

1 - GENERAL CRASH INFORMATION				1 - AGENCY NAME AND ORI			
				NEOSHO POLICE DEPARTMENT MO0730300			
LEFT THE SCENE		DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NA	<input type="checkbox"/> Yes <input type="checkbox"/> No			0	0
REPORT / CASE / INCIDENT NUMBER							
1903-066							
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	03-06-2019	18:54	03-06-2019	18:56	03-06-2019	19:05	<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 checked="" 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) <input type="checkbox"/> Unknown (Explain)
COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.							
1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.				2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs. OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with hazardous materials placard.			
EVIDENTIARY PHOTOS TAKEN		BY WHOM		AVAILABLE FROM		<input checked="" type="checkbox"/> Investigating Agency	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DOTY 113		NPD			
RECONSTRUCTION		BY WHOM		AVAILABLE FROM		<input type="checkbox"/> 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		N	D	LAT: N NA LONG: W NA	
ON				ROWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST HICKORY ST				W	200 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	CST S JEFFERSON ST
SPEED LIMIT	ROAD MAINTAINED BY					SPEED LIMIT	INT. DIR.
25	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other					25	N
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 checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE				ROAD CONDITION			
<input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)				<input 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 checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input 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"/> 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 type="checkbox"/> Daylight <input checked="" 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"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh		<input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		<input type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both of the Above <input type="checkbox"/> Unknown (Explain)	
PROBABLE CONTRIBUTING CIRCUMSTANCES				DISTRACTION / INATTENTION CODE(S)		ALCOHOL USE	
<input 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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

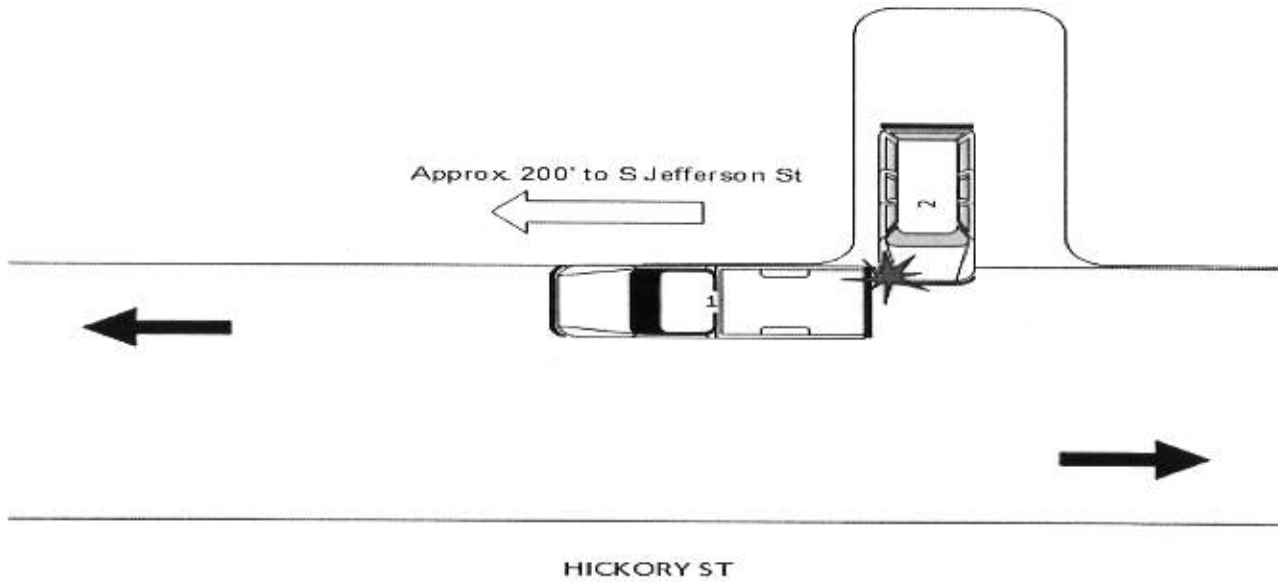
6. COLLISION DIAGRAM Compass Direction Before Crash Event(s) (Circle One) V1 N **E** S W U V2 N E **S** W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE NORTH

ORIGINAL



Indicate North



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**
1 LEWIS, JAMES A 24740 S 647 RD, GROVE, OK 74344 PHONE NUMBER **(417) 856-7475**

DRIVER LICENSE / ID NUMBER **L082349464** STATE **OK** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown
 LIC TYPE Operator Class **D** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA

DATE OF BIRTH **02-09-1941** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED NA Not Obstructed Windshield Load on Veh Trees / Bush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare Other (Explain) Unknown (Explain)

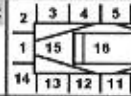
PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **FARM BUREAU** PHONE NO. (Optional) POLICY NUMBER **PAU00119188-04** Driver Vehicle

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

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

LICENSE - PLATE NO. **HD11934** STATE **OK** YEAR **2020** VIN **1FTPW14VX9FA46714** 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. **7**  18 - Undercarriage 22 - Cargo
 19 - Windshield 23 - Unknown
 20 - Burned 24 - Other (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

Passenger Car Small Bus (9-15 W/Driver) Motorcycle Motor Home Single-unit Truck, 2 axles, 6 tires
 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 Intercity 2 Wh Construction Equip. Heavy Mach. Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
 Sport Utility Vehicle Limousine (7-8 W/Driver) Limousine (9-15 W/Driver) Motorized Bicycle Pedalcycle To / From School Charter / Tour Other 3 Wh 4 Wh 5 Wh / More Unknown (Explain) Other Heavy Truck Unknown (Explain)
 Motorized Bicycle Pedalcycle To / From School Charter / Tour Other 3 Wh 4 Wh 5 Wh / More Unknown (Explain) Other Heavy Truck Unknown (Explain)

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

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

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE Yes Unk No NA

SEQUENCE OF EVENTS CODES **12 | 11 | 34** ANIMAL CODE(S) FIXED OBJECT CODE(S)

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 DISTRACTED / INATTENTIVE CODE(S) **NA** (See Codes in Section 8)
 Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading Animal(s) In Roadway

7E. WORK ZONE Yes No Unknown TRAFFIC CONTROL None Unknown
 Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Mater Other (Explain)
 Workers Present Yes No Unknown Other Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Yes (Explain) No Unknown NA
 Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2

MOTOR CARRIER IDENTIFICATION (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle Not in Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Cargo Tank Flatbed Dump Concrete Mixer Auto Transporter Garbage / Refuse Grain / Chip / Gravel Log Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other Unknown

HAZARDOUS MATERIALS 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

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 SANDERS, KOLTON J 1713 ANKNEY PLACE, NEOSHO, MO 64850** PHONE NUMBER **(417) 658-8213**

DRIVER LICENSE / ID NUMBER **D078061003** 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

DATE OF BIRTH **03-02-2002** 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)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **STATE FARM** PHONE NO. (Optional) POLICY NUMBER **160 3061-E12-251D** Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD **SANDERS, KENNETH R 1713 ANKNEY PL, NEOSHO, MO 64850** PHONE NUMBER SAD

YEAR **2014** MAKE **TOYT** MODEL **4 RUNNER** COLOR **BLK** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **HD8M4E** STATE **MO** YEAR **2020** VIN **JTEBU5JR0E5201135** 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. **3**

2	X	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8	9	19 - Windshield	23 - Unknown
14	13	12	11	10	9	20 - Burned	24 - Other (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

Passenger Car Van (<9 W/Driver) Passenger Van (9+ W/Driver) Sport Utility Vehicle Limousine (7-8 W/Driver) Limousine (9-15 W/Driver) Motorized Bicycle Pedalcycle To / From School

Small Bus (9-15 W/Driver) Large Bus (15+ W/Driver) School Bus Intercity Transit / Commuter Charter / Tour Other

Motorcycle ATV Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) Cargo Van Pickup Other Heavy Truck Unknown (Explain)

2 Wh 3 Wh 4 Wh 5 Wh / More Unknown

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 Other Incident Ahead Crash Ahead Unknown (Explain)

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

SEQUENCE OF EVENTS CODES **12 | 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 B)

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-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 (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not In Commerce - Government Vehicle Not in Commerce - Other Vehicle Not in Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Cargo Tank Flatbed Dump Concrete Mixer Auto Transporter Garbage / Refuse Grain / Chip / Gravel Log Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other Unknown

HAZARDOUS MATERIALS PLACARD DISPLAYED Yes No Unknown 4-DIGIT NO. CLASS HM CARGO PRESENT Yes No Unknown HM CARGO RELEASED Yes No Unknown HAZARDOUS MATERIAL NAME

SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	19. Airborne	(For Medical Treatment)	1. NA	1. None/NA	9. Deployed - Combination	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	2. Suspected Serious Injury	20. Ran Off Roadway - Right		2. No	3. Not Deployed	10. Deployment Unknown	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	21. Ran Off Roadway - Left	1. No	3. Partially	4. Removed	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable - Not Apparent	22. Overturn / Rollover	2. EMS	4. Totally	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion	3. Other	U. Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion	U. Unknown	N. NA	7. Deployed - Curtain		7. DOT Compliant MC Helmet	15. Other
RC - Rail Crew		N. NA	25. Jackknife			8. Deployed - Other (Knee, Air Belt, etc.)		8. No Helmet	U. Use Unknown
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift						N. Not Applicable
NA - Not Applicable			27. Equipment Failure						

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 (**)	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 (**)						

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS				
60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS				
20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

DISTRACTED / INATTENTIVE CODES			
1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES		
1. Motor Vehicle in Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transportation Purposes
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown

OTHER VEHICLE CODES			
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

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

On 3/6/19 at around 18:54 hours, I responded to the area of West Hickory Street and South Jefferson Street for a report of a traffic crash.

Once on scene I located a pickup truck and an SUV that were involved. No injuries were reported and both vehicles were still operational with minor damage.

I spoke with Driver 1 (D1) James Lewis who was in operation of Vehicle 1 (V1) a red 2009 Ford F-150 pickup bearing OK HD1 1934. D1 stated he pulled over V1 onto the north side of W Hickory facing west to park roadside. D1 stated he backed up to get closer to the curb and felt what he thought was his tire strike the curb. D1 stated he pulled back forward and shut off his vehicle. I observed black paint transfer on the passenger side chrome rear bumper of V1.

I spoke with Driver 2 (D2) Kolton Sanders who was in operation of Vehicle 2 (V2) a black 2014 Toyota 4-runner SUV bearing MO HD8M4E. D2 stated he was pulling out of the parking lot on the north side of W Hickory St. D2 stated he stopped at W Hickory St and V1 backed into V2 passenger side, pulled forward and backed up into V2 again before parking. I observed missing paint and minor damage on the passenger side of the front bumper.

Photos of both vehicles were taken and attached to his report.

Nothing further.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME DUSTIN A. DOTY	DSN / BADGE NO. 100DAD	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
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