

1 - GENERAL CRASH INFORMATION		1 - AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT MO0730300		ORIGINAL				
LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	0	0	0	1902-236	
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE	
2	02-25-2019	11:40	02-25-2019	11:45	02-25-2019	11:50	<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 / GCWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with hazardous materials placard.				
EVIDENTIARY PHOTOS TAKEN BY WHOM		BY WHOM		AVAILABLE FROM		Investigating Agency		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		A. MALAGON		NEOSHO POLICE DEPARTMENT				
RECONSTRUCTION		BY WHOM		AVAILABLE FROM		Investigating Agency		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NA		NA				
2 - LOCATION								
COUNTY		MUNICIPALITY		BEAT/ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)		
NEWTON		NEOSHO		NN	D	LAT: N NA LONG: W NA		
ON				RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING	
CST HEARELL AVE				W	<input checked="" type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	<input type="checkbox"/> NA CST DELAWARE ST	
SPEED LIMIT	ROAD MAINTAINED BY					SPEED LIMIT	INT. DIR.	GEO - CODE
25	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other					25	N	NA
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 checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Level <input checked="" 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"/> 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 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				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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Steel / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)				
LIGHT CONDITION								
<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 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"/> 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			<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 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)				<input type="checkbox"/> NA		<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

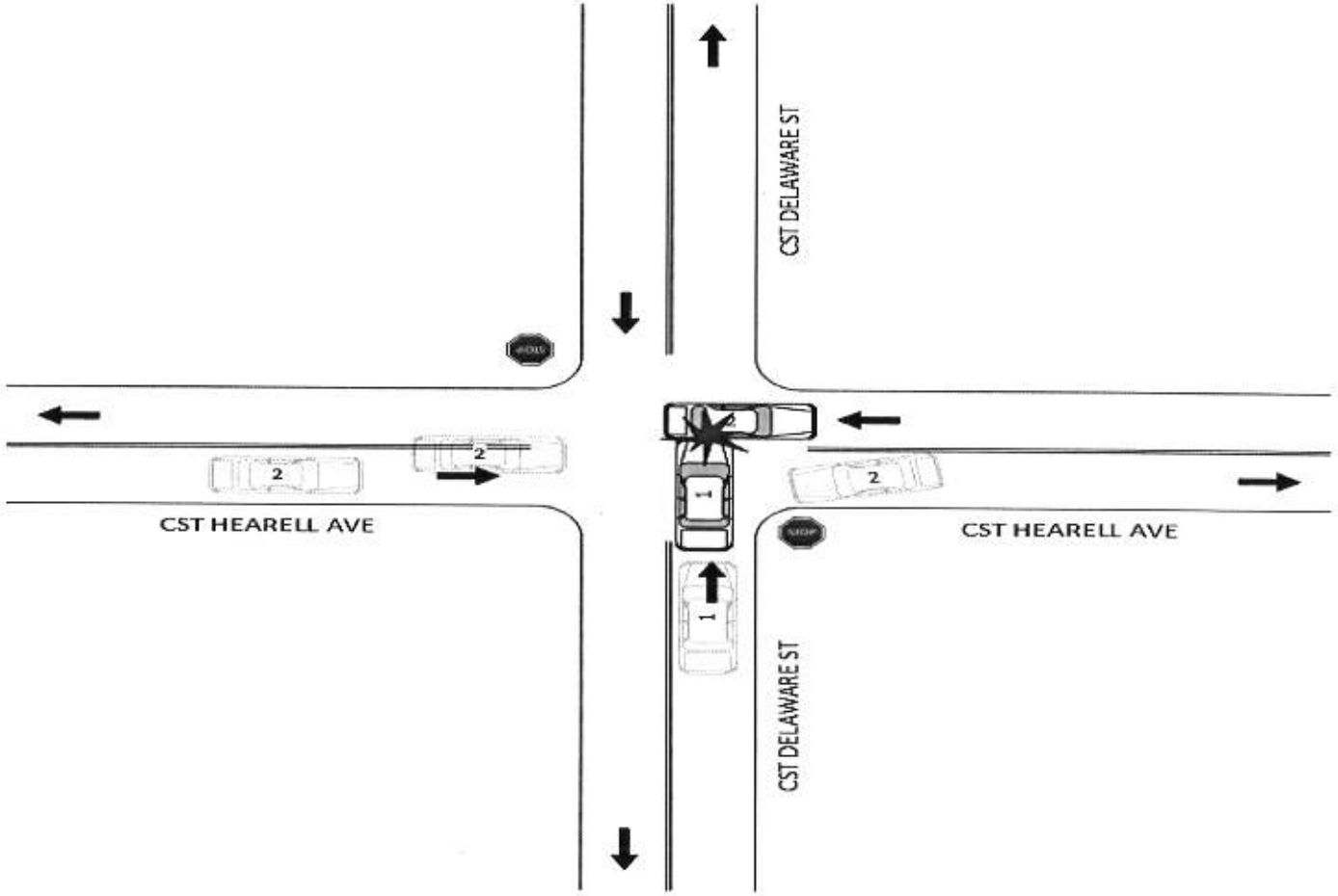
V3 N E S W U

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 GONZALEZ RODRIGUEZ, CARLOS A 1101 HEARREL AVE, NEOSHO, MO 64850** PHONE NUMBER **(417) 451-2174**

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

