

| | |
|--|---|
| 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 | 0516-142 |

| | | | | | | | |
|---------------|------------|-------------------|---------------|----------------------|--------------------|---------------------|---|
| NO. VEH. INV. | CRASH DATE | CRASH TIME (MIL.) | NOTIFIED DATE | TIME NOTIFIED (MIL.) | INVESTIGATION DATE | TIME ARRIVED (MIL.) | INVEST. AT SCENE |
| 2 | 05-13-2016 | 1420 | 05-13-2016 | 1424 | 05-13-2016 | 1432 | <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. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> 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 / 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. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> 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 | NA | LAT: N | LONG: W | NA |
| ON | | RDWY. DIR. | DISTANCE FROM | LOCATION | | INTERSECTING |
| MO HIGHWAY 86 | | W | 8 <input type="checkbox"/> NA Feet | <input type="checkbox"/> After <input type="checkbox"/> NA | | E of IS INTERSTATE 49 |
| SPEED LIMIT | ROAD MAINTAINED BY | | | <input checked="" type="checkbox"/> Before | SPEED LIMIT | INT. DIR. |
| 45 | <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | | <input type="checkbox"/> At | 70 | N |
| | | | | GEO. CODE | | NA |

| | | |
|---|---|---|
| TRAFFICWAY | ROAD ALIGNMENT | ROAD PROFILE |
| <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane | <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier | <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input 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 type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input checked="" type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain) | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain) |

| | |
|---|---|
| ROAD SURFACE | WEATHER CONDITION |
| <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain) | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain) |

LIGHT CONDITION
 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 |

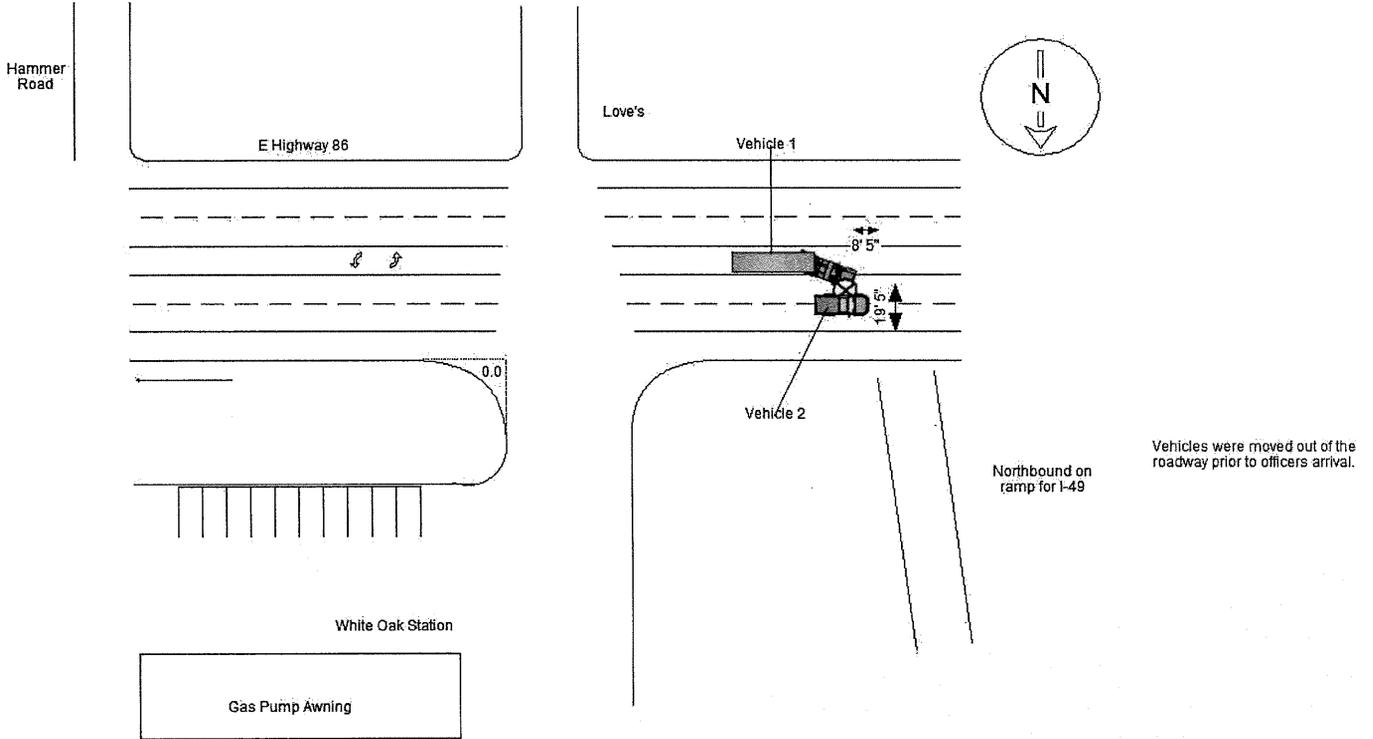
| | | |
|--|---|---|
| CROSSING ROAD | OTHER ACTIONS | SCHOOL INFO. |
| <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No 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"/> None <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

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 180 N BLAIR ST - MARSHFIELD, MO 65706 PHONE NUMBER (417) 241-2001

DRIVER LICENSE / ID NUMBER X115004001 STATE MO LIC STATUS Valid Expired Operator Class Permit Unknown (Explain) MC ENDORSEMENT Yes No NA

DATE OF BIRTH 01-09-1945 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJEC-TION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED NA Not Obstructed Trees / Brush Sign Moving Veh Other (Explain)

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY GREAT WEST CASUALTY PHONE NO. (Optional) (402) 494-2411 - POLICY NUMBER GWP93458E Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) HOGAN TRUCK LEASING INC, 2150 SCHUETZ RD - ST LOUIS, MO 63146 PHONE NUMBER SAD

YEAR 2016 MAKE International MODEL PROSTAR COLOR BLU VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 59AS2G STATE MO YEAR 2016 VIN 3 H S D J A P R 1 G N 0 0 0 1 4 0 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. 2 3 4 5 6 7 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) 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 10,001 - 26,000 lbs.

