# MISSOURI UNIFORM CRASH REPORT



**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 |
|---|---|---|---|---|---|---|---|
| ☐ Yes ☒ No | | ☐ Yes ☐ No | | ☒ | 0 | 0 | 0416-315 |

| NO. VEH. INV. | CRASH DATE | CRASH TIME (MIL.) | NOTIFIED DATE | TIME NOTIFIED (MIL.) | INVESTIGATION DATE | TIME ARRIVED (MIL.) | INVEST. AT SCENE |
|---|---|---|---|---|---|---|---|
| 3 | 04-29-2016 | 2130 | 04-29-2016 | 2133 | 04-30-2016 | 2135 | ☒ Yes ☐ No |

**CRASH TYPE**

ROADWAY: ☒ On Roadway ☐ Off Roadway

NON-COLLISION: ☐ Overturning ☐ Fire / Explosion ☐ Immersion ☐ Jackknife ☐ Fell/Jumped From MV ☐ Cargo / Equip Loss / Shift ☐ Other Non-Collision

COLLISION INVOLVING: ☐ Animal ☐ Pedalcycle ☐ Fixed Object ☐ Other Object ☐ Pedestrian ☐ Railway Vehicle ☐ Animal Drawn Veh / Animal Ridden Trans. ☒ Motor Vehicle in Transport → ☐ Parked Motor Vehicle → ☐ Working Motor Vehicle →

DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE: ☐ Front to Front ☒ Angle ☐ Other (Explain) ☐ Front to Rear ☐ Sideswipe (Same Dir.) ☐ Rear to Rear ☐ Sideswipe (Opp. Dir.) ☐ Unknown (Explain) ☐ Rear to Side ☐ 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.
   ☒ No - No commercial vehicle fields need completion.
   ☐ Yes - Go to number 2. →
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.
   ☐ Yes - Complete Section 7G for appropriate vehicle.

| EVIDENTIARY PHOTOS TAKEN | BY WHOM | AVAILABLE FROM |
|---|---|---|
| ☐ Yes ☒ No | | ☐ Investigating Agency |
| **RECONSTRUCTION** | **BY WHOM** | **AVAILABLE FROM** |
| ☐ Yes ☒ No | | ☐ Investigating Agency |

**2 - LOCATION**

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

| ON | RDWY. DIR. | DISTANCE FROM | LOCATION | INTERSECTING |
|---|---|---|---|---|
| CST W MCCORD ST | W | 325 ☐ NA Feet — . — Miles | ☒ After ☐ NA ☐ Before ☐ At | W of CST N VALLEY ST |

| SPEED LIMIT | ROAD MAINTAINED BY | SPEED LIMIT | INT. DIR. | GEO - CODE |
|---|---|---|---|---|
| 25 | ☐ Unknown ☐ State ☐ County ☒ Municipal ☐ Private Property ☐ Other | 25 | N | NA |

**TRAFFICWAY**: ☐ One-Way ☒ Two-Way; Not Divided ☐ Two-Way; Divided; Unprotected Median ☐ Other ☐ Two-Way; Not Divided; Continuous Center Turn Lane ☐ Two-Way; Divided; Positive Median Barrier ☐ Unknown

**ROAD ALIGNMENT**: ☒ Straight ☐ Curve ☐ Unknown (Explain)

**ROAD PROFILE**: ☒ Level ☐ Downhill ☐ Dip ☐ Uphill ☐ Hillcrest ☐ Unknown (Explain)

**INTERSECTION TYPE**: ☐ NA ☒ 4-way Intersection ☐ Y-Intersection ☐ 5-way / More ☐ Unknown (Explain) ☐ T-Intersection ☐ Roundabout ☐ Other (Explain)

**ROAD CONDITION**: ☐ Dry ☐ Snow ☐ Slush ☐ Standing Water ☐ Sand / Gravel ☐ Unknown (Explain) ☒ Wet ☐ Ice / Frost ☐ Mud / Dirt ☐ Moving Water ☐ Other (Explain)

**ROAD SURFACE**: ☐ Concrete ☐ Brick ☐ Dirt / Sand ☐ Cobblestone ☒ Asphalt ☐ Gravel ☐ Multi-Surface ☐ Unknown (Explain)

**WEATHER CONDITION**: ☐ Clear ☒ Rain ☐ Sleet / Hail ☐ Fog / Mist ☐ Other (Explain) ☐ Cloudy ☐ Snow ☐ Freezing (Temp) ☐ Severe Crosswind ☐ 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: ☐ On Roadway ☐ In Driveway Access ☐ On Median / Crossing Island ☐ On Sidewalk ☐ Off Roadway ☐ Unknown

**CROSSING ROAD** ☒ NA: ☐ With Signal ☐ Against Signal ☐ No Signal ☐ Unknown ☐ Not At Crosswalk ☐ In Marked Crosswalk ☐ In Unmarked Crosswalk ☐ Unknown

**OTHER ACTIONS** ☒ NA / None: ☐ Getting On / Off Vehicle ☐ Standing / Lying / Sitting In Trafficway ☐ Pushing / Working On Vehicle ☐ Behind / In Front of Parked / Stopped Veh. ☐ Working In Trafficway ☐ Playing In Trafficway ☐ Walking / Running In Trafficway ☐ With Traffic ☐ Against Traffic ☐ Unknown ☐ Other (Explain)

**SCHOOL INFO.** ☒ NA: ☐ Going To / From School ☐ Getting On / Off School Bus ☐ Both Of The Above ☐ Unknown (Explain)

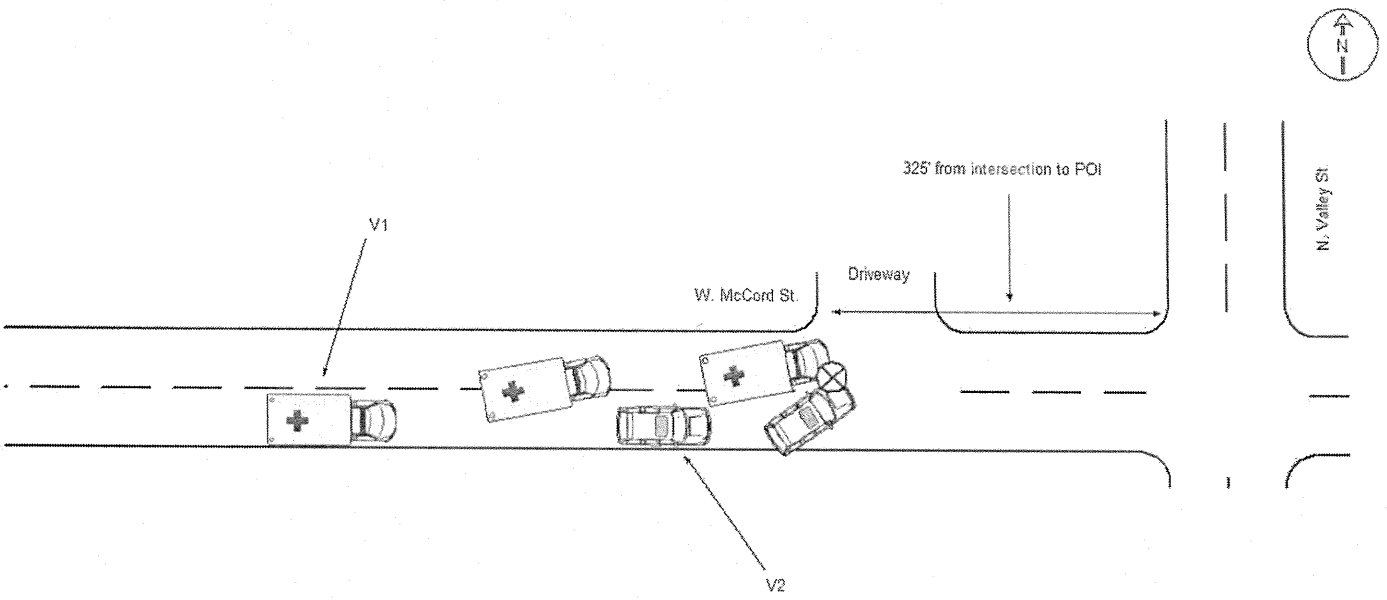
**PROBABLE CONTRIBUTING CIRCUMSTANCES** ☐ None: ☐ Failed To Yield ☐ Distracted / Inattentive ☐ Alcohol ☐ Drugs ☐ Vision Obstructed (Explain) ☐ Physical Impairment (Explain) ☐ Other (Explain) ☐ Unknown (Explain)

**DISTRACTED / INATTENTIVE CODE(S)** ☒ NA

**ALCOHOL USE**: ☐ Yes ☐ No ☐ 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

**NO. 1** | **7A. DRIVER** - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): WILSON, RICHARD BRANDON — 1011 W HILL ST - NEOSHO, MO 64850 | PHONE NUMBER: (417) 658-5866

| DRIVER LICENSE / ID NUMBER | STATE | LIC STATUS | LIC TYPE | MC ENDORSEMENT |
|---|---|---|---|---|
| S078233019 | MO | ☒ Valid ☐ Susp / Rev / Denied ☐ Canceled / Oth Invalid ☐ Expired ☐ Disqual CDL ☐ Unknown ☐ NA | ☒ Operator Class F ☐ CDL Class ☐ Interm / Grad ☐ Permit ☐ MC Only ☐ Unlicensed ☐ Unknown (Explain) ☐ NA | ☐ Yes ☐ No ☒ NA ☐ Unknown (Explain) |

| DATE OF BIRTH | SEX | SEAT LOC | INJ | TRANS-PORT | EJEC-TION | AIR BAG | SAFETY DEVICES |
|---|---|---|---|---|---|---|---|
| 09-26-1972 | M | FL | 5 | 1 | 2 | 03 | 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)

