ID NUMBER V1 ICC NO. MC _____ USDOT NO. _____ V2 ICC NO. MC _____ USDOT NO. _____ C. HAZARDOUS MATERIAL PLACARD NUMBER <input type="checkbox"/> NA V1 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ V2 4-Digit Placard Number from Diamond / Box _____ Number From Bottom of Diamond _____ D. TRAFFICWAY <input type="checkbox"/> 1. Two-Way; Not Divided <input type="checkbox"/> 2. Two-Way; Divided; Unprotected Median <input type="checkbox"/> 3. Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> 4. One-Way; Not Divided	E. CARGO BODY TYPE V1 V2 <input type="checkbox"/> <input type="checkbox"/> 1. Enclosed Box <input type="checkbox"/> <input type="checkbox"/> 2. Cargo Tank <input type="checkbox"/> <input type="checkbox"/> 3. Flatbed <input type="checkbox"/> <input type="checkbox"/> 4. Dump <input type="checkbox"/> <input type="checkbox"/> 5. Concrete Mixer <input type="checkbox"/> <input type="checkbox"/> 6. Auto Transporter <input type="checkbox"/> <input type="checkbox"/> 7. Garbage / Refuse <input type="checkbox"/> <input type="checkbox"/> 8. Grain, Chip, Gravel <input type="checkbox"/> <input type="checkbox"/> 9. Pole Trailer <input type="checkbox"/> <input type="checkbox"/> 10. Other
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28 - NARRATIVE / STATEMENTS (If additional room is necessary, attach a separate sheet.)

Refer to page 4 of 8 for statements

28. REPORTING OFFICER SIGNATURE 	DSN / BADGE NO. 009	BEAT / ZONE n/a	TROOP / DIST / PCT n/a
REVIEWING OFFICER SIGNATURE 	DSN / BADGE NO. 411	REVIEWING OFFICER 2 SIGNATURE _____	DSN / BADGE NO.

MISSOURI UNIFORM ACCIDENT REPORT

NARRATIVE/STATEMENTS		<input type="checkbox"/> CONTINUATION <input checked="" type="checkbox"/> SUPPLEMENT		AGENCY NAME AND ORI	
ORIGINAL REPORT/CASE/INCIDENT NUMBER 07-4516		ADDITIONAL SUPPLEMENT NO.		MO0480400 Grandview MO Police	
SUPPLEMENTAL REPORT DATE 08/08/2007	ACCIDENT DATE 08/06/2007	TRP/DIST/PCT	COUNTY Jackson		
REPORTING OFFICER SIGNATURE 	DSN/BADGE NO. 108	SUPPLEMENTAL REVIEWING OFFICER SIGNATURE 	DSN/BADE NO 009		

On 8/6/2007 at approximately 1814 hours, R/O was notified of an injury accident involving 2 bicyclists on Raytown Road at Harry Truman.

R/O responded to the scene and began marking the location of the bicycles, Chevrolet pickup truck and numerous other items to preserve as evidence. When Sgt. Pruitt arrived, we began mapping the scene by taking measurements. A utility pole just north of Harry Truman identified by #800 was used as the point of reference for the accident. This R/O measured off 468' south of the utility pole in a diagonal direction to the center of the North West curbline of North bound traffic to begin the mapping. It was determined that victim Sierra Gaunt was removed and transported to the hospital by EMS before this R/O arrived. It was undetermined the exact position of where victim Sierra Gaunt came to rest. R/O took measurements of the large amount of blood where victim #2 was apparently located. Bicycle #2 had been moved by either paramedics or the driver of vehicle #1 before this R/O arrived. The exact location was undetermined but measurements were taken from the last known skid mark from the bicycle on the pavement. Driver William Johnson, moved vehicle #1 before officer's arrival after witnesses instructed him not to. This R/O was able to identify where the vehicle came to rest after the collision from the skid marks. R/O observed the left rear tire locked up first and continued to stay locked until rest. R/O observed that the right rear tire failed to leave skid. (Yaw) Markings on the shoulder and roadway indicated that the right rear tire was turning until bicycle #2 was caught underneath. Both front brakes operated properly forcing the tires to leave skid until rest.

After the measurements were recorded, the medical examiner's office arrived and retrieved victim Larry Gaunt. The vehicle was towed to Lazer Tow Service located at 4100 Main Street Grandview Missouri 64030 and placed in their garage. Detectives collected the bicycles and numerous other items and placed them into the property room at the police station.

On 8/7/2007 at approximately 1330 hours, this R/O responded to Lazer Tow Service and began taking detailed photos using a digital camera of damage and markings on vehicle #1. R/O observed a pair of sunglasses belonging to victim #1 on top of the pickup cab. Pictures were taken and the sunglasses were placed into the property room under tag # 071209. After the photos were completed, R/O began measuring vehicle #1. R/O observed that vehicle #1 had a modified extension of the rear bumper. Vehicle #1 also had a snow plow hoist on the front minus the snow blade. R/O looked in the bed of vehicle #1 and observed numerous tools that filled the bed that provided an unknown added weight of the vehicle. R/O observed a blood impression on the hood from where victim #1's head struck with the back of his bicycle helmet. Witnesses stated that victim Larry Gaunt was on the hood of vehicle #1 for awhile. R/O notified Lazer Tow that they could place the vehicle into the tow lot now that measurements and pictures were taken.

On 8/7/2007 at approximately 1700 hours, the diagram was completed of the scene to a 1/10 scale.

On 8/8/2007 this R/O began the formulas to determine the speed of vehicle #1. Due to not knowing where victim Sierra Gaunt and bicycle #2 came to rest it was determined that a minimum speed formula had to be used.

The formula is as follows:

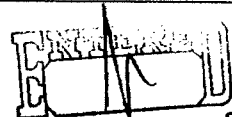
- start of skid = 218'6"
- final rest of vehicle #1 = 70'
- total skid = 148'6" 148.5 feet converted to decimal
- three tire skid = braking efficiency 80%
- drag tire = 30 lbs. force to pull = 25lbs.
- drag factor f = .83
- $S = \sqrt{30 \times D \times f \times n}$
- $S = \sqrt{30 \times 148.50 \times .83 \times .80}$
- $S = \sqrt{2958.12}$
- S = 54 MPH

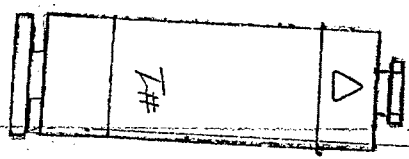
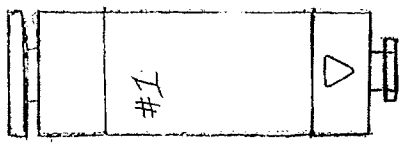
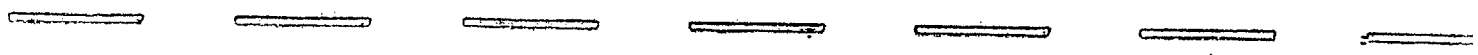
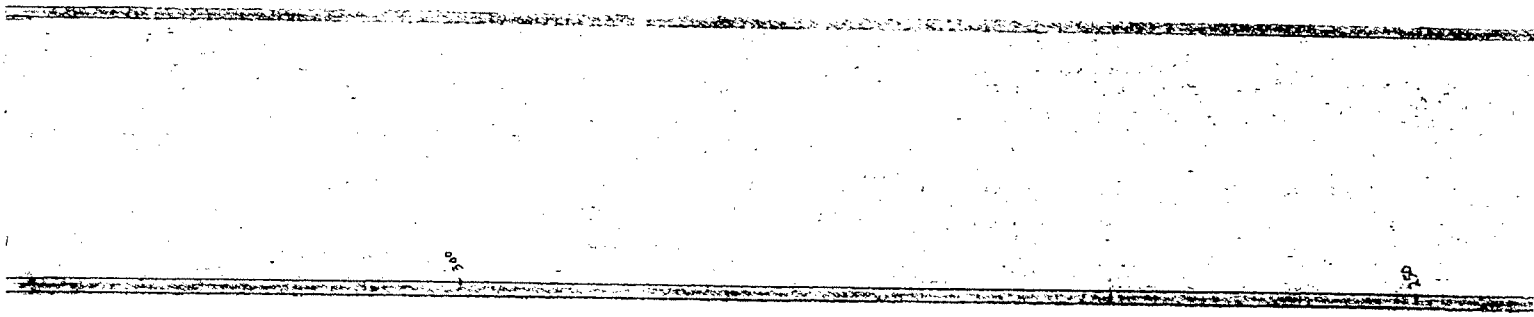
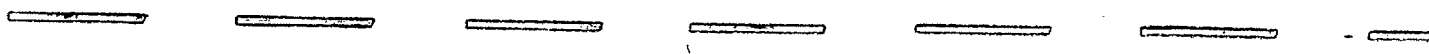
Speed limit on Raytown Road is 45 MPH and Vehicle #1 was traveling a minimum of 54 MPH.

