

MISSOURI UNIFORM CRASH REPORT

ORIGINAL

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

|  |  |                                |   |   |  |                                  |   |   |
|--|--|--------------------------------|---|---|--|----------------------------------|---|---|
| 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 type="checkbox"/> | PROPERTY DAMAGE ONLY <input type="checkbox"/>  | NO. INJURED <b>1</b>             | NO. KILLED <b>0</b>   | REPORT / CASE / INCIDENT NUMBER <b>1904-023</b> |
| NO. VEH. INV. <b>2</b>   | CRASH DATE <b>04-02-2019</b>   | CRASH TIME (MIL.) <b>13:48</b> | NOTIFIED DATE <b>04-02-2019</b>   | TIME NOTIFIED (MIL.) <b>13:50</b>             | INVESTIGATION DATE <b>04-02-2019</b>   | TIME ARRIVED (MIL.) <b>13:55</b> | INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| CRASH TYPE<br><input checked="" type="checkbox"/> On Roadway<br><input type="checkbox"/> Off Roadway | NON-COLLISION<br><input type="checkbox"/> Overturning<br><input type="checkbox"/> Fire / Explosion<br><input type="checkbox"/> Immersion<br><input type="checkbox"/> Jackknife |                                | COLLISION INVOLVED<br><input type="checkbox"/> Animal<br><input type="checkbox"/> Pedalcycle<br><input type="checkbox"/> Fixed Object<br><input type="checkbox"/> Other Object<br><input type="checkbox"/> Pedestrian |   | COLLISION INVOLVED<br><input type="checkbox"/> Railway Vehicle<br><input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans<br><input checked="" type="checkbox"/> Motor Vehicle in Transport<br><input type="checkbox"/> Parked Motor Vehicle<br><input type="checkbox"/> Working Motor Vehicle |                                  | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE<br><input type="checkbox"/> Front to Front<br><input type="checkbox"/> Front to Rear<br><input type="checkbox"/> Rear to Rear<br><input type="checkbox"/> Rear to Side<br><input type="checkbox"/> Angle<br><input type="checkbox"/> Sideswipe (Same Dir.)<br><input checked="" type="checkbox"/> Sideswipe (Opp. Dir.)<br><input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)<br><input type="checkbox"/> Other (Explain)<br><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.  No - No commercial vehicle fields need completion.  Yes - Go to number 2. →

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.  No - No commercial vehicle fields need completion.  Yes - Complete Section 7G for appropriate vehicle.

|  |                   |  |
|--|-------------------|--|
| EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | BY WHOM <b>NA</b> | AVAILABLE FROM <input type="checkbox"/> Investigating Agency |
| RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No           | 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>NA</b>  | GPS COORDINATES (DD MM SS.S FORMAT)<br>LAT: <b>N NA</b> LONG: <b>W NA</b>  |   |
| ON <b>CST W. SHERMAN ST</b>  |  | RDWY. DIR. <b>W</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 S LINCOLN ST</b>    |
| SPEED LIMIT <b>25</b>  | ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other |  |   | SPEED LIMIT <b>25</b>  | INT. DIR. <b>N</b> GEO - CODE <b>NA</b> |
| TRAFFICWAY<br><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<br><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<br><input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)   |   | ROAD PROFILE<br><input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain) |   |
| INTERSECTION TYPE <input type="checkbox"/> NA<br><input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)<br><input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)                               |  | ROAD CONDITION<br><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)<br><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<br><input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone<br><input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)  |  | WEATHER CONDITION<br><input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Steel / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)<br><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<br><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 # | INJ | TRANS-PORT | SAFETY DEVICES | LOCATION<br><input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island<br><input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown |
|---------------|-----|-----------------|-----|------------|----------------|--|

|   |  |   |
|---|--|---|
| CROSSING ROAD <input type="checkbox"/> NA<br><input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk<br><input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk<br><input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk<br><input type="checkbox"/> Unknown <input type="checkbox"/> Unknown   | OTHER ACTIONS <input checked="" type="checkbox"/> NA / None<br><input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Unknown<br><input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Other (Explain)<br><input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Walking / Running in Trafficway<br><input type="checkbox"/> Behind / In Front of Parked / Stopped Veh <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic | SCHOOL INFO. <input type="checkbox"/> NA<br><input type="checkbox"/> Going To / From School<br><input type="checkbox"/> Getting On / Off School Bus<br><input type="checkbox"/> Both of the Above<br><input type="checkbox"/> Unknown (Explain) |
| PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)<br><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  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