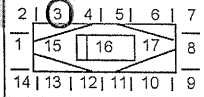
PROOF OF INSURANCE: ☒ Yes ☐ No ☐ Not Required | INSURANCE COMPANY: ☐ Expired CONTINENTAL WESTERN MO FIRE/EMS | PHONE NO. (Optional): (417) 358-4007 - | POLICY NUMBER: ☐ NA FDK2653752 | ☐ Driver ☒ Vehicle

**7B. VEHICLE** - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): ☐ SAD NEWTON COUNTY AMBULANCE, 1011 W HILL ST - NEOSHO, MO 64850 | PHONE NUMBER: ☐ SAD (417) 451-5568

| YEAR | MAKE | MODEL | COLOR | VEH. TYPE | TOTAL NO. OF OCC. |
|---|---|---|---|---|---|
| 2014 | Chevrolet | AMBULANC | WHI | 1 | 2 |

| LICENSE - PLATE NO. | STATE | YEAR | VIN | TOWED FROM SCENE | TOWED DUE TO DIS. DAMAGE |
|---|---|---|---|---|---|
| 211 | MO | | 1GB3G2CL2E1198290 | ☐ Yes ☒ No | ☐ Yes ☒ No |

VEHICLE DAMAGE (Mark all damaged areas) ☐ None / No Damage — INITIAL IMPACT NO: ☐ NA 3




18 - Undercarriage, 19 - Windshield, 20 - Burned, 21 - Towed Unit, 22 - Cargo, 23 - Unknown, 24 - Other (Explain)

TOWED BY ☐ Unknown ☒ NA

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

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

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

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

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

**7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES** ☐ Additional Codes Listed in Narrative (See Codes in Section 8)

| SEQUENCE OF EVENTS CODES ☐ Unknown | ANIMAL CODE(S) | FIXED OBJECT CODE(S) | ALCOHOL USE |
|---|---|---|---|
| 01 02 34 | | | ☐ Yes ☐ Unk ☒ No ☐ NA |

**7D. PROBABLE CONTRIBUTING CIRCUMSTANCES** ☒ None

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

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

**7E. WORK ZONE**: ☐ Yes ☒ No ☐ Unknown

Workers Present: ☐ Yes ☒ No ☐ Unknown

TRAFFIC CONTROL ☒ None ☐ Unknown
- Electric: ☐ Green/Yellow/Red ☐ Flashing Red ☐ Flashing Yellow ☐ Ramp Meter ☐ Other (Explain)
- Other 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

**7F. OCCUPANTS** - NAME (Last, First, MI) / ADDRESS (Street, City, State, Zip)

| DATE OF BIRTH MM-DD-YYYY | SEX | SEAT LOC | INJ | TRANS-PORT | EJEC-TION | AIR BAG | SAFETY DEVICES | PHONE NUMBER |
|---|---|---|---|---|---|---|---|---|
| WILSON, ETHAN COREY<br>13741 CAYUGA RD - WYANDOTTE, OK 74370 | 06-20-1983 | M | FR | 5 | 1 | 2 | 03 / 05 | (417) 499-4523 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

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

## 7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

| NO | 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) | PHONE NUMBER |
|---|---|---|
| 2 | RAMIREZ, JUAN 704 W MCCORD ST - Neosho, MO 64850 | (417) 389-7129 |

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

| DATE OF BIRTH | SEX | SEAT LOC | INJ | TRANS-PORT | EJEC-TION | AIR BAG | SAFETY DEVICES | VISION OBSTRUCTED |
|---|---|---|---|---|---|---|---|---|
| 01-20-1986 | M | FL | 5 | 1 | 2 | 03 | 05 | ☐ 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 | INSURANCE COMPANY | PHONE NO. (Optional) | POLICY NUMBER | |
|---|---|---|---|---|
| ☒ Yes ☐ No ☐ Not Required | PROGRESSIVE ☐ Expired | (417) 623-7500 - | 75366190-6 ☐ NA | ☐ Driver ☒ Vehicle |

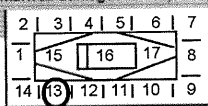
| 7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ☐ SAD | PHONE NUMBER ☐ SAD |
|---|---|
| BROWN, MEGAN | |

| YEAR | MAKE | MODEL | COLOR | VEH. TYPE | TOTAL NO. OF OCC. |
|---|---|---|---|---|---|
| 2001 | LEXS | RX300 | WHI | 1 | 1 |

| LICENSE - PLATE NO. | STATE | YEAR | VIN | TOWED FROM SCENE | TOWED DUE TO DIS. DAMAGE |
|---|---|---|---|---|---|
| AD3G3S | MO | 2017 | JTJGF10U210119321 | ☐ Yes ☒ No | ☐ Yes ☒ No |

