

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

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|--|---|--|----------------------------------|--|--|--|
| LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA | | DRIVER NO | | CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No | | CRASH CLASSIFICATION | | PROPERTY DAMAGE ONLY <input type="checkbox"/> | | NO. INJURED 0 | | NO. KILLED 0 | | REPORT / CASE / INCIDENT NUMBER 1903-319 | |
| NO. VEH. INV. 2 | | CRASH DATE 03-31-2019 | | CRASH TIME (MIL.) 20:20 | | NOTIFIED DATE 03-31-2019 | | TIME NOTIFIED (MIL.) 20:27 | | INVESTIGATION DATE 03-31-2019 | | TIME ARRIVED (MIL.) 20:28 | | 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 | | 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 checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle | | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> 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 / GCWVR 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. |
|--|---|

No - No commercial vehicle fields need completion. Yes - Go to number 2. No - No commercial vehicle fields need completion. Yes - Complete Section 7G for appropriate vehicle.

| | | | | | |
|--|--|-----------------------------|--|---|--|
| EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | BY WHOM BUNCH 112 | | AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency | |
| RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | BY WHOM NA | | AVAILABLE FROM <input type="checkbox"/> Investigating Agency | |

2 - LOCATION

| | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|---|--|--------------------------------------|--|
| COUNTY NEWTON | | MUNICIPALITY NEOSHO | | BEAT/ZONE NS | | TRP/DIST/PCT 20 | | GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA | | | |
| ON US HIGHWAY 60 | | | | RDWY. DIR. W | | DISTANCE FROM <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles | | LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input type="checkbox"/> Before <input checked="" type="checkbox"/> At | | INTERSECTING MO HIGHWAY 59 | |
| SPEED LIMIT 45 | | ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | | | SPEED LIMIT 45 | | INT. DIR. N | | 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 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"/> Steel / Ice <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 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 |
|------|------------------------------------|--------------|
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| | | |

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 <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 | | 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 NES **W** U

V2 NES **W** U

V3 NES W U

V4 NES W U

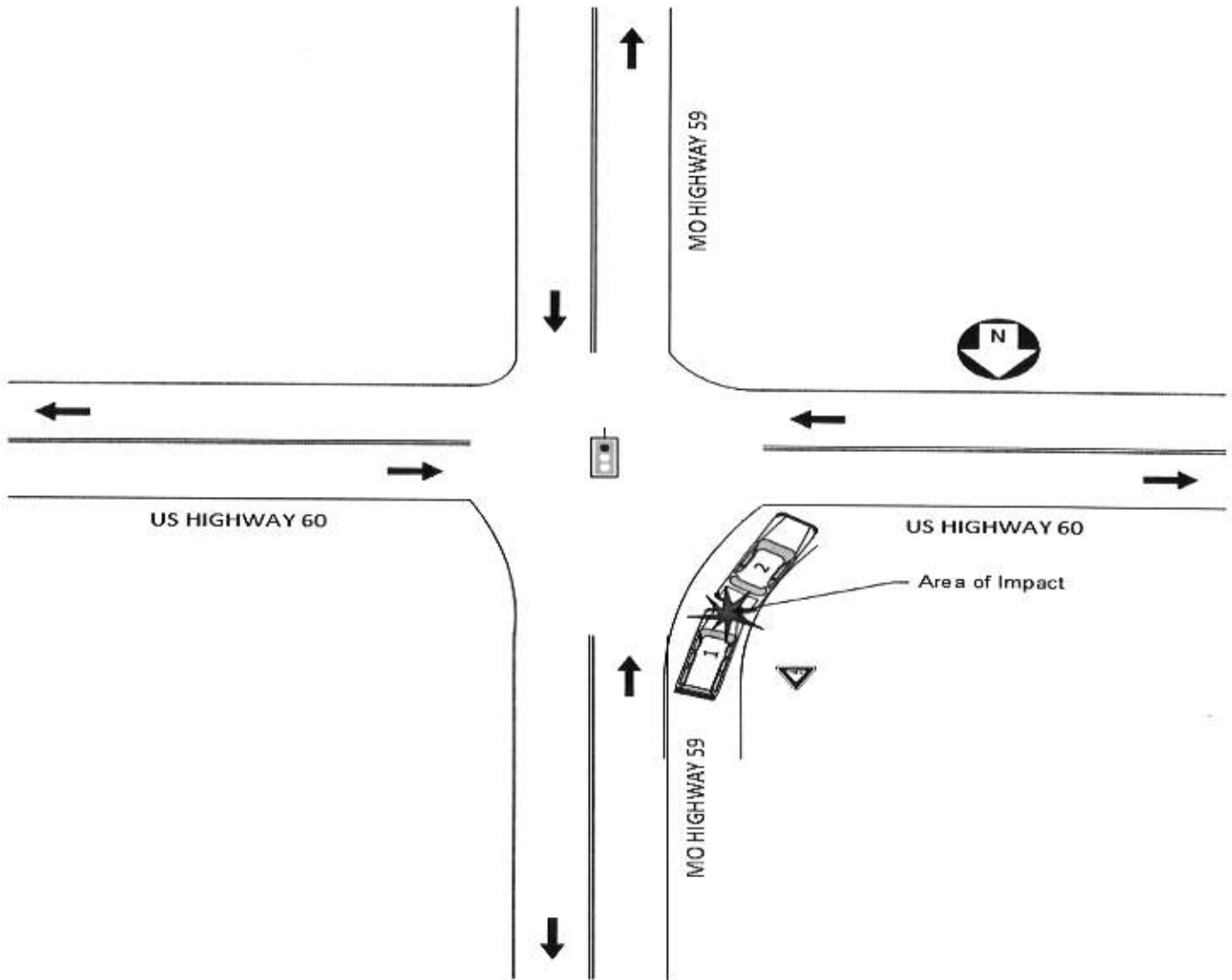
V5 NES W U

V6 NES W U

ORIGINAL

INDICATE NORTH

Indicate North



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)
4 BERG, DEBORAH L 413 S CLIFFSIDE DR 14, MO 64854 PHONE NUMBER **(417) 342-3231**

DRIVER LICENSE / ID NUMBER **X158063004** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invald Unknown
 LIC TYPE Operator Class **F** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **09-08-1994** 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 Embankment Parked Veh Glare Unknown (Explain)


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

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

YEAR **CADI** MAKE **CADI** MODEL **SRX** COLOR **GLD** VEH TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO. **UN1W3N** STATE **MO** YEAR **2019** VIN **1GYEE637050154342** 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
 19 - Windshield 20 - Burned 24 - Other (Explain)
 21 - Towed Unit

DIXON

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 / 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 Other Incident Ahead Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES **03 | 34** Unknown 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

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

| | | | | | | | | | |
|---|-------------------|----------|-----------|----------|----------|----------|----------|----------|-----------------------|
| MCCREADY, RAMONA A 21859 CROW ROAD, SENECA, MO 64865 | 10-08-1941 | F | FR | 5 | 1 | 2 | 3 | 5 | (417) 342-3231 |
| CUTRELL, MATTHEW L 4559 POOL ROAD, JOPLIN, MO 64801 | 12-01-1991 | M | FR | 5 | 1 | 2 | 3 | 5 | (417) 483-9201 |
| | | | | | | | | | |
| | | | | | | | | | |

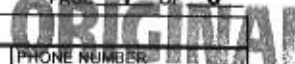
7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2

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

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



7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 MCCREADY, WILLIAM B 21859 CROW RD, SENECA, MO 64865 PHONE NUMBER **(417) 775-2230**

DRIVER LICENSE / ID NUMBER **S202290044** 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 Unknown (Explain)
 NA CDL Class MC Only Unlicensed

DATE OF BIRTH **11-13-1937** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECTION **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 Embankment Parked Veh Glare

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **SHELTER** PHONE NO (Optional) POLICY NUMBER **24-1-2892168-11** NA Driver Vehicle

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

YEAR **2008** MAKE **CADI** MODEL **TDS** COLOR **GRY** VEH TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO. **DH09W** STATE **MO** YEAR **2020** VIN **1G6KD57Y48U118520** 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. **8**

| | | | | | | | |
|----|----|----|----|----|---|--------------------|----------------------|
| 2 | 3 | 4 | 5 | 6 | X | 18 - Undercarriage | 22 - Cargo |
| 1 | 15 | 16 | X | X | X | 19 - Windshield | 23 - Unknown |
| 14 | 13 | 12 | 11 | 10 | X | 20 - Burned | 24 - Other (Explain) |
| | | | | | | 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
 Van (<9 W/Driver) Large Bus (15+ W/Driver) ATV Farm Implements Single-unit Truck, 3 or more axles
 Passenger Van (9+ W/Driver) School Bus Other Vehicle (Code) Construction Equip. Heavy Mach. Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
 Sport Utility Vehicle Intercity 2 Wh Other Vehicle (Code) Truck Tractor With No Units
 Limousine (7-8 W/Driver) Transit / Commuter 3 Wh Cargo Van Truck Tractor With One Unit
 Limousine (9-15 W/Driver) Charter / Tour 4 Wh Pickup Truck Tractor With Two Units
 Motorized Bicycle Other 5 Wh / More Other Heavy Truck Truck Tractor With Three Units
 Pedalcycle To / From School Unknown Unknown (Explain)

