

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. <b>1</b>	CLEARED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CRASH CLASSIFICATION	<input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY	NO. INJURED	<b>0</b>	NO. KILLED	<b>0</b>	REPORT / CASE / INCIDENT NUMBER	<b>1902-152</b>																	
NO. VEH. INV.	<b>2</b>	CRASH DATE	<b>02-16-2019</b>	CRASH TIME (MIL.)	<b>12:40</b>	NOTIFIED DATE	<b>02-16-2019</b>	TIME NOTIFIED (MIL.)	<b>12:48</b>	INVESTIGATION DATE	<b>02-16-2019</b>	TIME ARRIVED (MIL.)	<b>12:51</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
CRASH TYPE	<input checked="" type="checkbox"/> ROADWAY	NON-COLLISION	<input type="checkbox"/> Overturning	<input type="checkbox"/> Fall / 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 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"/> Angle	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Front to Rear	<input checked="" type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Sideswipe (Opp. Dir.)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	<input type="checkbox"/> Rear to Side

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</p> <p>1b. A person transported for medical attention; OR</p> <p>1c. A vehicle towed due to disabling damage.</p> <p><input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.</p> <p><input type="checkbox"/> Yes - Go to number 2. →</p>	<p>2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:</p> <p>2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR</p> <p>2b. A motor vehicle with seating for 9 or more including driver; OR</p> <p>2c. A vehicle with hazardous materials placard.</p> <p><input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.</p> <p><input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.</p>
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EVIDENTIARY PHOTOS TAKEN BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Investigating Agency
<b>D. MARTIN</b>	<b>NEOSHO POLICE DEPARTMENT</b>
RECONSTRUCTION BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Investigating Agency
<b>NA</b>	<b>NA</b>

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT/ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
<b>NEWTON</b>	<b>NEOSHO</b>	<b>NN</b>	<b>D</b>	LAT: <b>N NA</b> LONG: <b>W NA</b>
ON		RDWY. DIR.	DISTANCE FROM	LOCATION
<b>MO E HIGHWAY 86</b>		<b>W</b>	<b>50</b> <input type="checkbox"/> Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At
SPEED LIMIT	ROAD MAINTAINED BY	INTERSECTING		
<b>45</b>	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	<b>IS 49</b>		
TRAFFICWAY		ROAD ALIGNMENT	ROAD PROFILE	
<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"/> 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		ROAD CONDITION		
<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"/> 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"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (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		WEATHER CONDITION		
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone		<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"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (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

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<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 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"/> 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		DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA
<input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)		ALCOHOL USE
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)		<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

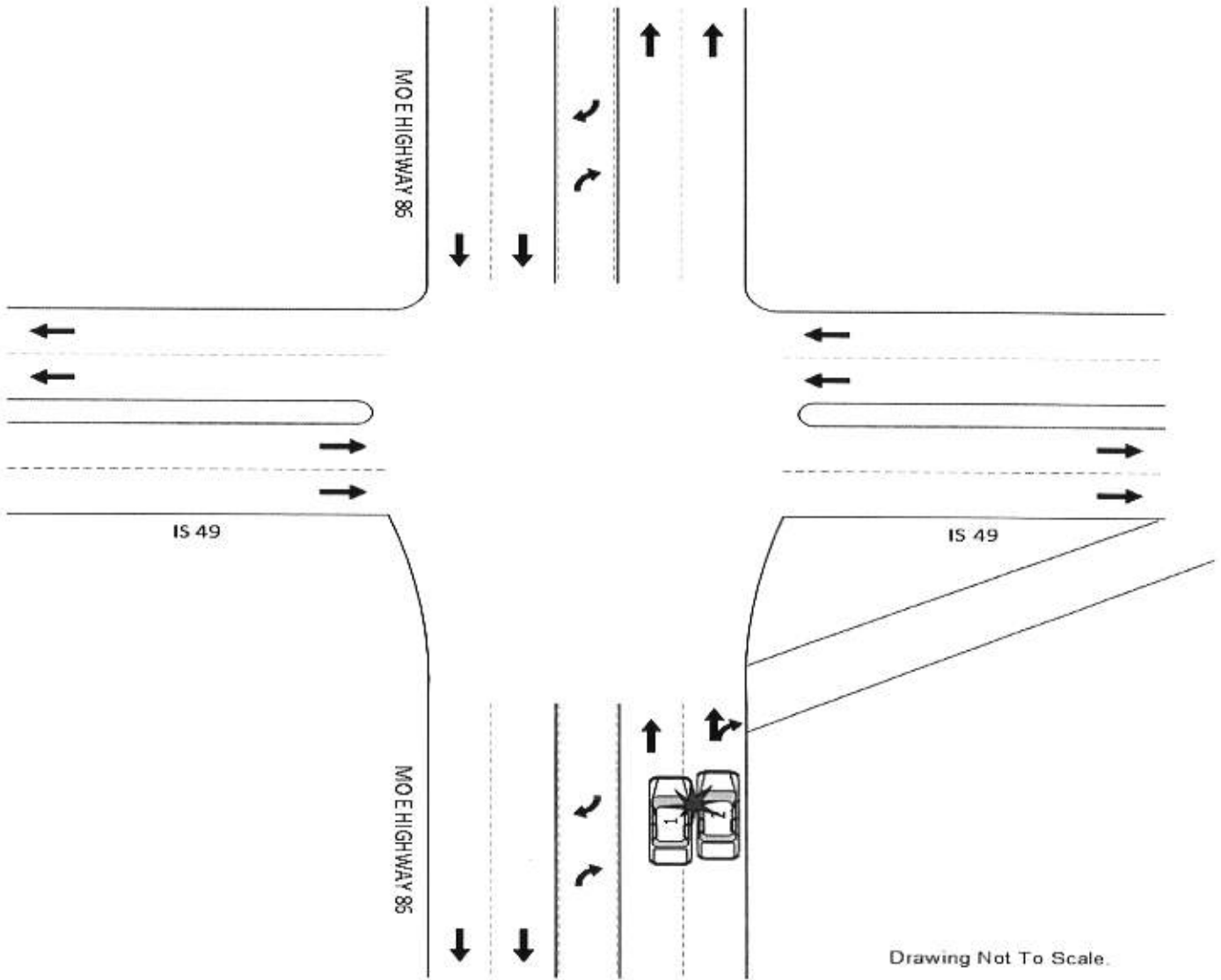
V4 N E S W U

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

**7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS**

**7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**  
**1** PHONE NUMBER

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

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

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

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

YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO. OF OCC.  
 KIA OPTIMA WHI 1

LICENSE - PLATE NO. STATE YEAR VIN 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.  NA

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8	19 - Windshield	23 - Unknown	
14	13	12	11	10	9	20 - Burned	X - 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

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  Unknown **01 | 34** 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

OCCUPANT NAME	ADDRESS	DOB	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 (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 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 KEMPF, EVAN R 11641 E 450 RD, EL DORADO SPGS, MO 64744** PHONE NUMBER **(417) 655-6805**

DRIVER LICENSE / ID NUMBER **Y065300005** 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  Unknown (Explain)

DATE OF BIRTH **10-09-1997** 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  Unknown (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **CEDAR SPRINGS AMISH MENNONITE** PHONE NO. (Optional) POLICY NUMBER **92**  NA  Driver  Vehicle

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

YEAR **2012** MAKE **VOLV** MODEL **S60** COLOR **BLK** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **HP8T2Z** STATE **MO** YEAR **2020** VIN **YV1622FS5C2032339** 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.  NA

2	3	4	5	6	7
1	15	16	17	8	
14	13	12	11	10	9

18 - Undercarriage 22 - Cargo  
 19 - Windshield 23 - Unknown  
 20 - Burned  - 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  Molar 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 | 08 | 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 - 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

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"> <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																																																										
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<p>On this date 02/16/2019 I, Officer D. Martin, responded to the intersection of E. Highway 86 and I49 on ramp in reference to a hit and run traffic crash.</p> <p>Upon my arrival to the area I located an Evan Roy Kempf (D2) who I identified by the Missouri CDL he provided. D2 advised he had been driving west on E. Highway 86 when he began to slow down to turn on to the north bound I49 ramp and was struck on the driver's side view mirror by another vehicle.</p> <p>D2 stated he slowed down and was almost ready to begin his turn on to the ramp when a White Kia Optima passed him on the driver's side hitting his side view mirror with what he believed to be the passenger side view mirror on that vehicle. D2 advised after the Kia Optima struck his vehicle it continued west bound on E. Highway 86. D2 advised he did not recall if the vehicle that hit him slowed down or even realized there had been a crash.</p> <p>D2 advised his vehicle was operational and did not require a tow due to there only being damage to the side view mirror. I asked D2 if he was able to see if the Kia had any registration or identifying marks on the vehicle but was advised he did not see any.</p> <p>After speaking with D2 I went to the scene of the crash and checked the area to see if I could locate any parts that might help identify the Kia. At the scene I was unable to locate any parts what so ever that appeared to might have belonged to either vehicle.</p> <p>I have nothing further to add at this time.</p>																																																												
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**ORIGINAL**