



1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>										
SPACE USED FOR BARCODE														
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"/>		0 0		0415-216						
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE							
2	04-29-2015	1047	04-29-2015	1047	04-29-2015	1050	<input type="checkbox"/> Yes <input checked="" 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"/> Rear to Rear <input type="checkbox"/> Rear to Side			<input 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 / 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.				
EVIDENTIARY PHOTOS TAKEN		BY WHOM		AVAILABLE FROM		<input type="checkbox"/> Investigating Agency								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
RECONSTRUCTION		BY WHOM		AVAILABLE FROM		<input type="checkbox"/> Investigating Agency								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
2 - LOCATION														
COUNTY		MUNICIPALITY		BEAT / ZONE		TRP/DIST/PCT		GPS COORDINATES (DD MM SS S FORMAT)						
NEWTON		NEOSHO		NW		NA		LAT: N LONG: W NA						
ON	CST S NEOSHO BLVD ST			RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING							
				S	25'6" <input type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	N of CST W HARMONY ST							
SPEED LIMIT	ROAD MAINTAINED BY						SPEED LIMIT	INT DIR	GEO - CODE					
30	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other						30	E	NA					
TRAFFICWAY				ROAD ALIGNMENT				ROAD PROFILE						
<input type="checkbox"/> One-Way <input 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 checked="" type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown				<input checked="" 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"/> NA <input 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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)										
LIGHT CONDITION														
<input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)														
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None														
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality														
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative														
NAME		ADDRESS (Street, City, State, Zip)						PHONE NUMBER						
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> 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 checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<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) <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					DISTRACTED / INATTENTIVE CODE(S)		ALCOHOL USE							
<input type="checkbox"/> None <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)					<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

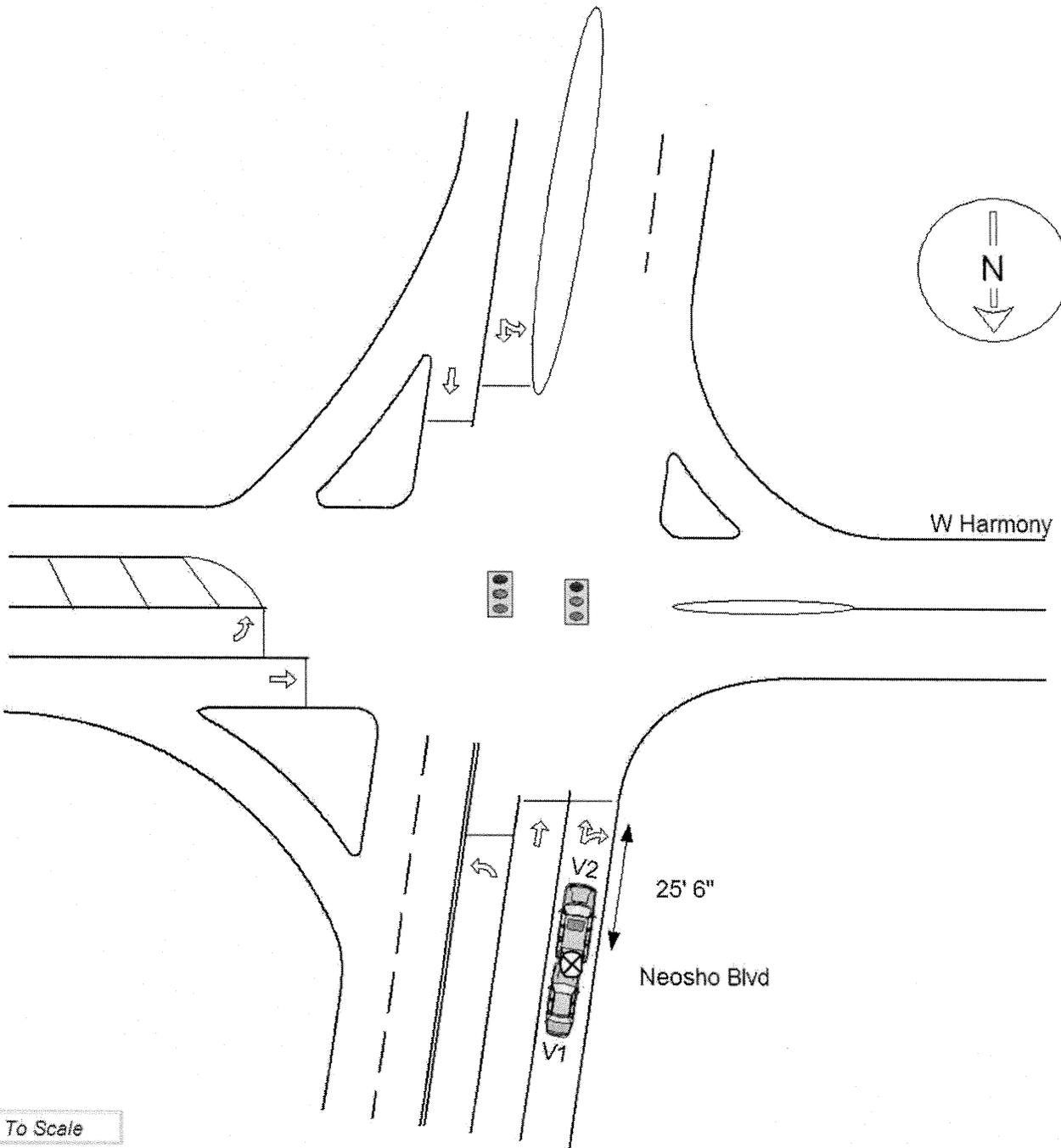
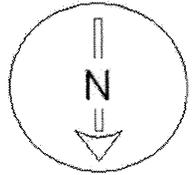
V3 N E S W U

