

| | |
|--|--|
| 1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE | AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300 |
|--|--|

| | | | | | | | |
|---|------------|--|----------------------|--------------------------|-------------|------------|---------------------------------|
| 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 type="checkbox"/> | 1 | 0 | 0415-056 |

| | | | | | | | |
|---------------|------------|------------------|---------------|---------------------|--------------------|--------------------|---|
| NO. VEH. INV. | CRASH DATE | CRASH TIME (MIL) | NOTIFIED DATE | TIME NOTIFIED (MIL) | INVESTIGATION DATE | TIME ARRIVED (MIL) | INVEST. AT SCENE |
| 2 | 04-09-2015 | 0746 | 04-09-2015 | 0747 | 04-09-2015 | 0755 | <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 |

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 / 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. |
|--|---|

| | | |
|---|---------|---|
| 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.S FORMAT) |
| NEWTON | NEOSHO | SW | NA | LAT: N LONG: W NA |
| ON | | RDWY DIR | DISTANCE FROM | LOCATION |
| US 60 | | E | 13 <input type="checkbox"/> NA Feet | CRD KODIAK RD |
| SPEED LIMIT | ROAD MAINTAINED BY | | | INTERSECTING |
| 50 | <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | | NA NA NA |
| TRAFFICWAY | | ROAD ALIGNMENT | | ROAD PROFILE |
| <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"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain) | | <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 | | ROAD CONDITION | | |
| <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <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) <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 <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain) | | <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" 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

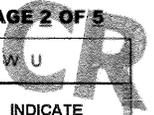
4 - WITNESS None Identified Additional Witnesses In Narrative

| 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 |
| CROSSING ROAD | | OTHER ACTIONS | | | SCHOOL INFO. | |
| <input type="checkbox"/> With Signal <input checked="" type="checkbox"/> NA <input type="checkbox"/> Against Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> In Unmarked Crosswalk | | <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"/> Unknown <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic | |
| PROBABLE CONTRIBUTING CIRCUMSTANCES | | | | DISTRACTED / INATTENTIVE CODE(S) | | ALCOHOL USE |
| <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) | | | | <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

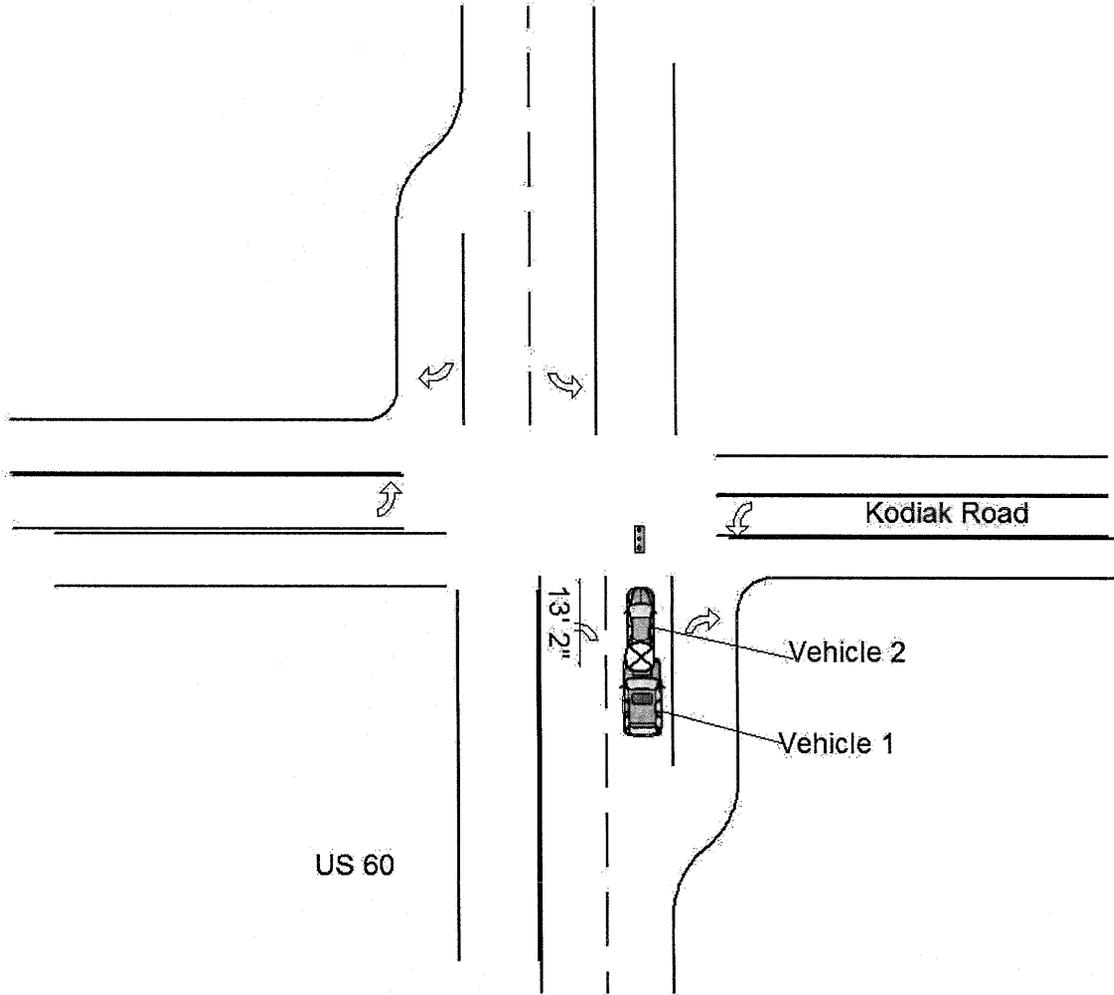
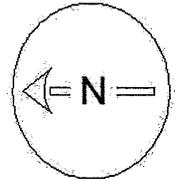
V3 N E S W U

