

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. <b>NA</b>	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/>	NO. INJURED <b>0</b>	NO. KILLED <b>0</b>	REPORT / CASE / INCIDENT NUMBER <b>1902-044</b>
NO. VEH. INV. <b>2</b>	CRASH DATE <b>02-05-2019</b>	CRASH TIME (MIL.) <b>15:45</b>	NOTIFIED DATE <b>02-05-2019</b>	TIME NOTIFIED (MIL.) <b>15:48</b>	INVESTIGATION DATE <b>02-05-2019</b>	TIME ARRIVED (MIL.) <b>15:51</b>	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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	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 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 checked="" 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.

<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 / 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.</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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM <b>R LEAVENS 106</b>	AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM <b>NA</b>	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY <b>NEWTON</b>	MUNICIPALITY <b>NEOSHO</b>	BEAT/ZONE <b>NN</b>	TRP/DIST/PCT <b>NA</b>	GPS COORDINATES (DD MM SS.S FORMAT) LAT: <b>N NA</b> LONG: <b>W NA</b>
ON <b>CST REID RD</b>		RDWY. DIR <b>E</b>	DISTANCE FROM <input type="checkbox"/> NA Feet Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At
SPEED LIMIT <b>25</b>	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 <b>CST MAYBERRY LN</b> SPEED LIMIT: <b>25</b> INT. DIR.: <b>NA</b> GEO - CODE: <b>NA</b>		
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 type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input checked="" 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 checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)		
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)		WEATHER CONDITION <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)		
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)				

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES  None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE  MoDOT  County  Municipality

4 - WITNESS  None Identified  Additional Witnesses in Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

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
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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 W U

