

| | |
|-------------------------------|--|
| 1 - GENERAL CRASH INFORMATION | 1 - AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT MO0730300 |
|-------------------------------|--|

ORIGINAL

| | | | | | | | | | | |
|---|---|--------------------------------|---|-----------------------------------|---|--|---|---------------------|---|--|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | LEFT THE SCENE | DRIVER NO. NA | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CLEARED | CRASH CLASSIFICATION <input checked="" type="checkbox"/> | PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/> | NO. INJURED 0 | NO. KILLED 0 | REPORT / CASE / INCIDENT NUMBER 1903-146 | |
| NO. VEH. INV. 2 | CRASH DATE 03-14-2019 | CRASH TIME (MIL.) 14:58 | NOTIFIED DATE 03-14-2019 | TIME NOTIFIED (MIL.) 15:02 | INVESTIGATION DATE 03-14-2019 | TIME ARRIVED (MIL.) 15:04 | <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 | | FELL / JUMPED FROM MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision | | COLLISION INVOLVED <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian | | 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 | | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Angle <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Rear to Side | |

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

2 - LOCATION

| | | | | |
|--|---|--|--|---|
| COUNTY NEWTON | MUNICIPALITY NEOSHO | BEAT/ZONE NN | TRP/DIST/PCT NA | GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA |
| ON CST COLER ST | | RDWY. DIR. NA | DISTANCE FROM <input type="checkbox"/> NA <input type="checkbox"/> Feet <input type="checkbox"/> Miles | LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At |
| SPEED LIMIT 30 | 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 CST COLLEGE ST | | SPEED LIMIT 25 INT. DIR. NA GEO - CODE NA |
| TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" 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 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 type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" 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 checked="" type="checkbox"/> Daylight <input 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 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 |
|---------------------------|--|-----------------------|
| CASH, TIMOTHY DALE | 21684 OLD RITCHEY RD, GRANBY MO 64844 | (417) 355-4546 |

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 |
|-----|---|--------------|
|-----|---|--------------|

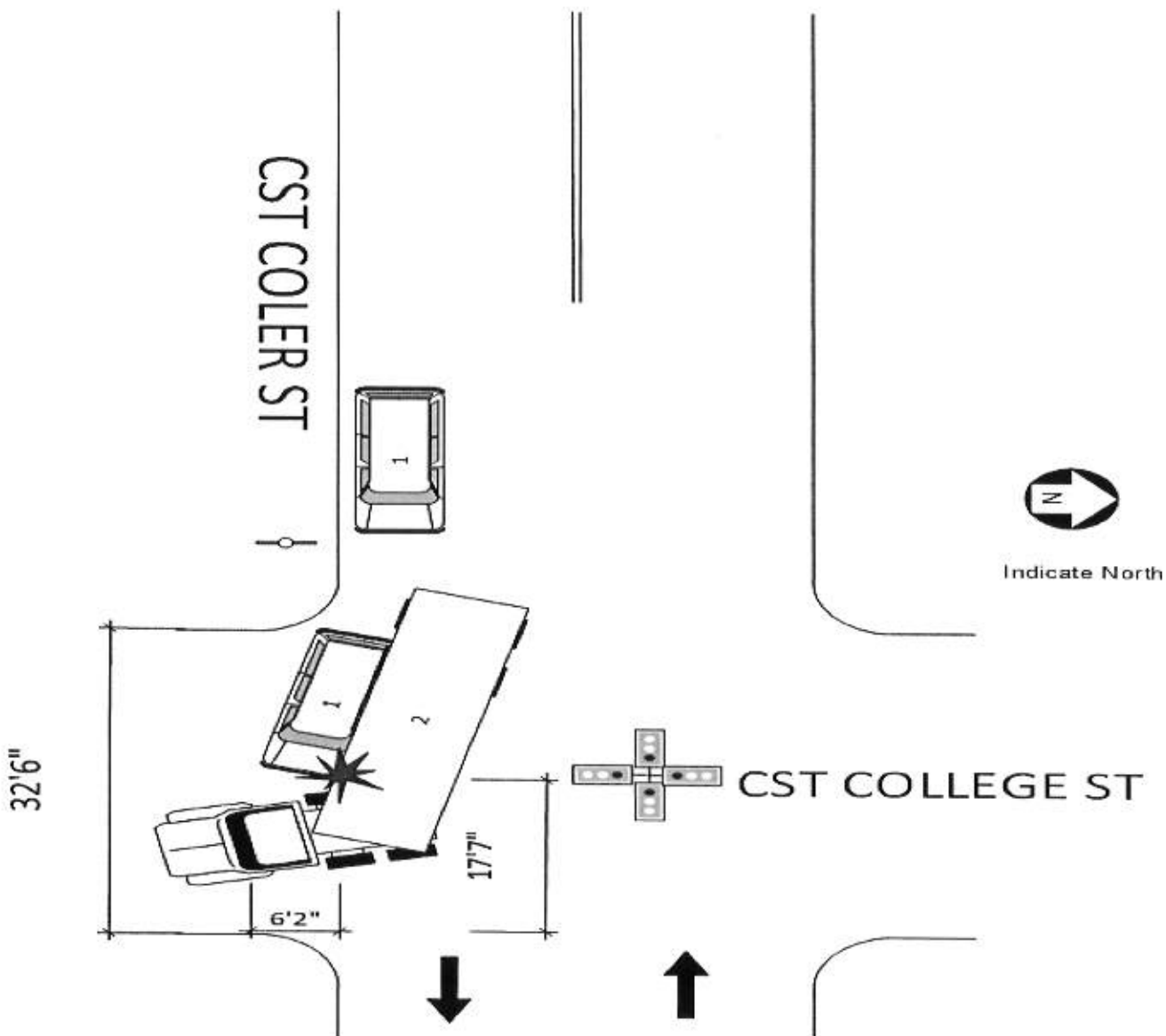
| | | | | | | |
|---------------|-----|-----------------|-----|------------|----------------|--|
| DATE OF BIRTH | SEX | STRUCK BY VEH # | INJ | TRANS-PORT | SAFETY DEVICES | LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / 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 | OTHER ACTIONS <input checked="" 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"/> Behind / In Front of Parked / Stopped Veh <input type="checkbox"/> 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⊙S WU V2 N⊙S WU V3 N⊙S WU V4 N⊙S WU V5 N⊙S WU V6 N⊙S WU

ORIGINAL
INDICATE NORTH



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 MCFARLAND, PATRICIA A 316 N WOOD ST, NEOSHO, MO 64850 PHONE NUMBER **(417) 455-1004**

DRIVER LICENSE / ID NUMBER **R078354015** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit CDL Class MC Only Interm / Grad Unlicensed

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **01-13-1947** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **1** AIR BAG **1** 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 Embankment Parked Veh Glare

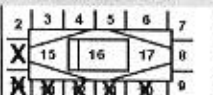
PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **PROGRESSIVE** PHONE NO. (Optional) POLICY NUMBER **901317442** NA Driver Vehicle

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

YEAR **2000** MAKE **FORD** MODEL **WINDSTAR** COLOR **BLU** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **BL04R** STATE **MO** YEAR **2020** VIN **2 F M Z A 5 2 4 7 Y B A 4 8 1 7 9** 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. **14**  18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit

RON'S TOWING
316 N WOOD ST, NEOSHO MO 64850

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 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

GWV / GCWV 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

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)

SEQUENCE OF EVENTS CODES **01 34** Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE Yes 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 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

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

| NAME | ADDRESS | DOB | SEX | SEAT LOC | INJ | TRANS-PORT | EJECT-ION | 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 Intrastate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle 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 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

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 GIBBENS, WILLIAM L 1572 HEBRON RD, GRANBY, MO 64844** PHONE NUMBER **(417) 592-3184**

DRIVER LICENSE / ID NUMBER **T078053004** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE Operator Class **A** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA CDL Class MC Only Unlicensed Unknown (Explain)

DATE OF BIRTH **03-01-1964** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **1** AIR BAG **1** 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 Embankment Parked Veh Glare Unknown (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **FCCI INSURANCE GROUP** PHONE NO. (Optional) POLICY NUMBER **CA100029750** NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD **HAGGARD EXCAVATION 212 N COLLEGE ST, NEOSHO, MO 64850** PHONE NUMBER SAD

YEAR **1997** MAKE **FRHT** MODEL **FLD120** COLOR **WHI** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **97B4WY** STATE **MO** YEAR **2019** VIN **1FUPFEDB0VH869396** 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. **21**

| | | | | | |
|----|----|----|----|----|---|
| 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 15 | 16 | 17 | 8 | |
| 14 | 13 | 12 | 11 | 10 | 9 |

18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
 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 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 Haz Mat Placard 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 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) **01 03 34** ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE 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 Yes No Unknown

TRAFFIC CONTROL None Unknown 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

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

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle Not in Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO. **883276**

