

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



|   |            |  |                                     |                                     |             |            |                                 |
|---|------------|--|-------------------------------------|-------------------------------------|-------------|------------|---------------------------------|
| 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          | 0616-158                        |

|               |            |                  |               |                     |                    |                    |   |
|---------------|------------|------------------|---------------|---------------------|--------------------|--------------------|---|
| NO. VEH. INV. | CRASH DATE | CRASH TIME (MIL) | NOTIFIED DATE | TIME NOTIFIED (MIL) | INVESTIGATION DATE | TIME ARRIVED (MIL) | INVEST. AT SCENE  |
| 2             | 06-15-2016 | 1750             | 06-15-2016    | 1759                | 06-15-2016         | 1811               | <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<br><input type="checkbox"/> Off Roadway | <input type="checkbox"/> Overturning<br><input type="checkbox"/> Fire / Explosion<br><input type="checkbox"/> Immersion<br><input type="checkbox"/> Jackknife | <input type="checkbox"/> Fell/Jumped From MV<br><input type="checkbox"/> Cargo / Equip Loss / Shift<br><input type="checkbox"/> Other Non-Collision | <input type="checkbox"/> Animal<br><input type="checkbox"/> Pedalcycle<br><input type="checkbox"/> Fixed Object<br><input type="checkbox"/> Other Object<br><input type="checkbox"/> Pedestrian |

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?<br>1a. A person fatally injured; OR<br>1b. A person transported for medical attention; OR<br>1c. A vehicle towed due to disabling damage. | 2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:<br>2a. A truck / cargo van with GVWR / GCWWR of more than 10,000 lbs; OR<br>2b. A motor vehicle with seating for 9 or more including driver; OR<br>2c. A vehicle with a hazardous materials placard. |
|--|---|

|   |   |
|---|---|
| EVIDENTIARY PHOTOS TAKEN  | BY WHOM                                       |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| RECONSTRUCTION  | 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  | CR             | NA                                  | LAT: N LONG: W NA  |
| ON          |   | RDWY. DIR.     | DISTANCE FROM                       | LOCATION   |
| MO E HWY 60 |   | E              | 12 <input type="checkbox"/> NA Feet | <input type="checkbox"/> After <input type="checkbox"/> NA |
| SPEED LIMIT | ROAD MAINTAINED BY  | INTERSECTING   |                                     |  |
| 45          | <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | W of LP BUS.49 |                                     |  |

|   |  |
|---|--|
| TRAFFICWAY  | ROAD ALIGNMENT   |
| <input type="checkbox"/> One-Way <input 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 type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input checked="" type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip |

|   |  |
|---|--|
| 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 checked="" type="checkbox"/> Asphalt <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 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                           |

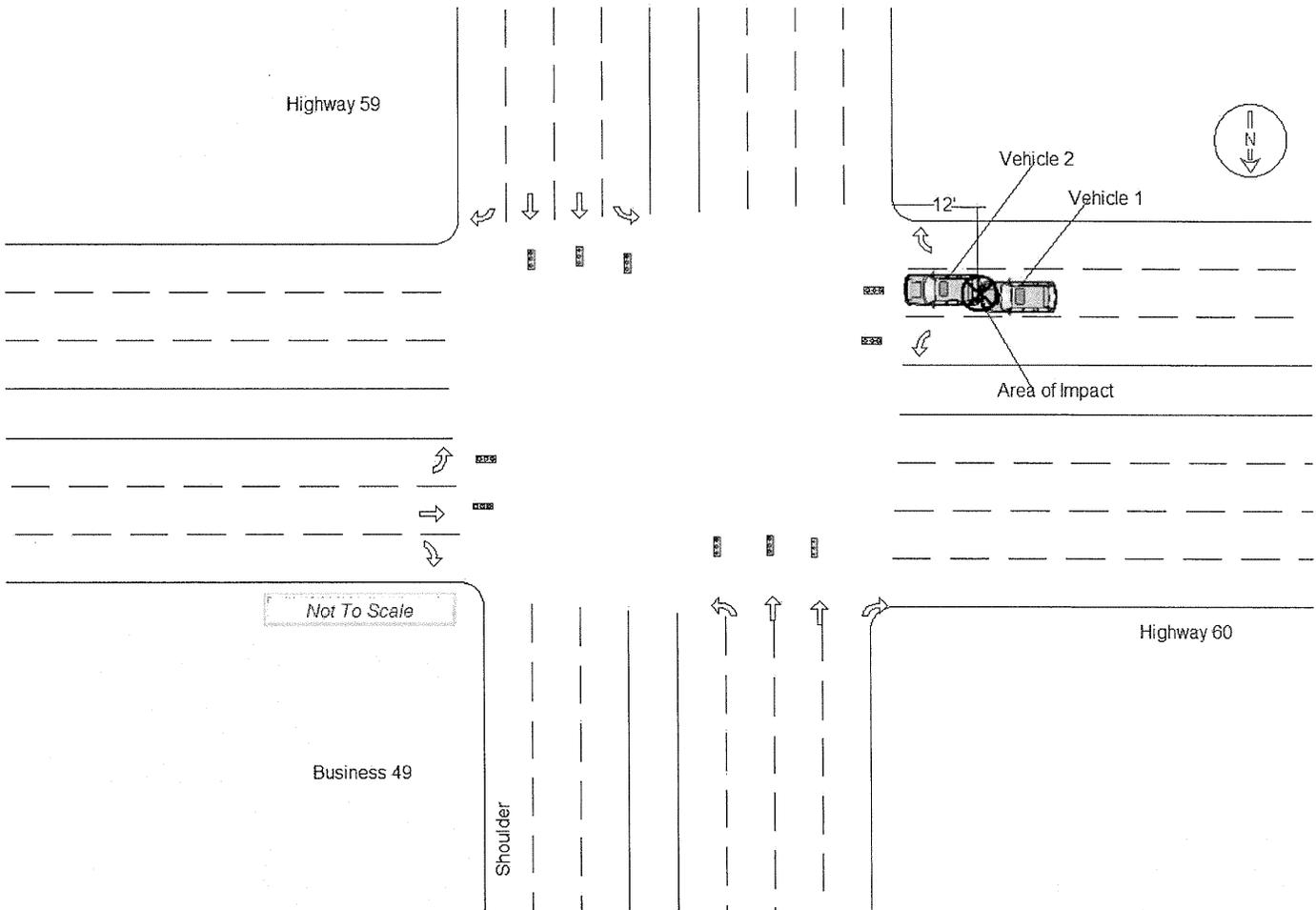
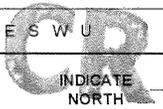
|   |   |  |
|---|---|--|
| CROSSING ROAD   | OTHER ACTIONS   | SCHOOL INFO.   |
| <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk | <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle | <input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School |
| <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk                                  | <input type="checkbox"/> Standing / Lying / Sitting In Trafficway                               | <input type="checkbox"/> Getting On / Off School Bus                                   |
| <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk                                     | <input type="checkbox"/> Pushing / Working On Vehicle   | <input type="checkbox"/> Both Of The Above   |
| <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown   | <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.                             | <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 checked="" type="checkbox"/> NA | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain) |  |   |

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 ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): RANDOLPH, BETTY PETER 33839 CYCLONE LN - WAGONER, OK 74467 PHONE NUMBER (918) 232-1020

DRIVER LICENSE / ID NUMBER K080982689 STATE OK LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] Canceled / Oth Invalid [ ] Unknown [ ] NA [ ] Operator Class D [ ] Permit [ ] Unknown (Explain) MC ENDORSEMENT [ ] Yes [ ] No [X] NA [ ] Unknown (Explain)

DATE OF BIRTH 07-23-1950 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED [ ] NA [X] 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 [X] Yes [ ] No [ ] Not Required INSURANCE COMPANY ALL STATE PHONE NO. (Optional) (918) 683-9394 - POLICY NUMBER 645165408 [ ] Driver [X] Vehicle

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

YEAR 2015 MAKE Toyota MODEL HIGHLANR COLOR GRY VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. CF6737 STATE OK YEAR 2017 VIN 5 T D Y K R F H 8 F S 0 8 8 7 5 3 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. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain) TOWED BY [ ] Unknown [X] NA

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [X] Vehicle Used As Public Conveyance [ ] Passenger Car [ ] Van (< 9 W/Driver) [ ] Passenger Van (9+ W/Driver) [X] 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 / 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 [X] 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 [X] 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 34 [ ] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE [X] No [ ] Yes [ ] Unk [ ] 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 [X] 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) [X] NA (See Codes in Section 8)

7E. WORK ZONE [ ] Yes [ ] No [ ] Unknown TRAFFIC CONTROL [ ] None [ ] Unknown Electric: [X] Green/Yellow/Red [ ] Flashing Red [ ] Flashing Yellow [ ] Ramp Meter [ ] Other (Explain) 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) [X] No [ ] Unknown [ ] NA

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. 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 [ ] 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 [ ] 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, CHRISTOPHER WAYNE 21042 HWY J - GRANBY, MO 64844 PHONE NUMBER (417) 437-2225

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

YEAR 2006 MAKE Honda MODEL ELEMENT COLOR MAR VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. WH1M7Y STATE MO YEAR 2016 VIN 5J6YH28796L013209 TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO. 8 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Towed Unit (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance Passenger Car Van Sport Utility Vehicle School Bus Intercity Charter / Tour Other

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA Congestion Ahead Other Incident Ahead Crash Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 12 34 ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights Improper Towing / Pushing Object / Obstruction in Roadway

7E. WORK ZONE TRAFFIC CONTROL None Unknown Electric Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter 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

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 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 Container Chassis NA (No Cargo Body) Other

HAZARDOUS MATERIALS PLACARD DISPLAYED 4-DIGIT NO. CLASS HM CARGO PRESENT HM CARGO RELEASED 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               | 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  |
| 2. Overtaking   | 11. Backing  |
| 3. Making Right Turn  | 12. Stopped In Traffic   |
| 4. Right Turn on Red  | 13. Parked   |
| 5. Making Left Turn   | 14. Changing Lanes   |
| 6. Making U-Turn  | 15. Avoiding   |
| 7. Skidding / Sliding   | 16. Cross Median   |
| 8. Slowing / Stopping   | 17. Cross Center Of Road   |
| 9. Start In Traffic   | 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)                                | 26. Culvert                             |
| 21. Embankment / Driveway / Ground / Rock Bluff            | 27. Highway Traffic Sign Post / Support |
| 22. Guardrail Face   | 28. Bridge Pier / Abutment / Support    |
| 23. Utility Pole   | 29. Curb                                |
| 24. Fence  | 30. Mail Box                            |
| 25. Street Light Support                                   | 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                          | 5. Communication Device - Hand-held           |
| 2. Passengers                                    | 6. Communication Device - Hands Free          |
| 3. Stereo / Audio / Video Equipment              | 7. Communication Device - Texting / E-mailing |
| 4. Navigation Device                             | 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 | 3. Working Motor Vehicle                                       |
| 2. Parked Motor Vehicle       | 4. Pedalcycle  |
|                               | 5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes |
|                               | U. Unknown   |

| OTHER VEHICLE CODES              |  |
|----------------------------------|--|
| 1. Riding Mower / Garden Tractor | 3. Snowmobile  |
| 2. Golf Cart                     | 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 06-15-2016 I responded to the intersection of Highway 60 and Business 49 to a two vehicle non injury traffic crash. Prior to my arrival both vehicles moved to the shoulder of Highway 60 approximately 40 feet east of the intersection on east bound Highway 60.

Upon my arrival I identified vehicle 1 (V1) identified by Oklahoma registration CF6737, a grey 2015 Toyota Highlander with minimal front end damage. Parked in front of V1 I identified vehicle 2 (V2) by Missouri registration WH1M7Y, a maroon 2006 Honda Element with rear end damage.

I identified the driver of V1, Betty Peter Randolph by her Oklahoma driver's license. She told me she hit V2 in the rear bumper. Mrs. Randolph said she thought V2 was moving forward but she guessed not and hit it. She told me she had no injuries and felt fine.

I then spoke to the driver of V2, Christopher Wayne Jones identified by his Missouri driver's license. He told me he was stopped at the stop at the east bound Highway 60 stop light. He said he could see V1 coming up on him to fast and he said he had no time to react because he was stopped and V1 hit him. Mr. Jones told me he felt a little funny. I asked if he needed medical attention and he told me no, he later on scene told me when he leaves the scene he will drive himself to Freeman Neosho just to get checked out.

I took photographs of damages to both vehicles.

I filled out the accident information forms for the driver's and both vehicles were driven from the scene.

Nothing further.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION |                |                          |                             |
|---|----------------|--------------------------|-----------------------------|
| REPORTING OFFICER NAME                          | DSN / BADGE NO | BEAT / ZONE              | TROOP / DISTRICT / PRECINCT |
| OFF WILLIAM CLIFFMAN                            | 121            | CR                       | NA                          |
| REVIEWING OFFICER NAME                          | DSN / BADGE NO | REVIEWING OFFICER 2 NAME | DSN / BADGE NO              |
| PIII JOHNNY HUMPHRIES                           | 120            |                          |                             |