VEHICLE DAMAGE (Mark all damaged areas) ☐ None / No Damage

INITIAL IMPACT NO: ☐ NA 13




18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain)

TOWED BY ☐ Unknown ☒ NA

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

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

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

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

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

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES ☐ Additional Codes Listed in Narrative (See Codes in Section 8)

| SEQUENCE OF EVENTS CODES ☐ Unknown | ANIMAL CODE(S) | FIXED OBJECT CODE(S) | ALCOHOL USE |
|---|---|---|---|
| 01 05 34 | | | ☐ Yes ☐ Unk ☒ No ☐ NA |

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES ☐ None

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

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

7E. WORK ZONE
☐ Yes ☒ No ☐ Unknown

Workers Present
☐ Yes ☒ No ☐ Unknown

TRAFFIC CONTROL ☒ None ☐ Unknown
Electric: ☐ Green/Yellow/Red ☐ Flashing Red ☐ Flashing Yellow ☐ Ramp Meter ☐ Other (Explain)
Other 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

| 7F. OCCUPANTS - NAME (Last, First, MI) / ADDRESS (Street, City, State, Zip) | DATE OF BIRTH MM-DD-YYYY | SEX | SEAT LOC | INJ | TRANS-PORT | EJEC-TION | AIR BAG | SAFETY DEVICES | PHONE NUMBER |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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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 | MC / MX / ICC NO. | USDOT NO. |
|---|---|---|
| ☐ Interstate Carrier ☐ Intrastate Carrier ☐ Not In Commerce - Government Vehicle ☐ Not In Commerce - Rental Vehicle ☐ Not In Commerce - Other Vehicle | | |

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

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

8 - CODES

**SEAT LOCATION**
FR SR TR / FC SC TC / FL SL TL
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

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

**ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS**
60. Deer
61. Farm Animal
62. Dog
63. Other Animal
U. Unknown

**FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS**
20. Tree / Stump (Standing)
21. Embankment / Driveway / Ground / Rock Bluff
22. Guardrail Face
23. Utility Pole
24. Fence
25. Street Light Support
26. Culvert
27. Highway Traffic Sign Post / Support
28. Bridge Pier / Abutment / Support
29. Curb
30. Mail Box
31. Concrete Traffic Barrier
32. Building
33. Traffic Signal Support
34. Impact Attenuator / Crash Cushion
35. Fire Hydrant
36. Other (Explain)
37. Bridge Parapet End
38. Bridge Rail
39. Guardrail End
40. Other Traffic Barrier
41. Overhead Sign Support
42. Ditch
43. Other Post / Pole / Support
44. Wall
45. Cable Barrier
46. Bridge Overhead Structure
47. Overhead Line / Cable
U. Unknown

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

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

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

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

On 04/29/2016 I responded to the area of West McCord Street and North Valley Street to take a report of a traffic crash.

I received a call from Central Dispatch Center stating an ambulance was involved in a non injury traffic crash in the area of West McCord Street and North Valley Street.

I arrived on scene and saw a 2014 Chevrolet Newton County Ambulance displaying government registration (211) on the left side of the roadway facing east. I also saw a white 2001 Lexus RX300 displaying Missouri registration (AD3G3S) sitting in the middle of the roadway facing northeast. I noticed the ambulance had struck the driver front corner of the Lexus with the passenger front corner of the ambulance.

I spoke with the driver of the ambulance, Richard Wilson. Mr. Wilson stated he was driving with lights and sirens on heading east. He said he went to overtake the white Lexus and the driver of the Lexus turned left in front of him. Mr. Wilson had a passenger with him by the name of Ethan Wilson. Neither employee was injured.

I spoke with the driver of the Lexus, Juan Ramirez. He stated he was travelling east on West McCord Street and went to turn left into his driveway when the ambulance struck his vehicle. Mr. Ramirez stated he was not injured and refused medical treatment. Both drivers had valid insurance. Neither vehicle was severely damaged.

Nothing further at this time.

**10. REPORTING AND REVIEWING OFFICER INFORMATION**

| REPORTING OFFICER NAME | DSN / BADGE NO. | BEAT / ZONE | TROOP / DISTRICT / PRECINCT |
|---|---|---|---|
| OFF CALEB COOPER | 115 | N | NA |

| REVIEWING OFFICER NAME | DSN / BADGE NO. | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |
|---|---|---|---|
| SGT BRADLEY FIENEN | 106 | | |