



1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
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LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>	0	0	1115-250

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	11-29-2015	1109	11-29-2015	1109	11-29-2015	1111	<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.	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.
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No - No commercial vehicle fields need completion. Yes - Go to number 2. No - No commercial vehicle fields need completion. Yes - Complete Section 7G for appropriate vehicle.

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

2 - LOCATION

COUNTY: NEWTON	MUNICIPALITY: NEOSHO	BEAT / ZONE: NW	TRP/DIST/PCT: NNE	GPS COORDINATES (DD MM SS.SS FORMAT):
		LAT: N	LONG: W	NA

ON	CST N COLLEGE ST	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING	
		NA	20 <input type="checkbox"/> NA Feet Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	N of CST W COLER ST	
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT	INT. DIR.	GEO - CODE
35	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			35	NA	NA

TRAFFICWAY	ROAD ALIGNMENT
<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"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown

INTERSECTION TYPE	ROAD CONDITION
<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"/> Dry <input type="checkbox"/> Snow <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)

ROAD SURFACE	WEATHER CONDITION
<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)	<input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Cloudy <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	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
VACENOVSKY, SCOTT ERIC	714 N RADOM RD - GRANBY, MO 64844	(417) 529-5837

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

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
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DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> 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"/> With Signal <input checked="" 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)

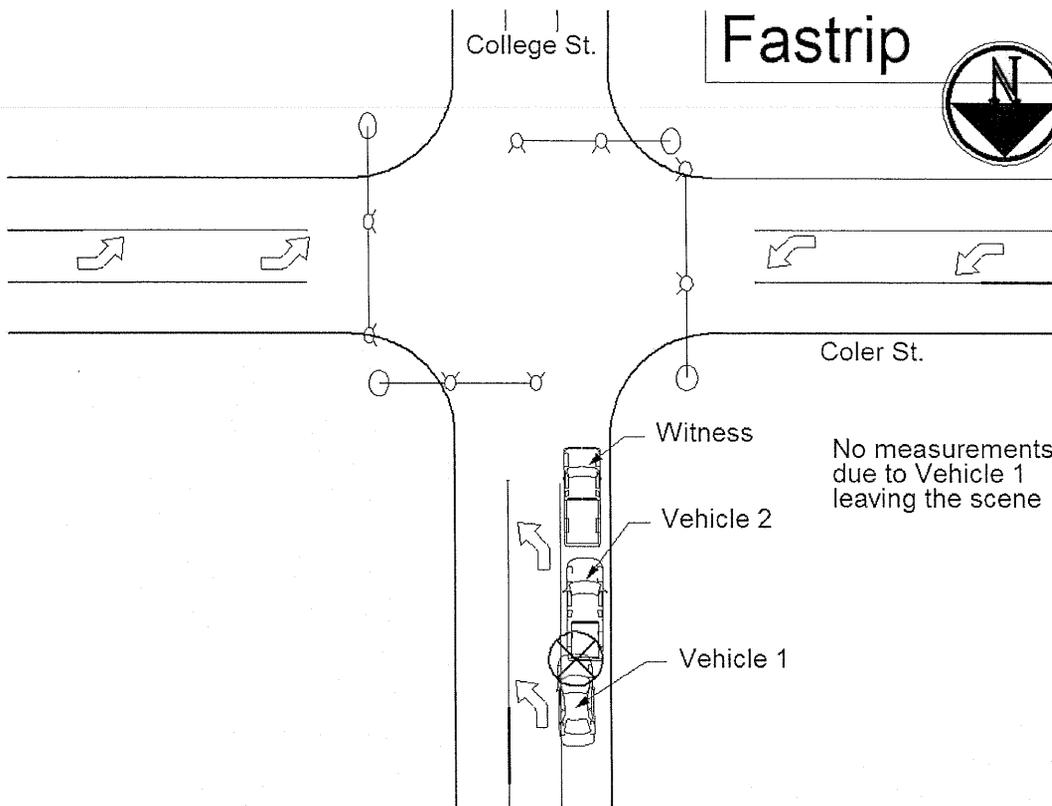
PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input 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)

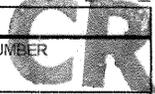
V1 NESWU V2 NESWU V3 NESWU V4 NESWU V5 NESWU V6 NESWU

INDICATE NORTH



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) **PELICO-VICENTE, JUAN LUIS 201 WHITE AV 2 - NEOSHO, MO 64850** PHONE NUMBER

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

DATE OF BIRTH **06-17-1984** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED 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 PHONE NO. (Optional) POLICY NUMBER NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD **MATEL, REYES PASCUAL 327 1/2 LAFAYETTE ST - NEOSHO, MO 64850** PHONE NUMBER **(417) 388-3038**

YEAR **2001** MAKE **Pontiac** MODEL **SUNFIRE** COLOR **SIL** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **KM6M9K** STATE **MO** YEAR **2016** VIN **1 G 2 J B 1 2 4 1 1 7 3 5 9 3 1 2** 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** NA

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8	9	19 - Windshield	23 - Unknown
14	13	12	11	10	1	20 - Burned	24 - Other (Explain)
						21 - Towed Unit	

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

Passenger Car Van (< 9 W/Driver) Passenger Van (9+ W/Driver) Sport Utility Vehicle Limousine (7-8 W/Driver) Limousine (9-15 W/Driver) Motorized Bicycle Pedalcycle To / From School

Small Bus (9-15 W/Driver) Large Bus (16+ W/Driver) School Bus Intercity Transit / Commuter Charter / Tour Other

Motorcycle Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) Cargo Van Pickup Other Heavy Truck Unknown (Explain)

2 Wh 3 Wh 4 Wh 5 Wh / More Unknown

Single-unit Truck; 2 axles, 6 tires Single-unit Truck; 3 or more axles Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) Truck Tractor With No Units Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units

GWV / GCWV RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) Less than or equal to 10,000 lbs. 10,001 - 26,000 lbs. Greater than 26,000 lbs. Unknown

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

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

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE Yes Unk No NA

SEQUENCE OF EVENTS CODES Unknown **01 34** ANIMAL CODE(S) FIXED OBJECT CODE(S)

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Speed - Exceeded Limit Too Fast For Conditions Violation Signal / Sign Failed To Yield Alcohol Drugs

Vision Obstructed Driver Fatigue / Asleep Improper Signal Improper Backing Improper Turn Improper Passing Improperly Parked

Failed To Dim Headlights Failed To Use Lights Following Too Close Wrong Side (Not Passing) Wrong Side (One-Way) Physical Impairment (Explain) Improper Start From Park

Improper Towing / Pushing Improperly Stopped On Roadway Improper Lane Usage / Change Overcorrected Improper Riding / Clinging To Veh. Exterior Failed To Secure Load / Improper Loading Animal(s) In Roadway

Object / Obstruction in Roadway Distracted / Inattentive (Designate Type) Unknown (Explain) Other (Explain)

DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

7E. WORK ZONE 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)	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 (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 Not In Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

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

HAZARDOUS MATERIALS Yes No Unknown 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 REA, PATRICK WAYNE 15946 GRAYDON LN - NEOSHO, MO 64850 PHONE NUMBER (417) 389-6173

DRIVER LICENSE / ID NUMBER T202220023 STATE MO LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown [] NA [] Operator Class F [] Permit [] Unknown (Explain) [] MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain) [] CDL Class [] MC Only [] Unlicensed [] Interm / Grad [] Unlicensed

DATE OF BIRTH 12-28-1965 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 1 AIR BAG 01 SAFETY DEVICES 05 VISION OBSTRUCTED [X] Not Obstructed [] Trees / Brush [] Sign [] Moving Veh [] Other (Explain) [] Windshield [] Building [] Hillcrest [] Stopped Veh [] Unknown (Explain) [] Load on Veh [] Embankment [] Parked Veh [] Glare [] NA []

PROOF OF INSURANCE [X] Yes [] No [] Not Required INSURANCE COMPANY GEICO INSURANCE CO PHONE NO. (Optional) POLICY NUMBER 4248997076 [] NA [] Driver [X] Vehicle

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

YEAR 1994 MAKE Ford MODEL F150 COLOR GRN VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 3SY207 STATE MO YEAR 2016 VIN 1FTEX14N7RK120859 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. 9 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 [] Van (< 9 W/Driver) [] Passenger Van (9+ W/Driver) [] Sport Utility Vehicle [] Limousine (7-8 W/Driver) [] Limousine (9-15 W/Driver) [] Motorized Bicycle [] Pedalcycle [] To / From School [] Small Bus (9-15 W/Driver) [] Large Bus (16+ W/Driver) [] School Bus [] Intercity [] Transit / Commuter [] Charter / Tour [] Other [] Motorcycle [] ATV [] Motor Home [] Farm Implements [] Construction Equip. Heavy Mach. [] Other Vehicle (Code) [] Cargo Van [] Pickup [] Other Heavy Truck [] Unknown (Explain) [] Single-unit Truck; 2 axles, 6 tires [] Single-unit Truck; 3 or more axles [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) [] Truck Tractor With No Units [] Truck Tractor With One Unit [] Truck Tractor With Two Units [] Truck Tractor With Three Units [] GVW / GCWW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) [X] 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 [] 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 12, 34 [] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE [] Yes [] Unk [X] No [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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 [] Failed To Yield [] Improper Turn [] Improper Passing [] Improperly Parked [] Failed To Dim Headlights [] Failed To Use Lights [] Following Too Close [] Wrong Side (Not Passing) [] Wrong Side (One-Way) [] Physical Impairment (Explain) [] Improper Start From Park [] Improper Towing / Pushing [] Improperly Stopped On Roadway [] Improper Lane Usage / Change [] Overcorrected [] Improper Riding / Clinging To Veh. Exterior [] Failed To Secure Load / Improper Loading [] Animal(s) In Roadway [] Object / Obstruction in Roadway [] Distracted / Inattentive (Designate Type) [] Unknown (Explain) [] Other (Explain) [] Distracted / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)

7E. WORK ZONE [] Yes [X] No [] Unknown TRAFFIC CONTROL [] 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

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. 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 [] Intrastate Carrier [] Not In Commerce - Government Vehicle [] Not In Commerce - Rental Vehicle [] Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

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

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

SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	19. Airborne	(For Medical Treatment)	1. NA	1. None / NA	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	2. Disabling	20. Ran Off Roadway - Right		2. No	3. Not Deployed	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	21. Ran Off Roadway - Left		3. Partially	4. Removed	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable - Not Apparent	22. Overturn / Rollover		4. Totally	5. Deployed - Front	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion		U. Unknown	6. Deployed - Side	5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion			7. Deployed - Curtain	7. DOT Compliant	15. Other
RC - Rail Crew		N. NA	25. Jackknife			8. Deployed - Other (Knee, Air Belt, etc.)	MC Helmet	U. Use Unknown
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift				8. No Helmet	N. Not Applicable
NA - Not Applicable			27. Equipment Failure					

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

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
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support
22. Guardrail Face	28. Bridge Pier / Abutment / Support
23. Utility Pole	29. Curb
24. Fence	30. Mail Box
25. Street Light Support	31. Concrete Traffic Barrier
32. Building	33. Traffic Signal Support
34. Impact Attenuator / Crash Cushion	35. Fire Hydrant
36. Other (Explain)	37. Bridge Parapet End
38. Bridge Rail	39. Guardrail End
40. Other Traffic Barrier	41. Overhead Sign Support
42. Ditch	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
2. Passengers	6. Communication Device - Hands Free
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing
4. Navigation Device	8. Communication Device - Web Browsing
9. Eating / Drinking	10. Reading
11. Tobacco Use	12. Grooming
13. Computer Equipment / Electronic Games / etc.	14. Adjusting Vehicle Controls
15. Other (Explain)	

VEHICLE TYPE CODES	
1. Motor Vehicle In Transport	3. Working Motor Vehicle
2. Parked Motor Vehicle	4. Pedalcycle
	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes
	U. Unknown

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

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

On 11-29-2015 around 1109 hours, I was dispatched to the intersection of North College Street and West Coler Street for a leaving the scene of an accident report. The vehicle was later located at the 200 block of White Avenue.

Upon my arrival to the scene, I observed a green pickup truck, Vehicle 2, with Missouri registration #3SY207, off the roadway with a male standing by the rear end. I made contact with the male and identified him by his Missouri driver license as Patrick Rae. Mr. Rae said he was sitting at the intersection of North College Street and Coler Street when he was struck in the rear end by a small silver passenger car, vehicle 1. Mr. Rae stated he saw V1 backed up after the crash and he went around him. He said not only did he pass him, but he also passed the truck in front of him in the turning lane. Mr. Rae said the vehicle went through the red light and the vehicle in front of him started following him.

Mr. Rae said the pickup truck only had minor damage but V1 had a lot of damage to the front passenger area. While speaking with Mr. Rae; witness Scott Vacenovsky returned to the scene.

Mr. Vacenovsky told me he was sitting at the stop light in front of V2 when he heard a crash and saw V2 jolt forward. He said V1 backed up and went around the both of them, through the red light and went south on College Street.

Mr. Vacenovsky said he followed V1 and he informed me of the driver's description and where the vehicle was parked at. I arrived on scene and observed V1 parked where the witness had stated it was located. V1 was a Pontiac Sunfire and had damage on the passenger side front end that coincided with what Mr. Rae had told me.

I made contact the driver of V1 and he was later identified as Juan Pelico-Vicente. Mr. Pelico-Vicente told me that he did hit someone but did not know what happed. He also told me did not have any insurance on his vehicle. Mr. Pelico-Vicente was highly intoxicated, but stated he had not had anything to drink since the crash occurred.

All involved parties reported no injuries.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PII JOHN MILLER	119	NW	NNE
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT JOSHUA BUCKNER	105		