

1 - GENERAL CRASH INFORMATION	1 - AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT MO0730300
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LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. NA	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY 0	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1904-054
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NO. VEH. INV. 2	CRASH DATE 04-05-2019	CRASH TIME (MIL.) 14:30	NOTIFIED DATE 04-05-2019	TIME NOTIFIED (MIL.) 14:32	INVESTIGATION DATE 04-05-2019	TIME ARRIVED (MIL.) 14:35	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> Angle <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Rear to Side <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	
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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 <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input type="checkbox"/> 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 / GCVWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. 2b. A motor vehicle with seating for 9 or more including driver; OR <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle. 2c. A vehicle with hazardous materials placard
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EVIDENTIARY PHOTOS TAKEN BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA
RECONSTRUCTION BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT/ZONE NN	TRP/DIST/PCT NA	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA
ON CST W. COLER STREET		RDWY. DIR. E	DISTANCE FROM <input checked="" type="checkbox"/> NA Feet <input type="checkbox"/> Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At
SPEED LIMIT 30	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	INTERSECTING CST N. JEFFERSON STREET		SPEED LIMIT 25
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> Unknown		ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE <input 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 checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)		ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)		
ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)		WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)		
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)				

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES: None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE MoDOT County Municipality

4 - WITNESS None Identified Additional Witnesses in Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #	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
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CROSSING ROAD <input type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	OTHER ACTIONS <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	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)
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PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None <input type="checkbox"/> Failed to Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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

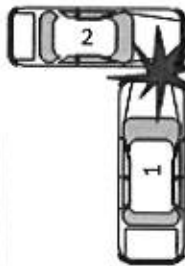
ORIGINAL



Indicate North

PRIVATE PARKING LOT

CST W. COLER STREET



CST W. COLER STREET

CST N. JEFFERSON STREET

Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1 DALRYMPLE, JENNIFER A 4300 PRICE DR 5, NEOSHO, MO 64850** PHONE NUMBER **(417) 389-8923**

DRIVER LICENSE / ID NUMBER **X079307001** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown

LIC TYPE Operator Class **F** Permit Unknown (Explain) CDL Class MC Only Unlicensed NA Intern / Grad

MC ENDORSEMENT Yes No Unknown (Explain)

DATE OF BIRTH **10-05-1984** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-TION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED NA Not Obstructed Windshield Load on Veh Trees / Bush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare Other (Explain) Unknown (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **ALLSTATE INSURANCE** PHONE NO. (Optional) POLICY NUMBER **995754448** Driver Vehicle

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

YEAR **2004** MAKE **MAZD** MODEL **TRIBUTE** COLOR **BLU** VEH TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO. **CM7Z7H** STATE **MO** YEAR **2020** VIN **4 F 2 Y Z 0 4 1 5 4 K M 0 2 4 9 0** 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 **1**

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

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

<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck, 2 axes, 6 tires	GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
<input type="checkbox"/> Van (<9 W/Driver)	<input type="checkbox"/> Large Bus (15+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck, 3 or more axes	
<input checked="" type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> 2 Wh	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	
<input type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> Truck Tractor With No Units	
<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> 4 Wh	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With One Unit	<input type="checkbox"/> Less than or equal to 10,000 lbs.
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> 10,001 - 26,000 lbs.
<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Two Units	<input type="checkbox"/> Greater than 26,000 lbs.
<input type="checkbox"/> Pedalcycle			<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Truck Tractor With Three Units	<input type="checkbox"/> Unknown
<input type="checkbox"/> To / From School					

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 **12 | 09 | 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"/> Vision Obstructed	<input type="checkbox"/> Failed To Dim Headlights	<input type="checkbox"/> Improper Towing / Pushing	<input type="checkbox"/> Object / Obstruction In Roadway
<input type="checkbox"/> Speed - Exceeded Limit	<input type="checkbox"/> Driver Fatigue / Asleep	<input type="checkbox"/> Failed To Use Lights	<input type="checkbox"/> Improperly Stopped On Roadway	<input type="checkbox"/> Distracted / Inattentive (Designate Type)
<input type="checkbox"/> Too Fast For Conditions	<input type="checkbox"/> Improper Signal	<input type="checkbox"/> Following Too Close	<input type="checkbox"/> Improper Lane Usage / Change	<input type="checkbox"/> Unknown (Explain)
<input checked="" type="checkbox"/> Violation Signal / Sign	<input type="checkbox"/> Improper Backing	<input type="checkbox"/> Wrong Side (Not Passing)	<input type="checkbox"/> Overcorrected	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Failed to Yield	<input type="checkbox"/> Improper Turn	<input type="checkbox"/> Wrong Side (One-Way)	<input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA (See Codes in Section 8)
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Improper Passing	<input type="checkbox"/> Physical Impairment (Explain)	<input type="checkbox"/> Failed To Secure Load / Improper Loading	
<input type="checkbox"/> Drugs	<input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Animal(s) In Roadway	

