



1 - GENERAL CRASH INFORMATION	AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>
SPACE USED FOR BARCODE	

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	0416-032

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	04-04-2016	1215	04-04-2016	1215	04-04-2016	1215	<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											
<table style="width:100%; border: none;"> <tr> <td style="width:15%; border: none;"><input type="checkbox"/> Front to Front</td> <td style="width:15%; border: none;"><input checked="" type="checkbox"/> Angle</td> <td style="width:15%; border: none;"><input type="checkbox"/> Other (Explain)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Front to Rear</td> <td style="border: none;"><input type="checkbox"/> Sideswipe (Same Dir.)</td> <td style="border: none;"><input type="checkbox"/> Sideswipe (Opp. Dir.)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Rear to Rear</td> <td style="border: none;"><input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)</td> <td style="border: none;"><input type="checkbox"/> Unknown (Explain)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Rear to Side</td> <td colspan="2"></td> </tr> </table>					<input type="checkbox"/> Front to Front	<input checked="" type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Sideswipe (Opp. Dir.)	<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Rear to Side		
<input type="checkbox"/> Front to Front	<input checked="" type="checkbox"/> Angle	<input type="checkbox"/> Other (Explain)														
<input type="checkbox"/> Front to Rear	<input type="checkbox"/> Sideswipe (Same Dir.)	<input type="checkbox"/> Sideswipe (Opp. Dir.)														
<input type="checkbox"/> Rear to Rear	<input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)	<input type="checkbox"/> Unknown (Explain)														
<input type="checkbox"/> Rear to Side																

**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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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	NNE	LAT N LONG W NA
ON		RDWY DIR	DISTANCE FROM	LOCATION
CST N COLLEGE ST		S	1 <input type="checkbox"/> NA Feet	N of CST W COLER ST
SPEED LIMIT	ROAD MAINTAINED BY	INTERSECTING		SPEED LIMIT
35	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	N of CST W COLER ST		30

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"/> Other	<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"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown	<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 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"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (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"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain)
<input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)

LIGHT CONDITION  Daylight  Dark-Lighted  Dark-Unlighted  Dark-Unknown Lighting  Other (Explain)  Unknown (Explain)

**3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES**  None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.  MoDOT  County  Municipality

**4 - WITNESS**  None Identified  Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

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

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

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

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> 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)

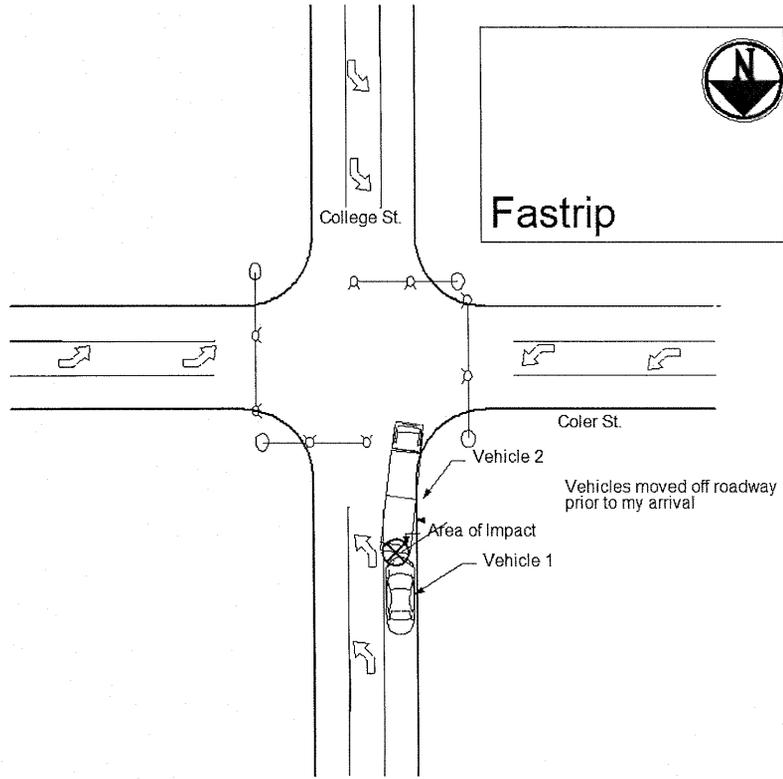
PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input 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) 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** STIPP, ERIC RYAN 527 S COLE ST - GRANBY, MO 64844  
 PHONE NUMBER (417) 389-9427

