

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		NA	<input type="checkbox"/> Yes <input type="checkbox"/> No			0	0
REPORT / CASE / INCIDENT NUMBER							
1902-211							
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	02-22-2019	18:45	02-22-2019	18:48	02-22-2019	18:56	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CRASH TYPE	ROADWAY	NON-COLLISION		COLLISION INVOLVED		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE	
	<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <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"/> Other Non-Collision	<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 checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input checked="" type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.							
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 / GCWVR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with hazardous materials placard.			
EVIDENTIARY PHOTOS TAKEN		BY WHOM		AVAILABLE FROM			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NA		NA		<input type="checkbox"/> Investigating Agency	
RECONSTRUCTION		BY WHOM		AVAILABLE FROM			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NA		NA		<input type="checkbox"/> Investigating Agency	
2 - LOCATION							
COUNTY		MUNICIPALITY		BEAT/ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)	
NEWTON		NEOSHO		NS	NA	LAT: N NA LONG: W NA	
ON				RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST OAKRIDGE DR				S	100 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	CST GOOCH ST
SPEED LIMIT	ROAD MAINTAINED BY					SPEED LIMIT	INT. DIR.
25	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other					25	W
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 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"/> 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 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)				<input 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"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dir <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"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Steel / 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 type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input checked="" 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 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		<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"/> Working in Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<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				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"/> 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 **S** E S W U