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) **BOULIER, NICHOLAS S** ADDRESS (Street, City, State, Zip) **4300 PRICE DRIVE 5, NEOSHO, MO 64850**

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
BOULIER, NICHOLAS S	4300 PRICE DRIVE 5, NEOSHO, MO 64850	08-27-1988	M	FR	5	1	2	3	5	(816) 615-2898

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 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

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**
2 STAPLETON, KIMBERLY A 1479 S. SHETLAND ROAD, ROCKY COMFORT, MO 64831 PHONE NUMBER **(417) 737-9207**

DRIVER LICENSE / ID NUMBER **T980340697** 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 Unknown (Explain)

DATE OF BIRTH **07-09-1972** 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) Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare

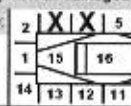
PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **PROGRESSIVE INSURANCE** PHONE NO. (Optional) POLICY NUMBER **922632258** Driver Vehicle

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

YEAR **1989** MAKE **MERC** MODEL **GRAND MARQUI** COLOR **BLU** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **SS9E2W** STATE **MO** YEAR **2019** VIN **2MEBM75F2KX652530** 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. **3**  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 axes, 6 tires GWW / GCWW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
 Van (<9 W/Driver) Large Bus (15+ W/Driver) ATV Farm Implements Single-unit Truck, 3 or more axes
 Passenger Van (9+ W/Driver) School Bus Construction Equip. Heavy Mach. Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
 Sport Utility Vehicle Intercity Other Vehicle (Code) Cargo Van Truck Tractor With No Units Less than or equal to 10,000 lbs.
 Limousine (7-8 W/Driver) Transit / Commuter Pickup Truck Tractor With One Unit 10,001 - 26,000 lbs.
 Limousine (9-15 W/Driver) Charter / Tour Other Heavy Truck Truck Tractor With Two Units Greater than 26,000 lbs.
 Motorized Bicycle Other Unknown (Explain) Truck Tractor With Three Units Unknown
 Pedalcycle To / From School

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA
 Police Ambulance A. Emergency Vehicle on Emergency Run Congestion Ahead Other Incident Ahead
 Fire Other (Must check "A" / "B") B. Stationary With Emergency Equip. Activated Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE Yes Unk No NA
 SEQUENCE OF EVENTS CODES **01 08 34** ANIMAL CODE(S) FIXED OBJECT CODE(S)

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 Animal(s) In Roadway
 Alcohol Improper Passing Physical Impairment (Explain) DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)
 Drugs Improperly Parked Improper Start From Park

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 Other: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Control Malfunctioning / Inoperative / Missing Yes (Explain) No Unknown NA
 Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

7F. OCCUPANTS - NAME (Last, First, MI) DATE OF BIRTH 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 (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

COMMERCIAL / Interstate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.
 NON-COMMERCIAL Intrastate Carrier Not in Commerce - Rental Vehicle

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

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

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (**) require additional coding)	
1. Going Straight	10. Start From Parked
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)	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 5, 2019, at approximately 14:30 hours, I responded to the intersection of W. Coler Street and N. Jefferson Street in reference to a report of a 2 vehicle traffic crash.

Upon my arrival I observed both vehicles had moved out of the roadway. I spoke to both drivers and they advised that there were no injuries and no one needed any medical services.

I spoke to the driver of vehicle 1 and she identified herself by her Missouri driver's license as Jennifer Dalrymple. Ms. Dalrymple was operating her 2004 Mazda Tribute bearing Missouri CM7Z7H. Ms. Dalrymple advised me that she was traveling north on N. Jefferson Street and stopped at the stop sign at W. Coler Street. Ms. Dalrymple said she looked both ways before pulling out but she suddenly hit the side of vehicle 2. I observed the damage to Ms. Dalrymple's vehicle and it consisted of damage to the middle of the front bumper.

I spoke to the driver of vehicle 2 and she was identified by her Missouri driver's license as Kimberly Stapleton. Ms. Stapleton was operating her 1989 Mercury Grand Marquis bearing Missouri license SS9E2W. Ms. Stapleton advised me that she was traveling east on W. Coler Street when the vehicle in front of her stopped quickly. Ms. Stapleton said that she stopped quickly and vehicle 1 just ran into the passenger side of her car. Ms. Stapleton pulled into the Sheriff's Office parking lot to assess the damage. Ms. Stapleton advised me that when both cars stopped driver 1 got out of her vehicle and started yelling at her.

When I arrived I assessed the damage and photographed it. Ms. Stapleton's vehicle had significant damage to the front passenger side door. Both vehicles were drove from the scene and the scene was cleared.

Nothing further.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME JOHN T. PRUITT	DSN / BADGE NO. 100JTP	BEAT / ZONE NN	TROOP / DISTRICT / PRECINCT 08
REVIEWING OFFICER NAME D. H. WHITEHILL	DSN / BADGE NO. 100DHW	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

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

ORIGINAL