DATE OF BIRTH **04-08-1973** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED NA Not Obstructed Trees / Bush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY 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 **2001** MAKE **TOYT** MODEL **CAMRY** COLOR **RED** VEH TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO. **SJ1K0G** STATE **MO** YEAR **2019** VIN **4T1BG22KX1U089712** TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

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

INITIAL IMPACT NO. **1**

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

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 Small Bus (9-15 W/Driver) Motorcycle Motor Home Single-unit Truck, 2 axles, 6 tires Farm Implements Single-unit Truck, 3 or more axles Van (<9 W/Driver) Large Bus (15+ W/Driver) ATV Other Vehicle (Code) Construction Equip. Heavy Mach. Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) GVW / GCWW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) Sport Utility Vehicle School Bus 2 Wh Truck Tractor With No Units Less than or equal to 10,000 lbs. Limousine (7-8 W/Driver) Intercity 3 Wh Truck Tractor With One Unit 10,001 - 26,000 lbs. Limousine (9-15 W/Driver) Transit / Commuter 4 Wh Truck Tractor With Two Units Greater than 26,000 lbs. Motorized Bicycle Charter / Tour 5 Wh / More Truck Tractor With Three Units Unknown Pedalcycle To / From School Other Unknown (Explain)

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

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

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

SEQUENCE OF EVENTS CODES **12 01 34** Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights Improper Towing / Pushing Object / Obstruction In Roadway Speed - Exceeded Limit Driver Fatigue / Asleep Failed To Use Lights Improperly Stopped On Roadway Distracted / Inattentive (Designate Type) Too Fast For Conditions Improper Signal Following Too Close Improper Lane Usage / Change Unknown (Explain) Violation Signal / Sign Improper Backing Wrong Side (Not Passing) Overcorrected Other (Explain) Failed to Yield Improper Turn Wrong Side (One-Way) Improper Riding / Clinging To Veh. Exterior Failed To Secure Load / Improper Loading Alcohol Improper Passing Physical Impairment (Explain) Failed To Start From Park Animal(s) In Roadway Drugs Improperly Parked Improper Start From Park

DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

7E. WORK ZONE Yes No Unknown TRAFFIC CONTROL None Unknown CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

Workers Present Yes No 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)

7F. OCCUPANTS - NAME (Last, First, MI) **VARGAS-GONZALEZ, SUCELI** DATE OF BIRTH **MM-DD-YYYY** SEX **F** SEAT LOC **SR** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **3** SAFETY DEVICES **11** PHONE NUMBER **(417) 451-2174**

ADDRESS (Street, City, State, Zip) **1101 HEARELL AVE, NEOSHO, MO 64850**

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 Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle Intrastate Carrier Not in Commerce - Rental 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 Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log 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

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 MARTINEZ MORALES, ESMERALDA 911 HEARELL AVE, NEOSHO, MO 64850** PHONE NUMBER **(417) 456-9026**

DRIVER LICENSE / ID NUMBER **D078265002** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **10-27-2001** SEX **F** SEAT LOC **FR** INJ **5** TRANS-PORT **1** EJECTION **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 **STATE FARM** PHONE NO. (Optional) POLICY NUMBER **438-7779-C23-25** NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **MARTINEZ-REYES, EDUARDO 911 HEARELL AVE., NEOSHO, MO 64850** PHONE NUMBER SAD

YEAR **2004** MAKE **MAZD** MODEL **3** COLOR **BLU** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **VB220E** STATE **MO** YEAR **2004** VIN **J M 1 B K 1 2 F 9 4 1 1 1 9 1 6 0** 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. **5**

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 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 axes, 6 tires Single-unit Truck, 3 or more axes 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 **01 | 15 | 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 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 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

ORIGINAL

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" style="width:100%; border-collapse: collapse; text-align: center;"> <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													
FL	SL	TL													
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 (**) 7. Skidding / Sliding 16. Cross Median 25. Jackknife 34. Collision Inv. MV in Transport 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 (**) 42. Downhill Runaway 43. Fell/Jumped From MV															
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)															
<p>On this date 02/25/2019 I, Officer D. Martin, was dispatched to the intersection of Hearell Ave and Delaware St. in reference to a motor vehicle crash report.</p> <p>Upon my arrival to the intersection of Hearell Ave and Delaware St I contacted a young female who I identified as Esmeralda Martinez Morales (D2) using the Missouri driver's license she provided. D2 stated she had been involved in a crash and the male subject that hit her had left the scene. I asked D2 if she was okay and she stated she was.</p> <p>While on scene I spoke with D2 who advised she was traveling north on Hearell Ave when a red colored passenger car pulled forward from the stop sign located on Delaware St. D2 stated she tried to avoid the crash by driving her vehicle in to the west lane but was still struck on the passenger side of her vehicle by the front of the other vehicle. D2 advised her vehicle was struck hard enough to completely turn her vehicle around making it face south.</p> <p>D2 advised the male subject stepped out of his vehicle grabbed his front bumper and put it in his vehicle he then stated he had to get his granddaughter to school and left the scene headed west on Delaware Street.</p> <p>I was able to locate the suspect vehicle and identified the driver as Carlos Alberto Gonzalez Rodriguez (D1) using the Guatemalan identification Card he provided. D1 stated he had been involved in a crash at the intersection of Hearell Ave and Delaware St but due to a strong language barrier he called a person on the phone who translated for him. Using the male individual who stated he was D1's pastor I was able to determine D1 had pulled up to the stop sign, stopped, and then pulled forward resulting in him colliding with D2's vehicle.</p>															
10. REPORTING AND REVIEWING OFFICER INFORMATION															
REPORTING OFFICER NAME DANIEL L. MARTIN				DSN / BADGE NO. 100DLM		BEAT / ZONE NN		TROOP / DISTRICT / PRECINCT D		REVIEWING OFFICER NAME					
REVIEWING OFFICER NAME				DSN / BADGE NO.		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.		REVIEWING OFFICER 2 NAME					

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

After reviewing the scene and the statements from both people involved it was determined the accounts given by both drivers was accurate based of the location and damage to both vehicles.

I assisted both drivers in exchanging all pertinent information and both vehicles were able to be driven from the scene under their own power.

I have nothing further at this time.