

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1 - GENERAL CRASH INFORMATION | | | | 1 - AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT MO0730300 | | | |
| LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA | | DRIVER NO. NA | | CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No | | CRASH CLASSIFICATION <input checked="" type="checkbox"/> | |
| PROPERTY DAMAGE ONLY <input type="checkbox"/> | | NO. INJURED 0 | | NO. KILLED 0 | | REPORT / CASE / INCIDENT NUMBER 1901-239 | |
| NO. VEH. INV. 2 | | CRASH DATE 01-25-2019 | | CRASH TIME (MIL.) 23:20 | | NOTIFIED DATE 01-25-2019 | |
| TIME NOTIFIED (MIL.) 23:28 | | INVESTIGATION DATE 01-25-2019 | | TIME ARRIVED (MIL.) 23:30 | | INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway | | NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife | | COLLISION INVOLVED <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian | | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side | |
| CRASH TYPE | | Fell / Jumped From MV Cargo / Equip Loss / Shift Other Non-Collision | | Railway Vehicle Animal Drawn Veh / Animal Ridden Trans Motor Vehicle in Transport Parked Motor Vehicle Working Motor Vehicle | | Angle Sideswipe (Same Dir.) Sideswipe (Opp. Dir.) Falling / Shifting Cargo (Set in motion by MV) Other (Explain) 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. | | | |
| EVIDENTIARY PHOTOS TAKEN BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA | | | | AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA | | | |
| RECONSTRUCTION BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA | | | | AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA | | | |
| 2 - LOCATION | | | | | | | |
| COUNTY NEWTON | | MUNICIPALITY NEOSHO | | BEAT/ZONE NC | | TRP/DIST/PCT NA | |
| GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA | | | | | | | |
| ON MO HIGHWAY 59 | | RDWY DIR. N | | DISTANCE FROM 10 <input type="checkbox"/> NA Feet Miles | | LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At | |
| SPEED LIMIT 45 | | ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | INTERSECTING US HIGHWAY 60 | | SPEED LIMIT 45 | |
| | | | | INT. DIR. E | | GEO - CODE NA | |
| TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane <input checked="" 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) | |
| INTERSECTION TYPE <input type="checkbox"/> NA <input checked="" 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 <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain) | | | | | | | |
| 3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None | | | | | | | |
| LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality | | | | | | | |
| 4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative | | | | | | | |
| NAME | | ADDRESS (Street, City, State, Zip) | | | | PHONE NUMBER | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian | | | | | | | |
| NO. | | NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | | | | PHONE NUMBER | |
| | | | | | | | |
| DATE OF BIRTH | | SEX | | STRUCK BY VEH # | | INJ | |
| | | | | | | | |
| TRANSPORT | | SAFETY DEVICES | | LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown | | | |
| | | | | | | | |
| CROSSING ROAD <input type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown | | OTHER ACTIONS <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 | | Working in Trafficway Playing in Trafficway Walking / Running in Trafficway With Traffic <input type="checkbox"/> Against Traffic | | SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both of the Above <input type="checkbox"/> Unknown (Explain) | |
| | | | | | | | |
| PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" 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) | | | | DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA | | ALCOHOL USE <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

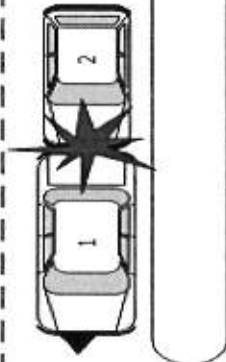
ORIGINAL

INDICATE NORTH



Indicate North

MO HIGHWAY 59



US HIGHWAY 60

US HIGHWAY 60

BUSINESS 49

Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

ORIGINAL

| | | | | | | | | | | | | | |
|---|------------------------------|---|---|---|---|------------------------------------|--|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---|
| 7. DRIVERS, VEHICLES, OWNERS & OCCUPANTS | | | | | | | | | | | | | |
| NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | | | | | | | | | | | | | |
| 1 | HIMMELSBACH, REECE B | | | | | | | | | | 208 W COLER ST., NEOSHO, MO 64850 | | |
| PHONE NUMBER (417) 451-8300 | | | | | | | | | | | | | |
| DRIVER LICENSE / ID NUMBER STATE LIC STATUS | | | | | | | | | | | | | |
| L202096025 | MO | Valid | Expired | Operator Class F | Permit | Unknown (Explain) | MC ENDORSEMENT | Yes | No | NA | Unknown (Explain) | NA | |
| DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES VISION OBSTRUCTED | | | | | | | | | | | | | |
| 06-10-1984 | M | FL | 5 | 1 | 2 | 3 | 5 | NA | Not Obstructed | Trees / Bush | Sign | Moving Veh | Other (Explain) |
| PROOF OF INSURANCE INSURANCE COMPANY PHONE NO. (Optional) POLICY NUMBER | | | | | | | | | | | | | |
| Yes | No | Not Required | MIDWEST PUBLIC RISK | Expired | NA | MPR098 | NA | Driver | Vehicle | NA | NA | NA | NA |
| 7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD | | | | | | | | | | | | | |
| NEWTON COUNTY 208 W COLER ST, NEOSHO, MO 64850 | | | | | | | | | | | | | |
| PHONE NUMBER SAD | | | | | | | | | | | | | |
| YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO. OF OCC. | | | | | | | | | | | | | |
| 2016 | CHEV | TAHOE | BRO | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE | | | | | | | | | | | | | |
| 14 | MO | 2019 | 1 | G | N | L | C | D | E | 6 | G | R | 3 |
| 3 | 3 | 2 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY | | | | | | | | | | | | | |
| None / No Damage | Unknown | NA | Unknown | NA | NA | NA | NA | NA | NA | NA | NA | NA | NA |
| INITIAL IMPACT NO. 2 3 4 5 6 7 18 - Undercarriage 22 - Cargo | | | | | | | | | | | | | |
| NA | 8 | 1 | 15 | 10 | 17 | X | 19 - Windshield 23 - Unknown | 20 - Burned 24 - Other | (Explain) | 21 - Towed Unit | 21 - Towed Unit | 21 - Towed Unit | 21 - Towed Unit |
| 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 | Single-unit Truck, 3 or more axles | Single-unit Truck, 3 or more axles | Single-unit Truck, 3 or more axles | Single-unit Truck, 3 or more axles | Single-unit Truck, 3 or more axles | Single-unit Truck, 3 or more axles | Single-unit Truck, 3 or more axles | Single-unit Truck, 3 or more axles | Single-unit Truck, 3 or more axles |
| Van (<9 W/Driver) | Large Bus (15+ W/Driver) | ATV | Farm Implements | Construction Equip. Heavy Mach. | Other Vehicle (Code) | Cargov Van | Pickup | Other Heavy Truck | Unknown (Explain) | Truck Tractor With No Units | Truck Tractor With One Unit | Truck Tractor With Two Units | Truck Tractor With Three Units |
| Passenger Van (9+ W/Driver) | School Bus | 2 Wh | Motorcycle | Other Vehicle (Code) | Cargov Van | Pickup | Other Heavy Truck | Unknown (Explain) | Truck Tractor With No Units | Truck Tractor With One Unit | Truck Tractor With Two Units | Truck Tractor With Three Units | GWW / GCWW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) |
| Sport Utility Vehicle | Intercity | 3 Wh | Motorcycle | Other Vehicle (Code) | Cargov Van | Pickup | Other Heavy Truck | Unknown (Explain) | Truck Tractor With No Units | Truck Tractor With One Unit | Truck Tractor With Two Units | Truck Tractor With Three Units | Less than or equal to 10,000 lbs. |
| Limousine (7-8 W/Driver) | Transit / Commuter | 4 Wh | Motorcycle | Other Vehicle (Code) | Cargov Van | Pickup | Other Heavy Truck | Unknown (Explain) | Truck Tractor With No Units | Truck Tractor With One Unit | Truck Tractor With Two Units | Truck Tractor With Three Units | 10,001 - 26,000 lbs. |
| Limousine (9-15 W/Driver) | Charter / Tour | 5 Wh / More | Motorcycle | Other Vehicle (Code) | Cargov Van | Pickup | Other Heavy Truck | Unknown (Explain) | Truck Tractor With No Units | Truck Tractor With One Unit | Truck Tractor With Two Units | Truck Tractor With Three Units | Greater than 26,000 lbs. |
| Motorized Bicycle | Other | Unknown | Motorcycle | Other Vehicle (Code) | Cargov Van | Pickup | Other Heavy Truck | Unknown (Explain) | Truck Tractor With No Units | Truck Tractor With One Unit | Truck Tractor With Two Units | Truck Tractor With Three Units | Unknown |
| Pedalcycle | To / From School | Unknown | Motorcycle | Other Vehicle (Code) | Cargov Van | Pickup | Other Heavy Truck | Unknown (Explain) | Truck Tractor With No Units | Truck Tractor With One Unit | Truck Tractor With Two Units | Truck Tractor With Three Units | Unknown |
| EMERGENCY VEHICLE INVOLVEMENT NA | | | | | | | | | | | | | |
| Police | Ambulance | A. Emergency Vehicle on Emergency Run | Congestion Ahead | Other Incident Ahead | Crash Ahead | Unknown (Explain) | NA | NA | NA | NA | NA | NA | NA |
| Fire | Other (Must check "A" / "B") | B. Stationary With Emergency Equip. Activated | Congestion Ahead | Other Incident Ahead | Crash Ahead | Unknown (Explain) | NA | NA | NA | NA | NA | NA | NA |
| 7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) | | | | | | | | | | | | | |
| 12 | 11 | 34 | Unknown | ANIMAL CODE(S) | FIXED OBJECT CODE(S) | ALCOHOL USE | Yes | Unk | No | NA | NA | NA | NA |
| 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) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) |
| Speed - Exceeded Limit | Driver Fatigue / Asleep | Failed to Use Lights | Improperly Stopped On Roadway | Distracted / Inattentive (Designate Type) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) | Unknown (Explain) |
| Too Fast For Conditions | Improper Signal | Following Too Close | Improper Lane Usage / Change | Overcorrected | Other (Explain) | Other (Explain) | Other (Explain) | Other (Explain) | Other (Explain) | Other (Explain) | Other (Explain) | Other (Explain) | Other (Explain) |
| Violation Signal / Sign | Improper Backing | Wrong Side (Not Passing) | Improper Riding / Clinging To Veh. Exterior | Failed To Secure Load / Improper Loading | Animal(s) In Roadway | Distracted / Inattentive CODE(S) | NA | NA | NA | NA | NA | NA | NA |
| Failed to Yield | Improper Turn | Wrong Side (One-Way) | Failed To Secure Load / Improper Loading | Animal(s) In Roadway | Animal(s) In Roadway | Distracted / Inattentive CODE(S) | NA | NA | NA | NA | NA | NA | NA |
| Alcohol | Improper Passing | Physical Impairment (Explain) | Failed To Secure Load / Improper Loading | Animal(s) In Roadway | Animal(s) In Roadway | Distracted / Inattentive CODE(S) | NA | NA | NA | NA | NA | NA | NA |
| Drugs | Improperly Parked | Improper Start From Park | Failed To Secure Load / Improper Loading | Animal(s) In Roadway | Animal(s) In Roadway | Distracted / Inattentive CODE(S) | NA | NA | NA | NA | NA | NA | NA |
| 7E. WORK ZONE TRAFFIC CONTROL None Unknown | | | | | | | | | | | | | |
| Yes | No | Unknown | Electric: Green/Yellow/Red | Flashing Red | Flashing Yellow | Ramp Meter | Other (Explain) | Control Malfunctioning / Inoperative / Missing | Yes (Explain) | No | Unknown | NA | NA |
| Workers Present | Other | Stop Sign | No Passing Zone | Turn Restricted | Officer / Flagman | Signal On School Bus | Control Malfunctioning / Inoperative / Missing | Yes (Explain) | No | Unknown | NA | NA | NA |
| 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 | NA |
| 7F. OCCUPANTS - NAME (Last, First, MI) DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER | | | | | | | | | | | | | |
| ADDRESS (Street, City, State, Zip) | | | | | | | | | | | | | |
| 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) SAD PHONE NUMBER SAD | | | | | | | | | | | | | |
| COMMERCIAL / NON-COMMERCIAL Interstate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO. | | | | | | | | | | | | | |
| CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal Container Chassis NA (No Cargo Body) Other Unknown | | | | | | | | | | | | | |
| HAZARDOUS MATERIALS PLACARD DISPLAYED 4-DIGIT NO. CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME | | | | | | | | | | | | | |
| Yes | No | Unknown | 4-DIGIT NO. | CLASS | HM CARGO PRESENT | HM CARGO RELEASED | HAZARDOUS MATERIAL NAME | Yes | No | Unknown | Yes | No | Unknown |

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 HUSKEY, FLORA A 1004 GREENBROOK DRIVE, NEOSHO, MO 64850** PHONE NUMBER

DRIVER LICENSE / ID NUMBER **K115118004** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

LIC TYPE Operator Class **F** Permit Unknown (Explain) MC Endorsement Yes No NA CDL Class MC Only Unknown (Explain) Interm / Grad Unlicensed Unlicensed

DATE OF BIRTH **04-11-1938** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED NA Not Obstructed Trees / Bush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embarkment Parked Veh Glare Unlicensed

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **TRAVELERS** PHONE NO. (Optional) POLICY NUMBER **600920981 203 1** Driver Vehicle

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

YEAR **2008** MAKE **TOYT** MODEL **AVALON** COLOR **WHI** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **KG2Z5N** STATE **MO** YEAR **2020** VIN **4 T 1 B K 3 6 B 6 8 U 2 5 4 6 9 5** 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. NA 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit

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

Passenger Car Van (<9 W/Driver) 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 (15+ W/Driver) School Bus Intercity Transit / Commuter Charter / Tour Other

Motorcycle ATV 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 Haz Mat Placard Veh. Only) Less than or equal to 10,000 lbs. 10,001 - 25,000 lbs. Greater than 26,000 lbs. Unknown

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire Other (Must check "A" / "B") A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS NA 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 Yes Unk No NA

SEQUENCE OF EVENTS CODES **12 | 34** Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S)

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights Improper Towing / Pushing Object / Obstruction In Roadway Speed - Exceeded Limit Driver Fatigue / Asleep Failed To Use Lights Improperly Stopped On Roadway Distracted / Inattentive (Designate Type) Too Fast For Conditions Improper Signal Following Too Close Improper Lane Usage / Change Unknown (Explain) Violation Signal / Sign Improper Backing Wrong Side (Not Passing) Overcorrected Other (Explain) Failed To Yield Improper Turn Wrong Side (One-Way) Improper Riding / Clinging To Veh. Exterior Failed To Secure Load / Improper Loading Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading Drugs Improperly Parked Improper Start From Park Animal(s) In Roadway

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

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

Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Other: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Yes (Explain) No Unknown NA

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) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER

| OCCUPANTS - NAME (Last, First, MI) | ADDRESS (Street, City, State, Zip) | DATE OF BIRTH MM-DD-YYYY | SEX | SEAT LOC | INJ | TRANS-PORT | EJECT-ION | AIR BAG | SAFETY DEVICES | PHONE NUMBER |
|------------------------------------|------------------------------------|--------------------------|-----|----------|-----|------------|-----------|---------|----------------|--------------|
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| | | | | | | | | | | |

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 Intrastate Carrier Not in Commerce - Government Vehicle Not in Commerce - Rental Vehicle Not in Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatted 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 Log

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



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

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

| 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 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)

On 01/25/2019 at around 2328 hours, I responded to the intersection of Highway 59 and Highway 60 for a traffic crash.

Upon my arrival, I observed a Newton County Sheriff's Office patrol vehicle with the registration of 14 (Vehicle 1) and a white 2008 Toyota Avalon with Missouri registration KG2Z5N (Vehicle 2) sitting on the north side of the intersection. I observed damage to the front of Vehicle 2.

I made contact with the driver of Vehicle 1 and identified him by His Missouri Driver's License to be Reece Himmelsbach. Mr. Himmelsbach said he was in the left northbound lane waiting on the lights to turn green when he received a call out on Highway 59 east of town. He said a vehicle in the right lane approached the intersection and he let pass so he could back up and get into the turning lane to head to his call. He said as he was backing up he heard his vehicle hit Vehicle 2 behind his vehicle. Mr. Himmelsbach said he did not see Vehicle 2 behind his vehicle.

I made contact with the driver of Vehicle 2 and identified her by her Missouri Driver's License to be Flora Husky. Ms. Husky was upset asking why he backed up. She said she was headed home when Vehicle 1 backed into her vehicle.

Both Ms. Husky and Mr. Himmelsbach were not injured in the crash and refused medical treatment.

Nothing further.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|--|----------------------------------|--------------------------|--|
| REPORTING OFFICER NAME DUSTIN H. WHITEHILL | DSN / BADGE NO. 100DHW | BEAT / ZONE NC | TROOP / DISTRICT / PRECINCT 21 |
| REVIEWING OFFICER NAME M. A. MALLORY | DSN / BADGE NO. 100MAM | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |

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

ORIGINAL