

1 - GENERAL CRASH INFORMATION

AGENCY NAME AND ORI

SPACE USED FOR BARCODE

NEOSHO POLICE DEPARTMENT - MO0730300



| | | | | | | | |
|---|------------|---|----------------------|--|------------------|-----------------|---|
| LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DRIVER NO. | CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No | CRASH CLASSIFICATION | PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/> | NO. INJURED 0 | NO. KILLED 0 | REPORT / CASE / INCIDENT NUMBER 0914-204 |
|---|------------|---|----------------------|--|------------------|-----------------|---|

| | | | | | | | |
|--------------------|--------------------------|---------------------------|-----------------------------|------------------------------|----------------------------------|-----------------------------|---|
| NO. VEH. INV. 2 | CRASH DATE 09-26-2014 | CRASH TIME (MIL.) 1657 | NOTIFIED DATE 09-26-2014 | TIME NOTIFIED (MIL.) 1657 | INVESTIGATION DATE 09-27-2014 | TIME ARRIVED (MIL.) 1657 | INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------|--------------------------|---------------------------|-----------------------------|------------------------------|----------------------------------|-----------------------------|---|

| | | | | | | | | | | |
|------------|--|---|---|---|---|---|--|--|--|--|
| 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 checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle | <input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side | <input checked="" type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) | <input type="checkbox"/> Other (Explain) <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. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <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 / 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 a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle. |
|--|---|

| | | |
|---|---------|---|
| EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | BY WHOM | 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 CR | TRP/DIST/PCT NA | GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W NA |
|------------------|------------------------|-------------------|--------------------|--|

| | | | | |
|---------------------|---|---|---|-----------------------------|
| ON CST CLEMON DR | RDWY DIR. NA | DISTANCE FROM <input checked="" type="checkbox"/> NA Feet Miles | LOCATION <input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At | INTERSECTING CST LUSK DR |
| SPEED LIMIT 25 | 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 25 |

| | | | |
|---|---|---|--|
| 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 checked="" type="checkbox"/> Straight <input 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) |
|---|---|---|--|

| | | | | | | |
|--|---|---|---|---|--|--|
| INTERSECTION TYPE <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection | <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (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) <input type="checkbox"/> Unknown (Explain) |
|--|---|---|---|---|--|--|

| | | | | | |
|--|---|---|--|---|--|
| 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) |
|--|---|---|--|---|--|

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 MCDONALD, BONNIE MARIE | ADDRESS (Street, City, State, Zip) 800 HIGHLAND PLA - NEOSHO, MO 64850 | PHONE NUMBER (918) 361-7870 |
|--------------------------------|---|--------------------------------|

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

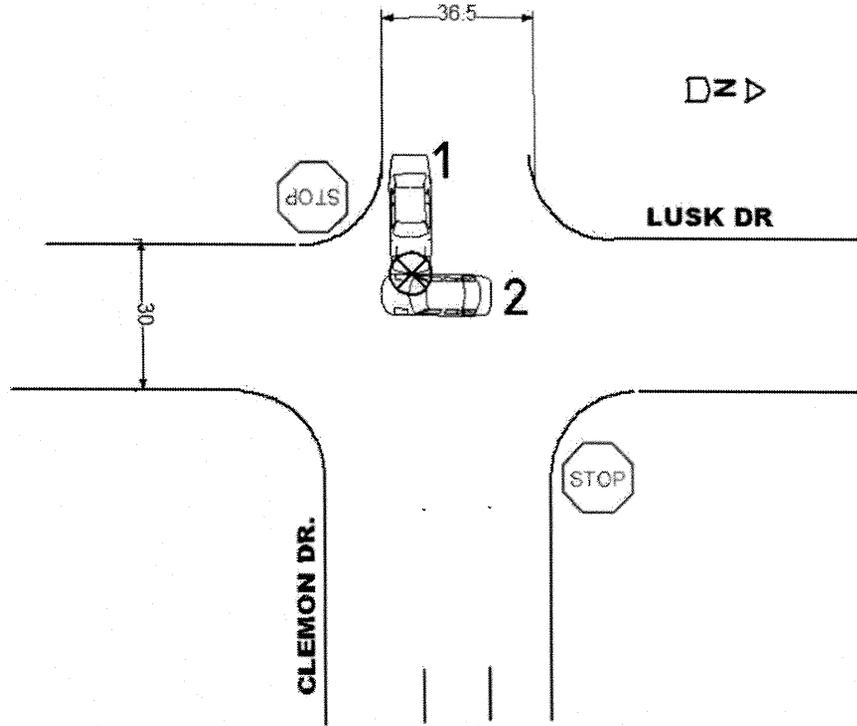
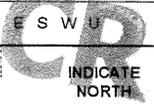
| | | | | | | | | |
|---------------|-----|-----------------|-----|------------|----------------|---|---|--|
| DATE OF BIRTH | SEX | STRUCK BY VEH # | INJ | TRANS-PORT | SAFETY DEVICES | LOCATION <input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk | <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway | <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown |
|---------------|-----|-----------------|-----|------------|----------------|---|---|--|

| | | | | |
|--|---|---|---|---|
| CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> NA <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 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 checked="" type="checkbox"/> NA / None <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 | 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) |
|--|---|---|---|---|

