

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

ORIGINAL

<input type="checkbox"/> LEFT THE SCENE	DRIVER NO. NA	<input type="checkbox"/> CLEARED	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/>	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1903-052
NO. VEH. INV. 2	CRASH DATE 03-05-2019	CRASH TIME (MIL.) 15:25	NOTIFIED DATE 03-05-2019	TIME NOTIFIED (MIL.) 15:25	INVESTIGATION DATE 03-05-2019	TIME ARRIVED (MIL.) 15:29	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Angle <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Rear to Side

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 <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.</p> <p>1b. A person transported for medical attention; OR</p> <p>1c. A vehicle towed due to disabling damage. <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 / GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.</p> <p>2b. A motor vehicle with seating for 9 or more including driver; OR</p> <p>2c. A vehicle with hazardous materials placard. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

EVIDENTIARY PHOTOS TAKEN BY WHOM NA	AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA
RECONSTRUCTION BY WHOM NA	AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT/ZONE NN	TRP/DIST/PCT 13	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA
ON CST HAMILTON		RDWY. DIR. NA	DISTANCE FROM <input type="checkbox"/> NA <input type="checkbox"/> Feet <input type="checkbox"/> Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At
SPEED LIMIT 25		ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		INTERSECTING CST MCKINNEY ST
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> Unknown		ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
INTERSECTION TYPE <input 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 checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)		ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)		
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)		WEATHER CONDITION <input 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)		
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)				

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE MoDOT County Municipality

4 - WITNESS None Identified Additional Witnesses in Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown
---------------	-----	-----------------	-----	------------	----------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CROSSING ROAD <input type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <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"/> Other (Explain) <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	SCHOOL INFO. <input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both of the Above <input type="checkbox"/> Unknown (Explain)
PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)			DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

6. COLLISION DIAGRAM

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

V1 N E S **W** U

V2 N E **S** W U

V3 N E S W U

V4 N E S W U

V5 N E S W U

V6 N E S W U

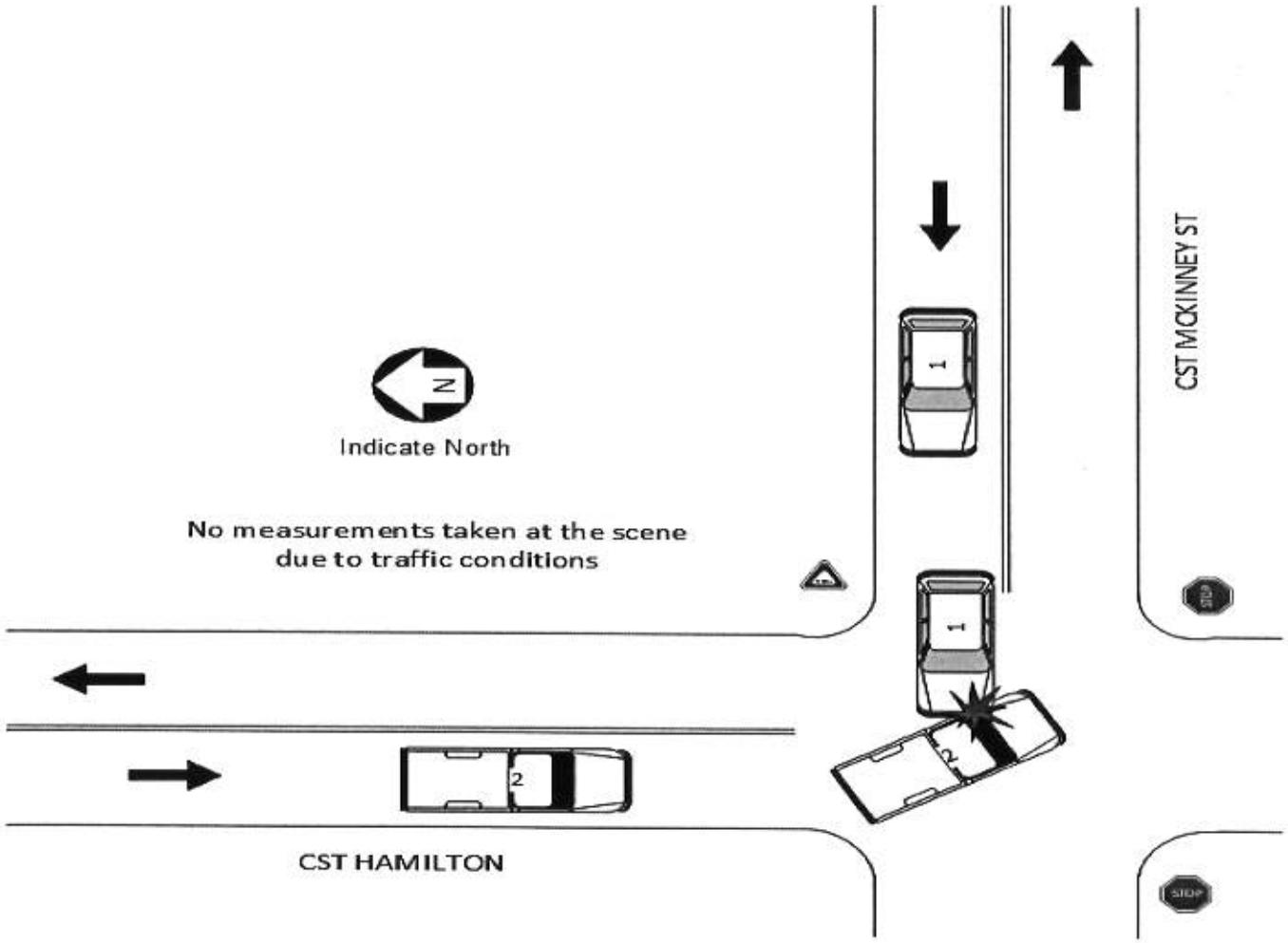
ORIGINAL

INDICATE NORTH



Indicate North

No measurements taken at the scene due to traffic conditions



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1 GRAZIER, MICHEAL J 304 E GARLAND DOUGLAS, NEOSHO, MO 64850** PHONE NUMBER **(417) 312-1437**

DRIVER LICENSE / ID NUMBER **U078185006** 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) CDL Class Interm / Grad MC Only Unlicensed

DATE OF BIRTH **07-25-1990** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **1** AIR BAG **1** SAFETY DEVICES **U** 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 Unknown (Explain)


PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **USAA INSURANCE** Expired PHONE NO. (Optional) POLICY NUMBER **038043853G** NA Driver Vehicle

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

YEAR **2002** MAKE **HOND** MODEL **CIVIC** COLOR **WHI** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **XC9D7N** STATE **MO** YEAR **2020** VIN **1HGES26702L054384** 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**  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) Motorcycle ATV 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 - 25,000 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 | 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 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) 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. 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

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 GREEN JR, DANIEL J 1302 E MCKINNEY ST, NEOSHO, MO 64850** PHONE NUMBER **(417) 456-2169**

DRIVER LICENSE / ID NUMBER **S078326005** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **A** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA

DATE OF BIRTH **11-20-1988** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECTION **1** AIR BAG **1** 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 **AMERICAN FAMILY** PHONE NO. (Optional) POLICY NUMBER **242625990914FPPAMO** Driver Vehicle

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

YEAR **1988** MAKE **CHEV** MODEL **C10** COLOR **BLK** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **5RB869** STATE **MO** YEAR **2019** VIN **1GCDK14KXJZ233780** 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. **12**

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8		19 - Windshield	23 - Unknown
14	10	9				20 - Burned	24 - Other (Explain)

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 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 axles

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) Truck Tractor With No Units Less than or equal to 10,000 lbs.

Limousine (7-8 W/Driver) Transit / Commuter 4 Wh Cargo Van Truck Tractor With One Unit 10,001 - 26,000 lbs.

Limousine (9-15 W/Driver) Charter / Tour 5 Wh / More Pickup Truck Tractor With Two Units Greater than 26,000 lbs.

