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

ORIGINAL

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|---|--|--|---|--|---|--|--|
| LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DRIVER NO. NA | CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No | CRASH CLASSIFICATION <input type="checkbox"/> PROPERTY DAMAGE ONLY | NO. INJURED 1 | NO. KILLED 0 | REPORT / CASE / INCIDENT NUMBER 1901-206 | |
| NO. VEH. INV. 2 | CRASH DATE 01-23-2019 | CRASH TIME (MIL.) 13:21 | NOTIFIED DATE 01-23-2019 | TIME NOTIFIED (MIL.) 13:22 | INVESTIGATION DATE 01-23-2019 | TIME ARRIVED (MIL.) 13:30 | |
| CRASH TYPE <input checked="" type="checkbox"/> 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"/> 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 | <input type="checkbox"/> 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 type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side | | <input checked="" 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) |

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

| | |
|---|--|
| <p>1. Does this crash involve any of the following?</p> <p>1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.</p> <p><input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2 →</p> | <p>2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:</p> <p>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.</p> <p><input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.</p> |
|---|--|

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|---|---|
| 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 N | TRP/DIST/PCT PD08 | GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA |
| ON CST S WOOD ST | | RDWY. DIR. S | DISTANCE FROM <input type="checkbox"/> NA <input type="checkbox"/> Feet <input type="checkbox"/> Miles | LOCATION <input type="checkbox"/> After <input checked="" type="checkbox"/> NA <input type="checkbox"/> Before <input type="checkbox"/> At |
| SPEED LIMIT 15 | ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | INTERSECTING CST E SPRING ST | | SPEED LIMIT 15 |
| 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"/> Steel / 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 |
|------|------------------------------------|--------------|
| | | |
| | | |
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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"/> 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 E S **W** U

