

ORIGINAL

1 - GENERAL CRASH INFORMATION	1 - AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT MO0730300</b>
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LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. <b>NA</b>	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO. INJURED <b>1</b>	NO. KILLED <b>0</b>	REPORT / CASE / INCIDENT NUMBER <b>1903-030</b>
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NO. VEH. INV. <b>2</b>	CRASH DATE <b>03-04-2019</b>	CRASH TIME (MIL.) <b>07:52</b>	NOTIFIED DATE <b>03-04-2019</b>	TIME NOTIFIED (MIL.) <b>07:54</b>	INVESTIGATION DATE <b>03-04-2019</b>	TIME ARRIVED (MIL.) <b>07:55</b>	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	COLLISION INVOLVED <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input 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)
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COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

<p>1. Does this crash involve any of the following?</p> <p>1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.</p> <p><input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. →</p>	<p>2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:</p> <p>2a. A truck / cargo van with GVWR / 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.</p> <p><input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.</p>
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EVIDENTIARY PHOTOS TAKEN BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NA</b>	AVAILABLE FROM <input type="checkbox"/> Investigating Agency <b>NA</b>
RECONSTRUCTION BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>NA</b>	AVAILABLE FROM <input type="checkbox"/> Investigating Agency <b>NA</b>

2 - LOCATION

COUNTY <b>NEWTON</b>	MUNICIPALITY <b>NEOSHO</b>	BEAT/ZONE <b>NN</b>	TRP/DIST/PCT <b>NA</b>	GPS COORDINATES (DD MM SS.S FORMAT) LAT: <b>N NA</b> LONG: <b>W NA</b>
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ON <b>ST HWY BUSINESS 49</b>	RDWY. DIR. <b>S</b>	DISTANCE FROM <b>10</b> <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	INTERSECTING <b>CST HILLCREST DR</b> SPEED LIMIT <b>25</b> INT. DIR. <b>E</b> GEO - CODE <b>NA</b>
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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)
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ROAD PROFILE <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dir <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)
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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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / 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)
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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)
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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
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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)
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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
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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

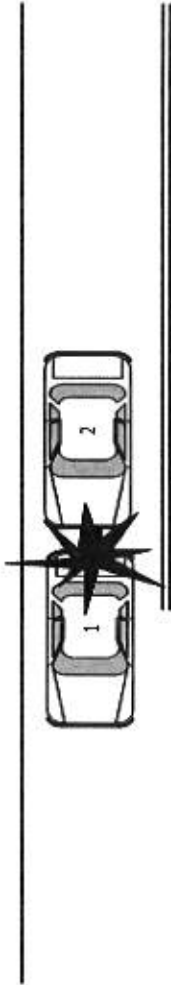
INDICATE NORTH



Indicate North



ST HWY BUSINESS 49



CST HILLCREST DR

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 RODRIGUEZ, JORDAN L 246 HILLCREST, NEOSHO, MO 64850** PHONE NUMBER **(417) 592-9531**

DRIVER LICENSE / ID NUMBER **W078076002** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Unknown  NA  Canceled / Oth Invalid  Unknown  NA  Operator Class **F**  Permit  Unknown (Explain)  MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **10-10-1991** SEX **F** SEAT LOC **FL** INJ **4** TRANS-PORT **1** EJECT-TION **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 **GARRISON CASUALTY** PHONE NO. (Optional) POLICY NUMBER **018079941R**  NA  Driver  Vehicle

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

YEAR **2000** MAKE **CHEV** MODEL **PRISM** COLOR **GRY** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **XC4D0R** STATE **MO** YEAR **2020** VIN **1Y1SK5281YZ420615** 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. **8**

