

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

|   |            |  |                                     |                                     |             |            |                                 |
|---|------------|--|-------------------------------------|-------------------------------------|-------------|------------|---------------------------------|
| 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 |            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 0           | 0          | 0614-242                        |

|               |            |                   |               |                      |                    |                     |   |
|---------------|------------|-------------------|---------------|----------------------|--------------------|---------------------|---|
| NO. VEH. INV. | CRASH DATE | CRASH TIME (MIL.) | NOTIFIED DATE | TIME NOTIFIED (MIL.) | INVESTIGATION DATE | TIME ARRIVED (MIL.) | INVEST. AT SCENE  |
| 1             | 06-30-2014 | 1904              | 06-30-2014    | 1905                 | 06-30-2014         | 1909                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|            |  |   |   |  |  |   |   |  |  |  |  |
|------------|--|---|---|--|--|---|---|--|--|--|--|
| CRASH TYPE | ROADWAY  | NON-COLLISION   |   |  | COLLISION INVOLVING  |   |   | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE                                     |  |  |  |
|            | <input type="checkbox"/> On Roadway<br><input checked="" type="checkbox"/> Off Roadway | <input type="checkbox"/> Overturning<br><input type="checkbox"/> Fire / Explosion<br><input type="checkbox"/> Immersion<br><input type="checkbox"/> Jackknife | <input type="checkbox"/> Fell/Jumped From MV<br><input type="checkbox"/> Cargo / Equip Loss / Shift<br><input type="checkbox"/> Other Non-Collision | <input type="checkbox"/> Animal<br><input type="checkbox"/> Pedalcycle<br><input checked="" type="checkbox"/> Fixed Object<br><input type="checkbox"/> Other Object<br><input type="checkbox"/> Pedestrian | <input type="checkbox"/> Railway Vehicle<br><input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.<br><input type="checkbox"/> Motor Vehicle in Transport<br><input type="checkbox"/> Parked Motor Vehicle<br><input type="checkbox"/> Working Motor Vehicle | <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 | <input type="checkbox"/> Angle<br><input type="checkbox"/> Sideswipe (Same Dir.)<br><input type="checkbox"/> Sideswipe (Opp. Dir.)<br><input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) | <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?<br>1a. A person fatally injured; OR<br>1b. A person transported for medical attention; OR<br>1c. A vehicle towed due to disabling damage. | 2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:<br>2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR<br>2b. A motor vehicle with seating for 9 or more including driver; OR<br>2c. A vehicle with a hazardous materials placard. |
| <input type="checkbox"/> No - No commercial vehicle fields need completion.<br><input checked="" type="checkbox"/> Yes - Go to number 2.   | <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.<br><input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.   |

|   |         |   |
|---|---------|---|
| EVIDENTIARY PHOTOS TAKEN  | BY WHOM | AVAILABLE FROM                                |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |         | <input type="checkbox"/> Investigating Agency |
| RECONSTRUCTION  | BY WHOM | 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.SS FORMAT)  |  |
| NEWTON  | NEOSHO  | NE          | NA   | LAT N   | LONG W NA  |
| ON  | RDWY DIR  |             | DISTANCE FROM  | LOCATION  | INTERSECTING   |
| CST SPRING HILL DR  | N   |             | 6 <input type="checkbox"/> NA Feet   | <input checked="" type="checkbox"/> After <input type="checkbox"/> NA<br><input type="checkbox"/> Before<br><input type="checkbox"/> At | W of CST W MCCORD ST   |
| SPEED LIMIT   | ROAD MAINTAINED BY  |             |  | SPEED LIMIT   | INT DIR  |
| 15  | <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other |             |  | NA  | W  |
| TRAFFICWAY  |   |             | ROAD ALIGNMENT   |   | ROAD PROFILE   |
| <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided<br><input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane   |   |             | <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve<br><input type="checkbox"/> Unknown (Explain)  |   | <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip<br><input checked="" type="checkbox"/> Uphill <input checked="" type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain) |
| INTERSECTION TYPE   |   |             | ROAD CONDITION   |   |  |
| <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain)<br><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)<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  |   |             | WEATHER CONDITION  |   |  |
| <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) |   |             | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / 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   |   |             |  |   |  |
| <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

