

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
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LEFT THE SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER NO. 1	CLEARED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input type="checkbox"/>	PROPERTY DAMAGE ONLY 1	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 0914-051
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NO. VEH. INV. 2	CRASH DATE 09-07-2014	CRASH TIME (MIL.) 0327	NOTIFIED DATE 09-07-2014	TIME NOTIFIED (MIL.) 0327	INVESTIGATION DATE 09-07-2014	TIME ARRIVED (MIL.) 0330	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING	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"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input type="checkbox"/> Motor Vehicle in Transport <input checked="" type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle

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 / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.
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No - No commercial vehicle fields need completion. Yes - Go to number 2. No - No commercial vehicle fields need completion. Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM JOHN MILLER	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT / ZONE N	TRP/DIST/PCT NNW	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W NA
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ON CST 501 S OAKRIDGE DR	RDWY. DIR N	DISTANCE FROM 75 Feet	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	INTERSECTING N of CST W HILL ST
SPEED LIMIT 15	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 NA

TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input checked="" type="checkbox"/> Level <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain)
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INTERSECTION TYPE <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"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	ROAD CONDITION <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain)
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ROAD SURFACE <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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LIGHT CONDITION
 Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

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

4 - WITNESS None Identified Additional Witnesses In Narrative

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

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

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
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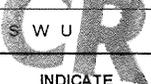
DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown
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CROSSING ROAD <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	SCHOOL INFO. <input checked="" 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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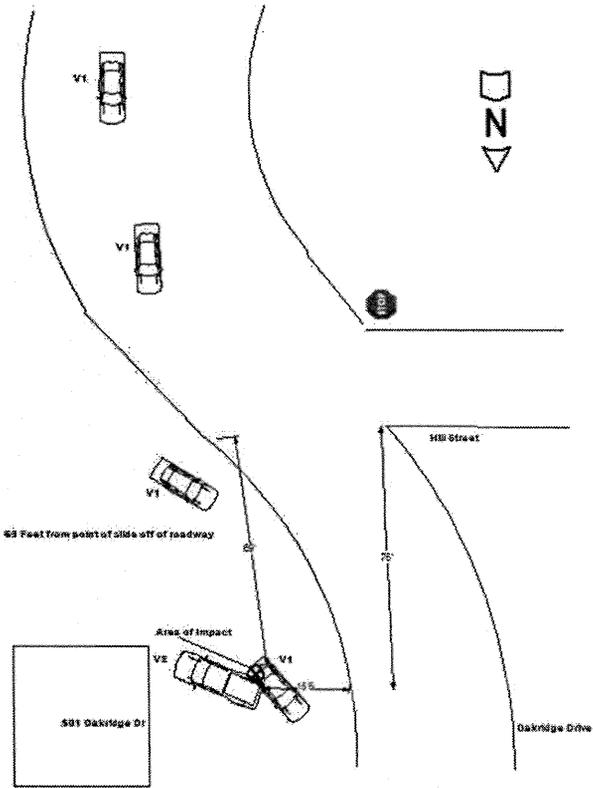
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input 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



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 WHEELER, THOMAS CHRISTOPHER 328 W BROOK ST - NEOSHO, MO 64850 PHONE NUMBER (864) 423-7170

DRIVER LICENSE / ID NUMBER A078171002 STATE MO LIC STATUS [X] NA [] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown [] Operator Class [] Permit [] Unknown (Explain) MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain) [] CDL Class [] MC Only [] Interm / Grad [X] Unlicensed

DATE OF BIRTH 10-28-1995 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED [X] Not Obstructed [] Windshield [] Load on Veh [] Trees / Brush [] Building [] Embankment [] Sign [] Hillcrest [] Parked Veh [] Moving Veh [] Stopped Veh [] Glare [] Other (Explain) [] Unknown (Explain)

PROOF OF INSURANCE [X] Yes [] No [] Not Required INSURANCE COMPANY 1ST AUTO AND CASUALTY PHONE NO. (Optional) POLICY NUMBER PAMO-3942 [] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ANKNEY, GARY DAVID 910 PETERSON RD - NEOSHO, MO 64850 PHONE NUMBER (417) 455-1546

YEAR 2004 MAKE Honda MODEL ACCORD COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 3

LICENSE - PLATE NO ML5Y6N STATE MO YEAR 2016 VIN 1H1G1C1M15166441A017444 TOWED FROM SCENE [] Yes [X] No TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage INITIAL IMPACT NO. 6 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 [X] 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 [] 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 / GCVV 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 [X] NA [] Police [] Ambulance [] Fire [] Other (Must check "A" / "B") [] A. Emergency Vehicle on Emergency Run [] B. Stationary With Emergency Equip. Activated CONTRIBUTING TRAFFIC CONDITIONS [X] 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 01 07 20 35 ALCOHOL USE [X] Yes [] Unk [] No [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [] None [X] Speed - Exceeded Limit [] Too Fast For Conditions [] Violation Signal / Sign [] Failed To Yield [X] 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) [X] NA (See Codes in Section 8)

7E. WORK ZONE [] Yes [X] No [] Unknown TRAFFIC CONTROL [X] 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 [X] School Zone [] Yield Sign [] Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [] Yes (Explain) [X] No [] Unknown [] NA

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Rows include ANKNEY, ZACHERY TYLER-GARRETT and CARPENTER, KOLBY LAKEN.

7G. COMMERCIAL MOTOR VEHICLE [X] 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 [] Cargo Tank [] Flatbed [] Dump [] Concrete Mixer [] Auto Transporter [] Garbage / Refuse [] Grain / Chip / Gravel [] Pole Trailer [] Log [] Vehicle Towing Another Veh. [] Intermodal Container Chassis [] NA (No Cargo Body) [] Other [] Unknown

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER
2
DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired NA Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown NA Operator Class Permit Unknown MC ENDORSEMENT CDL Class MC Only (Explain) Yes No NA Interm / Grad Unlicensed Unknown (Explain)
DATE OF BIRTH SEX SEAT LOC INJ TRANS-PORT EJECT-ION AIR BAG SAFETY DEVICES VISION OBSTRUCTED Not Obstructed Trees / Brush Sign Moving Veh Other (Explain) NA Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare
PROOF OF INSURANCE INSURANCE COMPANY Expired PHONE NO. (Optional) POLICY NUMBER NA Driver Vehicle

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

YEAR MAKE MODEL COLOR VEH. TYPE TOTAL NO. OF OCC.
1999 Dodge RAM RED 2 0

LICENSE - PLATE NO. STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE
7SH236 MO 2011 1B7HF16Y6XS300600 Yes No Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA
INITIAL IMPACT NO. 2 3 4 5 6 7 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other (Explain) 21 - Towed Unit
6 15 16 17

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) ALCOHOL USE
SEQUENCE OF EVENTS CODES Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) 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 TRAFFIC CONTROL None Unknown CONTROL MALFUNCTIONING / INOPERATIVE / MISSING
Yes No Unknown Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)
Workers Present Other Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus
Yes No Unknown Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)
Yes (Explain) No Unknown NA

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 (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 Unknown
Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log

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

8 - CODES

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

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
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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 09-07-2014 around 03:27 hours, Officers were dispatched to the 500 block of Oakridge Drive for a Leaving the scene of an Accident report.

Upon my arrival to 501 Oakridge Drive, I observed a red pickup truck with Missouri registration 7SH236 with heavy passenger rear end damage. I spoke with the reporting party's identified as Michael Brown and Stephanie Farmer. They said they were lying in bed watching a movie and heard a loud crash with glass breaking outside. They said they ran outside while they were calling 911 and did not see anyone outside and noticed the pickup truck had been moved sideways. Photographs of the pickup were taken and are attached to this report.

I attempted to make contact with the owner of the vehicle but was unable to. Mr. Brown said he believed the owner had left earlier during the night and may not be home. Due to the incident occurring on my Friday, I asked day shift to follow up to obtain vehicle two's insurance information. A supplement will be added with the information once obtained.

While looking for evidence on the scene, a white iPhone was located on the ground near the truck. Sgt. Sharp was able to locate a phone number on the phone and called the number and was able to determine the owner of the phone.

The suspect vehicle was located at 328 Brook Street and it was determined the vehicle was driven by Thomas Wheeler. The vehicle had extensive damage to the rear passenger side, with red paint transfer from the victims vehicle. It was later determined that Mr. Wheeler lost control of the vehicle due to excessive speed and erratic driving.

See Incident case 0914-051 for further information.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PI JOHN MILLER	DSN / BADGE NO. 119	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NNW
REVIEWING OFFICER NAME SGT ROBERT SHARP	DSN / BADGE NO. 105	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.