

1 - GENERAL CRASH INFORMATION	1 - AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT</b> <b>MO0730300</b>
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ORIGINAL

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>0</b>	<b>0</b>	<b>1901-260</b>

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
<b>2</b>	<b>01-28-2019</b>	<b>14:34</b>	<b>01-28-2019</b>	<b>14:38</b>	<b>01-28-2019</b>	<b>14:45</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVED		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
	<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<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	<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	<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"/> Felling / Shifting Cargo (Sel 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 / GCWR 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.
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EVIDENTIARY PHOTOS TAKEN BY WHOM	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>A.MALAGON</b>	<input checked="" type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>NA</b>	<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT/ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)	
<b>NEWTON</b>	<b>NEOSHO</b>	<b>NORTH</b>	<b>NA</b>	LAT: <b>N NA</b>	LONG: <b>W NA</b>
ON		RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
<b>MO HIGHWAY 86</b>		<b>E</b>	<b>200</b> <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	<b>CRD HAMMER RD</b>
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT	INT. DIR.
<b>45</b>	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			<b>35</b>	<b>S</b>
				GEO - CODE	<b>NA</b>

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 checked="" 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	ROAD PROFILE
	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	<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  NA

<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION
	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)

ROAD SURFACE

<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION
	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)

LIGHT CONDITION

Daylight  Dark-Lighted  Dark-Unlighted  Dark-Unknown Lighting  Other (Explain)  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	OTHER ACTIONS <input checked="" type="checkbox"/> NA / None	SCHOOL INFO. <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	<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	<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  None

<input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA	ALCOHOL USE
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

6. COLLISION DIAGRAM

Compass Direction Before Crash Event(s) (Circle One)

V1 **N** E S W U

V2 N E S **W** U

V3 N E S W U

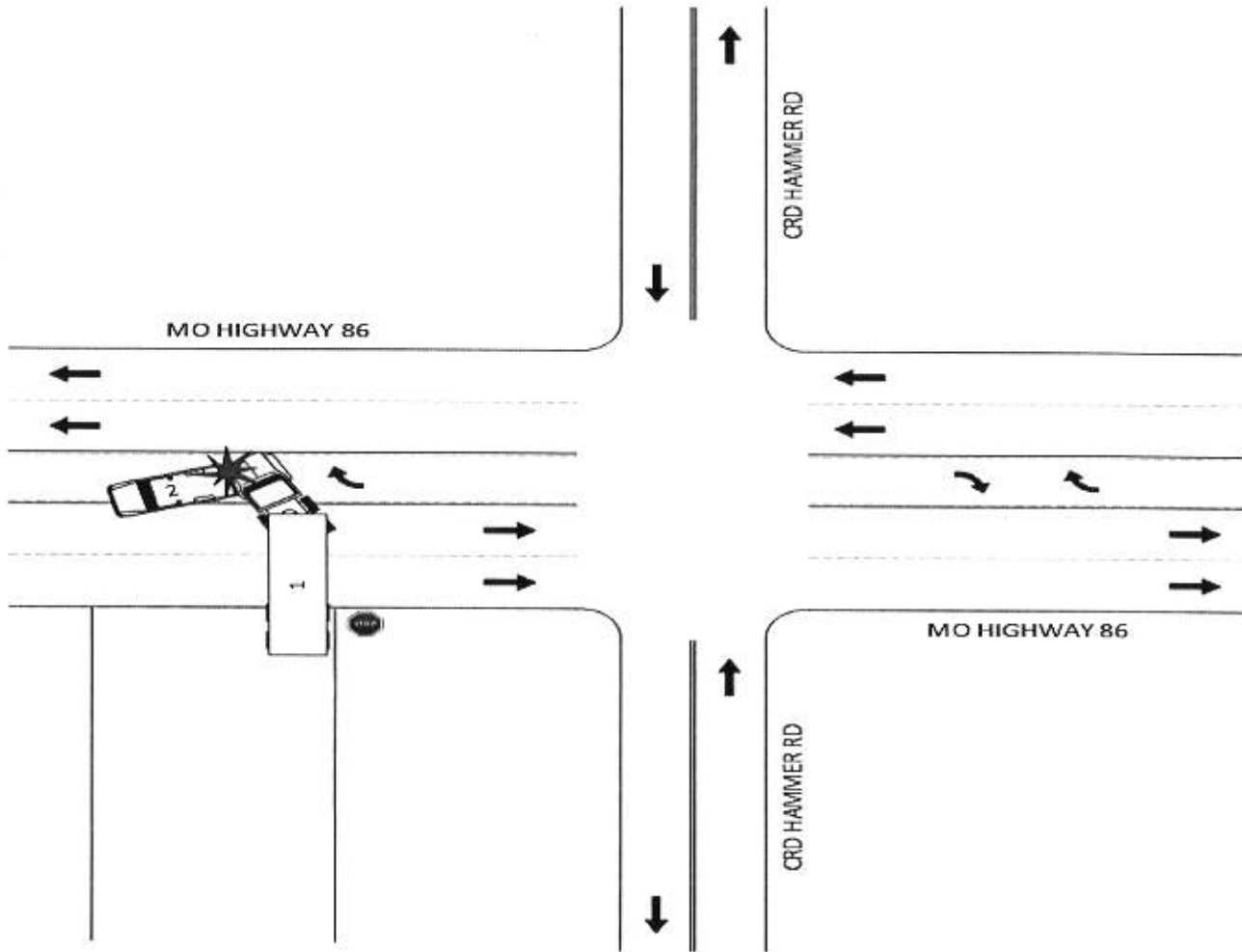
V4 N E S W U

V5 N E S W U

V6 N E S W U

ORIGINAL

INDICATE NORTH



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) **FLORES-TORRES, MISAE L 251 LITTLE RIVER RD, WESTFIELD, MA 01085** PHONE NUMBER **(413) 977-3455**

DRIVER LICENSE / ID NUMBER **S49820758** STATE **MA** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class  Permit  Unknown (Explain) MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **08-31-1980** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED  NA  Not Obstructed  Windshield  Load on Veh  Trees / Bush  Building  Embankment  Sign  Hillcrest  Parked Veh  Moving Veh  Stopped Veh  Glare  Other (Explain)  Unknown (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **ACORD INSURANCE** PHONE NO. (Optional) POLICY NUMBER **1020020321**  NA  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)  SAD **ANA TRUCKING INC 113 BETHANY RD, MONSON, MA 01057** PHONE NUMBER  SAD

YEAR **VW** MAKE **VW** MODEL **670** COLOR **BLK** WHI VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **3035A** STATE **MA** YEAR **2019** VIN **4V4NC9TJ47N485752** 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**

2	3	4	5	6	7
1	15	16	17	8	
14	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  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 - 25,000 lbs.  Greater than 25,000 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 | 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

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 **ANA TRUCKING 113 BETHANY RD, MONSON, MA 01057** PHONE NUMBER **(800) 333-9846**

COMMERCIAL / NON-COMMERCIAL  Interstate Carrier  Not in Commerce - Government Vehicle  Not in Commerce - Other Vehicle MC / MX / ICC NO. **348909** USDOT NO. **T780088**

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 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 HANSEN, SHERRIE L 5472 KRINGLE LANE, NEOSHO, MO 64850** PHONE NUMBER **(417) 977-3455**

DRIVER LICENSE / ID NUMBER **T078227003** 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 **09-29-1954** 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

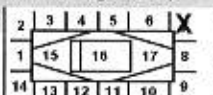
PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **TRAVELERS INSURANCE** PHONE NO. (Optional) POLICY NUMBER **9967934752031**  NA  Driver  Vehicle

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

YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO. OF OCC.  
**GMC 2500 SIL 1 1**

LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE  
**1HZ817 MO 2019 1G1T12SE5GF101236**  Yes  No  Yes  No

VEHICLE DAMAGE (Mark all damaged areas)  None / No Damage TOWED BY  Unknown  NA

INITIAL IMPACT NO. **7**  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

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  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 **12 | 34**  Unknown 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 EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER

NAME	ADDRESS	DOB	SEX	SEAT	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 (Lease, 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

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**

8 - CODES																																																															
<b>SEAT LOCATION</b> 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; text-align: center;"> <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	<b>INJURY</b> 1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	<b>TRANSPORTED</b> (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	<b>EJECTION</b> 1. NA 2. No 3. Partially 4. Totally U. Unknown	<b>AIR BAG</b> 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	<b>SAFETY DEVICES</b> 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																																																													
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<b>VEHICLE ACTION / SEQUENCE OF EVENTS</b> (Items with double-asterisk [**] require additional coding)																																																															
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<p>On 01-28-2019 at approximately 1438 hours, Officer`s responded to the 12000 block of Highway 86 in reference to a non injury traffic crash. Officers took a traffic crash report.</p> <p>Upon my arrival to the Loves parking lot I made contact with the driver`s who were involved in the crash. I asked both drivers if they were okay and they said yes. Both parties did not need medical assistance.</p> <p>I spoke with the driver of vehicle one who was identified by his Massachusetts driver`s license as Misael Flores-Torres. Mr. Flores-Torres said he was leaving the Loves parking lot turning left onto Highway 86 when he struck vehicle two. Mr. Flores-Torres said he saw vehicle two start turning towards the parking lot so he started looking both ways. Mr. Flores-Torres said he thought vehicle two had already entered the parking lot so he started to go. Mr. Flores-Torres said he saw vehicle two brake and he braked also. Mr. Flores-Torres said his vehicle tire struck the back of vehicle two. Mr. Flores-Torres said his vehicle did not attain any damage.</p> <p>I spoke with the driver of vehicle two who was identified by her Missouri driver`s license as Sherrie Hansen. Ms. Hansen said she was in the center lane facing west on Highway 86 about to turn left when she got struck by vehicle one.</p> <p>Both vehicles were in the Loves parking lot when I arrived. I took pictures of the damage to Ms. Hansen`s vehicle. I will include pictures with this report.</p> <p>Nothing further at this time.</p>																																																															
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REVIEWING OFFICER NAME <b>M. A. MALLORY</b>				DSN / BADGE NO. <b>100MAM</b>		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.																																																							

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**ORIGINAL**