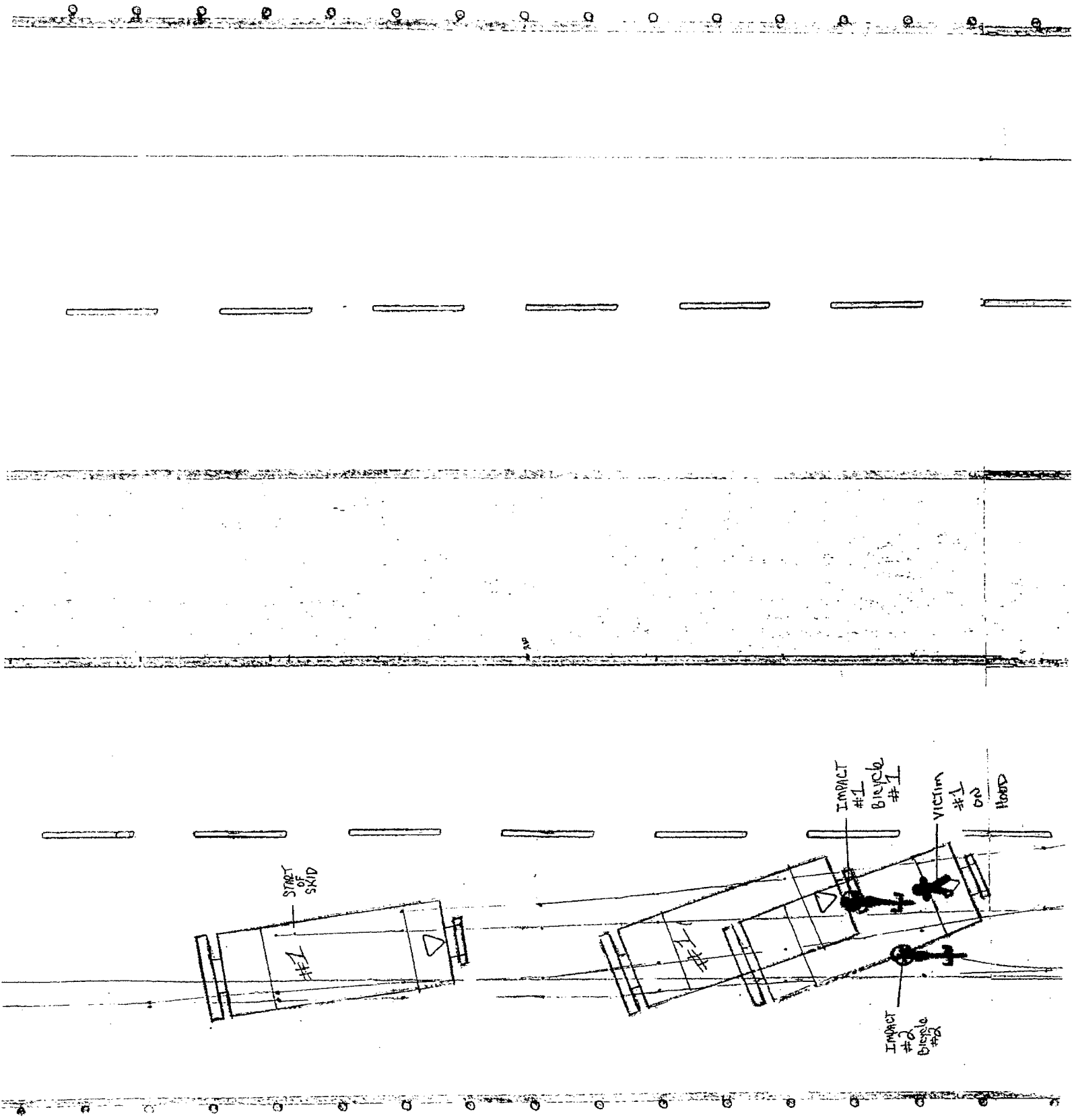
RECEIVED

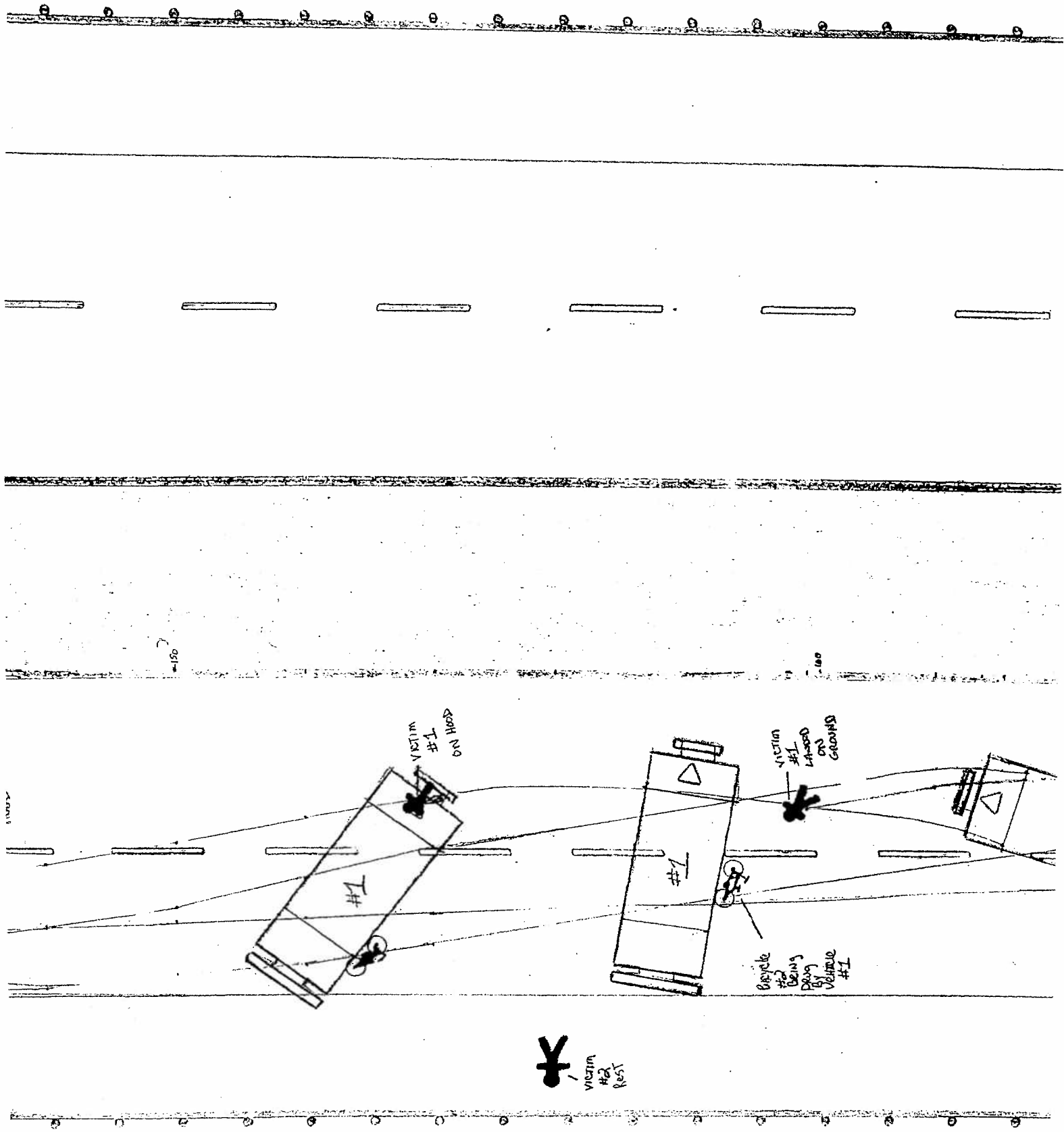
AUG 10 2007

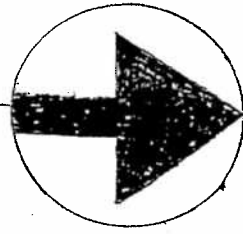
GVPD RECORDS











Prepared by
OFFICER SCOTT EVANS #108
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