V2 N E S **S** W U

V3 N E S W U

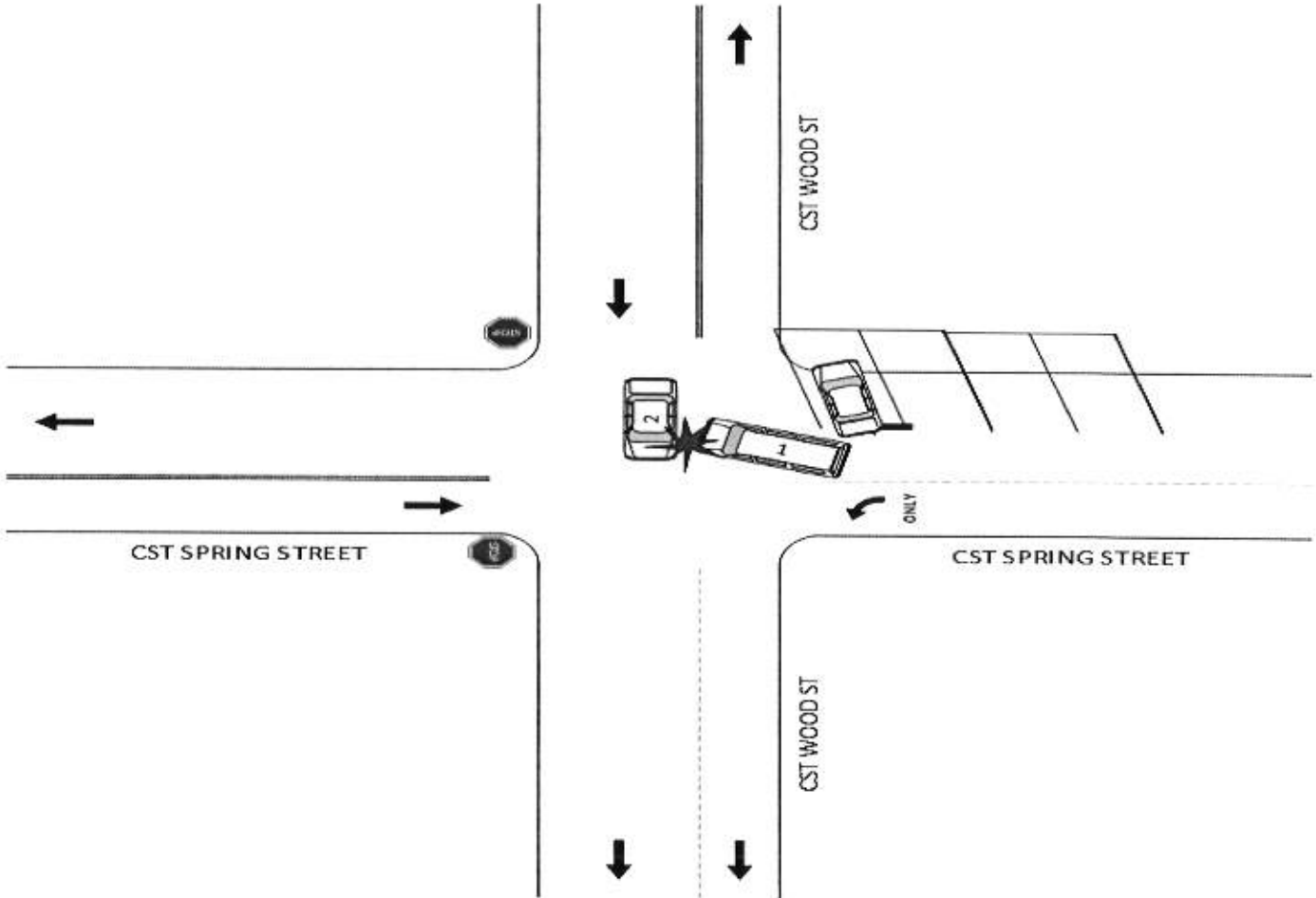
V4 N E S W U

V5 N E S W U

V6 N E S W U

INDICATE NORTH

ORIGINAL



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 FANNING, BRYAN E 819 RIVERSIDE DR, NEOSHO, MO 64850

PHONE NUMBER **(417) 669-9716**

DRIVER LICENSE / ID NUMBER **U079176013** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

LIC TYPE Operator Class **F** Permit Unknown (Explain) MC Only Unlicensed

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **03-18-1979** SEX **M** SEAT LOC **FL** INJ **3** TRANS-PORT **1** EJECTION **2** 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 **FIRST MO INS** PHONE NO. (Optional) POLICY NUMBER **PPAM0072985633-1**

Driver Vehicle

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

YEAR **1987** MAKE **FORD** MODEL **F350** COLOR **WHI** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **CP7F1C** STATE **MO** YEAR **2019** VIN **1FBJS31YXHHC08179** 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**

| | | | | | |
|---|----|----|----|----|---|
| 2 | 3 | 4 | 5 | 6 | 7 |
| X | 15 | 16 | 17 | 8 | |
| M | X | 12 | 11 | 10 | 9 |

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 2 Wh 3 Wh 4 Wh 5 Wh / More Unknown

Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) Pickup Cargo Van 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 - 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)

SEQUENCE OF EVENTS CODES **01 07 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

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) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECTION 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 (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 - Rental 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 Another Veh Intermodal Container Chassis NA (No Cargo Body) Other Unknown

Cargo Tank Dump Auto Transporter Grain / Chip / Gravel 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

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 CAUSER, HELEN L 9103 GATEWAY DRIVE, NEOSHO, MO 64850** PHONE NUMBER **(417) 540-0357**

DRIVER LICENSE / ID NUMBER **J202264011** 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)

DATE OF BIRTH **09-22-1941** 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

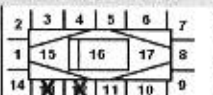
PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY Expired PHONE NO. (Optional) POLICY NUMBER NA Driver Vehicle

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

YEAR **2008** MAKE **CADI** MODEL **DTS** COLOR **GLD** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **DZ28Z** STATE **MO** YEAR **2020** VIN **1G6KD57Y68U203391** 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. **13**  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 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 2 Wh Other Vehicle (Code) Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) Sport Utility Vehicle Intercity 3 Wh Other Vehicle (Code) Truck Tractor With No Units Limousine (7-8 W/Driver) Transit / Commuter 4 Wh Pickup Truck Tractor With One Unit Limousine (9-15 W/Driver) Charter / Tour 5 Wh / More Other Heavy Truck Truck Tractor With Two Units Motorized Bicycle Pedalcycle Other Unknown (Explain) Truck Tractor With Three Units Pedalcycle To / From School Other

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) ALCOHOL USE Yes Unk No NA

SEQUENCE OF EVENTS CODES **12 09 34** 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 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) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

Workers Present Yes No Unknown 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)

| 7F. OCCUPANTS - NAME (Last, First, MI) | DATE OF BIRTH | SEX | SEAT LOC | INJ | TRANS-PORT | EJECT-ION | AIR BAG | SAFETY DEVICES | PHONE NUMBER |
|--|---------------|-----|----------|-----|------------|-----------|---------|----------------|--------------|
| ADDRESS (Street, City, State, Zip) | MM-DD-YYYY | | | | | | | | |
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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 (Leasee, 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