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

EMERGENCY VEHICLE INVOLVEMENT 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)

SEQUENCE OF EVENTS CODES **03 | 34** ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE Yes Unk No NA

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
 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 SEX SEAT INJ TRANS- EJECTION AIR SAFETY PHONE NUMBER
 ADDRESS (Street, City, State, Zip) LOC PORT TION BAG DEVICES

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

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
 Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log

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. No | 2. No | 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. EMS | 3. Partially | 2. Not Deployed | 10. Deployment Unknown | 2. Not Used | 10. Booster Seat | | | | | | | | | | | |
| M - Motorcycle | 3. Evident - Not Disabling | 3. Other | 3. Partially | 3. Removed | U. Air Bag Presence Unknown | 3. Shoulder Belt Only | 11. Child Restraint - Forward Facing | | | | | | | | | | | |
| CP - Commercial Passenger | 4. Probable - Not Apparent | U. Unknown | 4. Totally | 4. Deployed - Front | U. Air Bag Presence Unknown | 4. Lap Belt Only | 12. Child Restraint - Rear Facing | | | | | | | | | | | |
| OE - Occupant - Enclosed Load Area | 5. None Apparent | N. NA | U. Unknown | 6. Deployed - Side | | 5. Shoulder and Lap Belt | 13. Other Helmet | | | | | | | | | | | |
| OU - Occupant - Unenclosed Load Area | U. Unknown | | | 7. Deployed - Curtain | | 7. DOT Compliant MC Helmet | 14. Reflective Clothing | | | | | | | | | | | |
| RC - Rail Crew | N. NA | | | 8. Deployed - Other (Knee, Air Belt, etc.) | | 8. No Helmet | 15. Other | | | | | | | | | | | |
| SV - Other (Explain in Narrative) | | | | | | | U. Use Unknown | | | | | | | | | | | |
| NA - Not Applicable | | | | | | | N. Not Applicable | | | | | | | | | | | |

| VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding) | | | | | | | | | | | |
|---|--------------------------|-----------------------------|---------------------------------------|---|---|--|--|--|--|--|--|
| 1. Going Straight | 10. Start From Parked | 19. Airborne | 28. Separation of Units | 37. Collision Inv. Other Object (Explain) | 44. Thrown / Falling Object | | | | | | |
| 2. Overtaking | 11. Backing | 20. Ran Off Roadway - Right | 29. Returned to Roadway | 38. Other Non-Collision | 45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV | | | | | | |
| 3. Making Right Turn | 12. Stopped in Traffic | 21. Ran Off Roadway - Left | 30. Collision Inv. Pedestrian | 39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane | 46. Ran Off Roadway - Other (Explain) | | | | | | |
| 4. Right Turn on Red | 13. Parked | 22. 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 | 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)

I responded to the intersection of Highway 60 and Highway 59 in reference to a non injury traffic crash. I arrived on scene and observed two vehicles sitting on the shoulder of the road.

I spoke to both drivers and passengers all stated they did not require EMS response to the scene.

I spoke to the driver of vehicle 2 a 2008 Cadillac DTS bearing Missouri registration (DH09W). The driver was identified by name and date of birth as William McCready. He stated he was in the merge lane waiting to merge onto Highway 60 from Business 49 when vehicle 1 struck the rear of his vehicle. He stated he then pulled out of the roadway onto the shoulder to not impede traffic.

I spoke to the driver of vehicle 1 a 2005 Cadillac SRX bearing Missouri registration (UN1W3N). The driver was identified by name and date of birth as Deborah Berg. She stated she was entering the merge lane to merge from Business 49 onto Highway 60. She stated she observed vehicle 2 slowly roll towards Highway 60 and she looked back left and observed that traffic was clear. She stated she assumed that vehicle 2 had already entered the highway and she continued onto the road and she struck vehicle 2 in the rear.

I observed the evidence at the scene. Vehicle 1 had minor damage to the front bumper and the radiator hose had been pulled free from its location spilling the fluid on the ground. Vehicle 2 had moderate damage to the rear bumper and trunk space. The evidence was consistent with the driver's statements. I photographed both vehicles and included the photos with this report.

Vehicle 1 was towed from the scene due to disabling damage.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|---|----------------------------------|--------------------------|-----------------------------|
| REPORTING OFFICER NAME CODY L. BUNCH | DSN / BADGE NO. 100CLB | BEAT / ZONE | TROOP / DISTRICT / PRECINCT |
| REVIEWING OFFICER NAME R. L. SCHLESSMAN | DSN / BADGE NO. 100RLS | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |

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

Nothing further at this time