V3 N E S W U

V4 N E S W U

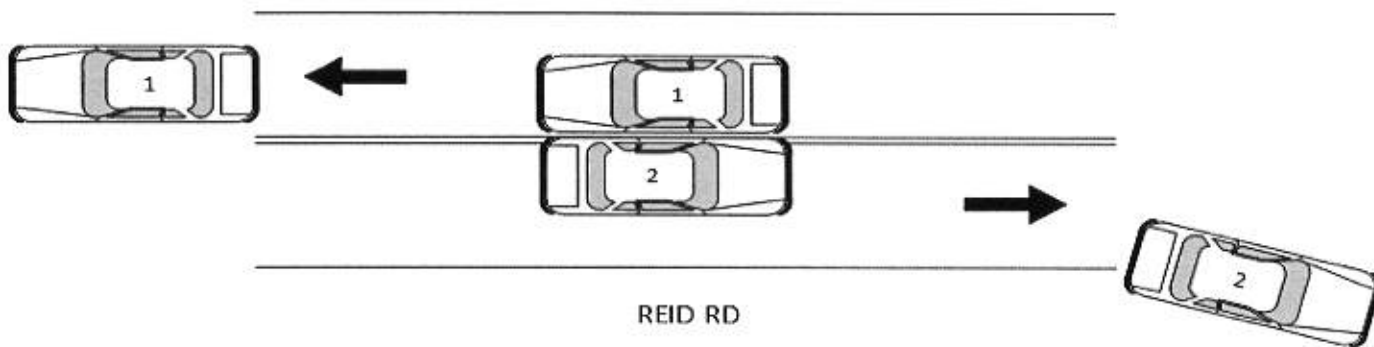
V5 N E S W U

V6 N E S W U

INDICATE NORTH



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) <b>FLORES, ABIGAIL</b> 920 CANYON DR, NEOSHO, MO 64850										PHONE NUMBER <b>(417) 291-6559</b>																							
DRIVER LICENSE / ID NUMBER <b>S079129020</b>		STATE <b>MO</b>		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 <b>F</b> <input type="checkbox"/> CDL Class <input type="checkbox"/> Intern / Grad <input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed <input type="checkbox"/> Unknown (Explain)			MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)																							
DATE OF BIRTH <b>09-26-1988</b>		SEX <b>F</b>	SEAT LOC <b>FL</b>	INJ <b>5</b>	TRANS-PORT <b>N</b>	EJEC-TION <b>1</b>	AIR BAG <b>3</b>	SAFETY DEVICES <b>5</b>	VISION OBSTRUCTED <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Bush	<input type="checkbox"/> Sign	<input type="checkbox"/> Moving Veh	<input type="checkbox"/> Other (Explain)																			
PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		INSURANCE COMPANY <b>STATE FARM</b>				PHONE NO. (Optional)		POLICY NUMBER <b>362 3727-A09-25</b>		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle																							
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) <input type="checkbox"/> SAD <b>BULLARD, MICHAEL</b> 920 CANYON, NEOSHO, MO 64850										PHONE NUMBER <input type="checkbox"/> SAD																							
YEAR <b>2009</b>	MAKE <b>TOYT</b>		MODEL <b>CBA</b>			COLOR <b>BLK</b>		VEH TYPE <b>1</b>	TOTAL NO. OF OCC. <b>1</b>																								
LICENSE - PLATE NO. <b>YK8S5Z</b>		STATE <b>MO</b>	YEAR <b>2019</b>	VIN <b>4 T 1 B E 4 6 K 2 9 U 3 0 7 9 5 6</b>			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 <b>13</b>		<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>8</td><td>9</td></tr> <tr><td>14</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> </table>		2	3	4	5	6	7	1	15	16	17	8	9	14	X	X	X	X	X	18 - Undercarriage		22 - Cargo		19 - Windshield		23 - Unknown		20 - Burned		24 - Other (Explain)	
2	3	4	5	6	7																												
1	15	16	17	8	9																												
14	X	X	X	X	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 / Front School	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Large Bus (15+ W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> ATV	<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 axles, 6 tires	<input type="checkbox"/> Single-unit Truck, 3 or more axles	<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	GVW / GCW 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										CONTRIBUTING TRAFFIC CONDITIONS <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")	<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 B)										ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> NA																							
SEQUENCE OF EVENTS CODES <input type="checkbox"/> Unknown										ANIMAL CODE(S)		FIXED OBJECT CODE(S)																					
01   34																																	
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None																																	
<input type="checkbox"/> Vehicle Defects (Explain)	<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Failed to Yield	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	<input type="checkbox"/> Failed To Secure Load / Improper Loading	<input type="checkbox"/> Animal(s) in Roadway	<input type="checkbox"/> Object / Obstruction In Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)	<input checked="" type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Other (Explain)		
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					CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA																
<input type="checkbox"/> Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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)	<input type="checkbox"/> 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	<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)												DATE OF BIRTH MM-DD-YYYY		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER												
ADDRESS (Street, City, State, Zip)																																	
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 (Leasee, 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"/> Intra-state Carrier										<input type="checkbox"/> Not in Commerce - Government Vehicle		<input type="checkbox"/> Not in Commerce - Other Vehicle		MC / MX / ICC NO.		USDOT NO.																	
CARGO BODY TYPE	<input type="checkbox"/> Enclosed Box	<input type="checkbox"/> Flatbed	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Garbage / Refuse	<input type="checkbox"/> Pole Trailer	<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	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																											

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 LONG, CHANEY R 2524 ROUTE C, NEOSHO, MO 64850** PHONE NUMBER **(417) 456-1927**

DRIVER LICENSE / ID NUMBER **D078170004** 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  CDL Class  MC Only  Unlicensed  Unknown (Explain)

DATE OF BIRTH **06-18-2002** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJEC-TION **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  Clare

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **FARM BUREAU** Expired  PHONE NO. (Optional) POLICY NUMBER **APV0620086**  NA  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)  SAD **LONG, TRAVIS 2524 ROUTE C, NEOSHO, MO 64850** PHONE NUMBER  SAD

YEAR **2003** MAKE **NISS** MODEL **ALTIMA** COLOR **MAR** VEH TYPE **1** TOTAL NO. OF OCC. **4**

LICENSE - PLATE NO. **MS5B6R** STATE **MO** YEAR **2019** VIN **1N4BL11E53C103343** 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 **RON'S TOWING**

INITIAL IMPACT NO. **13**

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8	9	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

GWV / 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  Fire  Other (Must check "A" / "B")  A. Emergency Vehicle on Emergency Run  B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS  NA  Congestion Ahead  Crash Ahead  Other Incident Ahead  Unknown (Explain)

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

SEQUENCE OF EVENTS CODES **01 | 34**  Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE  Yes  No  NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES  None

Vehicle Defects (Explain)  Speed - Exceeded Limit  Too Fast For Conditions  Violation Signal / Sign  Failed to Yield  Alcohol  Drugs

Vision Obstructed  Driver Fatigue / Asleep  Improper Signal  Improper Backing  Improper Turn  Improper Passing  Improperly Parked

Failed To Dim Headlights  Failed To Use Lights  Following Too Close  Wrong Side (Not Passing)  Wrong Side (One-Way)  Physical Impairment (Explain)  Improper Start From Park

Improper Towing / Pushing  Improperly Stopped On Roadway  Improper Lane Usage / Change  Overcorrected  Improper Riding / Clinging To Veh. Exterior  Failed To Secure Load / Improper Loading  Animal(s) In Roadway

Object / Obstruction In Roadway  Distracted / Inattentive (Designate Type)  Unknown (Explain)  Other (Explain)

DISTRACTED / INATTENTIVE CODE(S)  NA (See Codes in Section 8)

7E. WORK ZONE  Yes  No  Unknown

TRAFFIC CONTROL  None  Unknown

Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)

Other:  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus

Controls:  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Yield Sign  Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING  Yes (Explain)  No  Unknown  NA

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
<b>CIZEK, MARLEE</b>	<b>12-09-2011</b>	<b>F</b>	<b>SR</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>(417) 456-1927</b>
<b>CIZEK, ALEXANDRA</b>	<b>08-26-2010</b>	<b>F</b>	<b>SL</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>(417) 456-1927</b>
<b>CIZEK, MADDLEYN</b>	<b>11-12-2013</b>	<b>F</b>	<b>SC</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>11</b>	<b>(417) 456-1927</b>

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

8 - CODES											
<b>SEAT LOCATION</b> XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger DE - Occupant - Enclosed Load Area DU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable		<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 Bell, etc.)		<b>SAFETY DEVICES</b> 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown 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	
<b>VEHICLE ACTION / SEQUENCE OF EVENTS</b> (Items with double-asterisk [**] require additional coding)											
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start in Traffic 10. Start From Parked 11. Backing 12. Stopped in Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road 19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure 28. Separation of Units 29. Returned to Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 36. Collision Inv. Fixed Object (**) 37. Collision Inv. Other Object (Explain) 38. Other Non-Collision 39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane 40. Collision Inv. Animal Drawn Vehicle/ Animal Ridden For Transportation 41. Collision Inv. Working MV 42. Downhill Runaway 43. Fell/Jumped From MV 44. Thrown / Falling Object 45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV 46. Ran Off Roadway - Other (Explain) 47. Cross Separator											
<b>ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b> 60. Deer 61. Farm Animal 62. Dog 63. Other Animal U. Unknown											
<b>FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b> 20. Tree / Slump (Standing) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support 26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier 32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End 38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 43. Other Post / Pole / Support 44. Wall 45. Cable Barrier 46. Bridge Overhead Structure 47. Overhead Line / Cable U. Unknown											
<b>DISTRACTED / INATTENTIVE CODES</b> 1. External Distraction 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device 5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing 9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming 13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)											
<b>VEHICLE TYPE CODES</b> 1. Motor Vehicle in Transport 2. Parked Motor Vehicle 3. Working Motor Vehicle 4. Pedalcycle 5. Animal Drawn Vehicle / Animal Ridden For Transportation Purposes U. Unknown											
<b>OTHER VEHICLE CODES</b> 1. Riding Mower / Garden Tractor 2. Golf Cart 3. Snowmobile 4. Forklift 5. Animal Drawn Vehicle / Animal Ridden For Transportation 6. Low Speed Vehicle 7. Other (Explain)											
<b>9. NARRATIVE / STATEMENTS</b> (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)											
<p>Reporting officer, Sgt Richard Leavens, 106, was dispatched to a traffic crash on Reid Road at the west intersection of Mayberry Lane.</p> <p>I met with both involved parties and was advised that no one needed medical attention.</p> <p>The driver of vehicle 1, Abigail Flores advised that she was west bound on Reid Road and that the vehicles sideswiped at the crest of a hill. She continued to the bottom of the hill at Reid Road and Business 49 and waited for law enforcement there</p> <p>The driver of vehicle 2, Chaney Long advised that she was east bound on Reid Road. A black westbound pickup truck came over the center and she moved to the outside edge to avoid it. The stated that vehicle 1 came over the center line also and sideswiped her car.</p> <p>There was construction at 1221 Reid Road that included driveway construction that was directly adjacent to the crash location.</p> <p>The debris field in the road did not clearly indicated where the impact occurred and there were no skid marks to indicate lane position.</p> <p>There were was no firm indications of who may have been in the wrong lane.</p> <p>Nothing further.</p>											
<b>10. REPORTING AND REVIEWING OFFICER INFORMATION</b>											
REPORTING OFFICER NAME <b>RICHARD C. LEAVENS</b>				DSN / BADGE NO. <b>100RCL</b>		BEAT / ZONE <b>NN</b>		TROOP / DISTRICT / PRECINCT <b>4</b>			
REVIEWING OFFICER NAME <b>M. A. MALLORY</b>				DSN / BADGE NO. <b>100MAM</b>		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.			

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

**ORIGINAL**