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

| 8 - CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|---|--------------------------|----|--|----|----------------------------------|---|--|---|---|--|---|--------------------------------|-------------------------------------|---|-------------------------|---|---------------------------------------|--|-------------------------------|-------------------------------|---|---------------------------------------|---------------------------|---------------------------|-------------------------|---------------------------------------|---|---------------------|---------------------|--------------------------|------------------------------|---------------------------------|---------------------------------|--|------------------|--------------|---------------|--------------------------------|----------------------|--|-----------------------|------------------|---------------|------------------------------------|-------------------------|--|-----------------------|--------------------------|------------------------|------------------------------|--|--|---------------------|----------------|-----------------------|--------------------------------------|--|--|
| SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable | <table border="1" style="margin: auto;"> <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 | INJURY 1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA | TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA | EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown | AIR BAG 1. None/NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown | SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FR | SR | TR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FC | SC | TC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FL | SL | TL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border: none;"> <tr> <td style="width:33%;">1. Going Straight</td> <td style="width:33%;">10. Start From Parked</td> <td style="width:33%;">19. Airborne</td> <td style="width:33%;">28. Separation of Units</td> <td style="width:33%;">37. Collision Inv. Other Object (Explain)</td> <td style="width:33%;">44. Thrown / Falling Object</td> </tr> <tr> <td>2. Overtaking</td> <td>11. Backing</td> <td>20. Ran Off Roadway - Right</td> <td>29. Returned to Roadway</td> <td>38. Other Non-Collision</td> <td>45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV</td> </tr> <tr> <td>3. Making Right Turn</td> <td>12. Stopped in Traffic</td> <td>21. Ran Off Roadway - Left</td> <td>30. Collision Inv. Pedestrian</td> <td>39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane</td> <td>46. Ran Off Roadway - Other (Explain)</td> </tr> <tr> <td>4. Right Turn on Red</td> <td>13. Parked</td> <td>22. Overturn / Rollover</td> <td>31. Collision Inv. Bicycle/Pedalcycle</td> <td>40. Collision Inv. Animal Drawn Vehicle/ Animal Ridden For Transportation</td> <td>47. Cross Separator</td> </tr> <tr> <td>5. Making Left Turn</td> <td>14. Changing Lanes</td> <td>23. Fire / Explosion</td> <td>32. Collision Inv. Railway Veh.</td> <td>41. Collision Inv. Working MV</td> <td></td> </tr> <tr> <td>6. Making U-Turn</td> <td>15. Avoiding</td> <td>24. Immersion</td> <td>33. Collision Inv. Animal (**)</td> <td>42. Downhill Runaway</td> <td></td> </tr> <tr> <td>7. Skidding / Sliding</td> <td>16. Cross Median</td> <td>25. Jackknife</td> <td>34. Collision Inv. MV in Transport</td> <td>43. Fell/Jumped From MV</td> <td></td> </tr> <tr> <td>8. Slowing / Stopping</td> <td>17. Cross Center Of Road</td> <td>26. Cargo Loss / Shift</td> <td>35. Collision Inv. Parked MV</td> <td></td> <td></td> </tr> <tr> <td>9. Start in Traffic</td> <td>18. Cross Road</td> <td>27. Equipment Failure</td> <td>36. Collision Inv. Fixed Object (**)</td> <td></td> <td></td> </tr> </table> | | | | | | | | | | 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 (**) | | |
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| 8. Slowing / Stopping | 17. Cross Center Of Road | 26. Cargo Loss / Shift | 35. Collision Inv. Parked MV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 24. Fence | 30. Mail Box | 36. Other (Explain) | 42. Ditch | U. Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DISTRACTED / INATTENTIVE CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| VEHICLE TYPE CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OTHER VEHICLE CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>On 01-23-2019, I was dispatched to a non-injury traffic crash at the intersection of Spring Street and Wood Street. Upon arrival, I noticed a gold Cadillac passenger car with driver side front damage and an older white van with front end damage.</p> <p>I spoke with the driver of the van, Bryan Fanning, who stated he was traveling west on Spring Street and went to exit the square and continue west on Spring Street. Mr. Fanning said as he approached Wood Street the Cadillac pulled out in front of him and he was not able to stop before his vehicle collided with the other vehicle. Mr. Fanning said he only had a scratch on his finger.</p> <p>I spoke with the driver of the Cadillac, Helen Causer, who stated she was traveling south on Wood Street. Ms. Causer said she stopped at the stop sign then proceeded to go south on Wood Street and as she pulled out, her vehicle was struck by the van. Ms. Causer said there were vehicles parked to where she couldn't see past the parked vehicles. Ms. Causer said she was not injured.</p> <p>Nothing further.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REPORTING OFFICER NAME RUSTY L. SCHLESSMAN | | | | DSN / BADGE NO. 100RLS | | BEAT / ZONE NN | | TROOP / DISTRICT / PRECINCT 08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REVIEWING OFFICER NAME | | | | DSN / BADGE NO. | | REVIEWING OFFICER 2 NAME | | DSN / BADGE NO. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

ORIGINAL