

1 - GENERAL CRASH INFORMATION

AGENCY NAME AND ORI

NEOSHO POLICE DEPARTMENT - MO0730300



SPACE USED FOR BARCODE

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	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
					0	0	0815-166

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	08-18-2015	1620	08-18-2015	1624	08-19-2015	1624	<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 checked="" type="checkbox"/> Front to Rear <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 / 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.
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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	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)	
NEWTON	NEOSHO	N	NNW	LAT: N	LONG: W NA
ON	CST BAXTER ST	RDWY DIR: W	DISTANCE FROM: NA	LOCATION: NA	INTERSECTING: BU N BUSINESS 49
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	Unknown	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"/> Two-Way; Divided; Unprotected Median <input 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 type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input checked="" 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

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

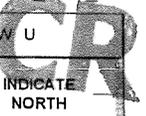
DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/>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

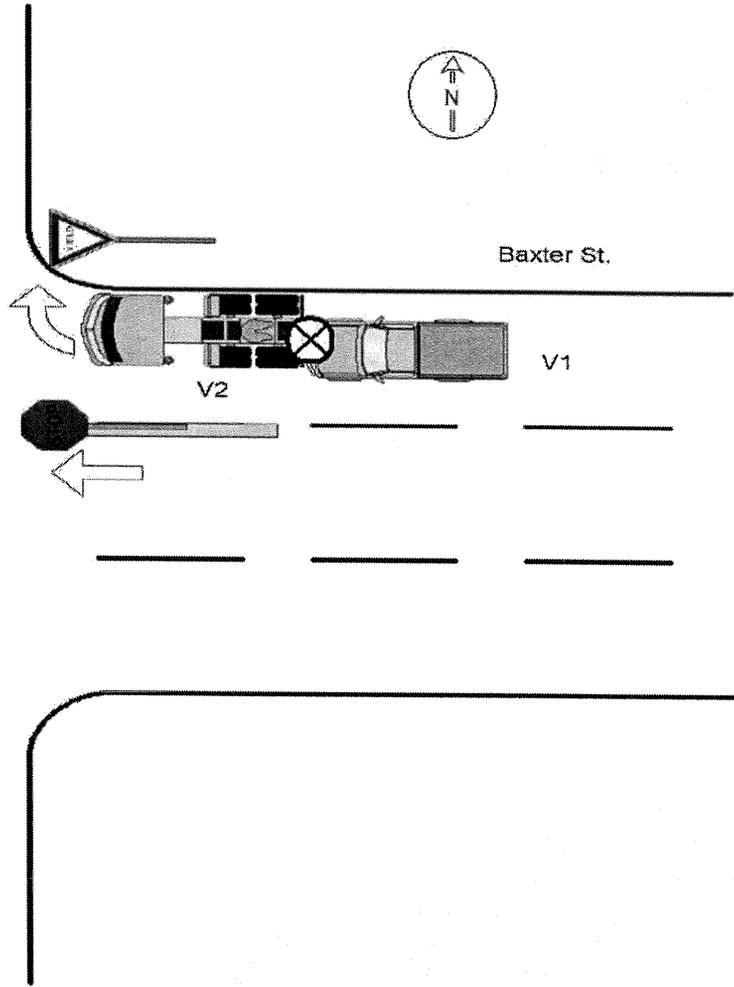
6. COLLISION DIAGRAM  
Compass Direction Before Crash Event(s)  
(Circle One)

V1 NES **W** U V2 NES **W** U V3 NES W U V4 NES W U V5 NES W U V6 NES W U



N. Business 49

Baxter St.



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **MCALISTER, NATHAN LEE** 742 GRANBY MINERS RD - GRANBY, MO 64844 PHONE NUMBER (417) 889-8539

DRIVER LICENSE / ID NUMBER **S078173028** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Interm / Grad  Operator Class **F**  Permit  Unknown (Explain)  MC ENDORSEMENT  Yes  No  NA  Canceled / Oth Invald  Unknown  NA  CDL Class  MC Only  Unlicensed  Unknown (Explain)

DATE OF BIRTH **08-25-1987** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJEC-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  Glare  Other (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **STATE FARM**  Expired PHONE NO. (Optional) **(417) 451-6666** POLICY NUMBER **2550070B09234**  Driver  Vehicle

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

YEAR **1995** MAKE **Chevrolet** MODEL **1500** COLOR **RED** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **OKX833** STATE **MO** YEAR **2017** VIN **1GCEC14Z0S236240** TOWED FROM SCENE  Yes  No TOWED DUE TO DIS. DAMAGE  Yes  No

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

INITIAL IMPACT NO. **2**

2	3	4	5	6	7
1	15	16	17		
14	13	12	11	10	9

 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

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  Intercity  Construction Equip. Heavy Mach.  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  
 Sport Utility Vehicle  Transit / Commuter  Other Vehicle (Code)  Truck Tractor With No Units  Less than or equal to 10,000 lbs.  
 Limousine (7-8 W/Driver)  Charter / Tour  2 Wh  Cargo Van  Truck Tractor With One Unit  10,001 - 26,000 lbs.  
 Limousine (9-15 W/Driver)  Other  3 Wh  Other Heavy Truck  Truck Tractor With Two Units  Greater than 26,000 lbs.  
 Motorized Bicycle  4 Wh  Unknown (Explain)  Truck Tractor With Three Units  Unknown  
 Pedalcycle  5 Wh / More  Unknown  
 To / From School  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 03 34** 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  
 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)

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 EJEC-TION AIR BAG SAFETY DEVICES PHONE NUMBER

OCCUPANTS - NAME (Last, First, MI)	ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER

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

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

COMMERCIAL / NON-COMMERCIAL  Interstate Carrier  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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 2 DANA, STEPHANIE BESS 29135 HWY 60 RV PARK - STARK CITY, MO 64866 PHONE NUMBER (913) 451-3900

DRIVER LICENSE / ID NUMBER X078056001 STATE MO LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Unknown  NA  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class  Permit  Unknown (Explain)  CDL Class A  MC Only  Unlicensed  Interm / Grad  MC Endorsement  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH 05-29-1965 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  Glare  Other (Explain)  Unknown (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY GREAT WEST  Expired PHONE NO. (Optional) (913) 451-3908 - POLICY NUMBER GWP93478D  NA  Driver  Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) CEI, 921 N HIGH ST - NEOSHO, MO 64850 PHONE NUMBER (451) 451-6599

YEAR 2002 MAKE Freightliner MODEL COLUMBIO COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 71AP9Y STATE MO YEAR 2015 VIN 1 F U J A 6 C G 2 2 L K 2 8 8 5 0 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 2 3 4 5 6 7 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  2 Wh  Construction Equip. Heavy Mach.  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  Sport Utility Vehicle  Intercity  Other Vehicle (Code)  Truck Tractor With No Units  Limousine (7-8 W/Driver)  Transit / Commuter  3 Wh  Cargo Van  Truck Tractor With One Unit  Limousine (9-15 W/Driver)  Charter / Tour  4 Wh  Pickup  Truck Tractor With Two Units  Motorized Bicycle  Charter / Tour  5 Wh / More  Other Heavy Truck  Pedalcycle  Other  Unknown  Unknown (Explain)  Truck Tractor With Three Units  GVW / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)  Less than or equal to 10,000 lbs.  10,001 - 26,000 lbs.  Greater than 26,000 lbs.  Unknown

EMERGENCY VEHICLE INVOLVEMENT  NA  Police  Ambulance  Fire  Other (Must check "A" / "B")  A. Emergency Vehicle on Emergency Run  B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS  NA  Congestion Ahead  Other Incident Ahead  Crash Ahead  Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES  Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENTS CODES 12 | 34  Unknown 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  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)

Workers Present  Yes  No  Unknown 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)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-TION	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) CEI 921 N. HIGH ST - NEOSHO, MO 64850 PHONE NUMBER 4174516599  SAO

COMMERCIAL / NON-COMMERCIAL  Interstate Carrier  Intrastate Carrier  Not In Commerce - Government Vehicle  Not In Commerce - Other Vehicle  Not In Commerce - Rental Vehicle MC / MX / ICC NO. 4511045 USDOT NO. 1091406

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

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

8 - CODES

SEAT LOCATION	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES									
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	<table border="1"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table> <ol style="list-style-type: none"> <li>Fatal</li> <li>Disabling</li> <li>Evident - Not Disabling</li> <li>Probable - Not Apparent</li> <li>None Apparent</li> <li>U. Unknown</li> <li>N. NA</li> </ol>	FR	SR	TR	FC	SC	TC	FL	SL	TL	<ol style="list-style-type: none"> <li>No</li> <li>EMS</li> <li>Other</li> <li>U. Unknown</li> <li>NA</li> </ol>	<ol style="list-style-type: none"> <li>NA</li> <li>No</li> <li>Partially</li> <li>Totally</li> <li>U. Unknown</li> </ol>	<ol style="list-style-type: none"> <li>None / NA</li> <li>Not Deployed</li> <li>Removed</li> <li>Deployed - Front</li> <li>Deployed - Side</li> <li>Deployed - Curtain</li> <li>Deployed - Other (Knee, Air Belt, etc.)</li> <li>Deployed - Combination</li> <li>Deployment Unknown</li> <li>Air Bag Presence Unknown</li> </ol>	<ol style="list-style-type: none"> <li>None</li> <li>Not Used</li> <li>Shoulder Belt Only</li> <li>Lap Belt Only</li> <li>Shoulder and Lap Belt</li> <li>DOT Compliant MC Helmet</li> <li>No Helmet</li> <li>Booster Seat</li> <li>Child Restraint - Forward Facing</li> <li>Child Restraint - Rear Facing</li> <li>Other Helmet</li> <li>Reflective Clothing</li> <li>Other</li> <li>Use Unknown</li> <li>Not Applicable</li> </ol>
FR	SR	TR												
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 08/18/2015 at approximately 16:24 hours, officers responded to the intersection of Baxter Street and North Business 49 for a traffic crash.

When I arrived on scene to the intersection of Baxter Street and North Business 49 I observed two vehicles were involved. Vehicle one was a Chevrolet truck bearing Missouri OKX833, vehicle two was a Freightliner semi tractor truck bearing Missouri 71AP9Y. Vehicle one was driven by Nathan McAlister, vehicle two was driven by Stephanie Dana.

I spoke to Mr. McAlister first. He stated he was sitting at the intersection of Baxter Street and North Business 49 waiting to turn right onto 49. He said the semi in front of him started moving as though it was about to turn right. He said he noticed a bus driving on 49 towards them so he hit the gas, not realizing vehicle two had stopped. There was minimal damage to the front passenger side headlight area of his vehicle. He stated he was not injured and did not need medical attention.

After speaking with him I spoke with Ms. Dana. Ms. Dana stated she was waiting to turn right onto Business 49 when vehicle one struck her vehicle. She stated there was a bus driving towards the intersection so she had to wait before turning. She stated she was not injured and did not need medical attention. There was minimal damage to a rear metal guard.

Both vehicles were able to drive from the scene.

**10. REPORTING AND REVIEWING OFFICER INFORMATION**

REPORTING OFFICER NAME PIII PHILLIP WHITEMAN	DSN / BADGE NO. 116	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NNW
REVIEWING OFFICER NAME SGT REECE HIMMELSBACH	DSN / BADGE NO. 104	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.