

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

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	DRIVER NO.	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1903-238	
NO. VEH. INV. 2	CRASH DATE 03-22-2019	CRASH TIME (MIL.) 14:47	NOTIFIED DATE 03-22-2019	TIME NOTIFIED (MIL.) 14:47	INVESTIGATION DATE 03-22-2019	TIME ARRIVED (MIL.) 14:47	
CRASH TYPE <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"/> 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	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) <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.

<p>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.</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: 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.</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 NA	AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA
RECONSTRUCTION BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT/ZONE NN	TRP/DIST/PCT NA	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA
ON CST COLER ST		RDWY. DIR. W	DISTANCE FROM 40 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At
SPEED LIMIT 35	ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	INTERSECTING CST COLER ST		SPEED LIMIT 30 INT. DIR. NA GEO - CODE NA
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 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)		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 #
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
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 NES **W** U

V2 NES **W** U

V3 NESWU

V4 NESWU

V5 NESWU

V6 NESWU

ORIGINAL

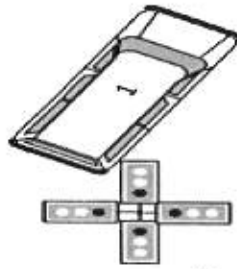
INDICATE NORTH

CST COLER ST

NO MEASUREMENTS
TAKEN AT THE SCENE/
VEHICLES MOVED FROM
ROADWAY



Indicate North



CST COLLEGE ST



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)										PHONE NUMBER	
1 CORSBIE, RICHARD D 236 S CENTER STREET, GRANBY, MO 64844										(417) 658-8733	
DRIVER LICENSE / ID NUMBER		STATE		LIC STATUS		LIC TYPE		Operator Class		MC ENDORSEMENT	
S202325038		MO		<input checked="" type="checkbox"/> Valid <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Expired <input type="checkbox"/> Disqual CDL <input type="checkbox"/> NA <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> F <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA <input type="checkbox"/> Unlicensed		<input type="checkbox"/> Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (Explain)	
DATE OF BIRTH		SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh <input type="checkbox"/> Trees / Bush <input type="checkbox"/> Building <input type="checkbox"/> Embankment <input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh <input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	
03-30-1978		M	FL	5	1	1	1	5			
PROOF OF INSURANCE		INSURANCE COMPANY				PHONE NO. (Optional)		POLICY NUMBER		<input type="checkbox"/> Driver <input checked="" type="checkbox"/> Vehicle	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		PROGRESSIVE						919647569			
7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
										SAD	
YEAR		MAKE		MODEL				COLOR		VEH TYPE	TOTAL NO. OF OCC.
2004		CHRY		PACIFICA				GRN		1	1
LICENSE - PLATE NO.		STATE		YEAR		VIN				TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE
DN9A1E		MO		2019		2 C 8 G F 6 8 4 3 4 R 3 1 4 2 4 3				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
VEHICLE DAMAGE (Mark all damaged areas)				TOWED BY							
<input type="checkbox"/> None / No Damage <input checked="" type="checkbox"/> 1				<input type="checkbox"/> Unknown <input type="checkbox"/> NA							
INITIAL IMPACT NO.		<input type="checkbox"/> NA <input checked="" type="checkbox"/> 1		<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17		<input type="checkbox"/> 18 - Undercarriage <input type="checkbox"/> 19 - Windshield <input type="checkbox"/> 20 - Burned <input type="checkbox"/> 21 - Towed Unit		<input type="checkbox"/> 22 - Cargo <input type="checkbox"/> 23 - Unknown <input type="checkbox"/> 24 - Other (Explain)			
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles											
<input type="checkbox"/> Passenger Car <input checked="" type="checkbox"/> Van (<9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School <input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (15+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other <input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Single-unit Truck, 2 axes, 6 tires <input type="checkbox"/> Single-unit Truck, 3 or more axes <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units											
EMERGENCY VEHICLE INVOLVEMENT										CONTRIBUTING TRAFFIC CONDITIONS	
<input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")										<input checked="" type="checkbox"/> NA <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Unknown (Explain)	
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES										ALCOHOL USE	
<input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8) <input type="checkbox"/> Unknown										<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk <input checked="" type="checkbox"/> NA	
7D. PROBABLE CONTRIBUTING CIRCUMSTANCES										DISTRRACTED / INATTENTIVE CODE(S)	
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Failed to Dim Headlights <input type="checkbox"/> Failed to Use Lights <input checked="" type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park <input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway <input type="checkbox"/> Object / Obstruction In Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)										<input checked="" type="checkbox"/> NA (See Codes in Section 8)	
7E. WORK ZONE		TRAFFIC CONTROL						CONTROL MALFUNCTIONING / INOPERATIVE / MISSING			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus <input type="checkbox"/> Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)						<input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA			
7F. OCCUPANTS - NAME (Last, First, MI)											
ADDRESS (Street, City, State, Zip)											
DATE OF BIRTH MM-DD-YYYY											
SEX											
SEAT LOC											
INJ											
TRANS-PORT											
EJEC-TION											
AIR BAG											
SAFETY DEVICES											
PHONE NUMBER											
7G. COMMERCIAL MOTOR VEHICLE											
<input checked="" type="checkbox"/> 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 (Leases, etc.) - NAME & ADDRESS (Street, City, State, Zip)										PHONE NUMBER	
										SAO	
COMMERCIAL / NON-COMMERCIAL		<input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intra-state Carrier <input type="checkbox"/> Not in Commerce - Government Vehicle <input type="checkbox"/> Not in Commerce - Rental Vehicle <input type="checkbox"/> Not in Commerce - Other Vehicle				MC / MX / ICC NO.		USDOT NO.			
CARGO BODY TYPE		<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Flalbed <input type="checkbox"/> Dump <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Auto Transporter <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Grain / Chip / Gravel <input type="checkbox"/> Log <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing Another Veh. <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other <input type="checkbox"/> Unknown									
HAZARDOUS MATERIALS		PLACARD DISPLAYED		4-DIGIT NO.		CLASS		HM CARGO PRESENT		HM CARGO RELEASED	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
HAZARDOUS MATERIAL NAME											

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 JOHNSON, BEN A 10677 MOOSE DR, NEOSHO, MO 64850 PHONE NUMBER **(417) 592-2696**

DRIVER LICENSE / ID NUMBER **R152259002** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Diequal CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **01-28-1980** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **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 **096319550296FPPAMO** Driver Vehicle

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

YEAR **2012** MAKE **TOYT** MODEL **TACOMA** COLOR **BLK** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **3SY208** STATE **MO** YEAR **2020** VIN **5 T F L U 4 E N 4 C X 0 4 7 0 6 9** 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	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 Construction Equip. Heavy Mach. 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 / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) Less than or equal to 10,000 lbs. 10,001 - 26,000 lbs. Greater than 26,000 lbs. Unknown

EMERGENCY VEHICLE INVOLVEMENT NA

Police Ambulance Fire Other (Must check "A" / "B") A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS NA

Congestion Ahead Crash Ahead Other Incident Ahead Unknown (Explain)

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

SEQUENCE OF EVENTS CODES **01 05 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 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-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 - 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

8 - CODES							
SEAT LOCATION	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES		
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	1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	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	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

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)

DRIVER OF VEHICLE 2 STATED HE WAS WESTBOUND ON COLER ST AND PREPARING TO TURN LEFT ONTO A PRIVATE LOT TO THE WEST OF COLLEGE ST. AS HE WAS PREPARING TO TURN LEFT, HIS VEHICLE WAS STRUCK FROM BEHIND BY VEHICLE 1.

DRIVER 1 STATED HE HAD JUST TURNED OFF COLLEGE ST AND WAS TRAVELING WEST ON COLER ST. HE DID NOT SEE VEHICLE 1 STOPPED PREPARING TO TURN LEFT. HIS VEHICLE STRUCK VEHICLE 2 IN THE REAR.

THERE WAS NO DAMAGE TO VEHICLE 2. THE DAMAGE CAUSED TO VEHICLE 1 WAS FROM IT STRIKING THE TRAILER HITCH ON VEHICLE 2.

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 08
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