**DRIVER LICENSE / ID NUMBER** T202325010 **STATE** MO  
**LIC STATUS**  Valid  Expired  Susp / Rev / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown  
**LIC TYPE**  Operator Class E  Permit  Unknown (Explain)  CDL Class  MC Only  NA  Interm / Grad  Unlicensed  
**MC ENDORSEMENT**  Yes  No  NA  Unknown (Explain)

**DATE OF BIRTH** 09-11-1992 **SEX** M **SEAT LOC** FL **INJ** 5 **TRANS-PORT** 1 **EJEC-TION** 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** XL INSURANCE AMERICA **PHONE NO. (Optional)** **POLICY NUMBER** RAD943760102  Driver  Vehicle

**7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**  SAD  
 EUGENE, MATTHEWS STEVEN 2036 N BROADWAY RD - AMORET, MO 64722  
 PHONE NUMBER  SAD

**YEAR** 2012 **MAKE** Toyota **MODEL** VERSA **COLOR** RED **VEH. TYPE** 1 **TOTAL NO. OF OCC.** 1

**LICENSE - PLATE NO** AG6H2V **STATE** MO **YEAR** 2018 **VIN** 4 T 1 B D 1 F K 3 C U 0 3 5 2 4 7  
**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.** 1  
 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  
 Van (< 9 W/Driver)  Large Bus (16+ W/Driver)  ATV  Farm Implements  
 Passenger Van (9+ W/Driver)  School Bus  Construction Equip. Heavy Mach.  Single-unit Truck; 2 axles, 6 tires  
 Sport Utility Vehicle  Intercity  Other Vehicle (Code)  Single-unit Truck; 3 or more axles  
 Limousine (7-8 W/Driver)  Transit / Commuter  Cargo Van  Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)  
 Limousine (9-15 W/Driver)  Charter / Tour  Pickup  Truck Tractor With No Units  
 Motorized Bicycle  Other  Other Heavy Truck  Truck Tractor With One Unit  
 Pedalcycle  To / From School  Unknown (Explain)  Truck Tractor With Two Units  
 Unknown (Explain)  Truck Tractor With Three Units

**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** 12 01 34  Unknown **ANIMAL CODE(S)** **FIXED OBJECT CODE(S)**  
**ALCOHOL USE**  Yes  Unk  No  NA

**7D. PROBABLE CONTRIBUTING CIRCUMSTANCES**  None

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

**DISTRACTED / INATTENTIVE CODE(S)**  NA (See Codes in Section 8)  
 15

**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	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)									

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

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

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

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

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 KNOX, JOHN MICHAEL 216 N TERRY ST - CARTERVILLE, MO 64835
PHONE NUMBER (417) 499-2477

DRIVER LICENSE / ID NUMBER T980328515
STATE MO
LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] NA [ ] Canceled / Oth Invalid [ ] Unknown
LIC TYPE [X] Operator Class [ ] Permit [ ] Unknown (Explain)
[ ] CDL Class B [ ] MC Only [ ] NA [ ] Interm / Grad [ ] Unlicensed
MC ENDORSEMENT [ ] Yes [X] No [ ] NA [ ] Unknown (Explain)

DATE OF BIRTH 11-16-1968
SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 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 NEW HAMPSHIRE INSURANCE
PHONE NO. (Optional) POLICY NUMBER CA4584381
[ ] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [ ] SAD
WASTE CORP OF MISSOURI INC, 2120 W BENNETT - SPRINGFIELD, MO 65807
PHONE NUMBER [ ] SAD

YEAR 2013 MAKE Mack MODEL TRASH CO COLOR WHI | BLU VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 23B4TY STATE MO YEAR 2016 VIN 1 M 2 A U 0 4 C 0 D M 0 0 7 2 8 0
TOWED FROM SCENE [ ] Yes [X] No TOWED DUE TO DIS. DAMAGE [ ] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [ ] None / No Damage
INITIAL IMPACT NO. 8
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [ ] Vehicle Used As Public Conveyance
[ ] Passenger Car [ ] Small Bus (9-15 W/Driver) [ ] Motorcycle [ ] Motor Home [ ] Single-unit Truck; 2 axles, 6 tires
[ ] Van (< 9 W/Driver) [ ] Large Bus (16+ W/Driver) [ ] ATV [ ] Farm Implements [ ] Single-unit Truck; 3 or more axles
[ ] Passenger Van (9+ W/Driver) [ ] School Bus [ ] Construction Equip. Heavy Mach. [ ] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[ ] Sport Utility Vehicle [ ] Intercity [ ] Other Vehicle (Code) [ ] Truck Tractor With No Units
[ ] Limousine (7-8 W/Driver) [ ] Transit / Commuter [ ] 2 Wh [ ] Cargo Van [ ] Truck Tractor With One Unit
[ ] Limousine (9-15 W/Driver) [ ] Charter / Tour [ ] 3 Wh [ ] Pickup [ ] Truck Tractor With Two Units
[ ] Motorized Bicycle [ ] Other [ ] 4 Wh [ ] Other Heavy Truck [ ] Truck Tractor With Three Units
[ ] Pedalcycle [ ] To / From School [ ] 5 Wh / More [ ] Unknown (Explain)
[ ] To / From School [ ] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[ ] Police [ ] Ambulance [ ] A. Emergency Vehicle on Emergency Run
[ ] Fire [ ] Other (Must check "A" / "B") [ ] 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: [ ] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S)
ALCOHOL USE [ ] Yes [ ] Unk [X] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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) [X] NA (See Codes in Section 8)

7E. WORK ZONE TRAFFIC CONTROL [ ] None [ ] Unknown
[ ] Yes [X] No [ ] Unknown
Electric: [X] Green/Yellow/Red [ ] Flashing Red [ ] Flashing Yellow [ ] Ramp Meter [ ] Other (Explain)
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING
Workers Present [ ] Yes [X] No [ ] Unknown
Other: [ ] Stop Sign [ ] No Passing Zone [ ] Turn Restricted [ ] Officer / Flagman [ ] Signal On School Bus
[ ] Yes (Explain) [X] No [ ] Unknown [ ] NA
Controls: [ ] 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, 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 [ ] Not In Commerce - Government Vehicle [ ] Not In Commerce - Other Vehicle
[ ] Intrastate Carrier [ ] Not In Commerce - Rental 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
[ ] 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



SEAT LOCATION		INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES
XX - Not Known	FR SR TR	1. Fatal	(For Medical Treatment)	1. NA	1. None / NA	1. None
B - Pedalcycle	FC SC TC	2. Disabling		2. No	3. Not Deployed	2. Not Used
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	1. No	3. Partially	4. Removed	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable - Not Apparent	2. EMS	4. Totally	5. Deployed - Front	4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	3. Other	U. Unknown	6. Deployed - Side	5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown	U. Unknown		7. Deployed - Curtain	7. DOT Compliant
RC - Rail Crew		N. NA	N. NA		8. Deployed - Other (Knee, Air Belt, etc.)	8. No Helmet
SV - Other (Explain in Narrative)						9. Deployed - Combination
NA - Not Applicable						10. Deployment Unknown
						U. Air Bag Presence Unknown
						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
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
			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)

Upon my arrival to the scene, I observed a Waste Corporation Trash Truck, which will be vehicle two (V2) in this report. Behind V2, I observed a red Toyota Versa, which will be vehicle one (V1) in this report. V1 had front end damage.

I spoke with the driver of V2, identified as John Knox; he stated he was stopped and sitting at the stop light because it was red. He said he was about to turn west onto Coler Street when he felt a light jolt when V1 struck him in the rear end.

I spoke to the driver of V1, identified as Eric Stipp; he stated he was stopped behind V1 when he thought he dropped something on the floor. He said he bent over to see what fell and his foot slipped off the break and he struck V2 in the rear end.

Vehicles were moved prior to my arrival.

Nothing further.

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