

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

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. NA	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/>	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1901-238
CRASH CLASSIFICATION						
NO. VEH. INV. 2	CRASH DATE 01-25-2019	CRASH TIME (MIL.) 17:25	NOTIFIED DATE 01-25-2019	TIME NOTIFIED (MIL.) 17:26	INVESTIGATION DATE 01-25-2019	TIME ARRIVED (MIL.) 17:35
CRASH TYPE <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	<input type="checkbox"/> 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	<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 checked="" 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. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2.	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. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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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 NE	TRP/DIST/PCT 4	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA
ON ALY N OF COLER ST		ROWY. DIR. NA	DISTANCE FROM 16 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At
SPEED LIMIT NA		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 COLER ST
TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input checked="" 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 checked="" type="checkbox"/> NA <input 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 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 checked="" 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 type="checkbox"/> Asphalt <input checked="" 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 type="checkbox"/> Cloudy <input checked="" 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

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 <input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Walking / Running in Trafficway <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 NESWU

V2 NESWU

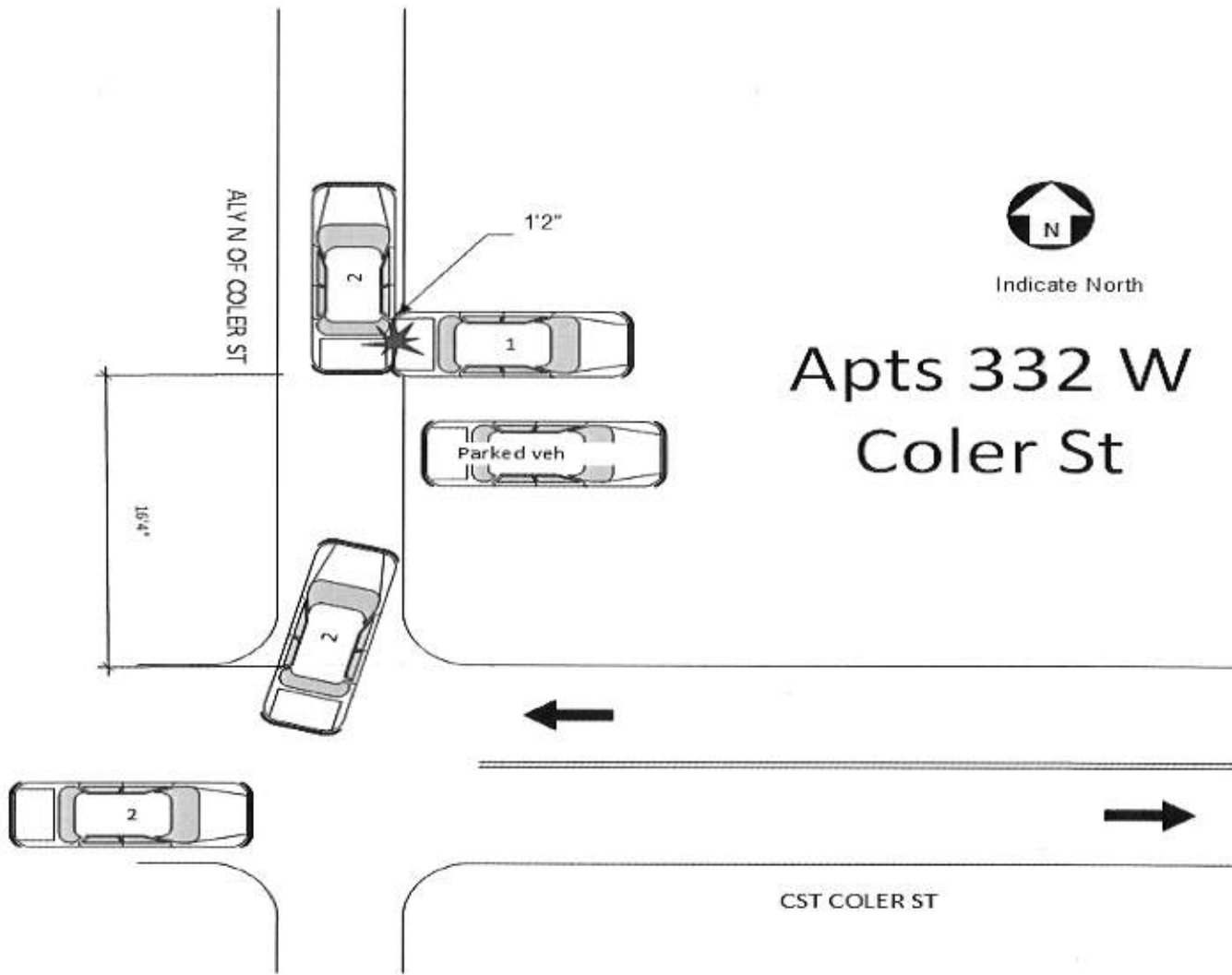
V3 NESWU

V4 NESWU

V5 NESWU

V6 NESWU

ORIGINAL INDICATE NORTH



Indicate North

Apts 332 W Coler St

CST COLER ST

Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS																									
NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) HOFER, SCOTT A 201 N 2ND ST, LANAGAN, MO 64847								PHONE NUMBER (417) 436-3698																	
DRIVER LICENSE / ID NUMBER A079097005		STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class <input type="checkbox"/> Intern / Grad		Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed		MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)																
DATE OF BIRTH 12-04-1995		SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	VISION OBSTRUCTED <input type="checkbox"/> NA <input type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh		Trees / Bush <input type="checkbox"/> Building <input type="checkbox"/> Embankment		Sign <input type="checkbox"/> Hillcrest <input checked="" type="checkbox"/> Parked Veh <input type="checkbox"/> Glare		Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)										
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY SHELTER MUTUAL INSURANCE				PHONE NO. (Optional)		POLICY NUMBER 24-1-8274612-3		Driver <input checked="" type="checkbox"/> Vehicle															
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input checked="" type="checkbox"/> SAD										PHONE NUMBER <input checked="" type="checkbox"/> SAD															
YEAR	MAKE CHEV		MODEL IMPALA			COLOR BLU	VEH TYPE 1	TOTAL NO. OF OCC. 2																	
LICENSE - PLATE NO. BB6G0D		STATE MO	YEAR 2021	VIN 2 G 1 W T 5 8 K 4 7 9 2 6 6 6 9 7							TOWED FROM SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOWED DUE TO DIS. DAMAGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage										TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA															
INITIAL IMPACT NO: <input type="checkbox"/> NA 8		<table border="1"> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td></tr> <tr><td>1</td><td>15</td><td>16</td><td>17</td><td>X</td><td></td></tr> <tr><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>X</td></tr> </table>		2	3	4	5	6	7	1	15	16	17	X		14	13	12	11	10	X	18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit		22 - Cargo 23 - Unknown 24 - Other (Explain)	
2	3	4	5	6	7																				
1	15	16	17	X																					
14	13	12	11	10	X																				
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles <input type="checkbox"/> Vehicle Used As Public Conveyance																									
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (<9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School		<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (15+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other		<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown		<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Single-unit Truck, 2 axes, 6 tires <input type="checkbox"/> Single-unit Truck, 3 or more axes <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units		GWV / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown															
EMERGENCY VEHICLE INVOLVEMENT <input checked="" type="checkbox"/> NA <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B") →						CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)																			
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES <input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)										ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input type="checkbox"/> No <input checked="" type="checkbox"/> NA															
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown 11 34										ANIMAL CODE(S)		FIXED OBJECT CODE(S)													
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> None																									
<input type="checkbox"/> Vehicle Defects (Explain)		<input type="checkbox"/> Vision Obstructed		<input type="checkbox"/> Failed To Dim Headlights		<input type="checkbox"/> Improper Towing / Pushing		<input type="checkbox"/> Object / Obstruction In Roadway																	
<input type="checkbox"/> Speed - Exceeded Limit		<input type="checkbox"/> Driver Fatigue / Asleep		<input type="checkbox"/> Failed To Use Lights		<input type="checkbox"/> Improperly Stopped On Roadway		<input type="checkbox"/> Distracted / Inattentive (Designate Type)																	
<input type="checkbox"/> Too Fast For Conditions		<input type="checkbox"/> Improper Signal		<input type="checkbox"/> Following Too Close		<input type="checkbox"/> Improper Lane Usage / Change		<input type="checkbox"/> Unknown (Explain)																	
<input type="checkbox"/> Violation Signal / Sign		<input checked="" type="checkbox"/> Improper Backing		<input type="checkbox"/> Wrong Side (Not Passing)		<input type="checkbox"/> Overcorrected		<input type="checkbox"/> Other (Explain)																	
<input type="checkbox"/> Failed to Yield		<input type="checkbox"/> Improper Turn		<input type="checkbox"/> Wrong Side (One-Way)		<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior		DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)																	
<input type="checkbox"/> Alcohol		<input type="checkbox"/> Improper Passing		<input type="checkbox"/> Physical Impairment (Explain)		<input type="checkbox"/> Failed To Secure Load / Improper Loading																			
<input type="checkbox"/> Drugs		<input type="checkbox"/> Improperly Parked		<input type="checkbox"/> Improper Start From Park		<input type="checkbox"/> Animal(s) In Roadway																			
7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain)						CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)																							
7F. OCCUPANTS - NAME (Last, First, MI) WILKINS, SAMANTHA D				DATE OF BIRTH MM-DD-YYYY 05-01-1993		SEX F	SEAT LOC FR	INJ 5	TRANS-PORT 1	EJEC-TION 2	AIR BAG 3	SAFETY DEVICES 5	PHONE NUMBER (417) 436-3698												
ADDRESS (Street, City, State, Zip) 102 FLINT ST, LANAGAN, MO 64847																									
7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2																									
MOTOR CARRIER IDENTIFICATION (Leases, etc.) - NAME & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAO										PHONE NUMBER <input type="checkbox"/> SAO															
COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier		<input type="checkbox"/> Not in Commerce - Government Vehicle <input type="checkbox"/> Not in Commerce - Other Vehicle		<input type="checkbox"/> Not in Commerce - Rental Vehicle		MC / MX / ICC NO.		USDOT NO.																	
CARGO BODY TYPE <input type="checkbox"/> Enclosed Box <input type="checkbox"/> Cargo Tank		<input type="checkbox"/> Flatbed <input type="checkbox"/> Dump		<input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transporter		<input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Grain / Chip / Gravel		<input type="checkbox"/> Pole Trailer <input type="checkbox"/> Log		<input type="checkbox"/> Vehicle Towing Another Veh.		<input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown													
HAZARDOUS MATERIALS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		4-DIGIT NO.		CLASS		HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		HAZARDOUS MATERIAL NAME													

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**
2 WALKER, ROBERT B 321 ADAMS ST, NEOSHO, MO 64850

PHONE NUMBER
(417) 389-0088

DRIVER LICENSE / ID NUMBER **T981267617** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

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

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **06-19-1954** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED NA

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **STATE FARM** PHONE NO. (Optional) POLICY NUMBER **154-5834-B10-25K**

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

YEAR **CHEV** MAKE **CRUZE** MODEL **BLK** COLOR **1** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **MF6H7R** STATE **MO** YEAR **2019** VIN **1G1PH5S B0D7105629**

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage 6

INITIAL IMPACT NO: **6**

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 **05 01 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

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. _____

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 Yes No Unknown

PLACARD DISPLAYED Yes No Unknown

4-DIGIT NO. _____ CLASS _____ HM CARGO PRESENT Yes No Unknown

HM CARGO RELEASED Yes No Unknown

HAZARDOUS MATERIAL NAME _____

ORIGINAL

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="width: 100%; border-collapse: collapse;"> <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)																																																																																												
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<p>On 01-25-19 at 17: I responded to the alleyway next to 332 W Color St. Upon arrival I spoke with the driver of vehicle 1. He stated he was parked in a parking spot at the apartments located at 332 W Color St. He stated he looked behind him as he was pulling out and there were no vehicles behind him. As he began to back out his vehicle struck vehicle 2. He never saw vehicle 2 turning off of Coler St and into the alley directly behind his vehicle.</p> <p>Driver 2 stated he was eastbound on Coler St and turning left into the alley on the north side of 332 W Coler St. As he turned into the alley, vehicle 1 backed into the rear passenger side of the vehicle.</p> <p>No injuries were reported at the scene.</p>																																																																																												
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