

1 - GENERAL CRASH INFORMATION	1 - AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT</b> <b>MO0730300</b>
-------------------------------	--

ORIGINAL

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. <b>NA</b>	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO. INJURED <b>0</b>	NO. KILLED <b>0</b>	REPORT / CASE / INCIDENT NUMBER <b>1903-279</b>
---	-------------------------	---	---	--	-------------------------	------------------------	--

NO. VEH. INV. <b>2</b>	CRASH DATE <b>03-27-2019</b>	CRASH TIME (MIL.) <b>14:49</b>	NOTIFIED DATE <b>03-27-2019</b>	TIME NOTIFIED (MIL.) <b>14:49</b>	INVESTIGATION DATE <b>03-27-2019</b>	TIME ARRIVED (MIL.) <b>14:50</b>	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------	---------------------------------	-----------------------------------	------------------------------------	--------------------------------------	---	-------------------------------------	---

CRASH TYPE	ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	FELL / JUMPED FROM MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVED <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	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 type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input checked="" type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
------------	---	--	--	---	---	---

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage.	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with hazardous materials placard.
--	---

EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM <b>NA</b>	AVAILABLE FROM <input type="checkbox"/> Investigating Agency	BY WHOM <b>NA</b>	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
---	----------------------	---	----------------------	---

2 - LOCATION

COUNTY <b>NEWTON</b>	MUNICIPALITY <b>NEOSHO</b>	BEAT/ZONE <b>NN</b>	TRP/DIST/PCT <b>07</b>	GPS COORDINATES (DD MM SS.S FORMAT) LAT: <b>N NA</b> LONG: <b>W NA</b>
-------------------------	-------------------------------	------------------------	---------------------------	---

ON <b>CST COLER ST</b>	RDWY. DIR. <b>E</b>	DISTANCE FROM <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	INTERSECTING <b>CST VALLEY ST</b>	SPEED LIMIT <b>25</b>	INT. DIR. <b>NA</b>	GEO - CODE <b>NA</b>
---------------------------	------------------------	---	---	--------------------------------------	--------------------------	------------------------	-------------------------

TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input type="checkbox"/> Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> Other <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"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain)
--	---	---

INTERSECTION TYPE <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud/Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
---	---

ROAD SURFACE <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
---	--

LIGHT CONDITION  
 Daylight  Dark-Lighted  Dark-Unlighted  Dark-Unknown Lighting  Other (Explain)  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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown
---------------	-----	-----------------	-----	------------	----------------	--

CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	OTHER ACTIONS <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	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"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (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

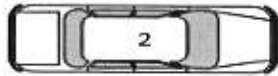
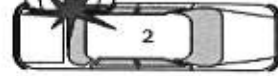
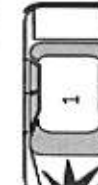
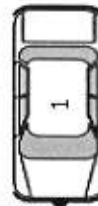
No measurements taken at the scene. Vehicles moved prior to arrival



Indicate North



CST VALLEY ST



CST COLER ST

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 MOORE, KATHY L 1301 BENTON AVE, NEOSHO, MO 64850** PHONE NUMBER **(417) 312-5235**

DRIVER LICENSE / ID NUMBER **N078357003** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Canceled / Oth Invalid  Unknown LIC TYPE  NA  Operator Class **F**  Permit  Unknown (Explain)  MC Endorsement  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **06-16-1957** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-TION **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  Unknown (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **FARM BUREAU** PHONE NO. (Optional) POLICY NUMBER **APV0606668**  Driver  Vehicle

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

YEAR **2003** MAKE **BUIC** MODEL **LESABRE** COLOR **WHI** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **BC2U0M** STATE **MO** YEAR **2020** VIN **1G4HP52K234154390** TOWED FROM SCENE  Yes  No TOWED DUE TO DIS. DAMAGE  Yes  No