Limousine (7-8 W/Driver) Transit / Commuter 2 Wh Truck Tractor With One Unit Greater than 26,000 lbs.

Limousine (9-15 W/Driver) Charter / Tour 3 Wh Truck Tractor With Two Units Unknown

Motorized Bicycle Other 4 Wh Unknown (Explain) Truck Tractor With Three Units

Pedalcycle To / From School Unknown Other Heavy Truck

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) ALCOHOL USE Yes Unk No NA

SEQUENCE OF EVENTS CODES Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S)

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) 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 None Unknown

Workers Present Yes No Unknown Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown

| 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) | | | | | | | | | |
| | | | | | | | | | |
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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) HOGAN TRUCK LEASING 2150 SCHUETZ RD - SAINT LOUIS, MO 63146 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. 458854 USDOT NO. 1137660

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 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 JONES, MICHAEL DEAN 601 E DAUGHERTY RD - NEOSHO, MO 64850
PHONE NUMBER (417) 850-5188

DRIVER LICENSE / ID NUMBER N078160004
STATE MO
LIC STATUS Valid
Operator Class B
MC ENDORSEMENT No

DATE OF BIRTH 02-08-1958
SEX M SEAT LOC FL INJ 5
TRANSPORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED Not Obstructed

PROOF OF INSURANCE
INSURANCE COMPANY CINCINNATI
PHONE NO. (Optional) (800) 444-8675 - POLICY NUMBER CAP5223883

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
EMPIRE DISTRICT ELECTRIC CO, PO BOX 127 - JOPLIN, MO 64802
PHONE NUMBER (800) 206-2300

YEAR 2014 MAKE Ford MODEL F150 COLOR WHI
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 3WU935 STATE MO YEAR 2016
VIN 1FTRF1X1E1T3EK95064
TOWED FROM SCENE No TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO 11
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, Sport Utility Vehicle, etc.
Small Bus, Large Bus, School Bus, etc.
Motorcycle, ATV, Motor Home, etc.
Pickup, Other Heavy Truck, etc.

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA
Police, Ambulance, Fire, etc.
Congestion Ahead, Crash Ahead, etc.

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 34
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
None
Vehicle Defects, Speed - Exceeded Limit, etc.
Vision Obstructed, Driver Fatigue, etc.
Failed To Dim Headlights, Failed To Use Lights, etc.

7E. WORK ZONE
TRAFFIC CONTROL None
Workers Present No
Other: Stop Sign, No Passing Zone, etc.

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

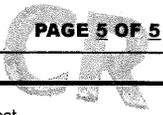
7G. COMMERCIAL MOTOR VEHICLE NA
Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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

COMMERCIAL / NON-COMMERCIAL
Interstate Carrier, Intrastate Carrier, etc.
MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE
Enclosed Box, Flatbed, Concrete Mixer, etc.
Garbage / Refuse, Grain / Chip / Gravel, etc.

HAZARDOUS MATERIALS
PLACARD DISPLAYED No
4-DIGIT NO. CLASS
HM CARGO PRESENT No HM CARGO RELEASED No



| 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 | 1. No | 2. No | 3. Not Deployed | 2. Not Used |
| M - Motorcycle | FL SL TL | 3. Evident - Not Disabling | 2. EMS | 3. Partially | 4. Removed | 3. Shoulder Belt Only |
| CP - Commercial Passenger | | 4. Probable - Not Apparent | 3. Other | 4. Totally | 5. Deployed - Front | 4. Lap Belt Only |
| OE - Occupant - Enclosed Load Area | | 5. None Apparent | U. Unknown | U. Unknown | 6. Deployed - Side | 5. Shoulder and Lap Belt |
| OU - Occupant - Unenclosed Load Area | | U. Unknown | N. NA | | 7. Deployed - Curtain | 6. DOT Compliant MC Helmet |
| RC - Rail Crew | | N. NA | | | 8. Deployed - Other (Knee, Air Belt, etc.) | 7. No Helmet |
| SV - Other (Explain in Narrative) | | | | | | 8. No Helmet |
| NA - Not Applicable | | | | | | 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 In Bicycle Lane |
| 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)

On 05-13-2016, at approximately 1424 hours, I responded to a non-injury traffic crash near Highway 86 and Interstate-49. The vehicles were moved out of the roadway prior to officer's arrival.

I noticed a white Ford F150 parked on the right side of the road on Highway 86 and a Semi Tractor Trailer Truck on the on ramp going north bound on Interstate-49. I made contact with Michael Jones (identified by Mo identification); he stated that he was headed west bound on Highway 86 when he was struck on his driver side by a Semi truck.

I then spoke to Don Preston (identified by Mo identification) and he informed me that he was in the center turn lane facing west on Highway 86 and was wanting to pull out onto the road way to go north on Interstate 49. Mr. Preston stated that when he did, he did not notice the white ford pickup and when he pulled out he struck the other vehicle.

I took photos of the damage to both vehicles. Both vehicles were driven from the scene.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|---|------------------------|--------------------------|-----------------------------------|
| REPORTING OFFICER NAME OFF DUSTIN HONEYFIELD | DSN / BADGE NO. 117 | BEAT / ZONE NW | TROOP / DISTRICT / PRECINCT NA |
| REVIEWING OFFICER NAME SGT MICHAEL WHITEHEAD | DSN / BADGE NO. 107 | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |