

50

ORIGINAL

1 - GENERAL CRASH INFORMATION		1 - AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT MO0730300		
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LEFT THE SCENE	DRIVER NO	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3	3	0	0	1904-013

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
1	04-01-2019	14:59	04-01-2019	15:01	04-01-2019	15:05	<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"/> Animal <input type="checkbox"/> Pedalcycle <input checked="" 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 type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle

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.
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EVIDENTIARY PHOTOS TAKEN BY WHOM	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	J. WILLS	<input checked="" type="checkbox"/> Investigating Agency NEOSHO PD
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	<input type="checkbox"/> Investigating Agency NA

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT/ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
NEWTON	NEOSHO	NN	05	LAT: N NA LONG: W NA
ON	ROWY, DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST N COLLEGE ST	N	500 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	CST MORROW ST
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT INT. DIR. GEO - CODE
35	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			25 E NA

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input 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 checked="" 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	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 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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Steel / 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

3.1. **STREET SIGN (CURB DIVIDER)**

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"/> 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	<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

ORIGINAL

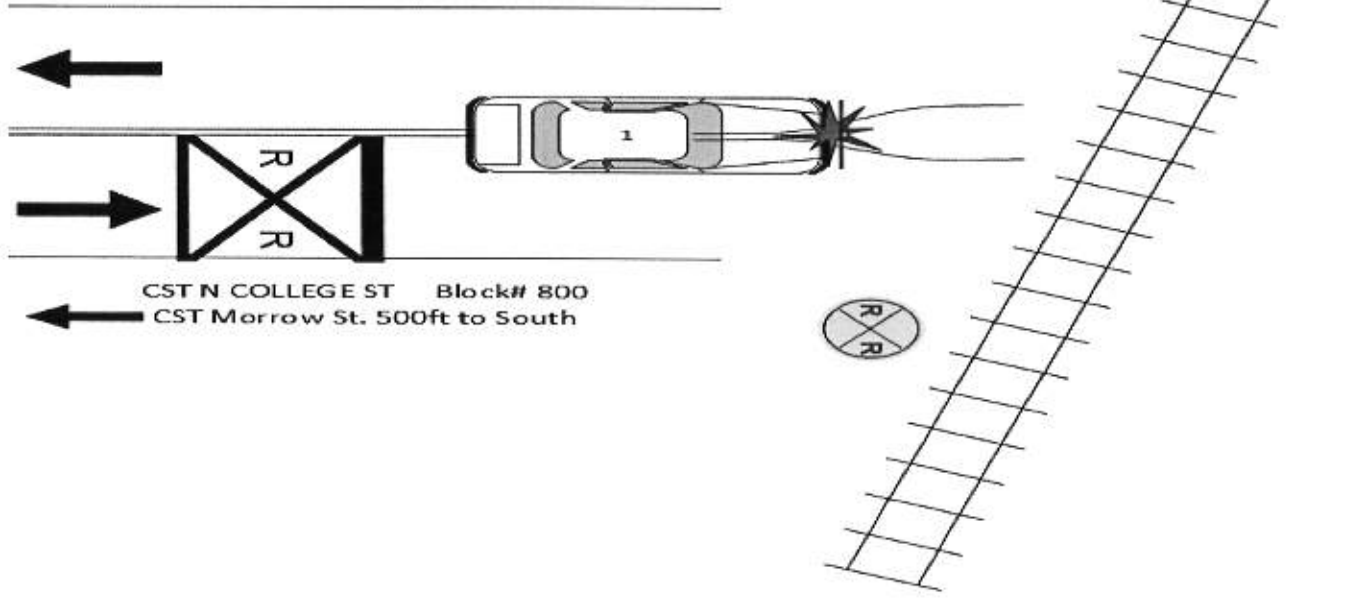
6. COLLISION DIAGRAM
Compass Direction Before Crash Event(s)
(Circle One)

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



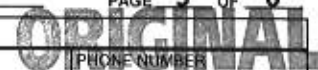
Indicate North



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
DRIVER LICENSE / ID NUMBER STATE LIC STATUS
Valid Expired
Operator Class Permit Unknown
CDL Class MC Only
Intern / Grad Unlicensed
MC ENDORSEMENT
Yes No NA
Unknown (Explain)

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
GARCIA-HERNAANDEZ, ELIDA A
1820 EMPIRE AVE, JOPLIN, MO 64804

YEAR MAKE MODEL COLOR VEH TYPE TOTAL NO. OF OCC.
CHEV MALIBU WHI 1 5

LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE
KR6S6L MO 2019 1G1ZS58F27F218061 Yes No Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 1
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit
TOWED BY RON'S TOWING
11981 MULBERRY RD

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car
Van (<9 W/Driver)
Passenger Van (9+ W/Driver)
Sport Utility Vehicle
Limousine (7-8 W/Driver)
Limousine (9-15 W/Driver)
Motorized Bicycle
Pedalcycle
To / From School
Small Bus (9-15 W/Driver)
Large Bus (15+ W/Driver)
Motorcycle
ATV
Motor Home
Farm Implements
Construction Equip. Heavy Mech.
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)
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)
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
SEQUENCE OF EVENTS CODES 01 17 36
ANIMAL CODE(S)
FIXED OBJECT CODE(S) 27
ALCOHOL USE
Yes No Unk
No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
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 5)

7E. WORK ZONE
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 SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER
GARCIA-HERNAANDEZ, ELIDA A 1820 EMPIRE AVE, JOPLIN, MO 64804 05-27-1986 F FR 5 1 2 5 1 (417) 622-9547
GARCIA, LUIZ A 1820 EMPIRE AVE, JOPLIN, MO 64804 08-10-2017 M SR 4 1 2 5 11 4 (417) 622-9547
GARCIA, ELIDA R 1820 EMPIRE AVE, JOPLIN, MO 64804 01-17-2014 F SL 4 1 2 5 4 (417) 622-9547
GACIA, JONATHAN A 1820 EMPIRE AVE, JOPLIN, MO 64804 04-17-2016 M SC 4 1 2 5 10 4 (417) 622-9547

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 Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle MC / MX / ICC NO.
Intrastate Carrier Not in Commerce - Rental Vehicle 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
Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log Unknown

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



7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) _____ PHONE NUMBER _____

DRIVER LICENSE / ID NUMBER _____ STATE _____ LIC STATUS Valid Expired Lic Type Operator Class Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Susp / Rev / Denied Disqual CDL CDL Class MC Only Unknown (Explain) No NA NA Canceled / Oth Invalid Unknown NA Intern / Grad Unlicensed Unknown (Explain) Unknown (Explain)

DATE OF BIRTH _____ SEX _____ SEAT LOC _____ INJ _____ TRANS-PORT _____ EJECT-ION _____ AIR BAG _____ SAFETY DEVICES _____ VISION OBSTRUCTED Not Obstructed Trees / Bush Sign Moving Veh Other (Explain) NA 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 _____ Expired PHONE NO. (Optional) _____ POLICY NUMBER _____ NA Driver Vehicle

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

YEAR _____ MAKE _____ MODEL _____ COLOR _____ VEH TYPE _____ TOTAL NO. OF OCC. _____

LICENSE - PLATE NO. _____ STATE _____ YEAR _____ VIN _____ 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	18 - Undercarriage	22 - Cargo
1	15	16	17	8		19 - Windshield	23 - Unknown
14	13	12	11	10	9	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, 8 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

GW / 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 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)

Workers Present Yes No Unknown

Controls: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

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

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 - Rental Vehicle Not in Commerce - Other 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 Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log 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

SEAT LOCATION		INJURY		TRANSPORTED (For Medical Treatment)		EJECTION		AIR BAG		SAFETY DEVICES								
XX - Not Known	<table border="1"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table>	FR	SR	TR	FC	SC	TC	FL	SL	TL	1. Fatal	1. No	1. None/NA	1. NA	1. None/NA	9. Deployed -	1. None	10. Booster Seat
FR		SR	TR															
FC		SC	TC															
FL		SL	TL															
B - Pedalcycle	2. Suspected Serious Injury	2. EMS	2. No	3. Not Deployed	2. No	3. Not Deployed	Combination	2. Not Used	11. Child Restraint - Forward Facing									
M - Motorcycle	3. Evident - Not Disabling	3. Other	3. Partially	4. Removed	3. Partially	4. Removed	10. Deployment Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing									
CP - Commercial Passenger	4. Probable - Not Apparent	U. Unknown	4. Totally	5. Deployed - Front	4. Totally	5. Deployed - Front	U. Air Bag Presence Unknown	4. Lap Belt Only	13. Other Helmet									
OE - Occupant - Enclosed Load Area	5. None Apparent	N. NA	U. Unknown	6. Deployed - Side	U. Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing									
OU - Occupant - Unenclosed Load Area	U. Unknown			7. Deployed - Curtain		7. Deployed - Curtain		7. DOT Compliant	15. Other									
RC - Rail Crew	N. NA			8. Deployed - Other (Knee, Air Belt, etc.)		8. Deployed - Other (Knee, Air Belt, etc.)		U. MC Helmet	U. Use Unknown									
SV - Other (Explain in Narrative)								8. No Helmet	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 April 1, 2019 at approximately 1459 hours I, Officer Wills was dispatched to the area of 812 N College St. in reference to a traffic accident. I arrived on scene and observed a white in color Chevrolet Malibu bearing Missouri license plates KR6S6L that had crashed into the center median straight into a street sign. I noticed that both front airbags had been deployed.

I then made contact with the passenger of the vehicle, Elida A. Garcia-Hernandez who I was able to identify by verbal information, who I found sitting on the front porch with her three juvenile children at 812 N College St. Ms. Garcia did not speak any english so one of the people from a neighboring home translated for Ms. Garcia. Ms. Garcia stated that her boyfriend was driving the vehicle at the time of the crash; however, she did not have any information about him other than his first name was Adrian.

The people who lived in the area stated that after they heard the crash, they came outside and saw Ms. Garcia frantically grabbing her children out of the vehicle and a Hispanic male fleeing the scene in a blue and white striped shirt. Another witness stated that she observed the same male subject get into a dark gray Nissan passenger car and drove off.

I was able to determine that Ms. Garcia was the front seat passenger, her daughter Elida Rosio Morales Garcia (5 year old) was in the second row driver side with only a lapbelt, her son Jonathan Artemio Garcia (2 year old) was in the second row in the middle with a booster seat and only a lapbelt, and her youngest son Luiz Antonio Garcia (1 year old) was in the second row passenger side in a car seat with also just a lapbelt.

All occupants were checked by medical staff on scene and appeared to have no obvious injuries. The street sign that was struck and knocked down was owned by MoDOT. They were notified of the incident.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME JORDAN S. WILLS	DSN / BADGE NO. 100JSW	BEAT / ZONE NN	TROOP / DISTRICT / PRECINCT 05
REVIEWING OFFICER NAME M. A. MALLORY	DSN / BADGE NO. 100MAM	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

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

ORIGINAL

End of report.