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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 PRICE, DERECK LEE 107 N JEFFERSON ST - NEOSHO, MO 64850
PHONE NUMBER (417) 389-1351
DRIVER LICENSE / ID NUMBER S078066006 STATE MO LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] Canceled / Oth Invalid [ ] Unknown [ ] NA [ ] Interm / Grad [ ] Permit [ ] MC Only [ ] Unlicensed [ ] Unknown (Explain) MC ENDORSEMENT [ ] Yes [ ] No [X] NA [ ] Unknown (Explain)

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
NEWTON COUNTY, 101 S WOOD ST - NEOSHO, MO 64850
PHONE NUMBER [ ] SAD

YEAR 2009 MAKE Ford MODEL CROWN VC COLOR CHA VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. JO 3 STATE MO YEAR 2015 VIN 2 F A H P 7 1 V 8 9 X 1 2 9 1 8 7 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 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [ ] Vehicle Used As Public Conveyance
[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 axes, 6 tires [ ] Single-unit Truck; 3 or more axes [ ] 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 [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 [ ] Unknown 01 12 34 ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE [ ] Yes [ ] Unk [X] 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 [X] Distracted / Inattentive (Designate Type) [ ] Unknown (Explain) [ ] Other (Explain)
DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8) 05 [ ] NA

7E. WORK ZONE [ ] Yes [ ] No [ ] Unknown
TRAFFIC CONTROL [ ] None [ ] Unknown
Electric: [X] Green/Yellow/Red [ ] Flashing Red [ ] Flashing Yellow [ ] Ramp Meter [ ] Other (Explain)
Other: [ ] Stop Sign [ ] No Passing Zone [ ] Turn Restricted [ ] Officer / Flagman [ ] Signal On School Bus
Controls: [ ] Warning Sign / Device [ ] Railway Crossing Sign / Device [ ] School Zone [ ] Yield Sign [ ] Other (Explain)
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [ ] Yes (Explain) [X] 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-ION AIR BAG SAFETY DEVICES PHONE NUMBER

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 [ ] Not In Commerce - Rental Vehicle
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

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**  
**2 BRUCE, TONYA L 13512 HWY 59 - NOEL, MO 64854** PHONE NUMBER **(417) 436-2566**

DRIVER LICENSE / ID NUMBER **T981325431** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Unknown  
 NA  Canceled / Oth Invalid  Unknown

