

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0216-021

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	02-03-2016	1730	02-03-2016	1732	02-03-2016	1741	<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.	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.
--	---

No - No commercial vehicle fields need completion. No - No commercial vehicle fields need completion.
 Yes - Go to number 2. Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OFC TYREE	<input checked="" 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	S	NA	LAT: N LONG: W NA		
ON		RDWY. DIR	DISTANCE FROM	LOCATION	INTERSECTING	
US 60		W	25 <input type="checkbox"/> NA Feet	<input type="checkbox"/> After <input type="checkbox"/> NA	E of BU 49	
SPEED LIMIT	ROAD MAINTAINED BY			<input checked="" type="checkbox"/> Before <input type="checkbox"/> At	SPEED LIMIT	INT. DIR
45	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				45	N
TRAFFICWAY			ROAD ALIGNMENT		ROAD PROFILE	
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown			<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain) <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 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 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

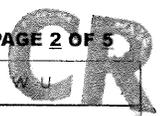
5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

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"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	<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

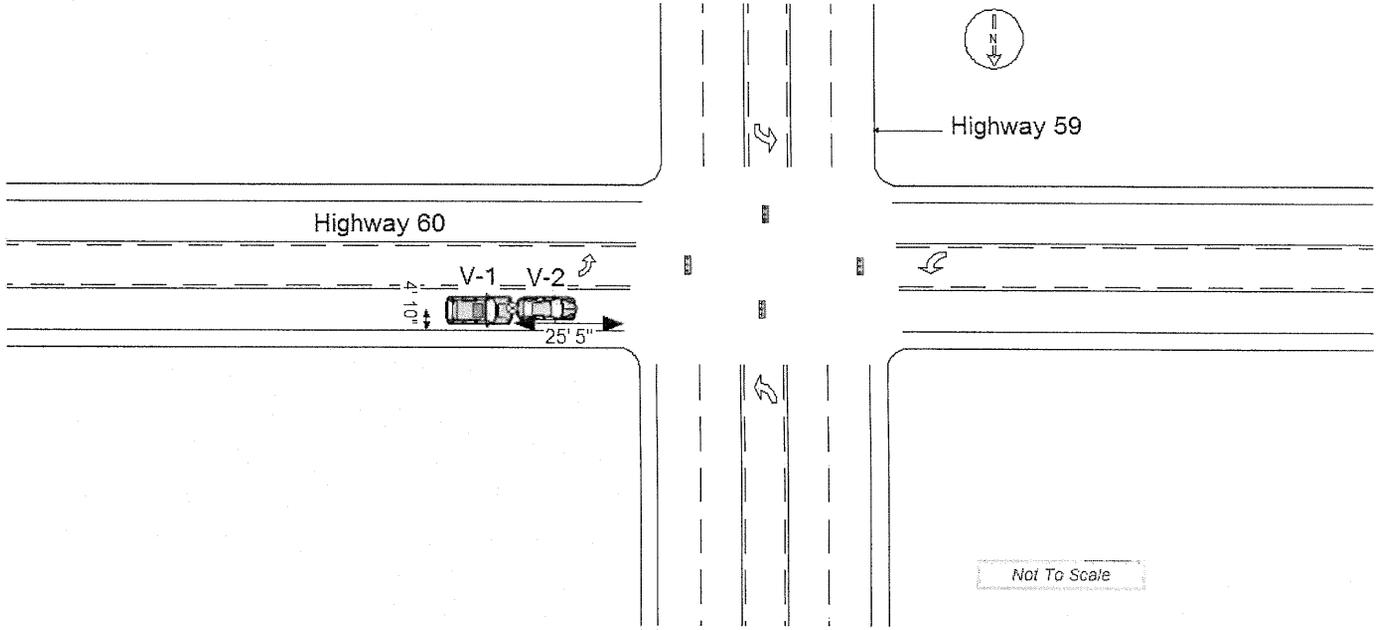
V3 NES W U

V4 NES W U

V5 NES W U

V6 NES W U

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 MILLER, MAY STARR 10301 KLONDIKE RD - NIANGUA, MO 65713
PHONE NUMBER (417) 533-2396

DRIVER LICENSE / ID NUMBER J115328002 STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] NA [] Canceled / Oth Invalid [] Unknown
LIC TYPE [X] Operator Class F [] Permit [] Unknown (Explain) [] CDL Class [] MC Only [] NA [] Interm / Grad [] Unlicensed
MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 05-04-1956 SEX F SEAT LOC FL INJ 5 TRANSPORT 1 EJECTION 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 [X] Yes [] No [] Not Required
INSURANCE COMPANY STATE FARM INSURANCE Expired
PHONE NO. (Optional) (417) 468-2534 - POLICY NUMBER NA 264 2677 -A14-25A
[] Driver [X] Vehicle

