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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 checked="" type="checkbox"/> | PROPERTY DAMAGE ONLY <input type="checkbox"/> | NO. INJURED 0 | NO. KILLED 0 | REPORT / CASE / INCIDENT NUMBER 1902-128 |
|---|-------------------------|---|---|--|-------------------------|------------------------|--|

| | | | | | | | |
|---------------------------|---------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---|-------------------------------------|---|
| NO. VEH. INV. 2 | CRASH DATE 02-13-2019 | CRASH TIME (MIL.) 15:14 | NOTIFIED DATE 02-13-2019 | TIME NOTIFIED (MIL.) 15:14 | INVESTIGATION DATE 02-13-2019 | TIME ARRIVED (MIL.) 15:19 | INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------|---------------------------------|-----------------------------------|------------------------------------|--------------------------------------|---|-------------------------------------|---|

| | | | | | | | | |
|------------|---|--|--|---|---|---|--|---|
| CRASH TYPE | ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway | NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife | FELL / JUMPED FROM MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision | COLLISION INVOLVED <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian | RAILWAY VEHICLE <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side | ANGLE <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) | 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 |
|--|---|

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

2 - LOCATION

| | | | | |
|--|-------------------------------|---|--|---|
| COUNTY NEWTON | MUNICIPALITY NEOSHO | BEAT/ZONE NORTH | TRP/DIST/PCT 5 | GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA |
| ON CST COLER | | ROWY DIR. E | DISTANCE FROM <input checked="" type="checkbox"/> NA Feet <input type="checkbox"/> Miles | LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At |
| SPEED LIMIT 30 | | 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 N HIGH ST |
| 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 type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain) |

| | |
|--|--|
| INTERSECTION TYPE <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain) | ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain) |
| ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain) | WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> 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 |
|------|------------------------------------|--------------|
| | | |
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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"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown | OTHER ACTIONS <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh | SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both of the Above <input type="checkbox"/> Unknown (Explain) |
|---|---|--|

| | | |
|--|--|---|
| PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain) | DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA | ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
|--|--|---|

6. COLLISION DIAGRAM
Compass Direction Before Crash Event(s)
(Circle One)

V1 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

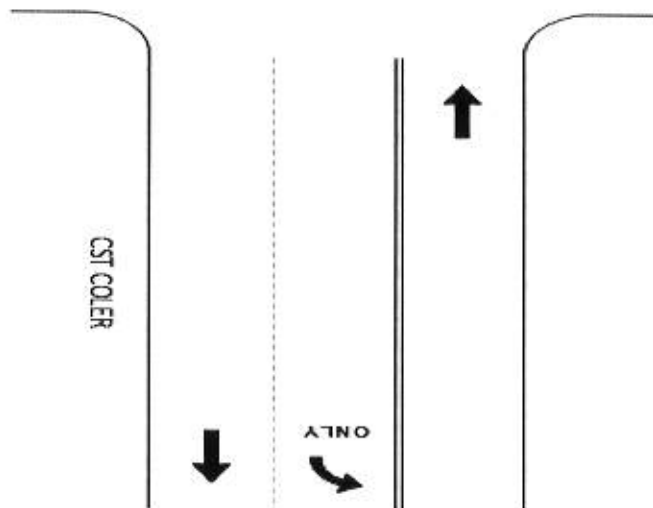
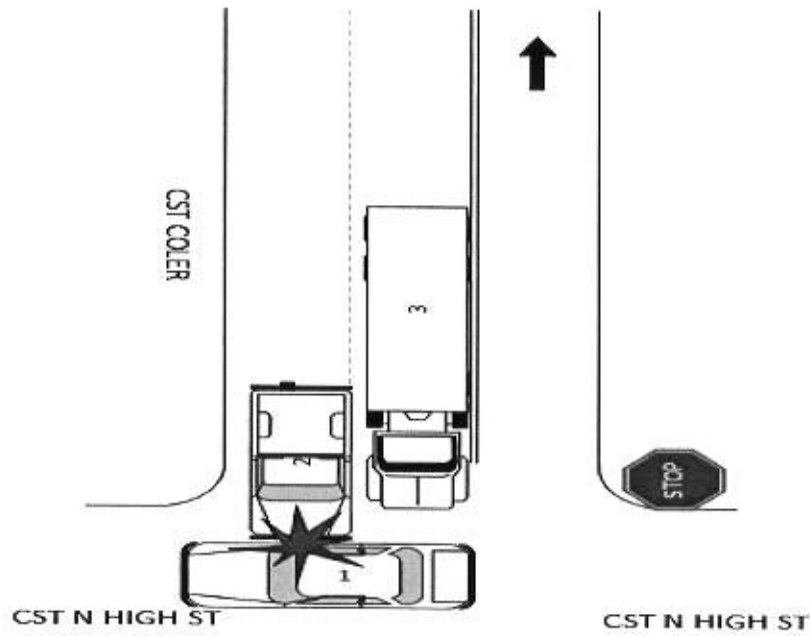
V6 N E **S** W U