LIC TYPE  Operator Class **F**  Permit  Unknown (Explain)  CDL Class  MC Only  Unlicensed

MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **03-03-1959** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED  NA  Not Obstructed  Trees / Brush  Sign  Moving Veh  Other (Explain)  
 Windshield  Building  Hillcrest  Stopped Veh  Unknown (Explain)  
 Load on Veh  Embankment  Parked Veh  Glare

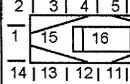
PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY  Expired **AMERICAN FAMILY INSURANCE** PHONE NO. (Optional) **(800) 692-6326 -** POLICY NUMBER  NA **1952-1322-05-72 SPPA**  Driver  Vehicle

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

YEAR **2002** MAKE **Mazda** MODEL **TRIBUTE** COLOR **DBL** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **4WS-580** STATE **MO** YEAR **2017** VIN **4 F 2 Y U 0 8 1 7 2 K M 1 2 3 0 1** 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 **8**  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  
 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  Other Vehicle (Code)  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  
 Sport Utility Vehicle  Intercity  2 Wh  Cargov Van  Truck Tractor With No Units  
 Limousine (7-8 W/Driver)  Transit / Commuter  3 Wh  Pickup  Truck Tractor With One Unit  
 Limousine (9-15 W/Driver)  Charter / Tour  4 Wh  Other Heavy Truck  Truck Tractor With Two Units  
 Motorized Bicycle  Other  5 Wh / More  Unknown (Explain)  Truck Tractor With Three Units  
 Pedalcycle  To / From School  Unknown (Explain)

GVW / GCW 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  A. Emergency Vehicle on Emergency Run  
 Fire  Other (Must check "A" / "B")  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 12 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  
 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)  NA (See Codes in Section 8)

**7E. WORK ZONE**  Yes  No  Unknown

TRAFFIC CONTROL  None  Unknown  
 Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)  
 Other:  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus  
 Controls:  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Yield Sign  Other (Explain)

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

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
ADDRESS (Street, City, State, Zip)									

**7G. COMMERCIAL MOTOR VEHICLE**  NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip)  SAO PHONE NUMBER  SAO

COMMERCIAL / 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  Intermodal  NA (No Cargo Body)  Other  Cargo Tank  Dump  Auto Transporter  Grain / Chip / Gravel  Log  Other Veh.  Container Chassis  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

<b>SEAT LOCATION</b> 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	<b>INJURY</b> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	<b>TRANSPORTED</b> (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	<b>EJECTION</b> 1. NA 2. No 3. Partially 4. Totally U. Unknown	<b>AIR BAG</b> 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	<b>SAFETY DEVICES</b> 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
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<b>VEHICLE ACTION / SEQUENCE OF EVENTS</b> (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 (**)				

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

<b>FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS</b>			
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

<b>DISTRACTED / INATTENTIVE CODES</b>			
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	

<b>VEHICLE TYPE CODES</b>			
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	

<b>OTHER VEHICLE CODES</b>			
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On April 29th 2015 at approximately 10:47, I was dispatched to 840 W Harmony St. Upon my arrival I made contact with Mr. Dereck Price, he said that while he was at the light at Harmony and Neosho Blvd he let off of the brake and ran into the rear of another vehicle. I asked Mr. Price if he needed any medical attention, he stated that he did not.

I then made contact with the other party a Ms. Tonya Bruce; I asked if she needed any medical assistance? She said she did not, I asked what happened? She said she was at the traffic light in the outside lane at the intersection of Harmony and Neosho Blvd traveling south when she felt a bump to the rear of her vehicle. She stated she and Mr. Price pulled out of the intersection. She said that it was an old car and had several scratches and dings on it already. Ms. Bruce said she would have told anyone else to go ahead and leave, but since this was a Newton County vehicle she understood that we needed to complete an accident report.

I observed damage to the rear of Ms. Bruce Mazda Tribute and the grill broken on Mr. Price's Ford Crown Vic.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF FRED TYREE	DSN / BADGE NO 111	BEAT / ZONE NW	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT JOHNNY HUMPHRIES	DSN / BADGE NO 107	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.