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| 1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE | AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300 |
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|---|--|---|---|---|--|---|--|---|--|--|
| 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"/> | | 0 | 0 | 1016-150 | | | |
| NO. VEH. INV. | CRASH DATE | CRASH TIME (MIL.) | NOTIFIED DATE | TIME NOTIFIED (MIL.) | INVESTIGATION DATE | TIME ARRIVED (MIL.) | INVEST. AT SCENE | | | |
| 1 | 10-14-2016 | 0610 | 10-14-2016 | 0623 | 10-14-2016 | 0628 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| CRASH TYPE | ROADWAY | | NON-COLLISION | | | COLLISION INVOLVING | | | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE | |
| | <input type="checkbox"/> On Roadway <input checked="" 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 checked="" 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 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 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 checked="" 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. | 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. |
|--|--|

No - No commercial vehicle fields need completion. Yes - Go to number 2. No - No commercial vehicle fields need completion. Yes - Complete Section 7G for appropriate vehicle.

| | | |
|---|-----------|--|
| EVIDENTIARY PHOTOS TAKEN | BY WHOM | AVAILABLE FROM |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | OFC TYREE | <input checked="" 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 | S | NA | LAT: N | LONG: W NA |
| ON | RDWY. DIR. | DISTANCE FROM | LOCATION | INTERSECTING | |
| CST PETERSON RD | S | NA | At | CST WALDO HATLER MEMORIAL DR | |
| SPEED LIMIT | ROAD MAINTAINED BY | | | SPEED LIMIT | INT. DIR. |
| 25 | <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | | 35 | W |
| TRAFFICWAY | | ROAD ALIGNMENT | | ROAD PROFILE | |
| <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other | | <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain) | | <input checked="" 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 type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain) | | <input 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 checked="" 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 type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input checked="" 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 | | | | | |
| <input type="checkbox"/> Daylight <input checked="" type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <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

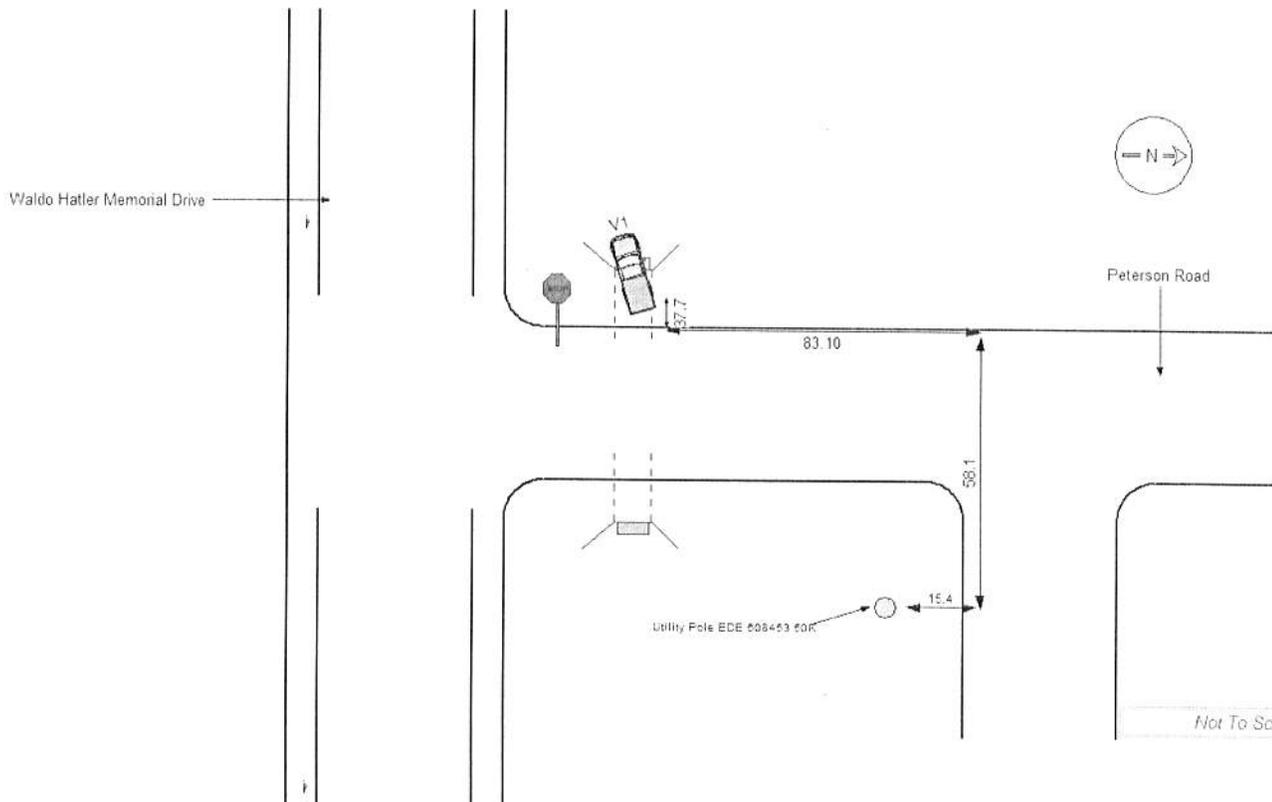
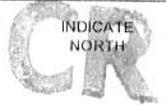
| NAME | ADDRESS (Street, City, State, Zip) | PHONE NUMBER |
|------|------------------------------------|--------------|
| | | |
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5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other 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 type="checkbox"/> With Signal <input checked="" type="checkbox"/> NA <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 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"/> 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 ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) JOHNSON, Jimmy DEE 4033 Deer Ridge Rd - Neosho, MO 64850 PHONE NUMBER (417) 592-0296

