



RICH, RICH & COOKSEY, P.C.

ATTORNEYS AT LAW

CITY OF MILWAUKEE

2018 AUG 27 P 1: 58

CITY CLERK'S OFFICE

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Thomas C. Rich
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Tax I.D. #37-1319460

August 16, 2018

VIA CERTIFIED MAIL

Milwaukee City Attorney's Office
ATTN: BENJAMIN BALDWIN
200 E. Wells St
Room 205
Milwaukee Wi 53202

RECEIVED
OFFICE OF CITY ATTORNEY

AUG 24 2018

12:18 A.M./P.M. (circled)
A

RE: Lieutenant Rankin Rankin v. Farmers Insurance
D/A: 8/1/17

Dear Mr. Baldwin:

The purpose of this correspondence is to demand immediate tender of the entire available policy limits in this claim.

As the police report confirms, this is a case of absolute liability. On August 1, 2017, my client was lieutenant for the Pulaski County Sheriff's Department conducting a traffic stop on a vehicle owned by the City of Milwaukee, which was negligently allowed to be stolen when an officer failed to exercise and maintain reasonable control over his keys. Lieutenant Rankin pursued the driver of the stolen vehicle southbound on I-57, where the driver crossed the median several times, ultimately striking my client's vehicle head-on. In support of my client's claim, I also represent that my client is a very credible and likable witness.

Immediately following the collision, Lieutenant Rankin presented to Union County Hospital, where it was noted that his vehicle had been struck head on by a vehicle travelling approximately 50 miles per hour, and that this vehicle was attempting to flee Lieutenant Rankin's pursuit. Complaints of pain in the anterior and posterior aspects of Lieutenant Rankin's right shoulder, back of his neck, and forehead were noted. CT scans of his cervical spine and head, as well as an x-ray of his right shoulder were performed to rule out fracture. Lieutenant Rankin was prescribed Naprosyn and Norco, and advised to follow up with his personal physician within one week.

When his symptoms did not resolve, Lieutenant Rankin sought additional treatment with Dr. Matthew Bradley, an orthopedic specialist. Dr. Bradley noted that Lieutenant Rankin had been involved in a head-on motor vehicle collision with a driver attempting to flee from the



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scene of a traffic stop. The immediate onset of right shoulder and neck pain were noted, with intermittent tingling in both of his arms down into his hands and fingertips. Since the collision, Dr. Bradley noted that Lieutenant Rankin had been unable to elevate his shoulder above 90 degrees of flexion or abduction, and was suffering from sharp, stabbing pain just lateral to the acromion and reported weakness and intermittent numbness in both hands. On physical exam, Dr. Bradley documented reduced range of motion in Lieutenant Rankin's right shoulder, a positive impingement sign, reduced strength in the supraspinatus with a significant amount of pain on testing, as well as reduced strength in the subscapularis and infraspinatus. Dr. Bradley's assessment was that Mr. Rankin's mechanism of injury involved a significant amount of energy dissipated to his arms and torso, resulting in an injury to his shoulder. He believed that he was suffering from rotator cuff pathology, and recommended an MRI. He also recommended a referral to Dr. David Raskas, a spine specialist, who had previously performed a cervical fusion at C5-6 on Lieutenant Rankin, to evaluate his complaints of neck pain.

Lieutenant Rankin followed up with Dr. Bradley after the MRI of his right shoulder had been performed. Dr. Bradley noted the MRI revealed subacromial impingement in the right shoulder with thickening of the supraspinatus. He recommended a right shoulder subacromial injection and continued use of non-steroidal anti-inflammatory medications.

Lieutenant Rankin also presented to Dr. David Raskas for his symptoms of cervical spine pain following the collision. Dr. Raskas noted that Lieutenant Rankin had been previously released from his care in June of 2017, and was doing very well and essentially asymptomatic until he was involved in a head-on motor vehicle collision on August 1st. He noted that Lieutenant Rankin's cervical spine symptoms had continued to progress since the collision, with increasing soreness and numbness into both of his hands and radiating pain from his neck into his bilateral shoulders. X-rays demonstrated a solid cervical fusion with some mild adjacent segment instability. Dr. Raskas' impression was cervical strain, with a possible new disc herniation and cervical instability. He recommended a cervical MRI to rule out a new disc injury.

Following the MRI, Lieutenant Rankin returned to Dr. Raskas, who noted that the MRI demonstrated a new disc herniation at C3-4 as a result of the auto collision, as this disc herniation was not present on his prior MRI from 2015. He indicated that Lieutenant Rankin continued to suffer from neck pain and numbness into his hands which had affected his quality of life, and that Lieutenant Rankin was very frustrated by his persistent symptoms. Dr. Raskas discussed surgical options with Lieutenant Rankin, who wished to attempt conservative management of his symptoms. Dr. Raskas recommended a Medrol Dosepak and physical therapy. Fortunately, physical therapy and home exercises improved Lieutenant Rankin's symptoms substantially, and he was ultimately released from Dr. Raskas' care at maximum medical improvement.



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To date, Lieutenant Rankin's medical specials total \$22,128.00, which is exclusive of any treatment he may require in the future. I have included a chart of medical records and bills that we have received to date for Lieutenant Rankin, as well as copies of all medical records and bills, so that you are able to evaluate this demand. If you are lacking anything necessary to evaluate same, please advise and it will be promptly provided to you.

I recently met with Lieutenant Rankin and he explained how dramatically his life has changed since this accident. Before this accident, he was working out regularly at the gym and was physically in the best shape of his life. After the accident, he has to come home after a shift as a lieutenant for the Pulaski County Sheriff's Department and lay down every night for several hours to manage his pain. He has been unable to return to the gym since the accident and has lost 40 pounds in muscle mass due to his inability to work out. He constantly struggles with pain and this affects his physical, emotional, and mental well-being. Lieutenant Rankin's co-workers can verify the significant impact he endured and his testimony, combined with theirs, as officers of the law will persuade any fact finder that this is a policy limit case.

Given the amount of medical bills which have already accumulated in Lieutenant Rankin's case and the verification that there is no potential recovery from the at-fault carrier, we believe that failure to tender the full policy limits demonstrates bad faith. I ask for your response to my demand within 30 days. If you refuse to pay the limit in this case, I will prepare to further litigate this matter further.

Lastly, my client may have underinsured motorist coverage. That carrier **MUST** be consulted and we must receive written permission from them to accept the policy tender once it is made.

I look forward hearing from you to determine if we are able to amicably resolve this matter. Thank you.

Very Truly Yours,

Kristina D. Cooksey

KDC/emm/Enclosures (Police Report, Chart of Special Damages, Medical Records, Medical Bills)

RICKY RANKIN
MEDICAL RECORDS & BILLS
DATE(S) OF ACCIDENT: 8/1/17

PROVIDER/DATE OF SERVICE	AMOUNT
Union County Hospital, 517 North Main St., Anna, IL 62906 8/1/17	\$ 10,142.00
<u>PHYSICIAN BILLING:</u> Integritas Emergency Physician, 301 S. Orange Street, Jonesboro, IL 62952 8/1/17 – Bill only (see Union County Hospital)	\$ 726.00
<u>RADIOLOGY BILLING:</u> Cape Radiology Group, PO Box 1330 Cape Girardeau, MO 63702 8/1/17 – Bill only (see Union County Hospital)	\$ 416.00
Dr. Matthew Bradley/Orthopedic & Sports Medicine, 1001 S. Kirkwood Rd., Suite 120, St. Louis, MO 63122 8/22/17 9/21/17	\$ 540.00 \$ 655.00 TOTAL: \$ 1,195.00
Dr. David Raskas/Orthopedic & Sports Medicine 1001 S. Kirkwood Rd., Suite 120, St. Louis, MO 63122 8/22/17 9/5/17 10/24/17	\$ 1,510.00 \$ 1,200.00 \$ 1,200.00 TOTAL: \$ 3,910.00
MRI Partners of Chesterfield 14825 N. Outer Forty Rd, Suite 110 Chesterfield, MO 63017 9/5/17 9/5/17	\$ 2,700.00 \$ 2,700.00
Cairo Rehab Center 105 Transcraft Drive Anna, IL 62906 9/14/17	\$ 339.00
TOTAL:	\$ 22,128.00
WAGE LOSS: Pulaski County Sheriff (\$15.63/hour, 8 hr. shifts) 500 Illinois Avenue Mound City, IL 62963 8/22/17, 9/5/17, 9/21/17 & 10/24/17	\$ 500.16

TOTAL SPECIALS:	\$ 22,628.16
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ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC 9 U 1 U 2 PEDV 12 U 1 U 2 TRPC 4 U 1 U 2 WEAT 16 U 1 U 2 DRVA 15 U 1 U 2 VIS 1 U 1 U 2 VEH 1 U 1 U 2

INVESTIGATING AGENCY: ISP

ADDRESS NO: 640

HIGHWAY or STREET NAME: I-57

CR-8

NAME: MULLINS, STANLEY DEWAYNE

DATE OF BIRTH: 08/17/1964

SEX: M SAFT: 9 AIR: 9 INJURY: 0 EJECT: 9

STATE: WI CLASS: WI

STREET ADDRESS: 1820 W WELLS ST

CITY: MILWAUKEE STATE: WI ZIP: 53233

DRIVER LICENSE NO: M4527846429702

TELEPHONE: (999) 999-9999

TAKEN TO: EMS AGENCY

TYPE OF REPORT: ON SCENE / AMENDED

DATE OF CRASH: 8/17/2017

TIME: 11:00

AGENCY CRASH REPORT NO: 22-17-00220

YR: 2017

TRFW: 2

VEHT: 1 U 1 U 2

NO. LANS: 4

ALGN: 1

EXCEED SPEED LIMIT: 1

COM VEH: 96

CO UNIT ROAD DIST: PULASKI

MAKE: FORD MODEL: CROWN VIC YEAR: 2008

PLATE NO: 536NWP STATE: WI YEAR: 2017

VIN: 2FAFP71V48X172897

VEHICLE OWNER (LAST, FIRST MI): CITY, OF MILWAUKEE

OWNER ADDRESS (STREET, CITY, STATE, ZIP): 749 W STATE ST, MILWAUKEE, WI 53202

INSURANCE CO: UNKNOWN

TELEPHONE / POLICY NO: (999) 999-9999 UNKNOWN

MAKE: DODGE MODEL: CHARGER YEAR: 2007

PLATE NO: S77-16 STATE: IL YEAR: 2018

VIN: 2B3KA43H87H769996

VEHICLE OWNER (LAST, FIRST MI): PULASKI COUNTY, SHERIFF D

OWNER ADDRESS (STREET, CITY, STATE, ZIP): 500 ILLINOIS AVE, MOUND CITY, IL 62963

INSURANCE CO: ONE BEACON INSURANCE COMPANY

TELEPHONE / POLICY NO: (618) 748-9124 7910002280003

CONTRIBUTORY CAUSERS: PRIMARY 50 SECONDARY 5

DATE POLICE NOTIFIED: 8/17/2017

COURT DATE: 11:10

COURT TIME: AM / PM

BEAT/DIST: 22

SUPERVISOR ID: D MONEY, 5692

OFFICER NAME: G CARROLAN

OFFICER ID: 8124

DATE OF BIRTH: 04/31/1973

SEX: M SAFT: 4 AIR: 4 INJURY: 2 EJECT: 4

STATE: IL CLASS: IL D

STREET ADDRESS: 500 ILLINOIS AVE

CITY: MOUND CITY STATE: IL ZIP: 62963

DRIVER LICENSE NO: R525-7307-3106

TELEPHONE: (618) 748-9124

TAKEN TO: EMS AGENCY

VEHICLE OWNER (LAST, FIRST MI): PULASKI COUNTY, SHERIFF D

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COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A ADDITIONAL UNITS FORMS.

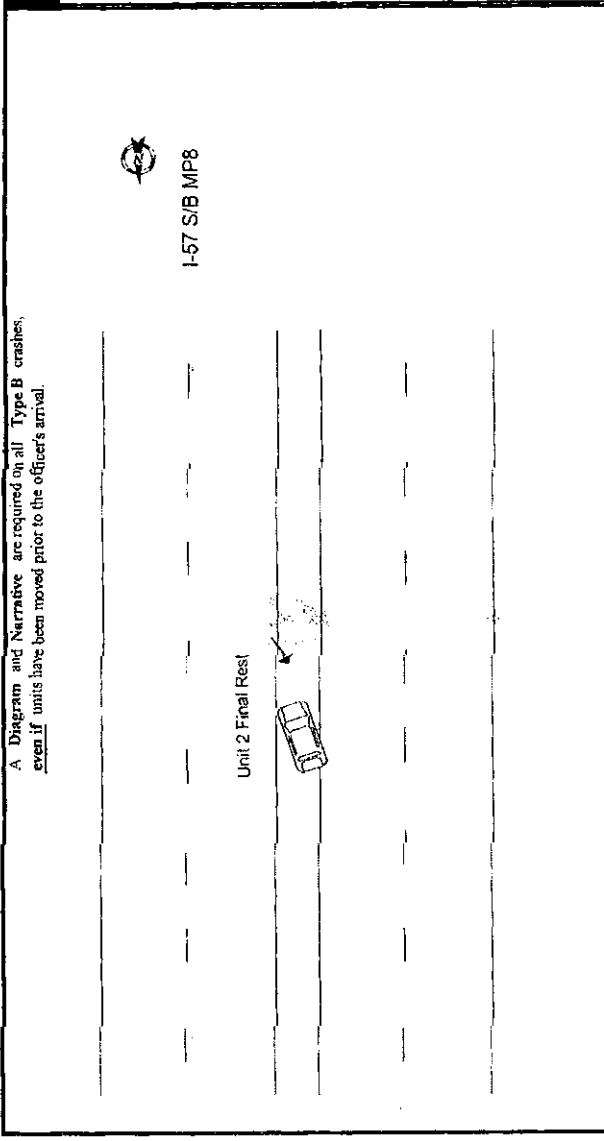
A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 USDOT NO. _____ ILCC NO. _____
 Source of above info: State of Truck Papers Driver Log Book
 Gross Vehicle Weight Rating (GVWR) _____
 Were HAZMAT placards displayed on the vehicle? Y N
 If yes, name on placard _____
 4-digit UN no. _____ 1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? Y N UNK
 Did HAZMAT Regulations violation contribute to the crash? Y N UNK
 Did Motor Carrier Safety Regulations (MCS) violation contribute to the crash? Y N UNK
 Was a Driver/Vehicle Examination Report form completed? Y N UNK
 HAZMAT? Y N UNK Out of Service? Y N
 MCS Y N UNK Out of Service? Y N
 Form No. _____

WIDE LOAD? Y N
 TRAILER WIDTH(S) 0-96" 97-102" > 102"
 TRAILER 1 TRAILER 2
 TRAILER LENGTH(S) 1 _____ ft TRAILER 2 _____ ft
 TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____
 SELECT CODES FROM BACK COVER OF CRASH BOOKLET.
 VEHICLE CONFIGURATION _____
 CARGO BODY TYPE _____ LOAD TYPE _____



NARRATIVE (Refer to vehicle by Unit No.)
 Unit 2 conducted a traffic stop on Unit 1 vehicle. Unit 1 driver fled the stop in Unit 1 vehicle shortly after contact was made. Unit 2 then pursued Unit 1 south bound on I-57. At MP 8 south bound, Unit 1 left the roadway to the left, through the center median, and then continued traveling south bound in the north bound lanes. Unit 2 continued traveling south bound in the south bound lanes. Unit 1 crossed back through the center median where he struck Unit 2 head on. After striking Unit 2, Unit 1 continued south bound on I-57. Unit 2 was unable to continue pursuit and came to rest in the center grass median.

LOCAL USE ONLY

U 1 Color: **BLUE, LIGHT** U 2 Color: **WHITE**
 U 1 Towed by / to _____ U 2 Towed by / to **Britton Wrecker Service / Britton Wrecker Se**

MISSOURI UNIFORM CRASH REPORT

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI MISSOURI STATE HIGHWAY PATROL MOMHPEEDD R7128199
---	--

LEFT THE SCENE DRIVER NO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1	CLEARED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO. INJURED 1	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 170490722
---	--	----------------------	---	----------------------	---------------------	---

NO. VEH INV 3	CRASH DATE 08/01/2017	CRASH TIME (MIL) 1115	NOTIFIED DATE 08/01/2017	TIME NOTIFIED (MIL) 1115	INVESTIGATION DATE 08/01/2017	TIME ARRIVED (MIL) 1120	INVEST AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	---------------------------------	---------------------------------	------------------------------------	------------------------------------	---	-----------------------------------	--

ROADWAY <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	NON COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Intermision <input type="checkbox"/> Jackknife	COLLISION INVOLVING <input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	COLLISION INVOLVING <input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh/Animal Ridden Trans. <input checked="" 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 type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Angle <input type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe (Opp Dir.) <input type="checkbox"/> Rear to Side <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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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/GCVWR 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 type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NOT APPLICABLE	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM NOT APPLICABLE	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY MISSISSIPPI	MUNICIPALITY NON-CITY OR UNINCORPORATED	BEAT / ZONE 08	TRP/DIST/PCT E	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N36 54 23.2 LONG: W89 24 15.6
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ON 15 57	RDWY DIR 9	DISTANCE FROM <input checked="" type="checkbox"/> NA Feet Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	INTERSECTING ERM SOUTH IS 57 MILE 7.8
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SPEED LIMIT 70	ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	Unknown	SPEED LIMIT NA	INT. DIR NA	GEO. CODE NA
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TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way, Not Divided <input checked="" type="checkbox"/> Two-Way Divided, Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way Divided, Positive Median Barrier <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)
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INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input 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
 Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

4 - WITNESS

NAME ERIC, RIDDLE	ADDRESS (Street, City, State, Zip) 204 MAIN STREET MOUND CITY, IL 62863	PHONE NUMBER (618)306-5852
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5 - PEDESTRIAN

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
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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
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CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	OTHER ACTIONS <input type="checkbox"/> NA/None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh	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)
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PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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6. COLLISION DIAGRAM

Compass (Direction Before Crash Events) (Circle One)

V1 NESWU

V2 NESWU

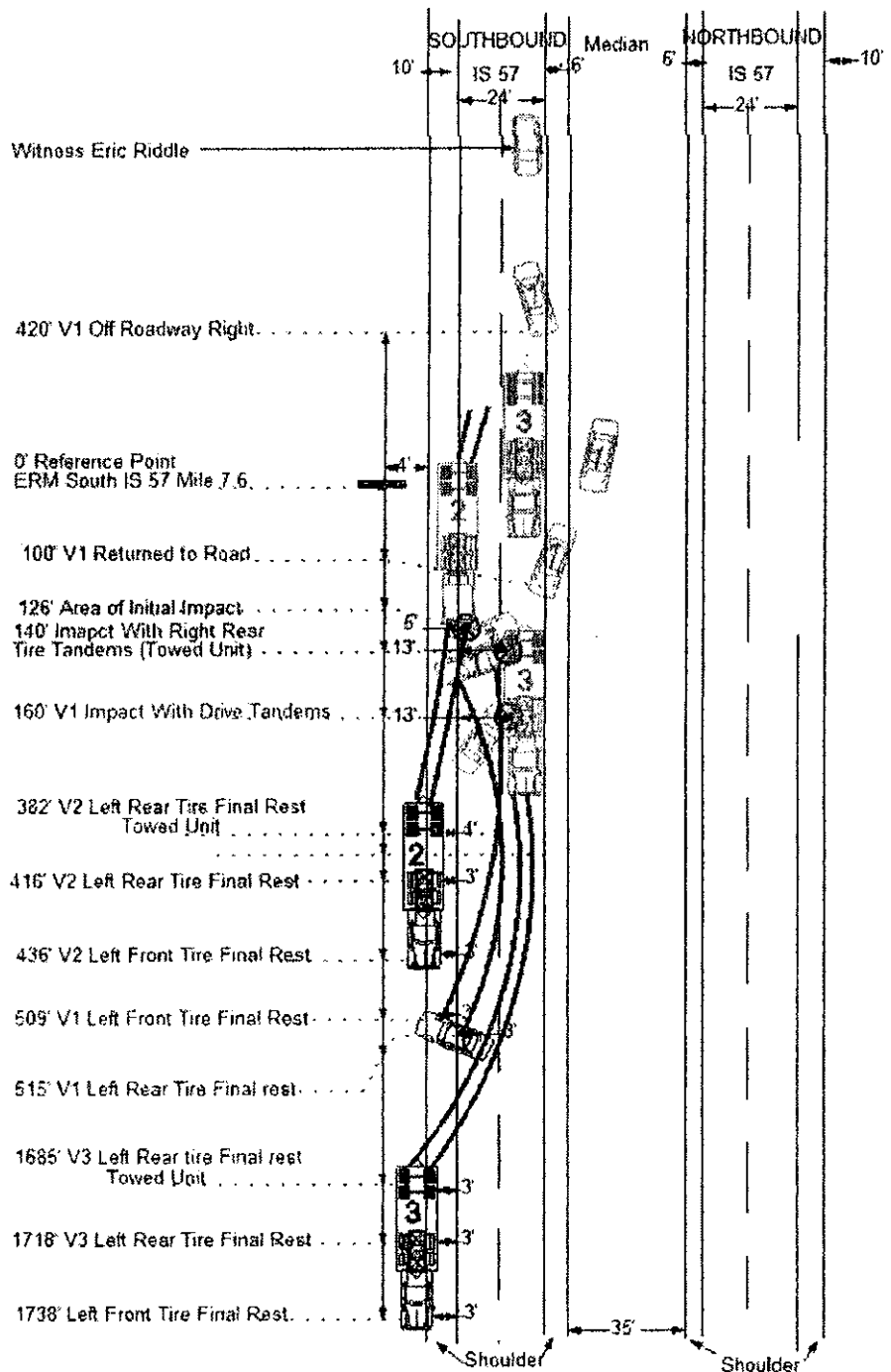
V3 NESWU

V4 NESWU

V5 NESWU

V6 NESWU

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7. DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER
1 MULLINS, STANLEY DEWAYNE 1820 WEST WELLS STREET MILWAUKEE, WI 53233 (832)978-6863

DRIVER LICENSE / ID NUMBER STATE LIC STATUS LIC TYPE PERMIT MC ENDORSEMENT
M452-7846-4297-02 WI NA Expired Disqual CDL NA Interm / Grad Unlicensed

DATE OF BIRTH SEX SEAT INJ TRANS. EJECT AIR SAFETY VISION OBSTRUCTED
08/17/1964 M FL 4 1 2 5 5 NA NA

PROOF OF INSURANCE INSURANCE COMPANY PHONE NO. (Optional) POLICY NUMBER
Yes No Not Required SELF-INSURED SELF-INSURED

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER SAO
CITY OF MILWAUKEE 749 WEST STATE STREET MILWAUKEE, WI 53202 (414)933-4444

YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO. OF OCC.
2008 FORD CROWN VICTORIA BLU NA 1 1

LICENSE PLATE NO STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS DAMAGE
636NWP WI 2017 2FAFP71V48X172897 Yes No Yes No

VEHICLE DAMAGE (Mark all damaged areas) TOWED BY
Initial Impact No: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance
Passenger Car, Van, School Bus, etc.

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA
Police, Ambulance, Fire, etc.

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES ALCOHOL USE
Sequence of Events Codes: 1, 21, 29, 7, 34, 7, 34, 20

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects, Vision Obstructed, Failed To Dim Headlights, etc.

7E. WORK ZONE TRAFFIC CONTROL CONTROL MALFUNCTIONING / INOPERATIVE / MISSING
Workers Present, Controls, etc.

Table with 10 columns: OCCUPANTS - NAME, ADDRESS, DATE OF BIRTH, SEX, SEAT LOC, INJ, TRANS. PORT, EJECT. TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Rows contain NA.

7F. COMMERCIAL MOTOR VEHICLE NA MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO

COMMERCIAL / NON-COMMERCIAL INTERSTATE CARRIER NOT IN COMMERCE - GOVERNMENT VEHICLE NOT IN COMMERCE - RENTAL VEHICLE

CARGO BODY TYPE CARGO ENCLOSED BOX FLATBED CARGO TANK DUMP CONCRETE MIXER AUTO TRANSPORTER

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) PHONE NUMBER
BACKFISCH, DAVID H 1030 STATE HIGHWAY A BENTON, MO 63736 (573)318-4760

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired Susp / Rev / Donied Disqual CDL TYPE Operator Class Permit Unknown MC ENDORSEMENT
L087036009 MO NA Canceled / Oth Invalid Unknown NA Interm / Grad Unlicensedet (Explain) 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 Moving Veh Other (Explain)
07/05/1973 M FL 5 1 2 1 5 NA Windshield Building Hillcrest Stopped Veh Unknown (Explain)
NA Load on Veh Embankment Parked Veh Glare

PROOF OF INSURANCE INSURANCE COMPANY Expired PHONE NO (Optional) POLICY NUMBER NA Driver Vehicle
Yes No Not Required GREAT WEST CASUALTY INSURANCE COMPANY (912)638-8277 MCP26664A

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD PHONE NUMBER SAO
FREIGHT TRANSPORTATION SERVICE INC 201 ELLA RD CHARLESTON, MO 63834 (573)883-2159

YEAR MAKE MODEL COLOR VEH. TYPE TOTAL NO. OF OCC
2015 FREIGHTLINER CORP. CONVENTIONAL BLK NA 1 1

LICENSE PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE
52A54U MO 2017 3ALXA7CGXFDGG7051 Yes No Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA
INITIAL IMPACT NO: 2 3 4 5 6 7 13 Undercarriage 22 - Cargo D & K TOWING, (PATROL REQUESTED) (573)360-1662
15 16 17 18 19 - Windshield 23 - Unknown 1895 STATE HIGHWAY HH
13 20 - Burned 24 - Other SIKESTON, MO 63801
21 - Towed Unit (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance
Passenger Car Passenger Van (9+ W/Driver) Sport Utility Vehicle Limousine (7-8 W/Driver) Limousine (9-15 W/Driver) Motorized Bicycle Pedalcycle To / From School
Small Bus (9-15 W/Driver) Large Bus (16+ W/Driver) School Bus Intercity Transit / Commuter Charter / Tour Other
Motorcycle ATV 2 Wh 3 Wh 4 Wh 5 Wh / More Unknown
Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) Cargo Van Pickup Other Heavy Truck Unknown (Explain)
Single-unit Truck; 2 axles; 6 tires Single-unit Truck; 3 or more axles Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units
GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Harz Mat Placed Veh. Only) Less than or equal to 10,000 lbs. 10,001 - 26,000 lbs. Greater than 26,000 lbs. Unknown

