

1 - GENERAL CRASH INFORMATION				1 - AGENCY NAME AND ORI			
				<b>NEOSHO POLICE DEPARTMENT</b> <b>MO0730300</b>			
LEFT THE SCENE		DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>NA</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>0</b>	<b>0</b>
REPORT / CASE / INCIDENT NUMBER							<b>1902-169</b>
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
<b>1</b>	<b>02-19-2019</b>	<b>07:15</b>	<b>02-19-2019</b>	<b>07:31</b>	<b>02-19-2019</b>	<b>07:31</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CRASH TYPE	ROADWAY		NON-COLLISION		COLLISION INVOLVED		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE
	<input type="checkbox"/> On Roadway	<input checked="" type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Animal	<input type="checkbox"/> Railway Vehicle	
	<input type="checkbox"/> Immersion	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell / Jumped From MV	<input type="checkbox"/> Cargo / Equip Loss / Shift	<input type="checkbox"/> Pedalcycle	<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans	<input type="checkbox"/> Angle
	<input type="checkbox"/> Other Non-Collision		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Fixed Object	<input type="checkbox"/> Motor Vehicle in Transport	<input type="checkbox"/> Sideswipe (Same Dir.)
					<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Parked Motor Vehicle	<input type="checkbox"/> Sideswipe (Opp. Dir.)
					<input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)
						<input type="checkbox"/> Rear to Side	<input type="checkbox"/> Other (Explain)
							<input type="checkbox"/> Unknown (Explain)
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.							
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.				2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR 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.			
<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.				<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.			
<input type="checkbox"/> Yes - Go to number 2. →				<input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.			
EVIDENTIARY PHOTOS TAKEN		BY WHOM		AVAILABLE FROM		Investigating Agency	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>D COOK # 111</b>		<b>NEOSHO POLICE</b>			
RECONSTRUCTION		BY WHOM		AVAILABLE FROM		Investigating Agency	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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>09</b>	LAT. N <b>NA</b> LONG. W <b>NA</b>	
ON		RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING		
<b>CST MCKINNEY ST</b>		<b>NA</b>	<b>80.4</b> <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	<b>CST WHITE AVE</b>		
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT	INT. DIR.	GEO - CODE	
<b>35</b>	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			<b>25</b>	<b>NA</b>	<b>NA</b>	
TRAFFICWAY				ROAD ALIGNMENT		ROAD PROFILE	
<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 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"/> Two-Way, Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> Unknown						<input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE <input checked="" type="checkbox"/> NA				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 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 checked="" 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 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 <input checked="" type="checkbox"/> None							
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality							
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses in Narrative							
NAME		ADDRESS (Street, City, State, Zip)				PHONE NUMBER	
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> 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 checked="" type="checkbox"/> NA / None		<input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Unknown		<input type="checkbox"/> NA	
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle		<input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Other (Explain)		<input type="checkbox"/> Going To / From School	
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting in Trafficway		<input type="checkbox"/> Walking / Running in Trafficway		<input type="checkbox"/> Getting On / Off School Bus	
<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Pushing / Working on Vehicle		<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> Both of the Above	
		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh				<input type="checkbox"/> Unknown (Explain)	
PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None				DISTRACTION / INATTENTION CODE(S)		ALCOHOL USE	
<input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)							

6. COLLISION DIAGRAM

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

V1 NESWU

V2 NESWU

V3 NESWU

V4 NESWU

V5 NESWU

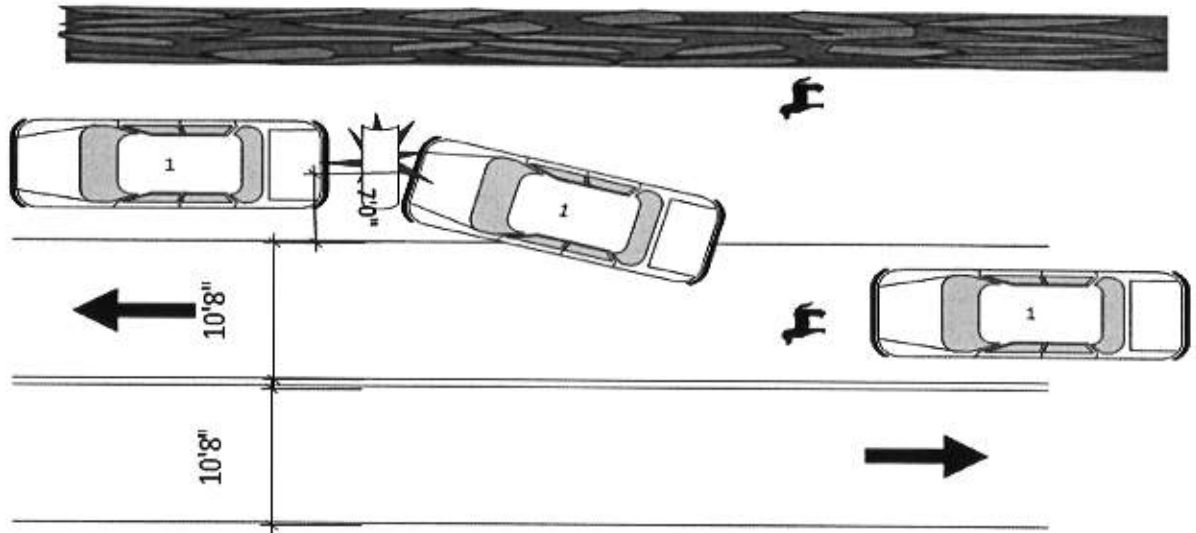
V6 NESWU

INDICATE NORTH

ORIGINAL



Indicate North



CST MCKINNEY ST

<<<< 80'4" to White Ave

Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 1 **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)** **MORGAN, TAYLOR A 600 WEST CHURCH ST, FAIRLAND, OK 74343** **PHONE NUMBER (918) 676-6720**

DRIVER LICENSE / ID NUMBER **P083405894** STATE **OK** LIC STATUS  Valid  Expired  Susp / Rav / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown

LIC TYPE  Operator Class **D**  Permit  Unknown (Explain)  CDL Class  MC Only  MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **08-06-1996** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-TION **2** AIR BAG **3** SAFETY DEVICES **U** 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 **PROGRESSIVE** EXPIRED  PHONE NO. (Optional) POLICY NUMBER **923597274**  NA  Driver  Vehicle

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

YEAR **2013** MAKE **NISS** MODEL **ALTIMA** COLOR **WHI** VEH TYPE **1** TOTAL NO. OF OCC **1**

LICENSE - PLATE NO. **IZA882** STATE **OK** YEAR **2019** VIN **1N4AL3AP6DC105239** 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. **2**  18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit

**RON'S TOWING**  
**11981 MULBERRY RD NEOSHO MO**

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 / 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 | 20 | 36**  Unknown ANIMAL CODE(S) **26** FIXED OBJECT CODE(S) **26** 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  Control:  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** **SEX** **SEAT LOC** **INJ** **TRANS-PORT** **EJECT-TION** **AIR BAG** **SAFETY DEVICES** **PHONE NUMBER**

OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-TION	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 **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  Flatbed  Cargo Tank  Dump  Concrete Mixer  Auto Transporter  Garbage / Refuse  Pole Trailer  Grain / Chip / Gravel  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) PHONE NUMBER

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

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	9	19 - Windshield	23 - Unknown
14	13	12	11	10	0	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  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  No  Unk  NA

SEQUENCE OF EVENTS CODES  Unknown 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) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING  Yes (Explain)  No  Unknown  NA

Workers Present  Yes  No  Unknown Controls:  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Yield Sign  Other (Explain)

**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 (Lessee, 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  Log  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															
<b>SEAT LOCATION</b> XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	<b>INJURY</b> 1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	<b>TRANSPORTED</b> (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	<b>EJECTION</b> 1. NA 2. No 3. Partially 4. Totally U. Unknown	<b>AIR BAG</b> 1. None/NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	<b>SAFETY DEVICES</b> 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
FR	SR	TR													
FC	SC	TC													
FL	SL	TL													
<b>VEHICLE ACTION / SEQUENCE OF EVENTS</b> (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 (**)												
<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)	26. Culvert	32. Building	38. Bridge Rail	44. Wall											
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier											
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure											
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable											
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown											
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support												
<b>DISTRACTED / INATTENTIVE CODES</b>															
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													
<b>VEHICLE TYPE CODES</b>															
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													
<b>OTHER VEHICLE CODES</b>															
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation				6. Low Speed Vehicle									
2. Golf Cart	4. Forklift					7. Other (Explain)									
<b>9. NARRATIVE / STATEMENTS</b> (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)															
<p>On 02-19-19 at 07:31 Hrs, I located a vehicle near the intersection of McKinney St and White Ave. The vehicle was a white Nissan Altima and the vehicle had sustained heavy front end damage. It appeared the vehicle had run off the right side of the roadway and struck the culvert in the ditch. There were no occupants in or around the vehicle.</p> <p>I checked the vehicle's license and it checked to a subject out of Fairland OK. Due to no one being around the vehicle, I requested a non preference tow for the vehicle. I completed a tow sheet and it is attached to this report. Ron's towing arrived and removed the vehicle.</p> <p>After 845 hrs, I received a request to contact the owner of the vehicle. I spoke with the owner who stated he was driving. He was driving westbound on McKinney St just to the east of White Ave. A large brown and black dog ran from the hedgerow on the north side of the roadway and into the path of his vehicle. He swerved to miss the dog and ran into the ditch, striking the culvert. He walked to his fiancees house nearby and contacted his insurance company. They dispatched a tow company for the vehicle but it had been removed prior to their arrival. The owner of the vehicle stated he did not think he needed to report the crash since the only property damage was to his own vehicle. I obtained the owners information for this report. Photographs of the damage are attached to this report.</p> <p>No injuries were reported.</p>															
<b>10. REPORTING AND REVIEWING OFFICER INFORMATION</b>															
REPORTING OFFICER NAME <b>JAMES D. COOK</b>		DSN / BADGE NO. <b>100JDC</b>	BEAT / ZONE <b>NN</b>	TROOP / DISTRICT / PRECINCT <b>09</b>											
REVIEWING OFFICER NAME		DSN / BADGE NO.	REVIEWING OFFICER 2 NAME		DSN / BADGE NO.										