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other 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

| SEAT LOCATION | | INJURY | | TRANSPORTED | EJECTION | AIR BAG | | SAFETY DEVICES | | | | | | | | | |
|--------------------------------------|--|------------|---------------------------------------|--|---------------------------------------|-----------------------------|----------------------------|--------------------------------------|----|----|----------|-------------------------|-------|------------|---------------------------|---------|------------------|
| XX - Not Known | <table border="1"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table> | FR | SR | TR | FC | SC | TC | FL | SL | TL | 1. Fatal | (For Medical Treatment) | 1. NA | 1. None/NA | 9. Deployed - Combination | 1. None | 10. Booster Seat |
| FR | | SR | TR | | | | | | | | | | | | | | |
| FC | | SC | TC | | | | | | | | | | | | | | |
| FL | SL | TL | | | | | | | | | | | | | | | |
| B - Pedalcycle | 2. Suspected Serious Injury | 2. No | 2. Separation of Units | 2. Not Deployed | 3. Not Deployed | 10. Deployment Unknown | 2. Not Used | 14. Child Restraint - Forward Facing | | | | | | | | | |
| M - Motorcycle | 3. Evident - Not Disabling | 3. Other | 29. Returned to Roadway | 4. Removed | 3. Collision Inv. Pedestrian | U. Air Bag Presence Unknown | 3. Shoulder Belt Only | 12. Child Restraint - Rear Facing | | | | | | | | | |
| CP - Commercial Passenger | 4. Probable - Not Apparent | U. Unknown | 30. Collision Inv. Bicycle/Pedalcycle | 5. Deployed - Front | 31. Collision Inv. Bicycle/Pedalcycle | | 4. Lap Belt Only | 13. Other Helmet | | | | | | | | | |
| OE - Occupant - Enclosed Load Area | 5. None Apparent | N. NA | 32. Collision Inv. Railway Veh. | 6. Deployed - Side | 32. Collision Inv. Railway Veh. | | 5. Shoulder and Lap Belt | 14. Reflective Clothing | | | | | | | | | |
| OU - Occupant - Unenclosed Load Area | U. Unknown | | 33. Collision Inv. Animal (**) | 7. Deployed - Curtain | 33. Collision Inv. Animal (**) | | 7. DOT Compliant MC Helmet | 15. Other | | | | | | | | | |
| RC - Rail Crew | N. NA | | 34. Collision Inv. MV in Transport | 8. Deployed - Other (Knee, Air Bell, etc.) | 34. Collision Inv. MV in Transport | | 8. No Helmet | U. Use Unknown | | | | | | | | | |
| SV - Other (Explain in Narrative) | | | 35. Collision Inv. Parked MV | | 35. Collision Inv. Parked MV | | | N. Not Applicable | | | | | | | | | |
| NA - Not Applicable | | | 36. Collision Inv. Fixed Object (**) | | 36. Collision Inv. Fixed Object (**) | | | | | | | | | | | | |

| 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 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 2 STATED HE WAS EASTBOUND ON COLER ST APPROACHING THE INTERSECTION OF COLLEGE ST. HE PREPARED TO MAKE A RIGHT TURN TO GO SOUTH ON COLLEGE ST. DUE TO THE LENGTH OF HIS TRAILER HE SWUNG OUT WIDE TO MAKE THE TURN. HIS SIGNAL TO TURN RIGHT WAS ACTIVATED AS HE STARTED TO MAKE THE TURN. AS HE TURNED VEHICLE 1 STRUCK HIS VEHICLE IN THE TRAILER ON THE PASSENGER SIDE.

DRIVER 1 STATED SHE WAS EASTBOUND ON COLER ST APPROACHING THE INTERSECTION WITH COLLEGE ST. SHE DID NOT SEE VEHICLE 2 TURNING RIGHT AND HER VEHICLE STRUCK VEHICLE 2 IN THE TRAILER AREA.

WITNESS 1 STATED V1 DID NOT YIELD TO V2 AS IT STARTED TO TURN RIGHT. W1 STATED THAT V1 SPED UP JUST BEFORE THE CRASH WHEN IT DROVE ALONG THE PASSENGER SIDE OF V2.

NO INJURIES WERE REPORTED AT THE SCENE.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|---|-----------------|--------------------------|-----------------------------|
| REPORTING OFFICER NAME | DSN / BADGE NO. | BEAT / ZONE | TROOP / DISTRICT / PRECINCT |
| JAMES D. COOK | 100JDC | NN | 04 |
| REVIEWING OFFICER NAME | DSN / BADGE NO. | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |
| | | | |