

| | |
|--|---|
| 1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE | AGENCY NAME AND OR 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 type="checkbox"/> | 1 | 0 | 0716-216 |

| | | | | | | | |
|---------------|------------|-----------------|---------------|--------------------|--------------------|-------------------|---|
| NO. VEH. INV. | CRASH DATE | CRASH TIME (ML) | NOTIFIED DATE | TIME NOTIFIED (ML) | INVESTIGATION DATE | TIME ARRIVED (ML) | INVEST. AT SCENE |
| 3 | 07-25-2016 | 0932 | 07-25-2016 | 0932 | 07-25-2016 | 0945 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|--|---|---|--|
| 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"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <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 / 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. |
|--|--|

| | | |
|---|---------|---|
| EVIDENTIARY PHOTOS TAKEN | 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 | CR | NFD2-C | LAT: N LONG: W NA |

| | | | | | |
|----|---------------|-----------|---------------|---|----------------------|
| ON | MO HIGHWAY 59 | RDWY. DIR | DISTANCE FROM | LOCATION | INTERSECTING |
| | | S | 25 Feet | <input checked="" type="checkbox"/> Before <input type="checkbox"/> At | CST MALCOLM MOSBY DR |

| | | |
|---|--|---|
| TRAFFICWAY | ROAD ALIGNMENT | ROAD PROFILE |
| <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane | <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain) | <input checked="" type="checkbox"/> Level <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (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"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain) | <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Snow <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> 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"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown |

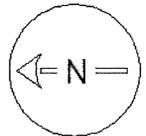
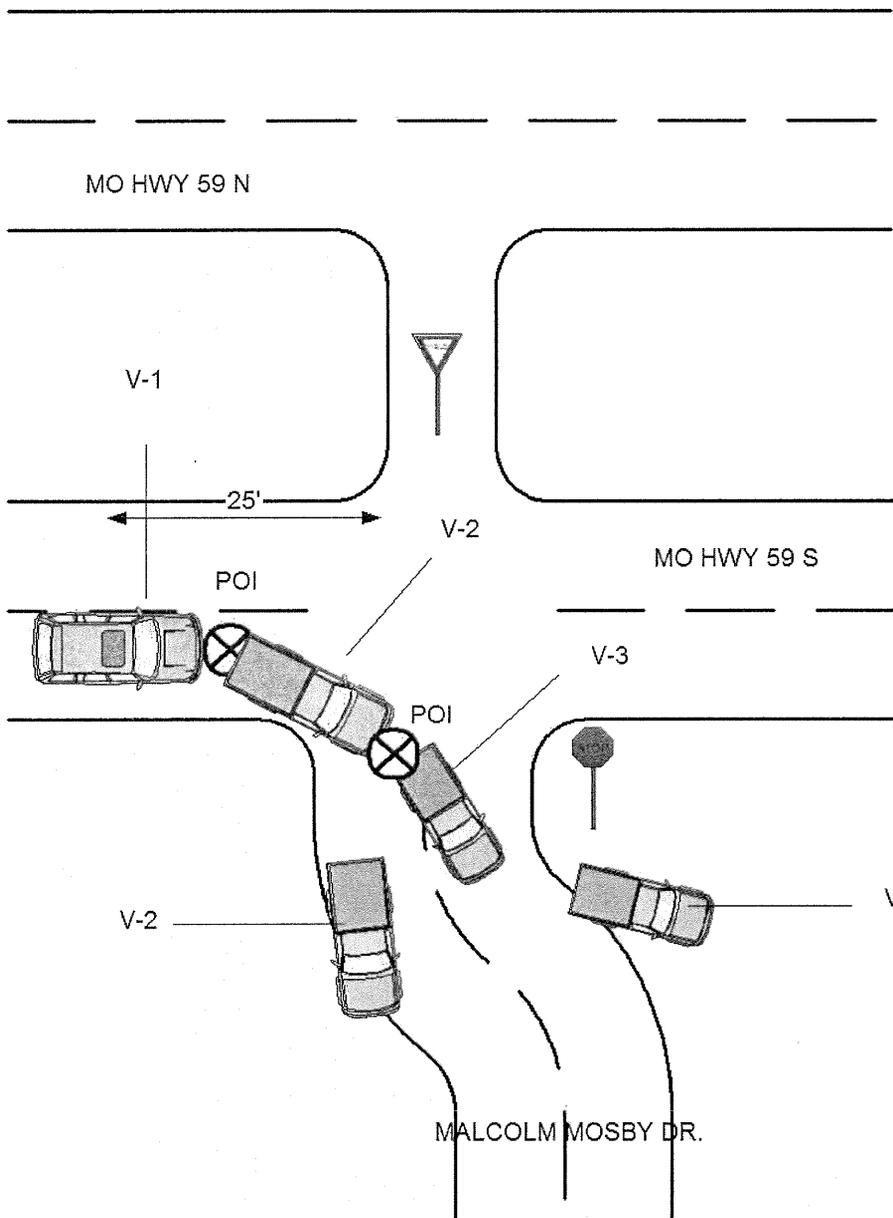
| | | |
|---|---|---|
| CROSSING ROAD | OTHER ACTIONS | SCHOOL INFO. |
| <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. | <input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain) |

