

ORIGINAL

1 - GENERAL CRASH INFORMATION		1 - AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT MO0730300	
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LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0	1901-248

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
1	01-27-2019	10:11	01-27-2019	10:15	01-27-2019	10:15	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVED			DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE		
	<input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell / Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> 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	<input 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.	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 hazardous materials placard.
<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2.	<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	<input type="checkbox"/> Investigating Agency NA
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	<input type="checkbox"/> Investigating Agency NA

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT/ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
NEWTON	NEOSHO	CR	22	LAT: N NA LONG: W NA

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST GARDNER EDGEWOOD DR	NA	<input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	3095 GARDNER EDGEWOOD

SPEED LIMIT	ROAD MAINTAINED BY	TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE
25	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	<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	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain)

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

ROAD SURFACE	WEATHER CONDITION
<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Steel / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <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 None Identified 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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input checked="" 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"/> 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	DISTRACTION / INATTENTION CODE(S)	ALCOHOL USE
<input checked="" type="checkbox"/> None <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impaired (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" 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

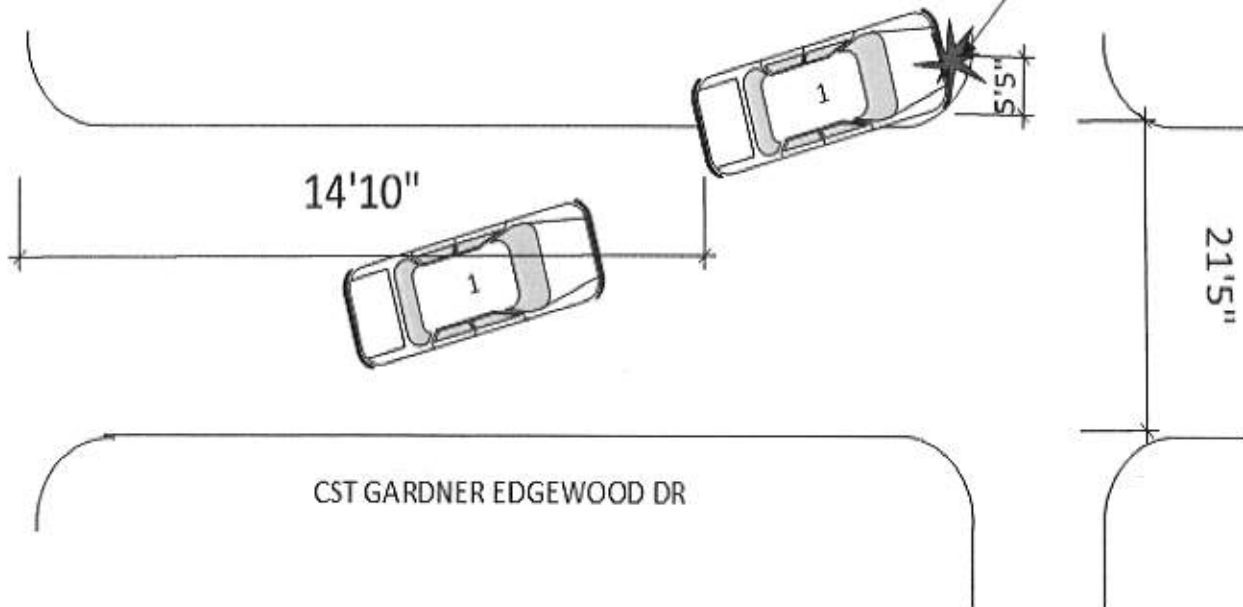
ORIGINAL INDICATE NORTH



Indicate North

Entrance to Burger King
3095 Gardner Edgewood
Dr

Curbing



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 SONTAN, SONSON 4115 JOE RAMSEY BLVD APT 253, GREENVILLE TX 79041 **PHONE NUMBER (903) 441-7904**

DRIVER LICENSE / ID NUMBER 38672062 **STATE** TX **LIC STATUS** Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown **LIC TYPE** Operator Class Permit Unknown (Explain) CDL Class MC Only Intern / Grad Unlicensed **ENDORSEMENT** Yes No NA Unknown (Explain)

DATE OF BIRTH 03-01-1988 **SEX** M **SEAT LOC** FL **INJ** 5 **TRANS-PORT** 1 **EJEC-TION** 2 **AIR BAG** 3 **SAFETY DEVICES** U **VISION OBSTRUCTED** NA Not Obstructed Windshield Load on Veh Trees / Bush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare Other (Explain) Unknown (Explain)

PROOF OF INSURANCE Yes No Not Required **INSURANCE COMPANY** ENTERPRISE LEASING Expired **PHONE NO. (Optional)** **POLICY NUMBER** NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD
EAN HOLDINGS 14002 E 21ST ST, TULSA, OK 73134 **PHONE NUMBER** SAD

YEAR 2019 **MAKE** FORD **MODEL** FUSION **COLOR** GRY **VEH TYPE** 1 **TOTAL NO. OF OCC.** 1

LICENSE - PLATE NO. LLR2705 **STATE** TX **YEAR** 2020 **VIN** 3FA6P0D97KR120529 **TOWED FROM SCENE** Yes No **TOWED DUE TO DIS. DAMAGE** Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage **TOWED BY** Unknown NA

INITIAL IMPACT NO: 1 **18 - Undercarriage** **22 - Cargo** **23 - Unknown** **24 - Other (Explain)** **RON'S TOWING SCENE**

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

Passenger Car **Small Bus (9-15 W/Driver)** **Motorcycle** **Motor Home** **Single-unit Truck, 2 axles, 6 tires** **GVW / GCWW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)** Less than or equal to 10,000 lbs. 10,001 - 26,000 lbs. Greater than 26,000 lbs. Unknown

Van (<9 W/Driver) **Large Bus (15+ W/Driver)** **ATV** **Farm Implements** **Single-unit Truck, 3 or more axles** **Construction Equip. Heavy Mach.** **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**

Sport Utility Vehicle **School Bus** **2 Wh** **Other Vehicle (Code)** **Cargo Van** **Pickup** **Other Heavy Truck** **Unknown (Explain)**

Limousine (7-8 W/Driver) **Intercity** **3 Wh** **Other Vehicle (Code)** **Cargo Van** **Pickup** **Other Heavy Truck** **Unknown (Explain)**

Limousine (9-15 W/Driver) **Transit / Commuter** **4 Wh** **Other Vehicle (Code)** **Cargo Van** **Pickup** **Other Heavy Truck** **Unknown (Explain)**

Motorized Bicycle **Charter / Tour** **5 Wh / More** **Other Vehicle (Code)** **Cargo Van** **Pickup** **Other Heavy Truck** **Unknown (Explain)**

Pedalcycle **Other** **Unknown** **Other Vehicle (Code)** **Cargo Van** **Pickup** **Other Heavy Truck** **Unknown (Explain)**

To / From School

EMERGENCY VEHICLE INVOLVEMENT NA **CONTRIBUTING TRAFFIC CONDITIONS** NA

Police Ambulance A. Emergency Vehicle on Emergency Run Congestion Ahead Other Incident Ahead Fire Other (Must check "A" / "B") B. Stationary With Emergency Equip. Activated Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) **ALCOHOL USE** Yes Unk No NA

SEQUENCE OF EVENTS CODES 01 05 36 **ANIMAL CODE(S)** **FIXED OBJECT CODE(S)** 29 21

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Vision Obstructed Failed to Dim Headlights Improper Towing / Pushing Object / Obstruction In Roadway Distracted / Inattentive (Designate Type) Unknown (Explain) Other (Explain)

Speed - Exceeded Limit Driver Fatigue / Asleep Failed to Use Lights 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

Too Fast For Conditions Improper Signal Following Too Close Improper Backing Wrong Side (Not Passing) Wrong Side (One-Way) Physical Impairment (Explain) Improperly Parked Improper Start From Park

Violation Signal / Sign Improper Turn Wrong Side (Not Passing) Wrong Side (One-Way) Physical Impairment (Explain) Improperly Parked Improper Start From Park

Failed to Yield Alcohol Drugs Improper Passing Improperly Parked Improper Start From Park

DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

7E. WORK ZONE Yes No Unknown **TRAFFIC CONTROL** None Unknown

Workers Present Yes No Unknown **Controls:** Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	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 (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO **PHONE NUMBER** SAO

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Not In Commerce - Government Vehicle Not in Commerce - Other Vehicle Intrastate Carrier Not in Commerce - Rental Vehicle **MC / MX / ICC NO.** **USDOT NO.**