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 KEIM, JUDY ANN 1407 20TH NORTHEAST - MIAMI, OK 74354** PHONE NUMBER **(918) 541-4161**

DRIVER LICENSE / ID NUMBER **R080547595** STATE **OK** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **D** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **09-06-1973** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-TION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED NA Not Obstructed Windshield Load on Veh Trees / Brush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Unknown (Explain) Glare

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **FARMER'S INSURANCE** Expired PHONE NO. (Optional) **(918) 540-2228 -** POLICY NUMBER **197072445** NA Driver Vehicle

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

YEAR **2008** MAKE **Lincoln** MODEL **MKX** COLOR **BLK** VEH. TYPE **1** TOTAL NO. OF OCC. **3**

LICENSE - PLATE NO. **23101** STATE **OK** YEAR **2015** VIN **Z L M D U 8 8 C X 8 B J 3 0 3 6 4** TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA

INITIAL IMPACT NO. **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17**

18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit

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

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

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 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 Unknown **01 | 12 | 09 | 34** ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____ ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights Improper Towing / Pushing Object / Obstruction in Roadway
 Speed - Exceeded Limit Driver Fatigue / Asleep Failed To Use Lights Improperly Stopped On Roadway Distracted / Inattentive (Designate Type)
 Too Fast For Conditions Improper Signal Following Too Close Improper Lane Usage / Change Unknown (Explain)
 Violation Signal / Sign Improper Backing Wrong Side (Not Passing) Overcorrected Other (Explain)
 Failed To Yield Improper Turn Wrong Side (One-Way) Improper Riding / Clinging To Veh. Exterior Failed To Secure Load / Improper Loading DISTRACTED / INATTENTIVE CODE(S) 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 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

Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

| 7F. OCCUPANTS - NAME (Last, First, MI) | ADDRESS (Street, City, State, Zip) | DATE OF BIRTH MM-DD-YYYY | SEX | SEAT LOC | INJ | TRANS-PORT | EJECT-TION | AIR BAG | SAFETY DEVICES | PHONE NUMBER |
|--|---------------------------------------|--------------------------|-----|----------|-----|------------|------------|---------|----------------|----------------|
| KEIM, CHANCE | 1407 20TH NORTHEAST - MIAMI, OK 74354 | 05-10-2002 | M | TL | 5 | 1 | 2 | 03 | 05 | (918) 541-4161 |
| KEIM, JACKSON | 1407 20TH NORTHEAST - MIAMI, OK 74354 | 10-04-2000 | M | TR | 5 | 1 | 2 | 03 | 05 | (918) 541-4161 |
| | | | | | | | | | | |
| | | | | | | | | | | |

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 MC / MX / ICC NO. _____ USDOT NO. _____

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

HAZARDOUS MATERIALS PLACARD DISPLAYED Yes No Unknown 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) MOORE, BRENDA LEE 19786 HIGHWAY Y - SENECA, MO 64865

DRIVER LICENSE / ID NUMBER B078029003 STATE MO LIC STATUS Valid

DATE OF BIRTH 05-11-1968 SEX F SEAT LOC FL INJ 4 TRANS-PORT 1 EJECT-ION 2 AIR BAG 03 SAFETY DEVICES 05

PROOF OF INSURANCE AMERICAN STANDARD INSURANCE PHONE NO. (417) 623-6363 - POLICY NUMBER 2370862001

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

YEAR 1992 MAKE Ford MODEL TAURUS COLOR LBL VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO FL2T4P STATE MO YEAR 2016 VIN 1FACIP5244N1G17380

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO 8

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Passenger Car

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 01 12 34

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES Vehicle Defects (Explain) Vision Obstructed

7E. WORK ZONE TRAFFIC CONTROL None

Table with columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 1: HURT, CHRISTOPHER JAMES, 13 RIVERSIDE LN - NOEL, MO 64854, 02-25-1989, M, FR, 5, 1, 2, 03, 05, (417) 737-9343

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal Container Chassis

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

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 FC SC TC FL SL TL | 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.) 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 |
|--|----------------------------------|---|--|--|--|---|

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

| | | | |
|-------------------------------------|---|----------------------|--|
| DISTRACTED / INATTENTIVE CODES | | | |
| 1. External Distraction | 5. Communication Device - Hand-held | 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 04-09-2015, at approximately 0747 hours, I was dispatched to a traffic accident at Highway 60 and Kodiak Road. Upon arrival, I noticed a light blue Ford Taurus parked on the eastbound shoulder of the road and a black Lincoln sport utility vehicle parked behind the Ford Taurus. I noticed the rear bumper of the Ford Taurus was damaged.

I spoke with Driver 1 and she said she was stopped behind vehicle 2 at the stoplight. Driver 1 said she saw a green light and she thought the eastbound light turned green so she started going. Driver 1 said the vehicle in front of her was still stopped and her vehicle struck the rear of the Ford Taurus. Driver 2 said the sun was in her eyes and she could hardly see. Driver 1 and both passengers said they were not injured.

I spoke with Driver 2 and she said she was stopped at the stoplight on Highway 60 at Kodiak Road. Driver 2 said she was stopped at the red light and the light turned green for the left turn lane, but not eastbound traffic. Driver 2 and her passenger said they were sore, but they refused medical treatment.

| | | | |
|---|------------------------|--------------------------|-----------------------------------|
| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
| REPORTING OFFICER NAME PI RUSTY SCHLESSMAN | DSN / BADGE NO. 112 | BEAT / ZONE SW | TROOP / DISTRICT / PRECINCT NA |
| REVIEWING OFFICER NAME SGT JOHNNY HUMPHRIES | DSN / BADGE NO. 107 | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |