

1 - GENERAL CRASH INFORMATION  SPACE USED FOR BARCODE	AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>
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LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	1	0	0216-028

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST AT SCENE
2	02-04-2016	1828	02-04-2016	1830	02-04-2016	1830	<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.  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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)		
NEWTON	NEOSHO	N	NNW	LAT. N	LONG. W	NA
ON		RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING	
BU S NEOSHO BLVD		S	5 <input type="checkbox"/> NA Feet	After <input type="checkbox"/> Before <input type="checkbox"/> At <input type="checkbox"/>	S of CST HILL 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			25	W	NA
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 type="checkbox"/> Unknown (Explain)		<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE			ROAD CONDITION			
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)			<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)			
ROAD SURFACE			WEATHER CONDITION			
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input 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 type="checkbox"/> Daylight <input checked="" 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

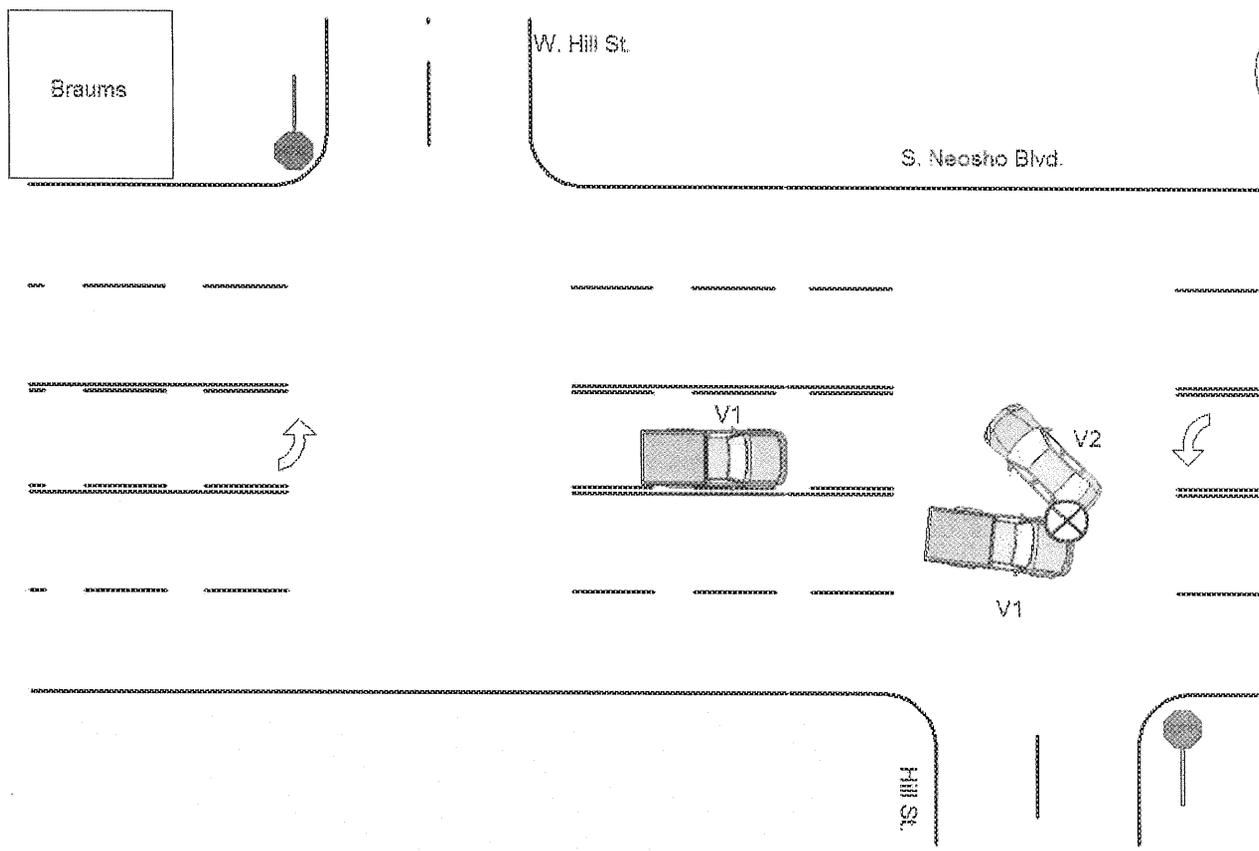
5 - PEDESTRIAN  NA  Law Enforcement Officer  Other Emergency Services Personnel  MoDOT Worker  Other Trafficway Worker  Other Pedestrian

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 N ES WU    V2 N ES WU    V3 N ES WU    V4 N ES WU    V5 N ES WU    V6 N ES WU

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** ELIPAS, ATARINO 705 E MCKINNEY ST - NEOSHO, MO 64850 PHONE NUMBER (417) 621-1553

DRIVER LICENSE / ID NUMBER X078054008 STATE MO LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class F  Permit  Unknown (Explain) MC ENDORSEMENT  Yes  No  NA  CDL Class  MC Only  Unlicensed  Intern / Grad  Unlicensed  Unknown (Explain)  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH 07-12-1967 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 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 PHONE NO. (Optional) POLICY NUMBER NA  Driver  Vehicle

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

YEAR 2002 MAKE Dodge MODEL RAM 1500 COLOR BLU VEH. TYPE 1 TOTAL NO. OF OCC. 4

LICENSE - PLATE NO. 2DT398 STATE MO YEAR 2016 VIN 1D7HA18N72S649040 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. 14

2	3	4	5	6	7	8	9
1	15	16	17	18	19	20	21
10	11	12	13	14	15	16	17
18	19	20	21	22	23	24	25

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, 8 tires  GVW / GCWV RATING (Not Licensed Weight)  
 Van (< 9 W/Driver)  Large Bus (16+ W/Driver)  ATV  Farm Implements  Single-unit Truck; 3 or more axles (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)  
 Passenger Van (9+ W/Driver)  School Bus  Construction Equip. Heavy Mach.  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  Less than or equal to 10,000 lbs.  
 Sport Utility Vehicle  Intercity  Other Vehicle (Code)  Truck Tractor With No Units  Truck Tractor With One Unit  10,001 - 26,000 lbs.  
 Limousine (7-8 W/Driver)  Transit / Commuter  4 Wh  Truck Tractor With Two Units  Greater than 26,000 lbs.  
 Limousine (9-15 W/Driver)  Charter / Tour  5 Wh / More  Truck Tractor With Three Units  Unknown  
 Motorized Bicycle  Other  Unknown (Explain)  
 Pedalcycle  To / From School

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  Unknown 05 34 ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE  Yes  Unk  No  NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES  None

Vehicle Defects (Explain)  Vision Obstructed  Failed To Dim Headlights  Improper Towing / Pushing  Object / Obstruction in Roadway  
 Speed - Exceeded Limit  Driver Fatigue / Asleep  Failed To Use Lights  Improperly Stopped On Roadway  Distracted / Inattentive (Designate Type)  
 Too Fast For Conditions  Improper Signal  Following Too Close  Improper Lane Usage / Change  Unknown (Explain)  
 Violation Signal / Sign  Improper Backing  Wrong Side (Not Passing)  Overcorrected  Other (Explain)  
 Failed To Yield  Improper Turn  Wrong Side (One-Way)  Improper Riding / Clinging To Veh. Exterior  Failed To Secure Load / Improper Loading  DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)  
 Alcohol  Improper Passing  Physical Impairment (Explain)  Failed To Secure Load / Improper Loading  Animal(s) In Roadway  
 Drugs  Improperly Parked  Improper Start From Park

7E. WORK ZONE  Yes  No  Unknown

TRAFFIC CONTROL  None  Unknown

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) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER

ELIPAS, JASNER	705 E MCKINNEY ST - NEOSHO, MO 64850	12-05-1996	M	FR	5	1	2	03	05	(417) 389-2056
ELIPAS, SAKRINA AKIRIPA	705 E MCKKINEY ST - NEOSHO, MO 64850	01-09-1969	F	SL	4	1	2	03	05	(417) 389-2056
ELIPAS, ELRINA	705 E MCKINNEY ST - NEOSHO, MO 64850	08-10-1998	F	SR	5	1	1	03	05	(417) 291-2360

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 - 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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 WILLIS, DAVON JAMES 306 S JEFFERSON ST - NEOSHO, MO 64850
PHONE NUMBER (417) 389-2056

DRIVER LICENSE / ID NUMBER B078071004 STATE MO LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT Yes No NA

DATE OF BIRTH 09-28-1999 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED Not Obscured Trees / Brush Sign Moving Veh Other (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY STATE FARM
PHONE NO. (Optional) (417) 223-3222 - POLICY NUMBER 3132329C2325A

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
ELLSWORTH, AMOS 137 DOGWOOD DR - ANDERSON, MO 64831

YEAR 1994 MAKE ACURA MODEL INTEGRA COLOR RED VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. CF9C7W STATE MO YEAR 2016 VIN J, H, 4, D, C, 4, 3, 5, 6, R, S, 0, 3, 4, 8, 0, 7
TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 9
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit
TOWED BY Poore's Truck Salvage & Towing 451-4442

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance
Passenger Car Van (< 9 W/Driver) Passenger Van (9+ W/Driver)
School Bus Intercity Transit / Commuter Charter / Tour Other
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
GVW / GCVV 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 - 28,000 lbs.
Greater than 28,000 lbs.
Unknown

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS 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
SEQUENCE OF EVENTS CODES 05 34
ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
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 Traffic Control None Unknown
Workers Present Yes No Unknown
Controls: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus
Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) 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, EJECT-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Multiple empty rows.

7F. 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 - 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

HAZARDOUS MATERIALS PLACARD DISPLAYED 4-DIGIT NO. CLASS HM CARGO PRESENT HM CARGO RELEASED 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> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	FR	SR	TR	FC	SC	TC	FL	SL	TL	(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
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
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport
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 (**)
			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	32. Building	38. Bridge Rail
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support
			44. Wall
			45. Cable Barrier
			46. Bridge Overhead Structure
			47. Overhead Line / Cable
			U. Unknown

DISTRACTED / INATTENTIVE CODES			
1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

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

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

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

On 02/04/2016 at approximately 18:35 hours officers responded to the intersection of South Neosho Boulevard and Hill Street to take a traffic crash report.

When I arrived on scene to the intersection I observed two vehicles were involved and had moved from the roadway to a nearby parking lot. Vehicle one was a blue in color Dodge Ram 1500 pickup truck bearing Missouri 2DT398. Vehicle two was a red in color Acura Integra bearing Missouri CF9C7W. Vehicle one was driven by Atarino Elipas. Vehicle two was driven by Davon Willis. Vehicle one had three passengers inside as well; none of which needed medical attention and are all listed on the person's page.

I spoke with Davon Willis. Mr. Willis stated he was turning left (south) onto South Neosho Boulevard from Hill Street when he was struck by vehicle one in the rear of his vehicle. He stated he turned because vehicle one slowed down and signaled it was turning onto Hill Street. He stated he was already partially into the turn lane before he was struck. He stated he was not injured and did not need medical attention.

After speaking with him I spoke to Mr. Elipas. Mr. Elipas stated he turned left onto South Neosho Boulevard from Braums. He stated he was merging into the lane from the turn lane and struck vehicle two. He stated he did not see the vehicle pull out from Hill Street until it was too late. He stated he and his passengers were not injured and did not need medical attention. His vehicle sustained minor damage to the front end on the driver's side.

Vehicle one was able to drive from the scene. Vehicle two was towed from the scene due to disabling damage by Poore's Salvage.

I have nothing further to report at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME PHILIP PHILLIP WHITEMAN	DSN / BADGE NO. 116	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NNW
REVIEWING OFFICER NAME PHILIP PHILLIP WHITEMAN	DSN / BADGE NO. 116	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

*2/4/16*