

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

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LEFT THE SCENE	DRIVER NO. NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	CLEARED	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1902-161				
2	NO. VEH. INV.	02-18-2019	12:38	02-18-2019	12:41	02-18-2019	12:43	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INVESTIGATION DATE 02-18-2019	TIME ARRIVED (MIL.) 12:43	INVEST. AT SCENE		
CRASH TYPE	<input checked="" type="checkbox"/> On Roadway	NON-COLLISION		COLLISION INVOLVED				DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE					
	<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Fall / Jumped From MV	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	<input type="checkbox"/> Front to Front	<input type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Sideswipe (Opp Dir.)

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 No - No commercial vehicle fields need completion.
 1b. A person transported for medical attention; OR Yes - Go to number 2. No - No commercial vehicle fields need completion.
 1c. A vehicle towed due to disabling damage. Yes - Go to number 2. No - No commercial vehicle fields need completion.

2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:
 2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR No - No commercial vehicle fields need completion.
 2b. A motor vehicle with seating for 9 or more including driver; OR Yes - Complete Section 7G for appropriate vehicle.
 2c. A vehicle with hazardous materials placard. Yes - Complete Section 7G for appropriate vehicle.

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

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT/ZONE NN	TRP/DIST/PCT NA	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA	
ON CST N LAFAYETTE ST		RDWY. DIR. N	DISTANCE FROM 122	<input type="checkbox"/> NA Feet <input type="checkbox"/> NA Miles	LOCATION <input type="checkbox"/> NA
SPEED LIMIT 25	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 EAST SPRING ST		SPEED LIMIT 25	INT. DIR. E GEO - CODE NA
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 checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)			ROAD CONDITION <input 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