**OWNER: ANDREW L HAMBY - 322 W MC CORD ST NEOSHO, MO 64850 - (417) 455-1528**

**PROPERTY: RETAINING WALL - RETAINING WALL**

4 - WITNESS  None Identified  Additional Witnesses In Narrative

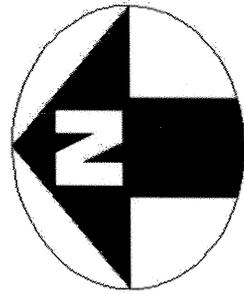
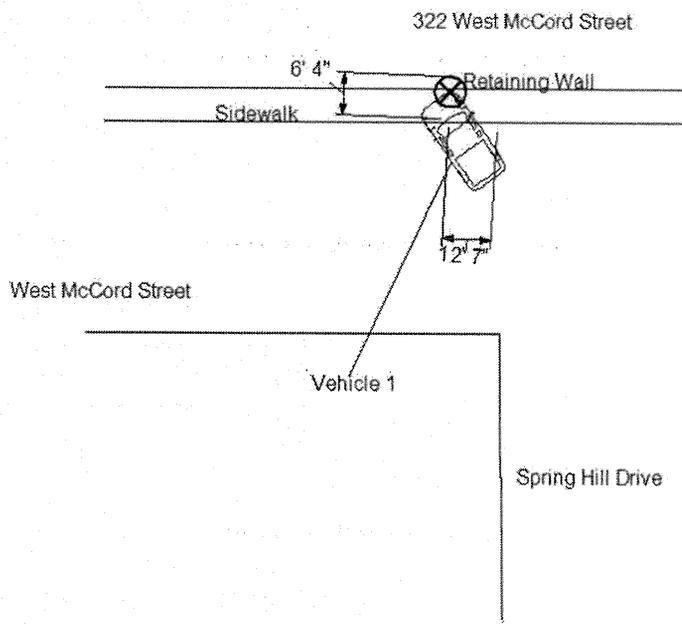
| NAME | ADDRESS (Street, City, State, Zip) | PHONE NUMBER |
|------|------------------------------------|--------------|
|      |                                    |              |
|      |                                    |              |
|      |                                    |           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

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<br><input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown |
| CROSSING ROAD  |   | OTHER ACTIONS   |     | SCHOOL INFO.  |                |  |
| <input checked="" 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                     |   | <input checked="" type="checkbox"/> NA / None<br><input type="checkbox"/> Getting On / Off Vehicle<br><input type="checkbox"/> Standing / Lying / Sitting In Trafficway<br><input type="checkbox"/> Pushing / Working On Vehicle<br><input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. |     | <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown<br><input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain)<br><input type="checkbox"/> Walking / Running In Trafficway<br><input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic<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  |   |   |     | DISTRACTED / INATTENTIVE CODE(S)  |                | ALCOHOL USE  |
| <input 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) |   |   |     | <input checked="" type="checkbox"/> NA  |                | <input type="checkbox"/> Yes <input 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

INDICATE NORTH



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 HARDEN, JONATHAN CHANDLER 10088 S JOSH LN - NEOSHO, MO 64850** PHONE NUMBER **(417) 389-7770**

DRIVER LICENSE / ID NUMBER **Z078031004** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class **F**  Permit  Unknown (Explain)  CDL Class  MC Only  MC ENDORSEMENT  Yes  No  NA  Interm / Grad  Unlicensed  Unknown (Explain)

DATE OF BIRTH **12-22-1997** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED  Not Obstructed  Trees / Brush  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  Expired **UNITED HOME INSURANCE COMPANY** PHONE NO. (Optional) POLICY NUMBER  NA **PAP-14-0130483-00**  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)  SAD **RODRIGUEZ, DANA RENAE 16693 ISABEL DR - NEOSHO, MO 64850** PHONENUMBER  SAD

YEAR **2001** MAKE **Dodge** MODEL **DAKOTA** COLOR **RED** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **9CM268** STATE **MO** YEAR **2015** VIN **1B7FL26X71S121597** 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. **2**  NA  2

|                    |                      |
|--------------------|----------------------|
| 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 (16+ 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  Unknown **01 05 07 36** ANIMAL CODE(S) FIXED OBJECT CODE(S) **44** 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) **15**

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  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Yield Sign  Other (Explain)

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

| 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 |
|--|--------------------------|-----|----------|-----|------------|-----------|---------|----------------|--------------|
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |
|  |                          |     |          |     |            |           |         |                |              |

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.  Log  Grain / Chip / Gravel  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

8 - CODES

| SEAT LOCATION                        | FR SR TR<br>FC SC TC<br>FL SL TL | INJURY                     | TRANSPORTED<br>(For Medical Treatment) | EJECTION     | AIR BAG                                    | SAFETY DEVICES             |
|--------------------------------------|----------------------------------|----------------------------|--|--------------|--|----------------------------|
| XX - Not Known                       |                                  | 1. Fatal                   | 1. No                                  | 1. NA        | 1. None / NA                               | 1. None                    |
| B - Pedalcycle                       |                                  | 2. Disabling               | 2. EMS                                 | 2. No        | 3. Not Deployed                            | 2. Not Used                |
| M - Motorcycle                       |                                  | 3. Evident - Not Disabling | 3. Other                               | 3. Partially | 4. Removed                                 | 3. Shoulder Belt Only      |
| CP - Commercial Passenger            |                                  | 4. Probable - Not Apparent | U. Unknown                             | 4. Totally   | 5. Deployed - Front                        | 4. Lap Belt Only           |
| OE - Occupant - Enclosed Load Area   |                                  | 5. None Apparent           | N. NA                                  | U. Unknown   | 6. Deployed - Side                         | 5. Shoulder and Lap Belt   |
| OU - Occupant - Unenclosed Load Area |                                  | U. Unknown                 |  |              | 7. Deployed - Curtain                      | 7. DOT Compliant MC Helmet |
| RC - Rail Crew                       |                                  | N. NA                      |  |              | 8. Deployed - Other (Knee, Air Belt, etc.) | 8. No Helmet               |
| SV - Other (Explain in Narrative)    |                                  |                            |  |              |  |                            |
| NA - Not Applicable                  |                                  |                            |  |              |  | N. 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. Collision Inv. Fixed Object (**)                                       |   |
| 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 Transport 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 06-30-2014, I was dispatched to a non-injury accident at Spring Hill Drive and West McCord Street. Upon arrival, I noticed a red Dodge Dakota facing west on the north side of McCord Street. The Dodge Dakota was parked on the sidewalk and the front passenger corner of the truck was against a retaining wall in front of 322 West McCord Street.

I spoke with the driver of the truck, Jonathan Harden. I asked Mr. Harden what happened and he said he was coming up Spring Hill Drive. Mr. Harden said he looked down and when he looked back up, his truck was almost to the curb. Mr. Harden said he swerved to the left and tried to stop, but he was unable to get his truck stopped before it struck the retaining wall. Mr. Harden said he was not injured.

The truck had front end damage and a tie rod on the front passenger wheel was broken. The truck was towed by Poore's Salvage.

The resident at 322 West McCord Street, Andrew Hamby, came out and looked at the wall. Mr. Hamby said there was no damage to the wall other than paint transfer. Mr. Hamby said he wasn't concerned about the wall since there was no damage.

Nothing further.

10. REPORTING AND REVIEWING OFFICER INFORMATION

|   |                        |                          |                                   |
|---|------------------------|--------------------------|-----------------------------------|
| REPORTING OFFICER NAME<br>PI RUSTY SCHLESSMAN | DSN / BADGE NO.<br>112 | BEAT / ZONE<br>NE        | TROOP / DISTRICT / PRECINCT<br>NA |
| REVIEWING OFFICER NAME<br>SGT BRADLEY FIENEN  | DSN / BADGE NO.<br>106 | REVIEWING OFFICER 2 NAME | DSN / BADGE NO.                   |