V3 N E S W U

V4 N E S W U

V5 N E S W U

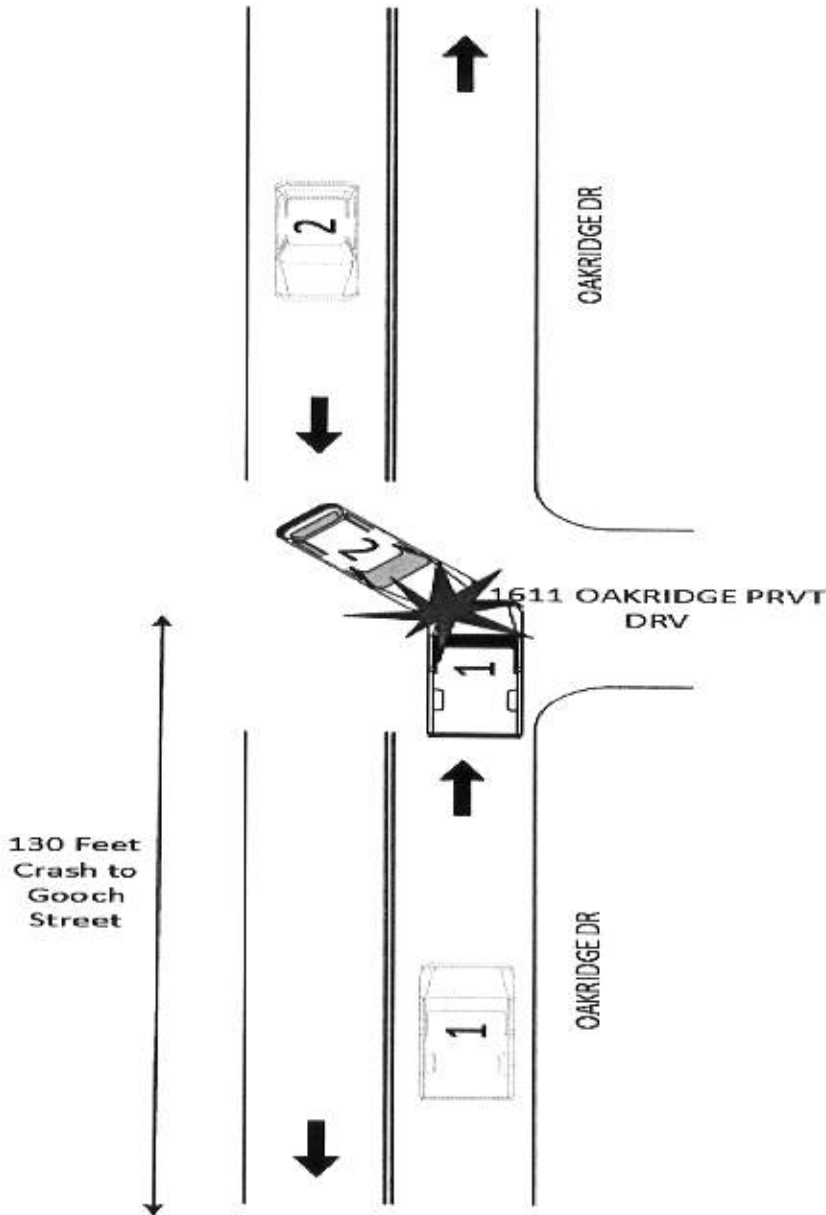
V6 N E S W U

ORIGINAL

INDICATE NORTH



Indicate North



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

**7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**  
**1 HUNT, JEAN A 904 REID ROAD, NEOSHO, MO 64850** **PHONE NUMBER (417) 389-0888**

**DRIVER LICENSE / ID NUMBER** T078344003 **STATE** MO **LIC STATUS**  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Canceled / Oth Invalid  Unknown **LIC TYPE**  Operator Class F  Permit  Unknown (Explain)  CDL Class  MC Only  MC Endorsement  Yes  No  NA  Unknown (Explain)

**DATE OF BIRTH** 12-12-1956 **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** STATEFARM  Expired **PHONE NO. (Optional)** **POLICY NUMBER** 0818141-E21-25A  Driver  Vehicle

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

**YEAR** 2003 **MAKE** FORD **MODEL** F150 **COLOR** GRY **VEH TYPE** 1 **TOTAL NO. OF OCC.** 1

**LICENSE - PLATE NO.** 7KD799 **STATE** MO **YEAR** 2002 **VIN** 1FTRF082273KD69605 **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 **RONS TOWING**

**INITIAL IMPACT NO.** 14  **18 - Undercarriage**  22 - Cargo  19 - Windshield  23 - Unknown  20 - Burned  24 - Other (Explain)

**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 / 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 **CONTRIBUTING TRAFFIC CONDITIONS**  NA

Police  Ambulance  Fire  Other (Must check "A" / "B" ->  A. Emergency Vehicle on Emergency Run  B. Stationary With Emergency Equip. Activated  Congestion Ahead  Crash Ahead  Other Incident Ahead  Unknown (Explain)

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

**SEQUENCE OF EVENTS CODES** 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

Workers Present  Yes  No  Unknown **Controls:**  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus  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** **EJEC-TION** **AIR BAG** **SAFETY DEVICES** **PHONE NUMBER**

OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER

**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** **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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 CLEVENGER, ALYSSA M 722 HEARRELL AVE, NEOSHO, MO 64850** PHONE NUMBER **(417) 456-9778**

DRIVER LICENSE / ID NUMBER **K03668619** STATE **KS** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown

LIC TYPE  Operator Class **C**  Permit  Unknown (Explain)  CDL Class  MC Only  Unlicensed  Interm / Grad

MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **10-11-1998** SEX **F** 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

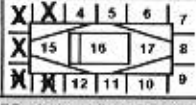
PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **PROGRESSIVE** PHONE NO. (Optional) **(05) -** POLICY NUMBER **923190680**  Driver  Vehicle

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

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

LICENSE - PLATE NO. **GQL717** STATE **OK** YEAR **2019** VIN **3K1PFK4A76JE241593** 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

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 05 34**  Unknown ANIMAL CODE(S)  NA FIXED OBJECT CODE(S)  NA 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  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

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.  SAO USDOT NO.  SAO

CARGO BODY TYPE  Enclosed Box  Cargo Tank  Flalbed  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.  SAO CLASS  SAO HM CARGO PRESENT  Yes  No  Unknown HM CARGO RELEASED  Yes  No  Unknown HAZARDOUS MATERIAL NAME  SAO