Motorized Bicycle Other Unknown (Explain) Other Heavy Truck Truck Tractor With Three Units Unknown

Pedalcycle To / From School

EMERGENCY VEHICLE INVOLVEMENT 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 **01 | 05 | 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 Animal(s) in Roadway

Alcohol Improper Passing Physical Impairment (Explain) DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

Drugs Improperly Parked Physical Start From Park

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 Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

Intrastate Carrier Not in Commerce - Rental Vehicle

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

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																																																																																									
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="margin: auto;"> <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 (Knees, 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) <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">1. Going Straight</td> <td style="width: 25%;">10. Start From Parked</td> <td style="width: 25%;">19. Airborne</td> <td style="width: 25%;">28. Separation of Units</td> </tr> <tr> <td>2. Overtaking</td> <td>11. Backing</td> <td>20. Ran Off Roadway - Right</td> <td>29. Returned to Roadway</td> </tr> <tr> <td>3. Making Right Turn</td> <td>12. Stopped in Traffic</td> <td>21. Ran Off Roadway - Left</td> <td>30. Collision Inv. Pedestrian</td> </tr> <tr> <td>4. Right Turn on Red</td> <td>13. Parked</td> <td>22. Overturn / Rollover</td> <td>31. Collision Inv. Bicycle/Pedalcycle</td> </tr> <tr> <td>5. Making Left Turn</td> <td>14. Changing Lanes</td> <td>23. Fire / Explosion</td> <td>32. Collision Inv. Railway Veh.</td> </tr> <tr> <td>6. Making U-Turn</td> <td>15. Avoiding</td> <td>24. Immersion</td> <td>33. Collision Inv. Animal (**)</td> </tr> <tr> <td>7. Skidding / Sliding</td> <td>16. Cross Median</td> <td>25. Jackknife</td> <td>34. Collision Inv. MV in Transport</td> </tr> <tr> <td>8. Slowing / Stopping</td> <td>17. Cross Center Of Road</td> <td>26. Cargo Loss / Shift</td> <td>35. Collision Inv. Parked MV</td> </tr> <tr> <td>9. Start in Traffic</td> <td>18. Cross Road</td> <td>27. Equipment Failure</td> <td>36. Collision Inv. Fixed Object (**)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>37. Collision Inv. Other Object (Explain)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>38. Other Non-Collision</td> </tr> <tr> <td></td> <td></td> <td></td> <td>39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane</td> </tr> <tr> <td></td> <td></td> <td></td> <td>40. Collision Inv. Animal Drawn Vehicle/ Animal Ridden For Transportation</td> </tr> <tr> <td></td> <td></td> <td></td> <td>41. Collision Inv. Working MV</td> </tr> <tr> <td></td> <td></td> <td></td> <td>42. Downhill Runaway</td> </tr> <tr> <td></td> <td></td> <td></td> <td>43. Fell/Jumped From MV</td> </tr> <tr> <td></td> <td></td> <td></td> <td>44. Thrown / Falling Object</td> </tr> <tr> <td></td> <td></td> <td></td> <td>45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV</td> </tr> <tr> <td></td> <td></td> <td></td> <td>46. Ran Off Roadway - Other (Explain)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>47. Cross Separator</td> </tr> </table>										1. Going Straight	10. Start From Parked	19. Airborne	28. Separation of Units	2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned to Roadway	3. Making Right Turn	12. Stopped in Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	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 (**)				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
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation of Units																																																																																						
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned to Roadway																																																																																						
3. Making Right Turn	12. Stopped in Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian																																																																																						
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle																																																																																						
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.																																																																																						
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 (**)																																																																																						
