



The below individual was involved in a physical accident where their vehicle struck a highway or emergency worker in accordance with [Sections 304.585.6](#) and [304.894.6 RSMo](#).

The following facts must be established for an administrative revocation to be added to the individual's driving record:

1. That the individual was involved in a physical accident where his or her vehicle struck a highway or emergency worker within a designated construction, work, or emergency zone;
2. That the guidelines involving notice and signage were properly implemented in such construction, work or emergency zone; and
3. That the investigating officer had probable cause to believe the persons negligent acts or omissions contributed to his or her vehicle striking a highway or emergency worker.

Identification Information

Full Name			Date of Birth (MM/DD/YYYY) ____/____/____	
License Number		Street Address		
City		State	Zip Code	CDL Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense Date (MM/DD/YYYY) ____/____/____	County of Offense		Commercial Motor Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Officer Information & Signature

I hereby swear upon my oath, and do state as follows:
At all times mentioned herein, I was employed as a member of the below-stated Police Agency, and I am licensed, or exempt from certification pursuant to [Chapter 590, RSMo](#), by the Director of Public Safety as having completed a program of mandatory standards for the training of peace officers in this State pursuant to Chapter 590, RSMo. I certify that the information I have provided is true and correct to the best of my knowledge under the penalties of perjury for making a false statement to a public official.

Name of Law Enforcement Officer		Badge Number	Rank
Name of Police Agency or Troop Letter			Law Enforcement ORI
Complete Mailing Address		Business Telephone Number (____)____-____	
City		State	Zip Code
Signature (required)		Date Signed (MM/DD/YYYY) ____/____/____	

A detailed narrative of the incident, the facts establishing the statutory requirements referenced above, and the corresponding Missouri Uniform Crash Report MUST be attached. The Department will make its determination based upon the information provided.