SEAT LOCATION		INJURY		TRANSPORTED (For Medical Treatment)		EJECTION		AIR BAG		SAFETY DEVICES																																
XX - Not Known	<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	1. Fatal	2. Suspected Serious Injury	3. Evident - Not Disabling	4. Probable - Not Apparent	5. None Apparent	U. Unknown	N. NA	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	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 - Pedalcycle		19. Airborne	20. Ran Off Roadway - Right	21. Ran Off Roadway - Left	22. Overturn / Rollover	23. Fire / Explosion	24. Immersion	25. Jackknife	26. Cargo Loss / Shift	27. Equipment Failure	28. Separation of Units	29. Returned to Roadway	30. Collision Inv. Pedestrian	31. Collision Inv. Bicycle/Pedalcycle	32. Collision Inv. Railway Veh.	33. Collision Inv. Animal (**)	34. Collision Inv. MV in Transport	35. Collision Inv. Parked MV	36. Collision Inv. Fixed Object (**)	37. Collision Inv. Other Object (Explain)	38. Other Non-Collision	39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane	40. Collision Inv. Animal Drawn Vehicle/ Animal Ridden For Transportation	41. Collision Inv. Working MV	42. Downhill Runaway	43. Fell/Jumped From MV	44. Thrown / Falling Object	45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV	46. Ran Off Roadway - Other (Explain)	47. Cross Separator												
M - Motorcycle		10. Start From Parked	11. Backing	12. Stopped in Traffic	13. Parked	14. Changing Lanes	15. Avoiding	16. Cross Median	17. Cross Center Of Road	18. Cross Road																																
CP - Commercial Passenger																																										
OE - Occupant - Enclosed Load Area																																										
OU - Occupant - Unenclosed Load Area																																										
RC - Rail Crew																																										
SV - Other (Explain in Narrative)																																										
NA - Not Applicable																																										

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. Overturn / Rollover
23. Fire / Explosion	24. Immersion
25. Jackknife	26. Cargo Loss / Shift
27. Equipment Failure	28. Separation of Units
29. Returned to Roadway	30. Collision Inv. Pedestrian
31. Collision Inv. Bicycle/Pedalcycle	32. Collision Inv. Railway Veh.
33. Collision Inv. Animal (**)	34. Collision Inv. MV in Transport
35. Collision Inv. Parked MV	36. Collision Inv. Fixed Object (**)
37. Collision Inv. Other Object (Explain)	38. Other Non-Collision
39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane	40. Collision Inv. Animal Drawn Vehicle/ Animal Ridden For Transportation
41. Collision Inv. Working MV	42. Downhill Runaway
43. Fell/Jumped From MV	44. Thrown / Falling Object
45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV	46. Ran Off Roadway - Other (Explain)
47. Cross Separator	

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	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	

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	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

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

On 02/22/2019 at around 1848 hours I responded to a non-injury traffic crash at the 1600 block of Oakridge Drive.

Upon my arrival at 1611 Oakridge Drive I observed a Grey Ford F150 displaying Missouri registration 7KD799 with front end damage and a flat tire. I also observed a White Kia Forte with Oklahoma registration GQL717 and heavy front end damage. Both vehicles were parked off of the roadway upon my arrival.

I spoke with the driver of the Kia first and identified them by their Kansas Operator's license as Alyssa Clevenger. Ms. Clevenger stated that she was traveling south on Oakridge Drive when she attempted to pull into the driveway of 1611 Oakridge drive on the east side of the road. Ms. Clevenger stated that while she was doing this she had looked down at her phone to confirm via GPS that she was at the correct address. Ms. Clevenger stated that she didn't see pickup when she made the turn and was then struck.

I spoke to the driver of the Ford who was identified by her Missouri driver's license as Jean Hunt. Ms. Hunt stated that she was traveling north on Oakridge Drive when she observed a White Kia traveling south. Ms. Hunt stated that the Kia attempted to turn in front of her into a driveway on the east side of the road. Ms. Hunt stated that she was unable to stop and struck the Kia.

Neither party appeared injured and medical attention was declined. A tow truck was requested to remove the Ford from the scene, and shortly after Ron's Towing arrived and removed it. The Kia was able to be driven from the scene by Ms. Clevenger.

Nothing further to report.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
SETH A. BLEVINS	100SAB	NS	
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
D. H. WHITEHILL	100DHW		

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

**ORIGINAL**