DRIVER LICENSE / ID NUMBER S078032014 STATE MO LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Unknown NA Canceled / Oth Invalid Unknown

DATE OF BIRTH 09-13-1944 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJEC-TION 2 AIR BAG 01 SAFETY DEVICES 05 VISION OBSTRUCTED NA Not Obstructed Windshield Load on Veh Trees / Brush Building Embankment Sign Hillcrest Parked Veh Moving Veh Stopped Veh Glare

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY SAFECO INSURANCE COMPANY PHONE NO. (Optional) (866) 472-3326 - POLICY NUMBER Z4617534 NA Driver Vehicle

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

YEAR 2000 MAKE Chevrolet MODEL PICKUP COLOR BLU VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. MRMRSJ STATE MO YEAR 2018 VIN 1GCDK14K6LE177671 TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Ron's Auto Unknown NA

INITIAL IMPACT NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 Undercarriage Windshield Burned Towed Unit Cargos Unknown Other (Explain)

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 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 Pickup 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 01 08 03 20 36 ANIMAL CODE(S) FIXED OBJECT CODE(S) 26 ALCOHOL USE 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

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) 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

| NAME | ADDRESS | DOB | SEX | SEAT | 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) SAD PHONE NUMBER SAD

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

| 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 | 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 | U. Air Bag Presence Unknown | 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 | 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 October 14th 2016 at approximately 06:28 an officer responded near the intersection of Waldo Hatler Memorial Drive and Peterson Road to take a vehicle crash report.

On October 14th 2016 at approximately 06:28 I was dispatched to the intersection of Waldo Hatler Memorial Drive and Peterson Road for a vehicle crash. Upon my arrival I observed a single vehicle crash, the vehicle was in the west side ditch. I made contact with the driver a Mr. Jimmy Johnson, he was identified by his valid Missouri Operator License. Mr. Johnson said because of the rain and being dark he turned too early and ran his vehicle off into the ditch. I asked Mr. Johnson if he needed Emergency Medical Services (EMS) to respond to treat any injuries. Mr. Johnson said he did not need EMS to respond, he was not injured.

I asked Mr. Johnson for his proof of insurance, he was able to provide me with valid proof of insurance. I asked Mr. Johnson if he needed me to request a wrecker service. Mr. Johnson said he already called triple A and they had dispatched a wrecker for him. I photographed the scene and the photographs will be attached to this report.

Nothing further at this time.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | | |
|---|-----------------|--------------------------|-----------------------------|--|
| REPORTING OFFICER NAME | DSN / BADGE NO. | BEAT / ZONE | TROOP / DISTRICT / PRECINCT | |
| OFF FRED TYREE | 111 | S | NA | |
| REVIEWING OFFICER NAME | DSN / BADGE NO. | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. | |
| SGT MICHAEL WHITEHEAD | 107 | | | |