ORIGINAL

INDICATE NORTH



Indicate North



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1 ROBBINS, WILMA J 321 HAMILTON ST APT 210, NEOSHO, MO 64850** PHONE NUMBER **(417) 592-7617**

DRIVER LICENSE / ID NUMBER **S078047028** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Dth 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 **02-16-1950** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJEC-TION **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 **CAMERON** PHONE NO. (Optional) POLICY NUMBER **A 549884 7** Driver Vehicle

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

YEAR **2009** MAKE **TOYT** MODEL **CAMRY** COLOR **RED** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **KJ1J5P** STATE **MO** YEAR **2019** VIN **4 T 1 B E 4 6 K 3 3 9 U 4 0 3 6 1** 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. **4**  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 Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) Cargo Van Pickup Other Heavy Truck Unknown (Explain)

2 Wh 3 Wh 4 Wh 5 Wh / More Unknown

Single-unit Truck, 2 axles, 6 tires Single-unit Truck, 3 or more axles Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units

GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) Less than or equal to 10,000 lbs. 10,001 - 26,000 lbs. Greater than 26,000 lbs. Unknown

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire Other (Must check "A" / "B") A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS NA Congestion Ahead Crash Ahead Other Incident 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 **09 01 34** ANIMAL CODE(S) FIXED OBJECT CODE(S)

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 EJEC-TION 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 - 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

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 SISCO, ARTHUR J 808 FLOWER BOX LANE, NEOSHO, MO 64850 PHONE NUMBER **(417) 499-3070**

DRIVER LICENSE / ID NUMBER **S078298001** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE Operator Class Permit Unknown (Explain) MC ENDORSEMENT Yes No NA CDL Class **A** MC Only Unlicensed

DATE OF BIRTH **07-28-1965** SEX **M** 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 **TRADERS** PHONE NO. (Optional) POLICY NUMBER **TM24366479-14** NA Driver Vehicle

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

YEAR **2004** MAKE **MAZD** MODEL **B2300** COLOR **GRN** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **5WBS30** STATE **MO** YEAR **4** VIN **4 F 4 Y R 1 2 D 1 4 T M 0 1 4 5 4** TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

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

INITIAL IMPACT NO. **1**  18 - Undercarriage 22 - Cargo
 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) 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 / 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 Other Incident Ahead Crash Ahead Unknown (Explain)

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

SEQUENCE OF EVENTS CODES **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 5)

7E. WORK ZONE Yes No Unknown

TRAFFIC CONTROL None Unknown Electric Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Workers Present Yes No Unknown Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Warming 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 |
|------------------------|------------------------------------|--------------------------|-----|----------|-----|------------|-----------|---------|----------------|--------------|
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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 (Leases, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

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

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

HAZARDOUS MATERIALS Yes No Unknown PLACARD DISPLAYED Yes No Unknown 4-DIGIT NO. CLASS HIM CARGO PRESENT Yes No Unknown HIM CARGO RELEASED Yes No Unknown HAZARDOUS MATERIAL NAME

| SEAT LOCATION | | INJURY | | TRANSPORTED | EJECTION | AIR BAG | | SAFETY DEVICES | |
|--------------------------------------|----------|-----------------------------|-------------------------|--------------|---|-----------------------------|----------------------------|--------------------------------------|--|
| XX - Not Known | FR SR TR | 1. Fatal | (For Medical Treatment) | 1. NA | 1. None/NA | 9. Deployed - Combination | 1. None | 10. Booster Seat | |
| B - Pedalcycle | FC SC TC | 2. Suspected Serious Injury | | 2. No | 3. Not Deployed | 10. Deployment Unknown | 2. Not Used | 11. Child Restraint - Forward Facing | |
| M - Motorcycle | FL SL TL | 3. Evident - Not Disabling | 1. No | 3. Partially | 4. Removed | U. Air Bag Presence Unknown | 3. Shoulder Belt Only | 12. Child Restraint - Rear Facing | |
| CP - Commercial Passenger | | 4. Probable - Not Apparent | 2. EMS | 4. Totally | 5. Deployed - Front | | 4. Lap Belt Only | 13. Other Helmet | |
| OE - Occupant - Enclosed Load Area | | 5. None Apparent | 3. Other | U. Unknown | 6. Deployed - Side | | 5. Shoulder and Lap Belt | 14. Reflective Clothing | |
| OU - Occupant - Unenclosed Load Area | | U. Unknown | U. Unknown | N. NA | 7. Deployed - Curtain | | 7. DOT Compliant MC Helmet | 15. Other | |
| RC - Rail Crew | | N. NA | | | 8. Deployed - Other (Knee, Air Bell, etc) | | 8. No Helmet | U. Use Unknown | |
| SV - Other (Explain in Narrative) | | | | | | | | N. Not Applicable | |
| NA - Not Applicable | | | | | | | | | |