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

YEAR 2004 MAKE Honda MODEL ELEMENT COLOR GRN VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 3FW861 STATE MO YEAR 2016 VIN 5 J 6 Y H 2 8 5 7 4 L 0 2 5 6 5 9
TOWED FROM SCENE [] Yes [X] No TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [X] None / No Damage
INITIAL IMPACT NO. [X] NA
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
[X] Passenger Car [] Small Bus (9-15 W/Driver) [] Motorcycle [] Motor Home
[] Van (< 9 W/Driver) [] Large Bus (16+ W/Driver) [] ATV [] Farm Implements
[] Passenger Van (9+ W/Driver) [] School Bus [] 2 Wh [] Construction Equip. Heavy Mach.
[] Sport Utility Vehicle [] Intercity [] 3 Wh [] Other Vehicle (Code) [] Veh. Pulling Another Unit(s)
[] Limousine (7-8 W/Driver) [] Transit / Commuter [] 4 Wh [] Cargo Van [] (Does not apply to Truck Tractors)
[] Limousine (9-15 W/Driver) [] Charter / Tour [] 5 Wh / More [] Pickup [] Truck Tractor With No Units
[] Motorized Bicycle [] Other [] Unknown [] Other Heavy Truck [] Truck Tractor With One Unit
[] Pedalcycle [] To / From School [] Unknown (Explain) [] Truck Tractor With Two Units
[] Truck Tractor With Three Units

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 [] 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 01 34 [] Unknown
ALCOHOL USE [X] No [] Yes [] Unk [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [] None
[] Vehicle Defects (Explain) [] Vision Obstructed [] Failed To Dim Headlights [] Improper Towing / Pushing [] Object / Obstruction in Roadway
[] Speed - Exceeded Limit [] Driver Fatigue / Asleep [] Failed To Use Lights [] Improperly Stopped On Roadway [] Distracted / Inattentive (Designate Type)
[] Too Fast For Conditions [] Improper Signal [] Following Too Close [] Improper Lane Usage / Change [] Unknown (Explain)
[] Violation Signal / Sign [] Improper Backing [] Wrong Side (Not Passing) [] Overcorrected [] Other (Explain)
[] Failed To Yield [] Improper Turn [] Wrong Side (One-Way) [] Improper Riding / Clinging To Veh. Exterior [] DISTRACTED / INATTENTIVE CODE(S) [X] NA
[] Alcohol [] Improper Passing [] Physical Impairment (Explain) [] Failed To Secure Load / Improper Loading (See Codes in Section 8)
[] Drugs [] Improperly Parked [] Improper Start From Park [] Animal(s) In Roadway

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

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 YOUNGBLOOD, TAMARA LYNN 14580 RAVEN RD - GRANBY, MO 64844
 PHONE NUMBER (417) 389-7035

DRIVER LICENSE / ID NUMBER T981323147 STATE MO LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE Operator Class F Permit Unknown (Explain) CDL Class MC Only Interm / Grad Unlicensed MC ENDORSEMENT Yes No NA

DATE OF BIRTH 12-10-1979 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 AMERICAN FAMILY Expired PHONE NO. (Optional) (417) 451-7782 - POLICY NUMBER 0322-4240-10-32-FPPO Driver Vehicle

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

YEAR 2012 MAKE Ford MODEL FUSION COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO DL8X1N STATE MO YEAR 2016 VIN 3 F A H P 0 J A X C R 4 1 1 7 2 8 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
 1 15 16 17 19 - Windshield 23 - Unknown
 20 - Burned 24 - Other (Explain)
 14 13 12 11 10 9 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 3 Wh Other Vehicle (Code) Truck Tractor With No Units
 Limousine (7-8 W/Driver) Transit / Commuter 4 Wh Cargo Van Truck Tractor With One Unit
 Limousine (9-15 W/Driver) Charter / Tour 5 Wh / More Pickup Truck Tractor With Two Units
 Motorized Bicycle Other Unknown (Explain) Other Heavy Truck 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 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
 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)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
FLYNN, CIERRA KATHLEEN	09-11-2003	F	FR	5	1	2	03	05	(417) 389-7035
14580 RAVEN RD - GRANBY, MO 64844									

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.
 Intrastate Carrier Not In Commerce - Rental Vehicle

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

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	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	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	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	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 January 3rd 2016 an officer responded near the intersection of Highway 60 and Highway 59 to take a vehicle crash report.

Upon my arrival near the intersection of Highway 60 and Highway 59 I made contact with the driver identified as the driver of Vehicle 1 a Ms. May Miller. She said she thought traffic was going and she started moving forward and struck the rear bumper of the car in front of her. I asked if she was injured and needed medical treatment. Ms. Miller said she was not injured or was in need of medical treatment. I asked for her proof of insurance, she was able to provide me with current proof of insurance. The information has been entered into this report.

I made contact with the driver of vehicle 2; she was identified as a Ms. Tamara Youngblood. She said she was stopped at the traffic light and the next thing she knew her car was struck from behind. I asked if she was injured and needed medical treatment. Ms. Miller said she or her passenger were not injured and were not in need of medical treatment. I asked for her proof of insurance, she was able to provide me with current proof of insurance. The information has been entered into this report.

I photographed the damage to both vehicles and investigated this crash at the scene. All of the information has been entered into this report.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF FRED TYREE	DSN / BADGE NO. 111	BEAT / ZONE S	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME WHITEHEAD	DSN / BADGE NO. 107	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.