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

6 COLLISION DIAGRAM Compass Direction Before Crash Event(s) (Circle One)

V1 NE (S) SW U V2 NE (S) SW U V3 NE (S) SW 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 FRIEND, TREY EVERETT 6806 JACOB LN - NEOSHO, MO 64850
PHONE NUMBER (417) 455-0658

DRIVER LICENSE / ID NUMBER A078267004
STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown
LIC TYPE [X] Operator Class F [] Permit [] Unknown (Explain)
MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 04-15-1999
SEX M SEAT LOC FL
INJ 5 TRANS-PORT 1 EJECT-ION 2 AIR BAG 09 SAFETY DEVICES 05
VISION OBSTRUCTED [X] NA [] 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 STATE FARM [] Expired
PHONE NO. (Optional) POLICY NUMBER 331 2112-C18-25
[] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [] SAD
SHOW, RICHARD JR 18 S TERRACE AV APT E - NEWARK, OH 43055
PHONE NUMBER (417) 455-0658

YEAR 2007 MAKE Chevrolet MODEL EQUINOX COLOR MAR VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO GIX4404 STATE OH YEAR 2017 VIN 2 C N D L 7 3 F 5 7 6 0 5 1 9 5 9
TOWED FROM SCENE [X] Yes [] No TOWED DUE TO DIS. DAMAGE [X] Yes [] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage
INITIAL IMPACT NO. 1
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit
TOWED BY Ron's Towing 451-5787

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 [] Cargo Van [] Truck Tractor With One Unit
[] Limousine (9-15 W/Driver) [] Charter / Tour [] Pickup [] Truck Tractor With Two Units
[] Motorized Bicycle [] Other [] Other Heavy Truck [] Truck Tractor With Three Units
[] Pedalcycle [] To / From School [] Unknown (Explain)
GVW / GCWV 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 [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 01 34
ALCOHOL USE [X] No [] Yes [] Unk [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [] None
[] Vehicle Defects (Explain) [] Vision Obstructed [] Failed To Dim Headlights [] Improper Towing / Pushing [] Object / Obstruction in Roadway
[] Speed - Exceeded Limit [] Driver Fatigue / Asleep [] Failed To Use Lights [] Improperly Stopped On Roadway [] Distracted / Inattentive (Designate Type)
[] Too Fast For Conditions [] Improper Signal [] Following Too Close [] Improper Lane Usage / Change [] Unknown (Explain)
[] Violation Signal / Sign [] Improper Backing [] Wrong Side (Not Passing) [] Overcorrected [] Other (Explain)
[] Failed To Yield [] Improper Turn [] Wrong Side (One-Way) [] Improper Riding / Clinging To Veh. Exterior [] Failed To Secure Load / Improper Loading
[] 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 [] Yes [] No [] Unknown
TRAFFIC CONTROL [X] None [] Unknown
Electric: [] Green/Yellow/Red [] Flashing Red [] Flashing Yellow [] Ramp Meter [] Other (Explain)
Workers Present [] Yes [] No [] Unknown
Other: [] 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 [X] No [] Yes (Explain) [] 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 EJECT-ION AIR BAG SAFETY DEVICES PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE [X] NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) [] SAO PHONE NUMBER [] SAO

COMMERCIAL / NON-COMMERCIAL [] Interstate Carrier [] 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 Another Veh. [] Intermodal Container Chassis [] NA (No Cargo Body) [] Other [] Unknown
[] Cargo Tank [] Dump [] Auto Transporter [] Grain / Chip / Gravel [] Log

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)** **2 TEGARDEN, CHARLES LEVI JR 7697 ORCHID DR - NEOSHO, MO 64850** PHONE NUMBER **(417) 776-6039**

DRIVER LICENSE / ID NUMBER **K115192002** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class Permit Unknown (Explain) MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **06-16-1951** SEX **M** SEAT LOC **FL** INJ **4** TRANS-PORT **1** EJECT-ION **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 **AMERICAN FAMILY** Expired PHONE NO. (Optional) **(417) 451-1173 -** POLICY NUMBER **2060-9228-02-55** NA Driver Vehicle

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

YEAR **2000** MAKE **Chevrolet** MODEL **1500** COLOR **WHI** VEH. TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO **24AB08** STATE **MO** YEAR **2018** VIN **1GCEC14T3YE202479** 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 **Poore's Truck Salvage & Towing 451-4442**

INITIAL IMPACT NO: **7** NA 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

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 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 / GCWW 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) ALCOHOL USE Yes Unk No NA

SEQUENCE OF EVENTS CODES: Unknown **01 08 03 34 01 34** 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 Failed To Secure Load / Improper Loading 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)

7E. WORK ZONE: Yes No Unknown **TRAFFIC CONTROL:** None Unknown

Electric: 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) No Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI) **KOCH, BARRY E** DATE OF BIRTH **03-26-1941** SEX **M** SEAT LOC **FR** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** PHONE NUMBER **(417) 451-1817**

ADDRESS (Street, City, State, Zip) **818 MACY DR - NEOSHO, MO 64850**

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 Container Chassis NA (No Cargo Body) Other Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log 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

| SEAT LOCATION | | INJURY | | TRANSPORTED | EJECTION | AIR BAG | | SAFETY DEVICES | |
|--------------------------------------|----------|----------------------------|-----------------------------|-------------------------|--------------|--|-----------------------------|----------------------------|--------------------------------------|
| XX - Not Known | FR SR TR | 1. Fatal | 19. Airborne | (For Medical Treatment) | 1. NA | 1. None / NA | 9. Deployed - Combination | 1. None | 10. Booster Seat |
| B - Pedalcycle | FC SC TC | 2. Disabling | 20. Ran Off Roadway - Right | | 2. No | 3. Not Deployed | 10. Deployment | 2. Not Used | 11. Child Restraint - Forward Facing |
| M - Motorcycle | FL SL TL | 3. Evident - Not Disabling | 21. Ran Off Roadway - Left | 1. No | 3. Partially | 4. Removed | U. Air Bag Presence Unknown | 3. Shoulder Belt Only | 12. Child Restraint - Rear Facing |
| CP - Commercial Passenger | | 4. Probable - Not Apparent | 22. Overturn / Rollover | 2. EMS | 4. Totally | 5. Deployed - Front | | 4. Lap Belt Only | 13. Other Helmet |
| OE - Occupant - Enclosed Load Area | | 5. None Apparent | 23. Fire / Explosion | 3. Other | U. Unknown | 6. Deployed - Side | | 5. Shoulder and Lap Belt | 14. Reflective Clothing |
| OU - Occupant - Unenclosed Load Area | | U. Unknown | 24. Immersion | U. Unknown | N. NA | 7. Deployed - Curtain | | 7. DOT Compliant MC Helmet | 15. Other |
| RC - Rail Crew | | N. NA | 25. Jackknife | | | 8. Deployed - Other (Knee, Air Belt, etc.) | | 8. No Helmet | N. Not Applicable |
| SV - Other (Explain in Narrative) | | | 26. Cargo Loss / Shift | | | | | | |
| NA - Not Applicable | | | 27. Equipment Failure | | | | | | |

| VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding) | | | | | | | | | |
|---|--------------------------|-----------------------------|---------------------------------------|--|---|--|--|--|--|
| 1. Going Straight | 10. Start From Parked | 19. Airborne | 28. Separation Of Units | 37. Collision Inv. Other Object (Explain) | 44. Thrown/Falling Object | | | | |
| 2. Overtaking | 11. Backing | 20. Ran Off Roadway - Right | 29. Returned To Roadway | 38. Other Non-collision | 45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV | | | | |
| 3. Making Right Turn | 12. Stopped In Traffic | 21. Ran Off Roadway - Left | 30. Collision Inv. Pedestrian | 39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane | 46. Ran Off Roadway - Other (Explain) | | | | |
| 4. Right Turn on Red | 13. Parked | 22. Overturn / Rollover | 31. Collision Inv. Bicycle/Pedalcycle | 40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation | 47. Cross Separator | | | | |
| 5. Making Left Turn | 14. Changing Lanes | 23. Fire / Explosion | 32. Collision Inv. Railway Veh. | 41. Collision Inv. Working MV | | | | | |
| 6. Making U-Turn | 15. Avoiding | 24. Immersion | 33. Collision Inv. Animal (**) | 42. Downhill Runaway | | | | | |
| 7. Skidding / Sliding | 16. Cross Median | 25. Jackknife | 34. Collision Inv. MV in Transport | 43. Fell/Jumped From MV | | | | | |
| 8. Slowing / Stopping | 17. Cross Center Of Road | 26. Cargo Loss / Shift | 35. Collision Inv. Parked MV | | | | | | |
| 9. Start In Traffic | 18. Cross Road | 27. Equipment Failure | 36. Collision Inv. Fixed Object (**) | | | | | | |

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

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

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

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

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

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

On this date I responded to a traffic crash on Mo Hwy 59 at Malcolm Mosby Dr. Upon arrival on scene all drivers denied medical treatment at the scene.

Driver one was identified as Trey Friend from his Missouri Drivers license who reported traveling south on Mo Hwy 59 and was looking around and when he looked up he did not see vehicle two slowing to make a right turn and collided with the rear of his vehicle.

Driver two was identified as Charles L Tegarden from his Missouri Drivers License. Driver two stated he was slowing and making a right turn onto Malcolm Mosby when he was struck from the back by vehicle one. Driver two said this caused his vehicle to slam into vehicle three that was also making a right turn ahead of him onto Malcolm Mosby Dr. resulting in a chain reaction crash.

Driver three was identified as Kenneth Keeling from his Missouri Drivers License. Driver three indicated he had slowed to make a right turn onto Malcolm Mosby Dr. when he was rear-ended by vehicle two.

Vehicle one and vehicle two were towed from the scene.

Nothing further.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | |
|---|----------------|--------------------------|-----------------------------|
| REPORTING OFFICER NAME | DSN / BADGE NO | BEAT / ZONE | TROOP / DISTRICT / PRECINCT |
| PIII BRANDON BESHEARS | 110 | CR | NFD2-C |
| REVIEWING OFFICER NAME | DSN / BADGE NO | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |
| SGT REECE HIMMELSBACH | 104 | | |