

| | |
|---|--|
| 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 | 0316-163 |

| | | | | | | | |
|---------------|------------|------------------|---------------|---------------------|--------------------|--------------------|---|
| NO. VEH. INV. | CRASH DATE | CRASH TIME (MIL) | NOTIFIED DATE | TIME NOTIFIED (MIL) | INVESTIGATION DATE | TIME ARRIVED (MIL) | INVEST. AT SCENE |
| 2 | 03-21-2016 | 1540 | 03-21-2016 | 1549 | 03-21-2016 | 1551 | <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 type="checkbox"/> Motor Vehicle in Transport <input checked="" 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 type="checkbox"/> Angle <input checked="" type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) |

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 / GCWR 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. 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 | | <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 | NW | NNW | LAT N LONG W NA |

| | | | | |
|-----------------|---|---------------|---------------------|------------------------------|
| ON | RDWY DIR | DISTANCE FROM | LOCATION | INTERSECTING |
| CST S RIPLEY ST | S | 50 Feet | After / Before / At | S of CST SOUTH ST |
| SPEED LIMIT | ROAD MAINTAINED BY | | | SPEED LIMIT INT DIR GEO CODE |
| 25 | <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | | 25 W NA |

| | |
|---|--|
| TRAFFICWAY | ROAD ALIGNMENT |
| <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Continuous Center Turn Lane <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) |

| | |
|--|---|
| INTERSECTION TYPE | ROAD CONDITION |
| <input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain) |

| | |
|---|---|
| ROAD SURFACE | WEATHER CONDITION |
| <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <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 type="checkbox"/> Cloudy <input type="checkbox"/> Rain <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 | PHONE NUMBER |
| ADDRESS (Street, City, State, Zip) | |
| | |
| | |
| | |

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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown |

| | | |
|---|---|---|
| CROSSING ROAD | OTHER ACTIONS | SCHOOL INFO. |
| <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <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) |

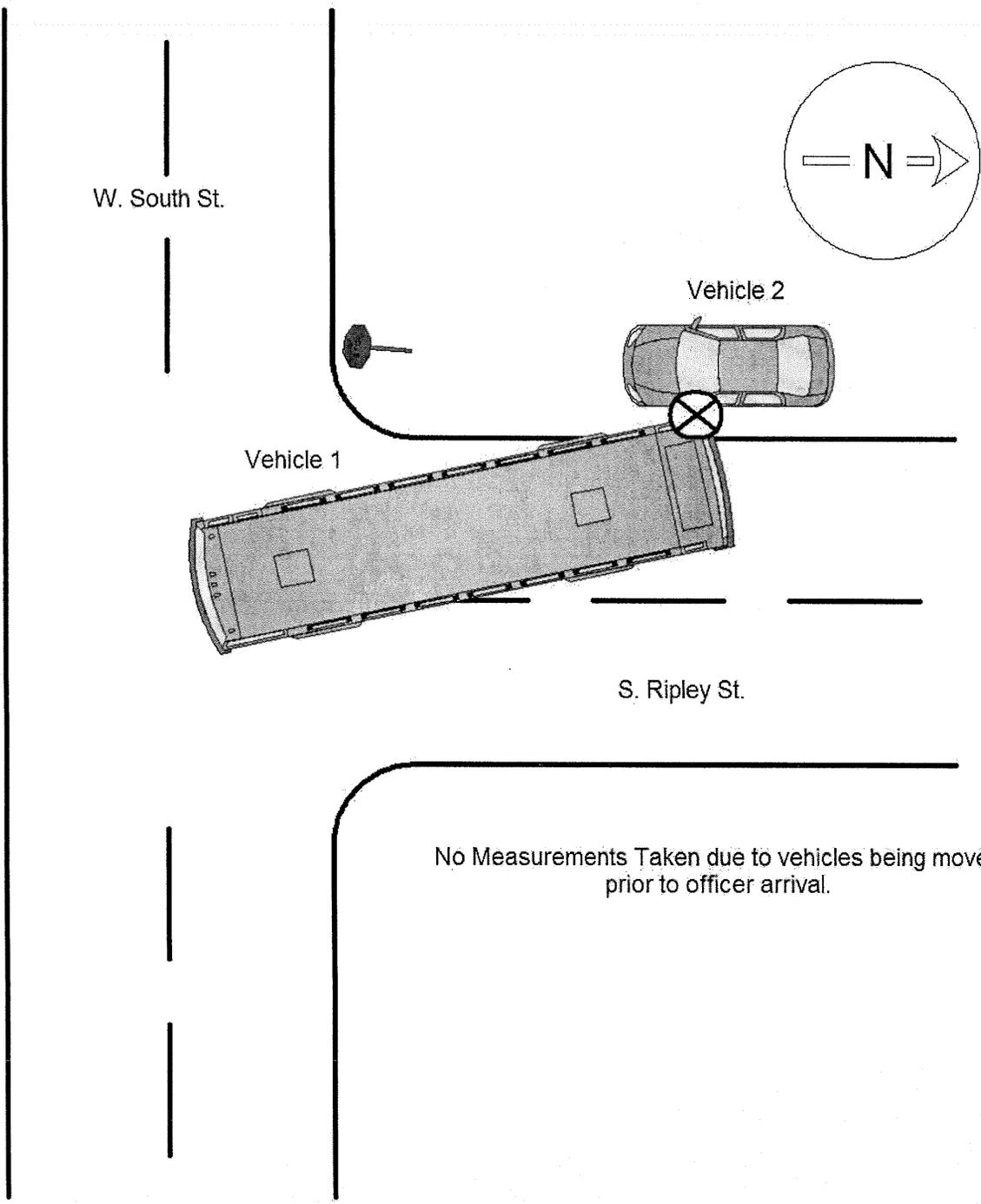
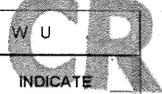
| | | |
|---|--|---|
| PROBABLE CONTRIBUTING CIRCUMSTANCES | DISTRACTED / INATTENTIVE CODE(S) | ALCOHOL USE |
| <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain) | <input checked="" type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

6. COLLISION DIAGRAM

Compass Direction Before Crash Event(s) (Circle One)

V1 N E **S** W U V2 N E **S** W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 SCHRIEVER, MARK ROBERT 355 W NEOSHO ST - GRANBY, MO 64844
PHONE NUMBER (417) 451-8600

DRIVER LICENSE / ID NUMBER S068173013
STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] NA [] Canceled / Oth Invalid [] Unknown
LIC TYPE [] Operator Class [] Permit [] Unknown (Explain) [] MC Endorsement [] Yes [] No [X] NA [] CDL Class B [] MC Only [] Unlicensed [] Interm / Grad [] Unknown (Explain)

DATE OF BIRTH 07-18-1957
SEX M SEAT LOC FL INJ 5
TRANSPORT 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

PROOF OF INSURANCE [X] Yes [] No [] Not Required
INSURANCE COMPANY MISSOURI UNITED SCHOOL INSURANCE
PHONE NO. (Optional) (800) 333-6137 - POLICY NUMBER MUSIC-2016-00
[] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [] SAD
NEOSHO SCHOOL DISTRICT, 418 FAIGROUND RD - NEOSHO, MO 64850
PHONE NUMBER (417) 451-8600

YEAR 2009 MAKE Bluebird MODEL BUS COLOR YEL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 02539B STATE MO YEAR VIN 1 B A B K C P H 1 9 F 2 6 3 7 5 0
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. 6
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 [] GVW / GCW RATING (Not Licensed Weight)
[] Van (< 9 W/Driver) [X] Large Bus (16+ W/Driver) [] ATV [] Farm Implements [] Single-unit Truck; 3 or more axes [] (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 [] 10,001 - 26,000 lbs.
[] Limousine (7-8 W/Driver) [] Transit / Commuter [] Cargo Van [] Truck Tractor With One Unit [] Greater than 26,000 lbs.
[] Limousine (9-15 W/Driver) [] Charter / Tour [] Pickup [] Truck Tractor With Two Units [] Unknown
[] Motorized Bicycle [] Other [] Other Heavy Truck [] Truck Tractor With Three Units [] Unknown
[] Pedalcycle [] To / From School [] Unknown (Explain) [] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[] Police [] Ambulance [] A. Emergency Vehicle on Emergency Run [] Congestion Ahead [] Other Incident Ahead
[] Fire [] Other (Must check "A" / "B") [] B. Stationary With Emergency Equip. Activated [X] 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 08 05 35 [] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE [X] No [] 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 (See Codes in Section 8)
[] Alcohol [] Improper Passing [] Physical Impairment (Explain) [] Failed To Secure Load / Improper Loading
[] Drugs [] Improperly Parked [] Improper Start From Park [] Animal(s) In Roadway

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

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER

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

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

COMMERCIAL / NON-COMMERCIAL [] Interstate Carrier [] Not In Commerce - Government Vehicle [] Not In Commerce - Other Vehicle [] 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 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)
NO 2 NONE PHONE NUMBER

DRIVER LICENSE / ID NUMBER STATE LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown NA
LIC TYPE Operator Class Permit Unknown (Explain) CDL Class MC Only Unlicensed Interm / Grad Unlicensed

DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES 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 INSURANCE COMPANY Expired A1G PROPERTY CASUALTY COMPANY PHONE NO. (Optional) (888) 760-9195 - POLICY NUMBER PCG0019335752

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) MABREY, WILLIAM PATRICK 926 S RIPLEY ST - NEOSHO, MO 64850

YEAR MAKE MODEL COLOR VEH. TYPE TOTAL NO. OF OCC. 1995 GEO GML MAR 2

LICENSE - PLATE NO STATE YEAR VIN TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE DH3R8F MO 2017 2C1MR2262S6727524

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA INITIAL IMPACT NO. 12

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

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

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 13 35

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)

7E. WORK ZONE TRAFFIC CONTROL None Unknown Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain) Workers Present 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)

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

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 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 XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable | FR SR TR FC SC TC FL SL TL | INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA | TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA | EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown | AIR BAG 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 | SAFETY DEVICES 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 03/21/2016 at around 1549 hours, I was dispatched to the intersection of S. Ripley St. and W. South St. for a traffic crash.

Upon my arrival, I observed a maroon Geo car with Missouri registration DH3R8F (Vehicle 2) on the shoulder of the road. I made contact with Vehicle 2's owner William Mabrey. He said a Neosho School Bluebird bus with Missouri registration 02539B (Vehicle 1) traveling south on S. Ripley St. He said there were multiple cars parked on the shoulder of the roadway making it hard for Vehicle 2 to maneuver the road. He said Vehicle 2 made a left turn which the rear of the bus swung wide hitting the driver's side mirror of Vehicle 2.

Contact was made with Vehicle 1's driver and he was identified as Mark Schriever. Mr. Schriever said the intersection was congested and turned left. He said he did not know Vehicle 1 hit Vehicle too.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

| | | | |
|--|------------------------|--------------------------|------------------------------------|
| REPORTING OFFICER NAME CPL DUSTIN WHITEHILL | DSN / BADGE NO. 118 | BEAT / ZONE NW | TROOP / DISTRICT / PRECINCT NNW |
| REVIEWING OFFICER NAME LT JASON BAIRD | DSN / BADGE NO. 130 | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |