

ORIGINAL

| | | | |
|--------------------------------------|--|---|--|
| 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 | REPORT / CASE / INCIDENT NUMBER |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NA | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> | 0 | 0 | 1903-310 |

| | | | | | | | |
|---------------|------------|-------------------|---------------|----------------------|--------------------|---------------------|---|
| NO. VEH. INV. | CRASH DATE | CRASH TIME (MIL.) | NOTIFIED DATE | TIME NOTIFIED (MIL.) | INVESTIGATION DATE | TIME ARRIVED (MIL.) | INVEST. AT SCENE |
| 2 | 03-29-2019 | 23:05 | 03-29-2019 | 23:06 | 03-29-2019 | 23:08 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | | | | | |
|------------|--|---|--|---|--|---|--|
| CRASH TYPE | ROADWAY | NON-COLLISION | COLLISION INVOLVED | | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE | | |
| | <input type="checkbox"/> On Roadway <input checked="" 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 type="checkbox"/> Motor Vehicle in Transport <input checked="" 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 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) |

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 / GCWR 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 | SGT. SCHLESSMAN | AVAILABLE FROM |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input checked="" type="checkbox"/> Investigating Agency |
| RECONSTRUCTION BY WHOM | NA | AVAILABLE FROM |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Investigating Agency |

2 - LOCATION

| | | | | | |
|------------------|---|---|---|-------------------------------------|------------|
| COUNTY | MUNICIPALITY | BEAT/ZONE | TRP/DIST/PCT | GPS COORDINATES (DD MM SS.S FORMAT) | |
| NEWTON | NEOSHO | NN | PD12 | LAT: N NA | LONG: W NA |
| ON | RDWY DIR. | DISTANCE FROM | LOCATION | INTERSECTING | |
| CST MCQUARRY AVE | S | 95 <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 W SHERMAN 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 | | | NA | NA |
| | | | | GEO - CODE | NA |

| | |
|--|---|
| TRAFFICWAY | ROAD ALIGNMENT |
| <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) |
| INTERSECTION TYPE <input checked="" type="checkbox"/> NA | ROAD PROFILE |
| <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"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain) |
| ROAD SURFACE | WEATHER CONDITION |
| <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) | <input type="checkbox"/> Clear <input checked="" 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

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"/> 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"/> 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 | DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA | ALCOHOL USE |
| <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

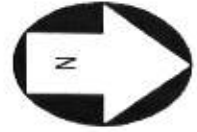
V4 N E S W U

V5 N E S W U

V6 N E S W U

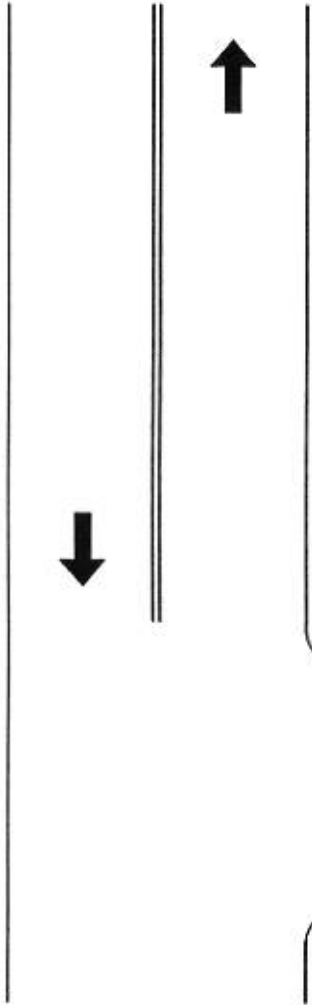
ORIGINAL

INDICATE NORTH



Indicate North

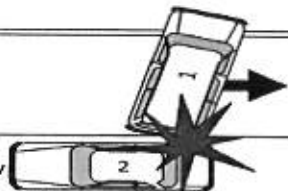
CST W SHERMAN ST



518



CST MCQUARRY AV



519

Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 HONEYFIELD, DUSTIN A 101 W COLER ST 2, NEOSHO, MO 64850 **PHONE NUMBER (417) 680-4982**

DRIVER LICENSE / ID NUMBER U077231002 **STATE** MO **LIC STATUS** Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown **LIC TYPE** Operator Class F Permit MC Endorsement Unknown (Explain) Yes No NA CDL Class MC Only Unlicensed Unknown (Explain)

DATE OF BIRTH 11-04-1991 **SEX** M **SEAT LOC** FL **INJ** 5 **TRANS-PORT** 1 **EJEC-TION** 2 **AIR BAG** 3 **SAFETY DEVICES** 5 **VISION OBSTRUCTED** NA Not Obstructed Trees / Bush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare

PROOF OF INSURANCE Yes No Not Required **INSURANCE COMPANY** MIRMA Expired **PHONE NO. (Optional)** **POLICY NUMBER** MIR2019 NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD **CITY OF NEOSHO 203 E MAIN ST, NEOSHO, MO 64850** **PHONE NUMBER** SAD

YEAR 2015 **MAKE** FORD **MODEL** EXPLORER **COLOR** BLK WHI **VEH TYPE** 1 **TOTAL NO. OF OCC.** 1

LICENSE - PLATE NO. 12 **STATE** MO **YEAR** **VIN** 1FM5K8AR7FG68385 **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. NA 18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit

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

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

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

Motorcycle ATV 2 Wh 3 Wh 4 Wh 5 Wh / More Unknown

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

Single-unit Truck, 2 axles, 6 tires Single-unit Truck, 3 or more axles Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units

GVW / 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** 11 35 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 **CONTROL MALFUNCTIONING / INOPERATIVE / MISSING** Yes (Explain) No Unknown NA

Workers Present Yes No Unknown

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

HAZARDOUS MATERIALS 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**

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2** PHONE NUMBER

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

DATE OF BIRTH: SEX: SEAT LOC: INJ: TRANS-PORT: EJECTION: AIR BAG: SAFETY DEVICES: 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 **STATE FARM** Expired PHONE NO. (Optional) POLICY NUMBER **0441150D0325F** NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD **BOWERS, JANICE M 519 MCQUARRY AVE, NEOSHO, MO 64850** PHONE NUMBER SAD

YEAR **1997** MAKE **FORD** MODEL **TAURUS** COLOR **WHI** VEH TYPE **2** TOTAL NO. OF OCC.

LICENSE - PLATE NO. **BC3U0K** STATE **MO** YEAR **2021** VIN **1FALP57U4VA132118** 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. NA

| | | | | | |
|----|----|----|----|----|---|
| 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 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 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 **13 35** 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: Step 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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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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 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 | (For Medical Treatment) | 1. None/NA | 1. NA | 9. Deployed - Combination | 1. None | 10. Booster Seat | |
| B - Pedalcycle | FC SC TC | 2. Suspected Serious Injury | | 3. Not Deployed | 2. No | 10. Deployment Unknown | 2. Not Used | 11. Child Restraint - Forward Facing | |
| M - Motorcycle | FL SL TL | 3. Evident - Not Disabling | 1. No | 4. Removed | 3. Partially | U. Air Bag Presence Unknown | 3. Shoulder Belt Only | 12. Child Restraint - Rear Facing | |
| CP - Commercial Passenger | | 4. Probable - Not Apparent | 2. EMS | 5. Deployed - Front | 4. Totally | | 4. Lap Belt Only | 13. Other Helmet | |
| OE - Occupant - Enclosed Load Area | | 5. None Apparent | 3. Other | 6. Deployed - Side | U. Unknown | | 5. Shoulder and Lap Belt | 14. Reflective Clothing | |
| OU - Occupant - Unenclosed Load Area | | U. Unknown | U. Unknown | 7. Deployed - Curtain | | | 7. DOT Compliant MC Helmet | 15. Other | |
| RC - Rail Crew | | N. NA | N. NA | 8. Deployed - Other (Knee, Air Bell, etc.) | | | 8. No Helmet | U. Use Unknown | |
| SV - Other (Explain in Narrative) | | | | | | | | N. Not Applicable | |
| NA - 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)

On 03-29-2019, Dustin Honeyfield advised me he was in the driveway at 518 McQuarry Avenue and backed out of the driveway. Mr. Honeyfield said he backed into a white Ford Taurus that was parked on the other side of the street in front of 519 McQuarry Avenue. Mr. Honeyfield said he was not injured.

I spoke with the owner of the Ford Taurus, Janice Bowers. Ms. Bowers was inside her house at the time of the crash and her vehicle was unoccupied.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|---|-----------------|--------------------------|-----------------------------|
| REPORTING OFFICER NAME | DSN / BADGE NO. | BEAT / ZONE | TROOP / DISTRICT / PRECINCT |
| RUSTY L. SCHLESSMAN | 100RLS | NN | 12 |
| REVIEWING OFFICER NAME | DSN / BADGE NO. | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |
| | | | |

ORIGINAL

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

[Empty box for narrative continuation]