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

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

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS											
7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS			LIC TYPE		MC ENDORSEMENT		
				<input type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invald <input type="checkbox"/> Unknown			<input type="checkbox"/> Operator Class <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad		<input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh <input type="checkbox"/> Trees / Bush <input type="checkbox"/> Building <input type="checkbox"/> Embankment <input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain)	
PROOF OF INSURANCE		INSURANCE COMPANY				PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> NA <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle	
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		
							<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
VEHICLE DAMAGE (Mark all damaged areas)										TOWED BY	
<input type="checkbox"/> None / No Damage <input type="checkbox"/> NA										<input type="checkbox"/> Unknown <input type="checkbox"/> NA	
INITIAL IMPACT NO:	2	3	4	5	6	7	18 - Undercarriage	22 - Cargo			
	1	15	16	17	8	9	19 - Windshield	23 - Unknown			
	14	13	12	11	10	20 - Burned	24 - Other (Explain)				
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 type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (15+ 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"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown	<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	GWW / GCWW RATING (Not Licensed Weight) (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 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown						
EMERGENCY VEHICLE INVOLVEMENT						CONTRIBUTING TRAFFIC CONDITIONS					
<input type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")						<input type="checkbox"/> NA <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)					
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES										ALCOHOL USE	
<input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8) <input type="checkbox"/> Unknown										<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <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 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)	DISTRACTED / INATTENTIVE CODE(S) <input type="checkbox"/> NA (See Codes in Section 8)						
7E. WORK ZONE		TRAFFIC CONTROL						CONTROL MALFUNCTIONING / INOPERATIVE / MISSING			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)						<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA			
7F. OCCUPANTS - NAME (Last, First, MI)											
ADDRESS (Street, City, State, Zip)	DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER		
7G. COMMERCIAL MOTOR VEHICLE											
<input type="checkbox"/> 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)										PHONE NUMBER
COMMERCIAL / NON-COMMERCIAL	<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not in Commerce - Government Vehicle <input type="checkbox"/> Not in Commerce - Rental Vehicle	<input type="checkbox"/> Not in Commerce - Other Vehicle	MC / MX / ICC NO.	USDOT NO.						
CARGO BODY TYPE	<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Pole Trailer <input type="checkbox"/> Log	<input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis	<input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown					
HAZARDOUS MATERIALS	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						

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

ORIGINAL

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. Overlaking	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. Overtum / 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	18. 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
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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 Transportation 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)

DRIVER OF VEHICLE 1 STATED HE WAS TRAVELING SOUTH ON GARDNER EDGEWOOD DR AND TURNING LEFT / EAST INTO THE BURGER KING PARKING LOT. THE DRIVER TURNED TOO SOON AND STRUCK THE DITCH ON THE EAST SIDE OF THE ROADWAY. HE THEN TRIED TO BACK OUT CAUSING THE VEHICLE TO BE HIGH CENTERED ON THE CONCRETE CURBING. THE VEHICLE WAS A RENTAL VEHICLE WITH ENTERPRISE RENTAL LEASING OUT OF TULSA OK. I CONTACTED THEIR ROADSIDE ASSISTANCE AND PROVIDED THEM WITH THE REPORT #.

IT WAS UNDETERMINED IF THE VEHICLE WAS UNDER THE INSURANCE PROVIDED BY ENTERPRISE OR THE SUBJECT ON THE CONTRACT. ROADSIDE SERVICE WAS UNABLE TO PROVIDE ME WITH THAT INFORMATION AT THE TIME OF THE REPORT. THE CONTACT DID NOT STATE IF THE RENTER SECURED INSURANCE ON THE VEHICLE THROUGH ENTERPRISE LLC.

THE VEHICLE WAS DRIVABLE AND WAS PULLED FROM THE DITCH BY RONS TOWING. THE DRIVER WAS INSTRUCTED TO CONTACT THE ROADSIDE SERVICE FOR ENTERPRISE AND REPORT THE DAMAGE.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME JAMES D. COOK	DSN / BADGE NO. 100JDC	BEAT / ZONE NCR	TROOP / DISTRICT / PRECINCT 22
REVIEWING OFFICER NAME R. M. SHARP	DSN / BADGE NO. 100RMS	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

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

ORIGINAL