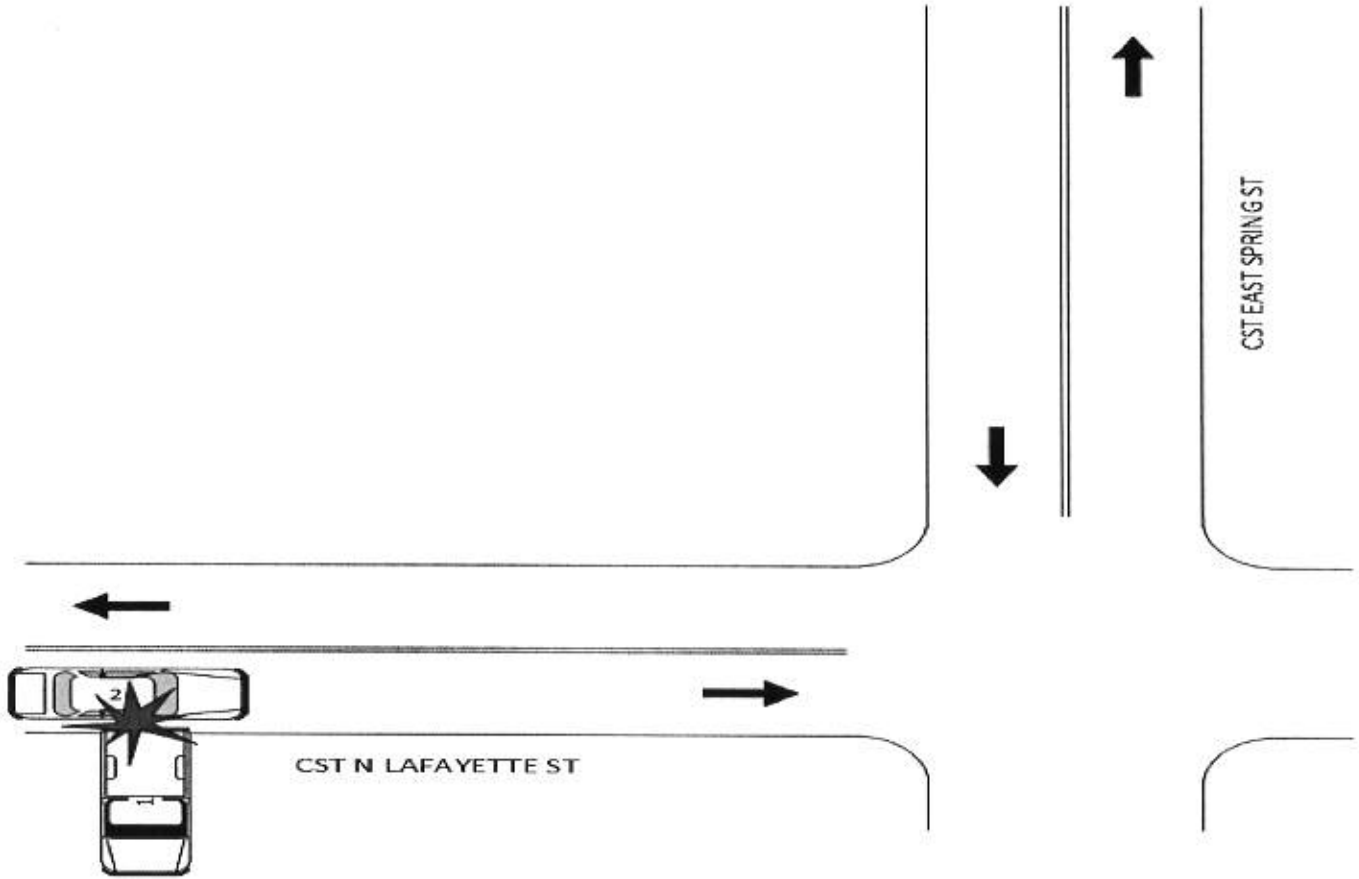
V5 N E S W U

V6 N E S W U

ORIGINAL INDICATE NORTH



Indicate North



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS																																													
NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)																																													
1	GONZALES, EDWARD J										2812 N 8TH ST, INDEPENDENCE, KS 67301																																		
DRIVER LICENSE / ID NUMBER																																													
K02081369.	KS	LIC STATUS	<input checked="" type="checkbox"/> Valid	<input type="checkbox"/> Expired	LIC TYPE	<input checked="" type="checkbox"/> Operator Class A	<input type="checkbox"/> Permit	<input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA																																	
<input type="checkbox"/> NA	<input type="checkbox"/> Susp / Rev / Denied	<input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> Disqual CDL	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	<input type="checkbox"/> CDL Class	<input type="checkbox"/> MC Only	<input type="checkbox"/> Unlicensed	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA																																	
DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input type="checkbox"/> Not Obstructed	<input type="checkbox"/> Trees / Bush	<input type="checkbox"/> Sign	<input checked="" type="checkbox"/> Moving Veh	<input type="checkbox"/> Other (Explain)																																
04-20-1989	M	FL	5	1	2	3	5	<input type="checkbox"/> NA	<input type="checkbox"/> Windshield	<input type="checkbox"/> Building	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Stopped Veh	<input type="checkbox"/> Unknown (Explain)																																
<input type="checkbox"/> NA	<input type="checkbox"/> Load on Veh	<input type="checkbox"/> Embankment	<input type="checkbox"/> Parked Veh	<input type="checkbox"/> Glare	<input type="checkbox"/> Driver	<input checked="" type="checkbox"/> Vehicle	PROOF OF INSURANCE	INSURANCE COMPANY	<input type="checkbox"/> Expired	PHONE NO. (Optional)	POLICY NUMBER	<input type="checkbox"/> NA	<input type="checkbox"/> Driver																																
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Required	ACUITY	V54481	7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	<input checked="" type="checkbox"/> SAD	PHONE NUMBER	<input checked="" type="checkbox"/> SAD	YEAR	MAKE	MODEL	COLOR	VEH TYPE	TOTAL NO. OF OCC.																															
2016	NISS	FRONTIER	BLK	1	1	LICENSE - PLATE NO.	STATE	YEAR	VIN	TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																														
77BUK	KS	2019	1 N 6 B D 0 C T 0 G N 7 6 4 9 9 3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	VEHICLE DAMAGE (Mark all damaged areas)	<input checked="" type="checkbox"/> None / No Damage	TOWED BY	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	INITIAL IMPACT NO.	2	3	4	5	6	7	18 - Undercarriage	22 - Cargo																										
<input type="checkbox"/> NA	1	15	16	17	8	19 - Windshield	23 - Unknown	20 - Burned	24 - Other (Explain)	21 - Towed Unit	VEHICLE BODY TYPES - Automobiles / Specialty Vehicles	<input type="checkbox"/> Vehicle Used As Public Conveyance	<input checked="" type="checkbox"/> Passenger Car	<input type="checkbox"/> Van (<9 W/Driver)	<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Large Bus (15+ W/Driver)	<input type="checkbox"/> 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 / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)	<input checked="" type="checkbox"/> Less than or equal to 10,000 lbs.	<input type="checkbox"/> 10,001 - 25,000 lbs.	<input type="checkbox"/> Greater than 25,000 lbs.	<input type="checkbox"/> Unknown
EMERGENCY VEHICLE INVOLVEMENT	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check 'A' / 'B') ->	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	CONTRIBUTING TRAFFIC CONDITIONS	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Crash Ahead	<input type="checkbox"/> Other Incident Ahead	<input type="checkbox"/> Unknown (Explain)	7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES	<input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)	SEQUENCE OF EVENTS CODES	<input type="checkbox"/> Unknown	ANIMAL CODE(S)	FIXED OBJECT CODE(S)	ALCOHOL USE	<input type="checkbox"/> Yes	<input type="checkbox"/> Unk	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> NA																					
11	34	7D. PROBABLE CONTRIBUTING CIRCUMSTANCES	<input 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 checked="" 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 type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Other (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)									
7E. WORK ZONE	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	TRAFFIC CONTROL	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Unknown	Electric: <input type="checkbox"/> Green/Yellow/Red	<input type="checkbox"/> Flashing Red	<input type="checkbox"/> Flashing Yellow	<input type="checkbox"/> Ramp Meter	<input type="checkbox"/> Other (Explain)	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING	<input type="checkbox"/> Yes (Explain)	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA																													
Workers Present	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Unknown	Other: <input type="checkbox"/> Stop Sign	<input type="checkbox"/> No Passing Zone	<input type="checkbox"/> Turn Restricted	<input type="checkbox"/> Officer / Flagman	<input type="checkbox"/> Signal On School Bus	Controls: <input type="checkbox"/> Warning Sign / Device	<input type="checkbox"/> Railway Crossing Sign / Device	<input type="checkbox"/> School Zone	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> Other (Explain)																																
7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH	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 (Lessee, 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"/> Not in Commerce - Government Vehicle	<input type="checkbox"/> Not in Commerce - Other Vehicle	MC / MX / ICC NO.	USDOT NO.																																		
<input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not in Commerce - Rental Vehicle	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"/> Cargo Tank	<input type="checkbox"/> Dump	<input type="checkbox"/> Auto Transporter	<input type="checkbox"/> Grain / Chip / Gravel	<input type="checkbox"/> Log	HAZARDOUS MATERIALS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	4-DIGIT NO	CLASS	HM CARGO PRESENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	HM CARGO RELEASED	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME																										

ORIGINAL (417) 456-4433

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 KANKA, MARY M 818 CHITWOOD RD F24, MO 72921
DRIVER LICENSE / ID NUMBER R078069002 STATE MO LIC STATUS Valid
DATE OF BIRTH 08-04-1945 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 3 SAFETY DEVICES 5
PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY AUTO OWNERS PHONE NO. (Optional) POLICY NUMBER 5139460300

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD
YEAR 1999 MAKE HOND MODEL ACCORD COLOR GLD VEH TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. DZ04R STATE MO YEAR 2019 VIN 1HGC G5652XA118923 TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 4
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

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 34
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

7E. WORK ZONE
TRAFFIC CONTROL None Unknown
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING
7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECTION 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 (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO
COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not in Commerce - Government Vehicle Not in Commerce - Rental Vehicle Not in Commerce - Other Vehicle
CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal Container Chassis NA (No Cargo Body) Other Unknown

HAZARDOUS MATERIALS PLACARD DISPLAYED 4-DIGIT NO. CLASS HM CARGO PRESENT HM CARGO RELEASED HAZARDOUS MATERIAL NAME

8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES	
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	1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	1. None/NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Bell, etc.)	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

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)					
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation of Units	37. Collision Inv. Other Object (Explain)	44. Thrown / Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned to Roadway	38. Other Non-Collision	45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV
3. Making Right Turn	12. Stopped in Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle/ Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start in Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

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	32. Building	38. Bridge Rail
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	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	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

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

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

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

I received a call from Central Dispatch Center stating a traffic crash occurred in the area of North Lafayette Street and East Spring Street.

I arrived on scene and saw a black Nissan Frontier displaying Kansas registration (77BUK). I did not see any damage to the vehicle. I saw a gold in color 1999 Honda Accord displaying Missouri disabled registration (DZ04R). I saw damage to the passenger side extending from the passenger front door to the rear of the vehicle.

I spoke with the driver of Honda, Mary Kanka. Ms. Kanka said she was traveling north behind a red pickup. She said as she was going north, the black Nissan reversed into the passenger side of her vehicle.

I spoke with the driver of the Nissan, Vincent Gonzales. Mr. Gonzales said he was backing up out of a grassy area and saw the red pickup. Mr. Gonzales said he stopped and didn't realize there was a vehicle behind the pickup. He said as he was reversing, he struck the Honda.

Neither party was injured in the crash. Both vehicles were able to leave the scene.

Nothing further to report.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME CALEB T. COOPER	DSN / BADGE NO. 100CTC	BEAT / ZONE NN	TROOP / DISTRICT / PRECINCT
REVIEWING OFFICER NAME R. C. LEAVENS	DSN / BADGE NO. 100RCL	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

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

ORIGINAL