ORIGINAL

| VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding) | |
|---|---|
| 1. Going Straight | 10. Start From Parked |
| 2. Overtaking | 11. Backing |
| 3. Making Right Turn | 12. Stopped in Traffic |
| 4. Right Turn on Red | 13. Parked |
| 5. Making Left Turn | 14. Changing Lanes |
| 6. Making U-Turn | 15. Avoiding |
| 7. Skidding / Sliding | 16. Cross Median |
| 8. Slowing / Stopping | 17. Cross Center Of Road |
| 9. Start in Traffic | 18. Cross Road |
| 19. Airborne | 20. Ran Off Roadway - Right |
| 21. Ran Off Roadway - Left | 22. Overtum / 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. |
| 32. Collision Inv. Animal (**) | 33. Collision Inv. Animal (**) |
| 34. Collision Inv. MV in Transport | 35. Collision Inv. Parked MV |
| 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 | |

| ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS | |
|--|------------------|
| 60. Deer | 61. Farm Animal |
| 62. Dog | 63. Other Animal |
| U. Unknown | |

| FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS | |
|--|---|
| 20. Tree / Stump (Standing) | 26. Culvert |
| 21. Embankment / Driveway / Ground / Rock Bluff | 27. Highway Traffic Sign Post / Support |
| 22. Guardrail Face | 28. Bridge Pier / Abutment / Support |
| 23. Utility Pole | 29. Curb |
| 24. Fence | 30. Mail Box |
| 25. Street Light Support | 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 | |

| DISTRACTED / INATTENTIVE CODES | |
|--|---|
| 1. External Distraction | 5. Communication Device - Hand-held |
| 2. Passengers | 6. Communication Device - Hands Free |
| 3. Stereo / Audio / Video Equipment | 7. Communication Device - Texting / E-mailing |
| 4. Navigation Device | 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) | |

| VEHICLE TYPE CODES | |
|---|--------------------------|
| 1. Motor Vehicle in Transport | 3. Working Motor Vehicle |
| 2. Parked Motor Vehicle | 4. Pedalcycle |
| 5. Animal Drawn Vehicle / Animal Ridden For Transportation Purposes | U. Unknown |

| OTHER VEHICLE CODES | |
|--|----------------------|
| 1. Riding Mower / Garden Tractor | 3. Snowmobile |
| 2. Golf Cart | 4. Forklift |
| 5. Animal Drawn Vehicle / Animal Ridden For Transportation | 6. Low Speed Vehicle |
| 7. Other (Explain) | |

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

Upon my arrival to the intersection of Coler St and High St I made contact with the driver of a green Mazda mini-pickup he was identified by his MO Id as Mr. Arthur Sisco. Mr. Sisco stated he was driving east on W Coler and there was a semi in the center turn lane making a right turn. As he passed the semi a red car that was stopped at High Street pulled across the roadway in front of him and he struck the passenger side of the vehicle.

I spoke with the driver of the red Toyota Camry who stated the same sequence of events. She stated she couldn't see the pickup coming because there was a semi was obstructing her vision, when she crossed Coler St the pickup struck the passenger side of her vehicle.

Both parties had moved their vehicles prior to my arrival and both individuals declined medical services saying they were not injured.

Nothing further.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|---|-----------------|--------------------------|-----------------------------|
| REPORTING OFFICER NAME | DSN / BADGE NO. | BEAT / ZONE | TROOP / DISTRICT / PRECINCT |
| ADAM W. WORSTER | 100AWW | N | 4 |
| REVIEWING OFFICER NAME | DSN / BADGE NO. | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |
| R. C. LEAVENS | 100RCL | | |

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

ORIGINAL