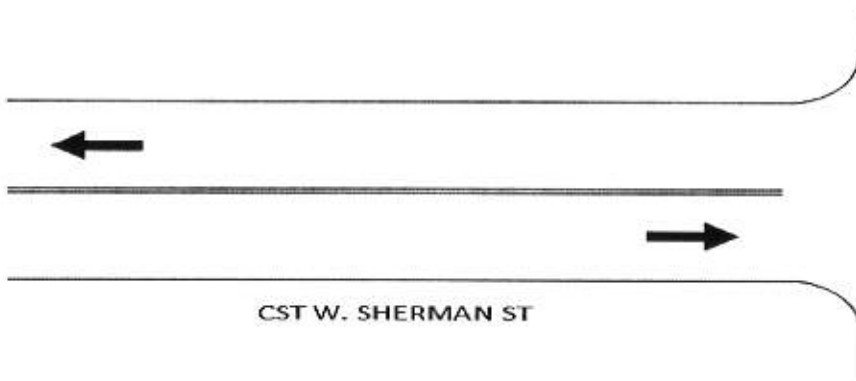
V6  N  E  S  W  U

ORIGINAL

INDICATE NORTH



Indicate North



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 CHRISTOPHER, TERRY L 31729 61ST RD, ARKANSAS, KS 67005** PHONE NUMBER **(620) 441-8729**

DRIVER LICENSE / ID NUMBER **K02876865** STATE **KS** LIC STATUS  Valid  Expired  Operator Class  Permit  MC ENDORSEMENT  Yes  No  NA  
 Susp / Rev / Denied  Disqual CDL  CDL Class  MC Only  Unknown (Explain)  Yes  No  NA  
 NA  Canceled / Oth Invalid  Unknown  NA  Interm / Grad  Unlicensed  Unknown (Explain)  Unknown (Explain)

DATE OF BIRTH **08-11-1953** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-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 **NATIONWIDE**  Expired PHONE NO. (Optional) POLICY NUMBER **PPCM0055503877**  NA  Driver  Vehicle

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

YEAR **1999** MAKE **DODG** MODEL **RAM 1500** COLOR **GRN** VEH TYPE TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **527BNI** STATE **KS** YEAR **2019** VIN **3 B 7 H F 1 3 Z 2 X G 1 4 0 3 6 4** 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

|    |    |    |    |    |                    |                      |
|----|----|----|----|----|--------------------|----------------------|
| 3  | 4  | 5  | 6  | 7  | 18 - Undercarriage | 22 - Cargo           |
| 15 | 16 | 17 | 8  |    | 19 - Windshield    | 23 - Unknown         |
| 14 | 13 | 12 | 11 | 10 | 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

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  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  Unknown **12 | 05 | 34** 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-TION 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 (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  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 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

NO. **7A. DRIVER** - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)  
**2 REEVES, GLENOLIA D 504 MCQUARRY ST, NEOSHO, MO 64850** PHONE NUMBER **(417) 312-1056**

DRIVER LICENSE / ID NUMBER **S078124016** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown

OPERATOR CLASS  Permit  MC Only  Unlicensed  Unknown (Explain)

MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **03-13-1945** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED  NA  Not Obstructed  Trees / Bush  Sign  Moving Veh  Other (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **1ST AUTO AND CASUALTY** PHONE NO. (Optional) POLICY NUMBER **PAMO003241**  NA  Driver  Vehicle

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

YEAR **2013** MAKE **DODG** MODEL **AVENGER** COLOR **BLK** VEH TYPE **1** TOTAL NO. OF OCC **2**

LICENSE - PLATE NO. **YG5R9V** STATE **MO** YEAR **2019** VIN **1C3CDZAB9DN576107** 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 **I-49 TOWING**

INITIAL IMPACT NO.  NA

|    |    |    |   |   |   |
|----|----|----|---|---|---|
| 2  | 3  | 4  | 5 | 6 | 7 |
| 1  | 16 | 17 | 8 |   |   |
| 14 | X  | X  | X | X | X |

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  Small Bus (9-15 W/Driver)  Motorcycle  Motor Home  Single-unit Truck, 2 axles, 6 tires  
 Van (-9 W/Driver)  Large Bus (15+ W/Driver)  ATV  Farm Implements  Single-unit Truck, 3 or more axles  
 Passenger Van (9+ W/Driver)  School Bus  Other Vehicle (Code) \_\_\_\_\_  Construction Equip. Heavy Mach.  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  
 Sport Utility Vehicle  Intercity  Cargo Van  Truck Tractor With No Units  
 Limousine (7-8 W/Driver)  Transit / Commuter  Pickup  Truck Tractor With One Unit  
 Limousine (9-15 W/Driver)  Charter / Tour  Other Heavy Truck  Truck Tractor With Two Units  
 Motorized Bicycle  Other  Unknown (Explain)  Truck Tractor With Three Units  
 Pedalcycle  To / From School  Unknown (Explain)

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  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)  Vision Obstructed  Failed To Dim Headlights  Improper Towing / Pushing  Object / Obstruction In Roadway  
 Speed - Exceeded Limit  Driver Fatigue / Asleep  Failed To Use Lights  Improperly Stopped On Roadway  Distracted / Inattentive (Designate Type)  
 Too Fast For Conditions  Improper Signal  Following Too Close  Improper Lane Usage / Change  Unknown (Explain)  
 Violation Signal / Sign  Improper Backing  Wrong Side (Not Passing)  Overcorrected  Other (Explain)  
 Failed to Yield  Improper Turn  Wrong Side (One-Way)  Improper Riding / Clinging To Veh. Exterior  Failed To Secure Load / Improper Loading  
 Alcohol  Improper Passing  Physical Impairment (Explain)  Failed To Secure Load / Improper Loading  
 Drugs  Improperly Parked  Improper Start From Park  Animal(s) In Roadway

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

**REEVES, AUTUMN J**  
**504 MCQUARRY ST, NEOSHO, MO 64850** **02-18-2004** **F** **FR** **4** **2** **2** **3** **5** **(417) 312-1056**

**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 (Leases, 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  Unknown

Cargo Tank  Dump  Auto Transporter  Grain / Chip / Gravel  Log

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

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

| VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding) |   |
|---|---|
| 1. Going Straight   | 10. Start From Parked   |
| 2. Overtaking   | 11. Backing   |
| 3. Making Right Turn  | 12. Stopped in Traffic  |
| 4. Right Turn on Red  | 13. Parked  |
| 5. Making Left Turn   | 14. Changing Lanes  |
| 6. Making U-Turn  | 15. Avoiding  |
| 7. Skidding / Sliding   | 16. Cross Median  |
| 8. Slowing / Stopping   | 17. Cross Center Of Road  |
| 9. Start in Traffic   | 18. Cross Road  |
| 19. Airborne  | 20. Ran Off Roadway - Right   |
| 21. Ran Off Roadway - Left  | 22. Overturn / Rollover   |
| 23. Fire / Explosion  | 24. Immersion   |
| 25. Jackknife   | 26. Cargo Loss / Shift  |
| 27. Equipment Failure   | 28. Separation of Units   |
| 29. Returned to Roadway   | 30. Collision Inv. Pedestrian   |
| 31. Collision Inv. Bicycle/Pedalcycle   | 32. Collision Inv. Railway Veh.   |
| 33. Collision Inv. Animal (**)  | 34. Collision Inv. MV in Transport  |
| 35. Collision Inv. Parked MV  | 36. Collision Inv. Fixed Object (**)                                      |
| 37. Collision Inv. Other Object (Explain)   | 38. Other Non-Collision   |
| 39. Collision Inv. Bicycle/Pedalcycle in Bicycle Lane   | 40. Collision Inv. Animal Drawn Vehicle/ Animal Ridden For Transportation |
| 41. Collision Inv. Working MV   | 42. Downhill Runaway  |
| 43. Fell/Jumped From MV   | 44. Thrown / Falling Object   |
| 45. Struck By Falling, Shifting Cargo, Object Set in Motion By Own MV                           | 46. Ran Off Roadway - Other (Explain)                                     |
| 47. Cross Separator   |   |

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

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

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

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

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

On 04/02/2019 at around 1438 hours, I was dispatched to the intersection of W. Sherman St. and S. Lincoln St. for a traffic crash report.

Upon my arrival, I observed a 2013 black Dodge Avenger with Missouri registration YG5R9V (Vehicle 2) and a 1999 green Dodge 1500 Ram with Kansas registration 527BNI (Vehicle 1) sitting on the side of the road. I made contact with the driver of Vehicle 1 and identified him by his Kansas Driver's License to be Terry Christopher. Mr. Christopher said he was sitting at the stop sign on S. Lincoln St. He said he looked both directions and did not see any vehicles. He said he started to turn left onto W. Sherman St. and hit Vehicle 2. He said he never saw Vehicle 2 until it was too late. I observed the damage to the front of Vehicle 1 and was consistent with the statement he gave me. Mr. Christopher refused medical treatment on scene.

I made contact with the driver of Vehicle 2. I identified her by her Missouri Driver's License to be Glendolia Reeves. Ms. Reeves said she was traveling west on W. Sherman St. She said she did not see Vehicle 1 until it hit her vehicle. Ms. Reeves refused medical treatment on scene. Ms. Reeves had her daughter Autumn Reeves in the front passenger seat with her. Autumn complained of an injury and was transported to the hospital for treatment.

Vehicle 2 was towed from the scene by I-49 Towing and Vehicle 1 was able to drive his vehicle from the scene.

Nothing further.

**10. REPORTING AND REVIEWING OFFICER INFORMATION**

|  |  |                                  |                          |                             |
|--|--|----------------------------------|--------------------------|-----------------------------|
| REPORTING OFFICER NAME<br><b>DUSTIN H. WHITEHILL</b> |  | DSN / BADGE NO.<br><b>100DHW</b> | BEAT / ZONE<br><b>NN</b> | TROOP / DISTRICT / PRECINCT |
| 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]