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

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 ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 BREWER, ANNA A 1003 S LAYFAYETTE ST - NEOSHO, MO 64850
PHONE NUMBER (417) 451-2574

DRIVER LICENSE / ID NUMBER 491468498 STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown
LIC TYPE [X] Operator Class F [] Permit [] Unknown (Explain) [] CDL Class [] MC Only [] Interm / Grad [] Unlicensed

DATE OF BIRTH 12-06-1941 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 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)

PROOF OF INSURANCE [X] Yes [] No [] Not Required INSURANCE COMPANY AMERICAN FAMILY MUTUAL
PHONE NO. (Optional) POLICY NUMBER 212020660239FPAMO [] Driver [X] Vehicle

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

YEAR 2004 MAKE Lincoln MODEL TOWN CAR COLOR MAR VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO KC8D4R STATE MO YEAR 2016 VIN 1L1N1H1M1816S1014Y161813181015
TOWED FROM SCENE [] Yes [X] No TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage TOWED BY [] Unknown [X] NA
INITIAL IMPACT NO. 1 15 16 17 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Towed Unit (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [] Vehicle Used As Public Conveyance
[X] Passenger Car [] Small Bus (9-15 W/Driver) [] Motorcycle [] Motor Home [] Single-unit Truck; 2 axles, 6 tires [] GVW / GCW RATING (Not Licensed Weight)
[] Van (< 9 W/Driver) [] Large Bus (16+ W/Driver) [] ATV [] Farm Implements [] Single-unit Truck; 3 or more axles [] (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
[] Passenger Van (9+ W/Driver) [] School Bus [] 2 Wh [] Other Vehicle (Code) [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[] Sport Utility Vehicle [] Intercity [] 3 Wh [] Cargo Van [] Truck Tractor With No Units [] Less than or equal to 10,000 lbs.
[] Limousine (7-8 W/Driver) [] Trans / Commuter [] 4 Wh [] Pickup [] Truck Tractor With One Unit [] 10,001 - 26,000 lbs.
[] Limousine (9-15 W/Driver) [] Charter / Tour [] 5 Wh / More [] 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 [X] 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)
SEQUENCE OF EVENTS CODES 01 08 34 [] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE [X] No [] Unk [] 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)
[X] Failed To Yield [] Improper Turn [] Wrong Side (One-Way) [] Improper Riding / Clinging To Veh. Exterior [] Failed To Secure Load / Improper Loading [] DISTRACTED / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)
[] Alcohol [] Improper Passing [] Physical Impairment (Explain) [] Failed To Secure Load / Improper Loading
[] Drugs [] Improperly Parked [] Improper Start From Park [] Animal(s) In Roadway

7E. WORK ZONE [] Yes [X] No [] Unknown TRAFFIC CONTROL [X] None [] Unknown
Electric: [] Green/Yellow/Red [] Flashing Red [] Flashing Yellow [] Ramp Meter [] Other (Explain)
Workers Present [] Yes [X] No [] Unknown Other [X] 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)

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, EJECT-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 7F is empty.

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 [] Not In Commerce - Government Vehicle [] Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE [] Enclosed Box [] Flatbed [] Concrete Mixer [] Garbage / Refuse [] Pole Trailer [] Vehicle Towing Another Veh. [] Intermodal Container Chassis [] NA (No Cargo Body) [] Other [] Cargo Tank [] Dump [] Auto Transporter [] Grain / Chip / Gravel [] Log [] Unknown

HAZARDOUS MATERIALS 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) 2 HALL, JASON LYNN 501 PETERSON RD - NEOSHO, MO 64850 PHONE NUMBER (417) 389-9311

DRIVER LICENSE / ID NUMBER X202362021 STATE MO LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown [] NA [] Operator Class [] Permit [] Unknown (Explain) MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 08-03-1996 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-ION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED [] NA [X] Not Obstructed [] Windshield [] Load on Veh [] Trees / Brush [] Building [] Embankment [] Sign [] Hillcrest [] Parked Veh [] Moving Veh [] Stopped Veh [] Other (Explain) [] Unknown (Explain)

PROOF OF INSURANCE [X] Yes [] No [] Not Required INSURANCE COMPANY AMERICAN FAMILY MUTUAL PHONE NO. (Optional) POLICY NUMBER 2130099002 [] Driver [X] Vehicle

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

YEAR 2005 MAKE BMW MODEL 325i COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO B2288628 STATE AR YEAR VIN W B A E V 3 3 4 9 5 K W 1 8 2 5 5 TOWED FROM SCENE [] Yes [X] No TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage TOWED BY [] Unknown [X] NA INITIAL IMPACT NO 4 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Towed Unit (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [] Vehicle Used As Public Conveyance [X] Passenger Car [] Small Bus (9-15 W/Driver) [] Motorcycle [] Motor Home [] Single-unit Truck; 2 axles, 6 tires [] GVW / GCW RATING (Not Licensed Weight) [] Van (< 9 W/Driver) [] Large Bus (16+ W/Driver) [] ATV [] Farm Implements [] Single-unit Truck; 3 or more axles [] Passenger Van (9+ W/Driver) [] School Bus [] 2 Wh [] Construction Equip. Heavy Mach. [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) [] Truck Tractor With No Units [] Less than or equal to 10,000 lbs. [] Sport Utility Vehicle [] Intercity [] 3 Wh [] Other Vehicle (Code) [] Truck Tractor With One Unit [] 10,001 - 26,000 lbs. [] Limousine (7-8 W/Driver) [] Transit / Commuter [] 4 Wh [] Cargo Van [] Pickup [] Truck Tractor With Two Units [] Greater than 26,000 lbs. [] Limousine (9-15 W/Driver) [] Charter / Tour [] 5 Wh / More [] Other Heavy Truck [] Truck Tractor With Three Units [] Unknown [] Motorized Bicycle [] Other [] Unknown (Explain) [] Pedalcycle [] To / From School [] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] 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 [X] No [] NA SEQUENCE OF EVENTS CODES [] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S)

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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) [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) Workers Present [] Yes [X] No [] Unknown 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 [X] 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, EJECT-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 7F. is empty.

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 [] Not In Commerce - Government Vehicle [] Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO. [] 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 [] Cargo Tank [] Dump [] Auto Transporter [] Grain / Chip / Gravel [] Log [] 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

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

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

| ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS | | | | |
|--|-----------------|---------|------------------|------------|
| 60. Deer | 61. Farm Animal | 62. Dog | 63. Other Animal | U. Unknown |

| FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS | | | | |
|--|---|---------------------------------------|---------------------------------|-------------------------------|
| 20. Tree / Stump (Standing) | 26. Culvert | 32. Building | 38. Bridge Rail | 44. Wall |
| 21. Embankment / Driveway / Ground / Rock Bluff | 27. Highway Traffic Sign Post / Support | 33. Traffic Signal Support | 39. Guardrail End | 45. Cable Barrier |
| 22. Guardrail Face | 28. Bridge Pier / Abutment / Support | 34. Impact Attenuator / Crash Cushion | 40. Other Traffic Barrier | 46. Bridge Overhead Structure |
| 23. Utility Pole | 29. Curb | 35. Fire Hydrant | 41. Overhead Sign Support | 47. Overhead Line / Cable |
| 24. Fence | 30. Mail Box | 36. Other (Explain) | 42. Ditch | U. Unknown |
| 25. Street Light Support | 31. Concrete Traffic Barrier | 37. Bridge Parapet End | 43. Other Post / Pole / Support | |

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

| VEHICLE TYPE CODES | | |
|-------------------------------|--------------------------|--|
| 1. Motor Vehicle In Transport | 3. Working Motor Vehicle | 5. Animal Drawn Vehicle / Animal Ridden For 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 09/26/2014 at approximately 1657 hours I responded to the area of Lusk Drive and Clemon Drive in reference to a traffic accident.

I responded to the intersection of Lusk Dr. and Clemon Dr. in reference to a (2) vehicle traffic accident.

I made contact with Driver 1, Anna Brewer. Ms. Brewer stated she was travelling east onto Clemon Dr. from Wal-Mart parking lot. Ms. Brewer stated she stopped at the stop sign, and then proceeded East to cross over Lusk Dr. Ms. Brewer stated she struck Vehicle 2 as it travelled South on Lusk Dr. and did not see the vehicle prior to the impact. Ms. Brewer did not request medical assistance and her Vehicle 1 sustained minor front end damage, but was not disabled.

I made contact with Driver 2, Jason Hall. Mr. Hall stated he was travelling South on Lusk Dr. as Vehicle 1 entered his lane of travel and struck his Vehicle 2 behind the front passenger tire. Mr. Hall did not request medical assistance and his Vehicle 2 sustained damage to the front right wheel/tire and also front right quarter panel.

I made contact with a witness, Bonnie McDonald. Ms. McDonald stated she was behind Vehicle 2 and saw Vehicle 1 travelling east and into the south bound lane of travel making impact with Vehicle 2.

Nothing further.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | | |
|---|-----------------|--------------------------|-----------------------------|--|
| REPORTING OFFICER NAME | DSN / BADGE NO. | BEAT / ZONE | TROOP / DISTRICT / PRECINCT | |
| OFF ROBERT TURNER | 120 | CR | NA | |
| REVIEWING OFFICER NAME | DSN / BADGE NO. | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. | |
| SGT JASON BAIRD | 104 | | | |