			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 <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">20. Tree / Slump (Standing)</td> <td style="width: 25%;">26. Culvert</td> <td style="width: 25%;">32. Building</td> <td style="width: 25%;">38. Bridge Rail</td> </tr> <tr> <td>21. Embankment / Driveway / Ground / Rock Bluff</td> <td>27. Highway Traffic Sign Post / Support</td> <td>33. Traffic Signal Support</td> <td>39. Guardrail End</td> </tr> <tr> <td>22. Guardrail Face</td> <td>28. Bridge Pier / Abutment / Support</td> <td>34. Impact Attenuator / Crash Cushion</td> <td>40. Other Traffic Barrier</td> </tr> <tr> <td>23. Utility Pole</td> <td>29. Curb</td> <td>35. Fire Hydrant</td> <td>41. Overhead Sign Support</td> </tr> <tr> <td>24. Fence</td> <td>30. Mail Box</td> <td>36. Other (Explain)</td> <td>42. Ditch</td> </tr> <tr> <td>25. Street Light Support</td> <td>31. Concrete Traffic Barrier</td> <td>37. Bridge Parapet End</td> <td>43. Other Post / Pole / Support</td> </tr> <tr> <td></td> <td></td> <td></td> <td>44. Wall</td> </tr> <tr> <td></td> <td></td> <td></td> <td>45. Cable Barrier</td> </tr> <tr> <td></td> <td></td> <td></td> <td>46. Bridge Overhead Structure</td> </tr> <tr> <td></td> <td></td> <td></td> <td>47. Overhead Line / Cable</td> </tr> <tr> <td></td> <td></td> <td></td> <td>U. Unknown</td> </tr> </table>										20. Tree / Slump (Standing)	26. Culvert	32. Building	38. Bridge Rail	21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support				44. Wall				45. Cable Barrier				46. Bridge Overhead Structure				47. Overhead Line / Cable				U. Unknown																																				
20. Tree / Slump (Standing)	26. Culvert	32. Building	38. Bridge Rail																																																																																						
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End																																																																																						
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier																																																																																						
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support																																																																																						
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch																																																																																						
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support																																																																																						
			44. Wall																																																																																						
			45. Cable Barrier																																																																																						
			46. Bridge Overhead Structure																																																																																						
			47. Overhead Line / Cable																																																																																						
			U. Unknown																																																																																						
DISTRACTED / INATTENTIVE CODES <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">1. External Distraction</td> <td style="width: 25%;">5. Communication Device - Hand-held</td> <td style="width: 25%;">9. Eating / Drinking</td> <td style="width: 25%;">13. Computer Equipment / Electronic Games / etc.</td> </tr> <tr> <td>2. Passengers</td> <td>6. Communication Device - Hands Free</td> <td>10. Reading</td> <td>14. Adjusting Vehicle Controls</td> </tr> <tr> <td>3. Stereo / Audio / Video Equipment</td> <td>7. Communication Device - Texting / E-mailing</td> <td>11. Tobacco Use</td> <td>15. Other (Explain)</td> </tr> <tr> <td>4. Navigation Device</td> <td>8. Communication Device - Web Browsing</td> <td>12. Grooming</td> <td></td> </tr> </table>										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																																																																	
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 2. Parked Motor Vehicle 3. Working Motor Vehicle 4. Pedalcycle 5. Animal Drawn Vehicle / Animal Ridden For Transportation Purposes U. Unknown																																																																																									
OTHER VEHICLE CODES 1. Riding Mower / Garden Tractor 2. Golf Cart 3. Snowmobile 4. Forklift 5. Animal Drawn Vehicle / Animal Ridden For Transportation 6. Low Speed Vehicle 7. Other (Explain)																																																																																									
9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)																																																																																									
DRIVER 1 STATED HE WAS WESTBOUND ON MCKINNEY APPROACHING HAMILTON ST. AS HE NEARED THE INTERSECTION HE DID NOT SEE VEHICLE 2 APPROACHING FROM THE NORTH. HIS VEHICLE STRUCK VEHICLE 2 ON THE DRIVER SIDE. VEHICLE 1 HAD A YIELD SIGN FOR HIS DIRECTION OF TRAVEL.																																																																																									
DRIVER 2 STATED HE WAS SOUTHBOUND ON HAMILTON APPROACHING THE INTERSECTION WITH MCKINNEY ST. AS HE WAS PREPARING TO TURN LEFT (EAST) ONTO MCKINNEY, VEHICLE 1 FAILED TO YIELD AND STRUCK HIS VEHICLE.																																																																																									
NO INJURIES WERE REPORTED AT THE SCENE.																																																																																									
10. REPORTING AND REVIEWING OFFICER INFORMATION																																																																																									
REPORTING OFFICER NAME JAMES D. COOK				DSN / BADGE NO. 100JDC		BEAT / ZONE NN		TROOP / DISTRICT / PRECINCT 13																																																																																	
REVIEWING OFFICER NAME				DSN / BADGE NO.		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.																																																																																	