2	3	4	5	6	7
1	15	10	17	X	
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  Small Bus (9-15 W/Driver)  Motorcycle  Motor Home  Single-unit Truck, 2 axes, 6 tires  GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)  
 Van (<9 W/Driver)  Large Bus (15+ W/Driver)  ATV  Farm Implements  Single-unit Truck, 3 or more axes  
 Passenger Van (9+ W/Driver)  School Bus  2 Wh  Construction Equip. Heavy Mach.  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  
 Sport Utility Vehicle  Intercity  3 Wh  Other Vehicle (Code) \_\_\_\_\_  
 Limousine (7-8 W/Driver)  Transit / Commuter  4 Wh  Cargo Van  Truck Tractor With No Units  
 Limousine (9-15 W/Driver)  Charter / Tour  5 Wh / More  Pickup  Truck Tractor With One Unit  
 Motorized Bicycle  Other  Unknown (Explain)  Other Heavy Truck  Truck Tractor With Two Units  
 Pedalcycle  To / From School  Unknown  Unknown (Explain)  Truck Tractor With Three Units  
 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  Other Incident Ahead  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 **01 | 08 | 34**  Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE  Yes  Unk  No  NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES  None

Vehicle Defects (Explain)  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  
 Alcohol  Improper Passing  Physical Impairment (Explain)  Failed To Secure Load / Improper Loading  
 Drugs  Improperly Parked  Improper Start From Park  Animal(s) In Roadway

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

7E. WORK ZONE  Yes  No  Unknown

TRAFFIC CONTROL  None  Unknown  
 Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)  
 Other:  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus  
 Controls:  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Yield Sign  Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING  Yes (Explain)  No  Unknown  NA

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-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  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  Unknown  Cargo Tank  Dump  Auto Transporter  Grain / Chip / Gravel  Log

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

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 HAYSLIP, KYLE M 1200 CIRCLE DR, NEOSHO, MO 64850** PHONE NUMBER **(417) 671-1254**

DRIVER LICENSE / ID NUMBER **W069217008** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class **F**  Permit  Unknown (Explain)  MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **05-30-1995** SEX **M** SEAT LOC **FL** 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 **PROGRESSIVE** PHONE NO. (Optional) POLICY NUMBER **917957921**  NA  Driver  Vehicle

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

YEAR **2012** MAKE **CHEV** MODEL **IMPALA** COLOR **SIL** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **ZARON0** STATE **MO** YEAR **2020** VIN **2G1WG5E30C1318871** 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**

2	3	4	5	6	7
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 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  Other Incident Ahead  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 **01 | 08 | 34**  Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE  Yes  Unk  No  NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES  None

Vehicle Defects (Explain)  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  Improperly Stopped On Roadway  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 Secure Load / Improper Loading  Drugs  Improperly Parked  Improper Start From Park  Animal(s) In Roadway

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 (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



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="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">FR</td> <td style="width:25%;">SR</td> <td style="width:25%;">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 (For Medical Treatment)</b> 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 / 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															
<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>I received a call from Central Dispatch Center stating there was an unknown injury traffic crash in the area of West Harmony Street and Business 49.</p> <p>I arrived in the area and located two vehicles on the west shoulder facing south on Business 49. I saw a silver 2012 Chevrolet Impala displaying Missouri registration (ZARONO) with damage to the center front bumper. I saw a gray 2000 Chevrolet Prism displaying Missouri registration (XC4D0R) with damage to the center rear bumper.</p> <p>I spoke with the driver of the Impala, Kyle Hayslip. Mr. Hayslip stated he was not injured. I spoke with the driver of the Prism, Jordan Rodriguez. Ms. Rodriguez said her head hit the back of her seat when the crash occurred and stated she was pregnant. Ms. Rodriguez said she did not wish to be transported by an ambulance but stated she would travel to the hospital by personal vehicle. I asked Ms. Rodriguez what happened. She stated she was stopped in the roadway to turn east onto Hillcrest Drive when the vehicle behind her struck the rear of her car.</p> <p>I spoke with Mr. Hayslip again and asked him what happened. He said he was traveling south on Business 49 when snow blew onto his windshield from his hood. Mr. Hayslip said as he looked down to use the windshield wiper, he struck the rear of the Prism.</p> <p>Ms. Rodriguez was informed to contact the police department if she found out later that she was injured. Both vehicles were able to be driven from the scene.</p> <p>Nothing further to report.</p>															
<b>10. REPORTING AND REVIEWING OFFICER INFORMATION</b>															
REPORTING OFFICER NAME: <b>CALEB T. COOPER</b>				DSN / BADGE NO. <b>100CTC</b>		BEAT / ZONE <b>NN</b>		TROOP / DISTRICT / PRECINCT <b>4</b>							
REVIEWING OFFICER NAME				DSN / BADGE NO.		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.							

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

ORIGINAL