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

INITIAL IMPACT NO. **1**

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
X	15	16	17	8	9	19 - Windshield	23 - Unknown
14	13	12	11	10	1	20 - Burned	24 - Other (Explain)

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

<input checked="" type="checkbox"/> Passenger Car <input 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 axles, 6 tires <input type="checkbox"/> Single-unit Truck, 3 or more axles <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	<b>GWV / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)</b> <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> 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

<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 checked="" 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 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)
--	--	---	---	--

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)**

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

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

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

COMMERCIAL / NON-COMMERCIAL  Interstate Carrier  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  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  Yes  No  Unknown PLACARD DISPLAYED  Yes  No  Unknown 4-DIGIT NO. \_\_\_\_\_ CLASS \_\_\_\_\_ HM CARGO PRESENT  Yes  No  Unknown HM CARGO RELEASED  Yes  No  Unknown HAZARDOUS MATERIAL NAME \_\_\_\_\_

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 REGIS, YOANNA** **814 FLOWER BOX LANE, NEOSHO, MO 64850** PHONE NUMBER **(417) 658-3956**

DRIVER LICENSE / ID NUMBER **T078225011** 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 **08-08-1996** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **1** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED  NA  Not Obstructed  Trees / Bush  Sign  Moving Veh  Other (Explain)  Windshield  Building  Hillcrest  Stopped Veh  Unknown (Explain)  Load on Veh  Embankment  Parked Veh  Glare  Unknown (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **ALL STATE** PHONE NO. (Optional) POLICY NUMBER **995069912**  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)  SAD **REGIS, MIGUEL** **814 FLOWER BOX LN, NEOSHO, MO 64850** PHONE NUMBER  SAD

YEAR **2006** MAKE **STRN** MODEL **ION** COLOR **GRY** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **MK7L4P** STATE **MO** YEAR **2020** VIN **1G8AL55F06Z152364** 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. **10**

2	3	4	5	6	7
1	15	16	17	8	
14	13	12	11	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  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

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 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

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



8 - CODES															
<b>SEAT LOCATION</b> XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">FR</td> <td style="padding: 2px;">SR</td> <td style="padding: 2px;">TR</td> </tr> <tr> <td style="padding: 2px;">FC</td> <td style="padding: 2px;">SC</td> <td style="padding: 2px;">TC</td> </tr> <tr> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">SL</td> <td style="padding: 2px;">TL</td> </tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	<b>INJURY</b> 1. Fatal 2. Suspected Serious Injury 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	<b>TRANSPORTED (For Medical Treatment)</b> 1. No 2. EMS 3. Other U. Unknown N. NA	<b>EJECTION</b> 1. NA 2. No 3. Partially 4. Totally U. Unknown	<b>AIR BAG</b> 1. None/NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knees, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	<b>SAFETY DEVICES</b> 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
FR	SR	TR													
FC	SC	TC													
FL	SL	TL													
<b>VEHICLE ACTION / SEQUENCE OF EVENTS</b> (Items with double-asterisk [**] require additional coding)															
1. Going Straight    10. Start From Parked    19. Airborne    28. Separation of Units    37. Collision Inv. Other Object (Explain)    44. Thrown / Falling Object 2. Overtaking    11. Backing    20. Ran Off Roadway - Right    29. Returned to Roadway    38. Other Non-Collision    45. Struck By Falling, Shifting Cargo, 3. Making Right Turn    12. Stopped in Traffic    21. Ran Off Roadway - Left    30. Collision Inv. Pedestrian    39. Collision Inv. Bicycle/Pedalcycle    Object Set in Motion By Own MV 4. Right Turn on Red    13. Parked    22. Overturn / Rollover    31. Collision Inv. Bicycle/Pedalcycle    in Bicycle Lane    46. Ran Off Roadway - Other (Explain) 5. Making Left Turn    14. Changing Lanes    23. Fire / Explosion    32. Collision Inv. Railway Veh.    40. Collision Inv. Animal Drawn Vehicle/ 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    Animal Ridden For Transportation 8. Slowing / Stopping    17. Cross Center Of Road    26. Cargo Loss / Shift    35. Collision Inv. Parked MV    41. Collision Inv. Working MV 9. Start in Traffic    18. Cross Road    27. Equipment Failure    36. Collision Inv. Fixed Object (**) 42. Downhill Runaway 43. Fell/Jumped From MV															
<b>ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>															
60. Deer    61. Farm Animal    62. Dog    63. Other Animal    U. Unknown															
<b>FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>															
20. Tree / Stump (Standing)    26. Culvert    32. Building    38. Bridge Rail    44. Wall 21. Embankment / Driveway / Ground / Rock Bluff    27. Highway Traffic Sign Post / Support    33. Traffic Signal Support    39. Guardrail End    45. Cable Barrier 22. Guardrail Face    28. Bridge Pier / Abutment / Support    34. Impact Attenuator / Crash Cushion    40. Other Traffic Barrier    46. Bridge Overhead Structure 23. Utility Pole    29. Curb    35. Fire Hydrant    41. Overhead Sign Support    47. Overhead Line / Cable 24. Fence    30. Mail Box    36. Other (Explain)    42. Ditch    U. Unknown 25. Street Light Support    31. Concrete Traffic Barrier    37. Bridge Parapet End    43. Other Post / Pole / Support															
<b>DISTRACTED / INATTENTIVE CODES</b>															
1. External Distraction    5. Communication Device - Hand-held    9. Eating / Drinking    13. Computer Equipment / Electronic Games / etc. 2. Passengers    6. Communication Device - Hands Free    10. Reading    14. Adjusting Vehicle Controls 3. Stereo / Audio / Video Equipment    7. Communication Device - Texting / E-mailing    11. Tobacco Use    15. Other (Explain) 4. Navigation Device    8. Communication Device - Web Browsing    12. Grooming															
<b>VEHICLE TYPE CODES</b>															
1. Motor Vehicle in Transport    3. Working Motor Vehicle    5. Animal Drawn Vehicle / Animal Ridden For Transportation Purposes 2. Parked Motor Vehicle    4. Pedalcycle    U. Unknown															
<b>OTHER VEHICLE CODES</b>															
1. Riding Mower / Garden Tractor    3. Snowmobile    5. Animal Drawn Vehicle / Animal Ridden For Transportation    6. Low Speed Vehicle 2. Golf Cart    4. Forklift    7. Other (Explain)															
<b>9. NARRATIVE / STATEMENTS</b> (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)															
DRIVER OF VEHICLE 1 STATED SHE WAS SOUTHBOUND ON VALLEY ST AT THE INTERSECTION OF COLER ST. AFTER STOPPING AT THE STOP SIGN, SHE STARTED TO CROSS THE ROADWAY AND HER VEHICLE STRUCK VEHICLE 2. SHE DID NOT SEE VEHICLE 2 APPROACHING FROM THE WEST.															
DRIVER 2 STATED SHE WAS EASTBOUND ON COLER ST NEAR THE INTERSECTION OF VALLEY ST. AS SHE NEARED THE INTERSECTION, HER VEHICLE WAS STRUCK BY VEHICLE # 1 ON THE DRIVER SIDE REAR.															
NO INJURIES WERE REPORTED AT THE SCENE															
<b>10. REPORTING AND REVIEWING OFFICER INFORMATION</b>															
REPORTING OFFICER NAME <b>JAMES D. COOK</b>				DSN / BADGE NO. <b>100JDC</b>		BEAT / ZONE <b>NN</b>		TROOP / DISTRICT / PRECINCT <b>07</b>							
REVIEWING OFFICER NAME <b>M. A. MALLORY</b>				DSN / BADGE NO. <b>100MAM</b>		REVIEWING OFFICER 2 NAME		DSN / BADGE NO.							

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

**ORIGINAL**