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA
Police Ambulance Fire Other (Must check "A" / "B") A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip Activated
Congestion Ahead Crash Ahead Other Incident Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE
Sequence of Events Codes: 1 15 7 20 34 Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None
Vehicle Defects (Explain) Speed - Exceeded Limit Too Fast For Conditions Violation Signal / Sign Failed To Yield Alcohol Drugs
Vision Obstructed Driver Fatigue / Asleep Improper Signal Improper Backing Improper Turn Improper Passing Improperly Parked
Failed To Dim Headlights Failed To Use Lights Following Too Close Wrong Side (Not Passing) Wrong Side (One-Way) Physical Impairment (Explain) Improper Start From Park
Improper Towing / Pushing Improperly Stopped On Roadway Improper Lane Usage / Change Overcorrected Improper Riding / Clinging To Veh. Exterior Failed To Secure Load / Improper Loading Animal(s) In Roadway
Object / Obstruction in Roadway Distracted / Inattentive (Designate Type) Unknown (Explain) Other (Explain)
Distracted / Inattentive Code(s) NA (See Codes in Section 8)

7E. WORK ZONE TRAFFIC CONTROL None Unknown CONTROL MALFUNCTIONING / INOPERATIVE / MISSING
Yes No Unknown Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)
Workers Present Other: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus
Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)
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. All rows contain 'NA'.

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 (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO
FREIGHT TRANSPORTATION SERVICE INC 201 EAST ELLA ST CHARLESTON, MO 63834 (573)883-2157

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.
169094 811898

CARGO BODY TYPE Enclosed Box Cargo Tank Flatbed Dump Concrete Mixer Auto Transporter Garbage / Refuse Grain / Chip / Gravel Pole Trailer Log Vehicle Towing Another Veh. Intermodal Container Chassis
HAZARDOUS MATERIALS PLACARD DISPLAYED 4-DIGIT NO CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME
Yes No Unknown NA NA Yes No Unknown NA

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
3 WENDELL, ANTHONY RHENO 901 BAYOU BEND DRIVE DEER PARK, TX 77636
PHONE NUMBER (206)226-4714

DRIVER LICENSE / ID NUMBER STATE LIC STATUS
38811354 TX Valid
MC ENDORSEMENT Yes No NA

DATE OF BIRTH SEX SEAT INJ TRANS EJECT AIR SAFETY VISION
10/31/1966 M FL 5 1 2 1 5
Not Obstructed

PROOF OF INSURANCE INSURANCE COMPANY PHONE NO. (Optional) POLICY NUMBER
ACE AMERICAN INSURANCE (214)969-8700 ISAH09053852

7B. VEHICLE OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
VFS LEASING COMAPNY 7025 ALBERT PICK RD STE 106 GREENSBORO, NC 27409
PHONE NUMBER UNK

YEAR MAKE MODEL COLOR VEH. TYPE TOTAL NO. OF OCC.
2014 MACK TRUCKS, INC. CONVENTIONAL WHI NA 1 1

LICENSE PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE
R219087 TX 2017 1M1AW02Y9EM036930

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO. 6
Undercarriage 22 - Cargo

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, School Bus, Intercity, Transit / Commuter, Charter / Tour, Other

EMERGENCY VEHICLE INVOLVEMENT
Police, Ambulance, Fire, Other

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 1 34

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects, Speed, Too Fast, Violation Signal, Failed To Yield, Alcohol, Drugs, Vision Obstructed, Driver Fatigue, Improper Signal, Improper Backing, Improper Turn, Improper Passing, Improperly Parked

7E. WORK ZONE TRAFFIC CONTROL CONTROL MALFUNCTIONING / INOPERATIVE / MISSING
Workers Present, Controls

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. All rows are empty.

7G. COMMERCIAL MOTOR VEHICLE

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)
MARTIN TRANSPORT INC 4200 STONE RD KILGORE, TX 75662
PHONE NUMBER (903)988-4212

COMMERCIAL / NON-COMMERCIAL Interstate Carrier / Intrastate Carrier
164594 33094

CARGO BODY TYPE Enclosed Box / Cargo Tank / Dump / Concrete Mixer / Auto Transporter / Garbage / Refuse / Grain / Chip / Gravel / Pole Trailer / Log / Vehicle Towing / Intermodal Container / Chassis

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

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 In Bicycle Lane	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	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

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

NARRATIVE

THIS CRASH OCCURRED AS BOTH VEHICLES WERE TRAVELING SOUTH ON INTERSTATE 57. VEHICLE ONE RAN OFF THE RIGHT SIDE OF THE ROADWAY, OVERCORRECTED, RETURNED TO ROAD AND STARTED ROTATING AND SLIDING. THE FRONT OF VEHICLE ONE STRUCK THE LEFT FRONT OF VEHICLE TWO. VEHICLE ONE CONTINUED SLIDING AND THE FRONT OF VEHICLE ONE STRUCK THE LEFT REAR TANDEM ON VEHICLE THREE'S TOWED UNIT. VEHICLE ONE ALSO STRUCK THE DRIVE TANDEM ON VEHICLE THREE. VEHICLE ONE CAME TO AN UNCONTROLLED FINAL REST PARTIALLY ON THE ROADWAY FACING NORTH. VEHICLE TWO AVOIDED VEHICLE ONE, DROVE OFF THE RIGHT SIDE OF THE ROADWAY AND WAS STRUCK BY VEHICLE ONE. VEHICLE TWO CAME TO A CONTROLLED FINAL REST ON THE RIGHT SHOULDER OF THE ROADWAY FACING SOUTH. VEHICLE THREE CAME TO A CONTROLLED FINAL REST ON THE RIGHT SHOULDER OF THE ROADWAY FACING SOUTH.

AFTER THE CRASH, DRIVER ONE FLED THE SCENE ON FOOT AND WAS LOCATED NORTH OF THE CRASH SCENE. DRIVER ONE WAS RETURNED TO THE CRASH SCENE WHERE INFORMATION WAS OBTAINED.

INTERSTATE 57 IS A NORTH/SOUTH HIGHWAY WHICH RUNS EAST/WEST AT THIS LOCATION.

MULLINS, STANLEY DEWAYNE: DRIVER OF VEHICLE 1 STATEMENT

I LOST CONTROL.

BACKFISCH, DAVID H: DRIVER OF VEHICLE 2 STATEMENT

THE BLUE CAR WAS PASSING IN THE MEDIAN AND LOST CONTROL AND STARTED SKIDDING UNCONTROLLABLY. HE STRUCK THE DRIVER'S SIDE FRONT AXLE OF MY SEMI. I TRIED MY BEST TO STAY UNINVOLVED, GOING TO THE SHOULDER. AFTER STRIKING MY VEHICLE, BLUE CAR SPUN AROUND AND STRUCK THE OTHER SEMI ON NUMBER 4 AND 5 AXLE OF TRAILER.

WENDELL, ANTHONY RHENO: DRIVER OF VEHICLE 3 STATEMENT

I WAS IN THE PASSING LANE WHEN THE BLUE CAR CROWN VICTORIA SWERVED IN FRONT OF ME AND CROSSED THE PASSING LANE. THE BLACK FREIGHTLINER TRIED TO AVOID HIM BY PULLING OFF TO THE SHOULDER. THE BLUE CROWN VICTORIA STRUCK HIS TRUCK, BOUNCED OFF AND STRUCK MINE ON THE LEFT DRIVE TANDEM AND MY LEFT TRAILER TANDEM.

ERIC, RIDDLE: WITNESS 1 STATEMENT

AT APPROXIMATELY 7 OR 8 MILE MARKER, THE VEHICLE ATTEMPTED PASSING IN THE MEDIAN. VEHICLE LOST CONTROL AND SWERVED BACK INTO THE TRAFFIC LANES. THE VEHICLE STRUCK THE FRONT END OF A SEMI AND THEN STRUCK ANOTHER SEMI IN ITS TRAILER TIRE.

VEHICLE #2 TRAILER(S)

TRAILER 1: YEAR: 2017 MAKE: UTILITY PLATE: 78E4MM MO VIN: 1UYV82535QP461020 NOTE: NONE

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
TPR T. KARIZAMIMBA	603	06	E
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
CPL D. HEPPE	686		

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

VEHICLE #3 TRAILER(S)

TRAILER 1: YEAR: 1992 MAKE: POLAR PLATE: 012F940 TX VIN: 1PM934228N1011958 NOTE: REAR FENDER, 2 RIMS AND 4 TIRES ON RIGHT REAR TANDEMS