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|--------------------------------------|--|--|--|
| 1 - GENERAL CRASH INFORMATION | | AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300 | |
| SPACE USED FOR BARCODE | | CR | |

| | | | | | | | |
|---|------------|---|--|--|-------------------------|------------------------|--|
| LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DRIVER NO. | CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No | CRASH CLASSIFICATION <input type="checkbox"/> | PROPERTY DAMAGE ONLY <input type="checkbox"/> | NO. INJURED 1 | NO. KILLED 0 | REPORT / CASE / INCIDENT NUMBER 1016-221 |
|---|------------|---|--|--|-------------------------|------------------------|--|

| | | | | | | | |
|---------------------------|---------------------------------|----------------------------------|------------------------------------|-------------------------------------|---|------------------------------------|---|
| NO. VEH. INV. 2 | CRASH DATE 10-19-2016 | CRASH TIME (MIL.) 1859 | NOTIFIED DATE 10-19-2016 | TIME NOTIFIED (MIL.) 1901 | INVESTIGATION DATE 10-19-2016 | TIME ARRIVED (MIL.) 1905 | INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------|---------------------------------|----------------------------------|------------------------------------|-------------------------------------|---|------------------------------------|---|

| | | | | | | | | |
|------------|---|--|--|--|--|---|--|--|
| CRASH TYPE | ROADWAY <input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway | NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife | Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision | COLLISION INVOLVING <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian | 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 | DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE <input type="checkbox"/> Front to Front <input type="checkbox"/> Angle <input checked="" type="checkbox"/> Other (Explain) <input type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Rear to Side <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV) | | |
|------------|---|--|--|--|--|---|--|--|

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed:

| | |
|--|---|
| 1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <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 / GCWWR 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. |
|--|---|

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|---|---------|---|
| EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | BY WHOM | AVAILABLE FROM <input type="checkbox"/> Investigating Agency |
| RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | BY WHOM | AVAILABLE FROM <input type="checkbox"/> Investigating Agency |

2 - LOCATION

| | | | | | | |
|-----------------------------|---|-------------------------|--|---|---|-------------------------|
| COUNTY NEWTON | MUNICIPALITY NEOSHO | BEAT / ZONE S | TRP/DIST/PCT NFD2-S | GPS COORDINATES (DD MM SS.S FORMAT) LAT: N LONG: W NA | | |
| ON MO NEOSHO BLVD | | RDWY. DIR. S | DISTANCE FROM <input checked="" type="checkbox"/> NA Feet Miles | LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input checked="" type="checkbox"/> At | INTERSECTING CST DAUGHTERY RD | |
| SPEED LIMIT 45 | ROAD MAINTAINED BY <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | | SPEED LIMIT 25 | INT. DIR. E | GEO - CODE NA |

| | |
|--|--|
| TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Unknown | ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain) ROAD PROFILE <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain) |
|--|--|

| | |
|--|--|
| INTERSECTION TYPE <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input checked="" type="checkbox"/> Other (Explain) | ROAD CONDITION <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 <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) | WEATHER CONDITION <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" 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 |
|------|------------------------------------|--------------|
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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 |
|---------------|-----|-----------------|-----|-------------|----------------|--|

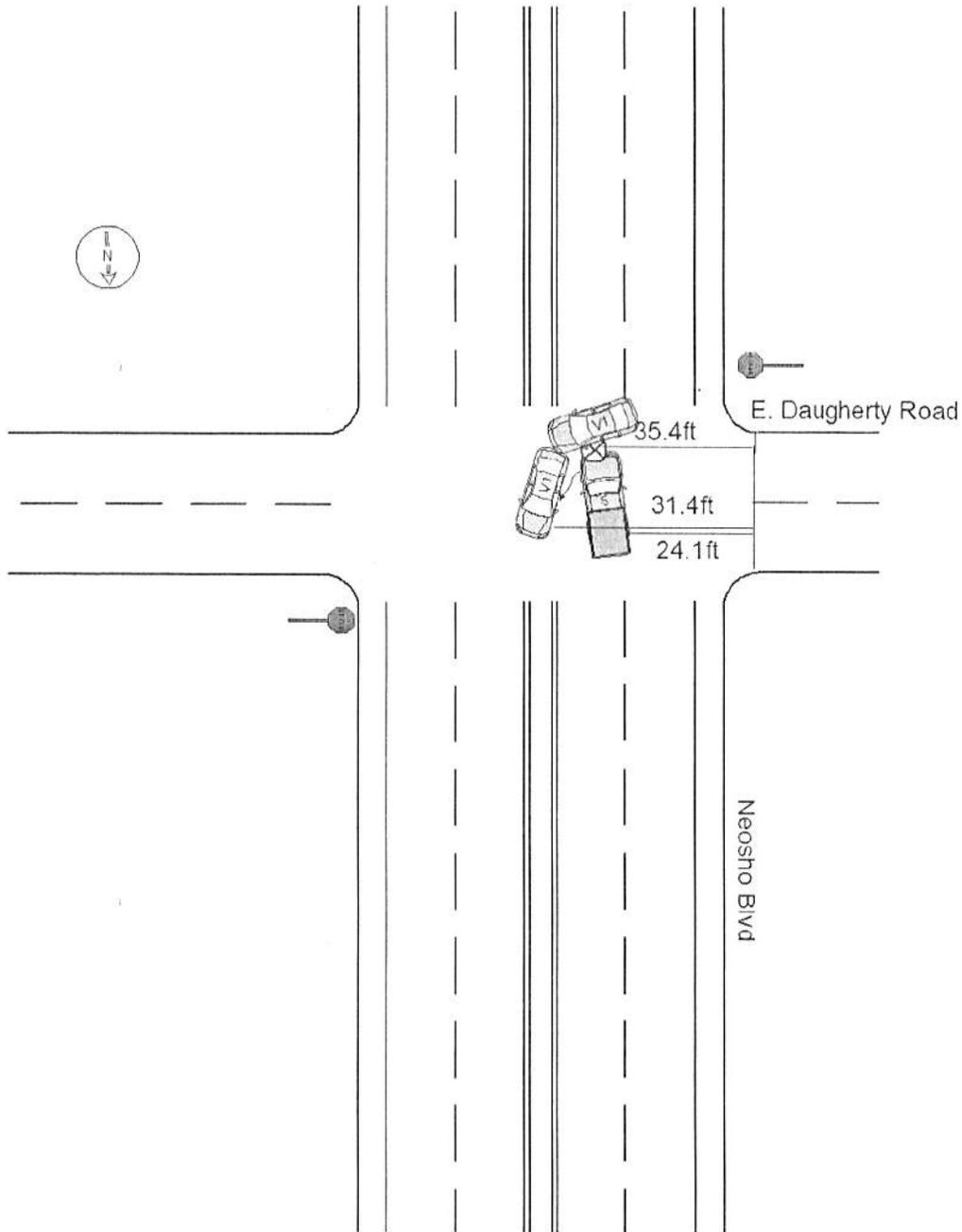
| | | |
|---|---|--|
| CROSSING ROAD <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown | OTHER ACTIONS <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 | SCHOOL INFO. <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 <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) | DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA | ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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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
CR



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1 SMITH, WYATT WALTER 2203 WILLIAM H DR - NEOSHO, MO 64850** PHONE NUMBER **(417) 312-7367**

DRIVER LICENSE / ID NUMBER **Y078279001** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit Unknown (Explain) CDL Class MC Only Unlicensed NA Intern / Grad

DATE OF BIRTH **12-05-1996** SEX **M** SEAT LOC **FL** INJ **3** TRANS-PORT **2** EJEC-TION **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) 451-7782 -** POLICY NUMBER **1933-8915-02** NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD **SMITH, CRYSTIE CAROL 2203 WILLIAM H BD - NEOSHO, MO 64850** PHONE NUMBER **(417) 496-3054**

YEAR **2003** MAKE **Honda** MODEL **ACCORD** COLOR **WHI** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **HD7L6Z** STATE **MO** YEAR **2017** VIN **JHMCM56333C053647** 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 **Ron's Towing 451-5787**

INITIAL IMPACT NO. **12** NA 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)

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 / 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 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 **08 01 34** ANIMAL CODE(S) NA FIXED OBJECT CODE(S) NA ALCOHOL USE 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 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) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

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)

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 LOC | INJ | TRANS-PORT | EJEC-TION | AIR BAG | SAFETY DEVICES | PHONE NUMBER |
|------|---------|-----|-----|----------|-----|------------|-----------|---------|----------------|--------------|
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7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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

COMMERCIAL / NON-COMMERCIAL 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 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

NO. 2 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) CROCKER, CODY DAVID 940 INDUSTRIAL DR - NEOSHO, MO 64850 PHONE NUMBER (417) 592-5969

DRIVER LICENSE / ID NUMBER R078362022 STATE MO LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Unknown NA Canceled / Oth Invalid Unknown LIC TYPE Operator Class F Permit Unknown (Explain) CDL Class MC Only Unlicensed NA Intern / Grad MC Only Unlicensed (Explain)

DATE OF BIRTH 12-20-1983 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-ION 2 AIR-BAG 01 SAFETY-DEVICES 05 VISION OBSTRUCTED NA Not Obstructed Trees / Brush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Clare

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY AMERICAN FAMILY EXPIRED PHONE NO. (Optional) (417) 451-7782 - POLICY NUMBER 1837-2663-09 NA Driver Vehicle

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

YEAR 2004 MAKE Dodge MODEL 1500 COLOR BLU VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. OHL491 STATE MO YEAR 2016 VIN 1 D 7 H U 1 8 N 5 4 J 1 0 6 4 0 1 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: 14 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Bumped 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - 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 Pickup Other Heavy Truck Unknown (Explain) Single-unit Truck; 2 axles, 8 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 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) ALCOHOL USE Yes Unk No NA

SEQUENCE OF EVENT'S CODES: 01 34 Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S)

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

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)

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

| NAME | ADDRESS | DOB | SEX | SEAT | LOC | INJ | TRANS-PORT | EJECT-ION | AIR BAG | SAFETY DEVICES | PHONE NUMBER |
|------|---------|-----|-----|------|-----|-----|------------|-----------|---------|----------------|--------------|
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7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2. MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL 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

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

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

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

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

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

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

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

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

On 10/19/16 around 1900 hours I was dispatched to the intersection at West Daughtery Road and the South Neosho Blvd in reference to an injury traffic crash.

Upon my arrival, I observed a white Honda Accord with Missouri registration HD7L6Z (vehicle one) and a blue Dodge truck 1500 with Missouri registration OHL491 (vehicle two).

I spoke with the driver of Vehicle One who was identified by a Missouri driver's license as Wyatt Smith. Mr. Smith had a wound on the top of his head that he obtained from his head hitting the front window of the car. I asked Mr. Smith if he was feeling lightheaded or if he were going to pass out. He informed me that he was feeling light headed and that he wanted medical attention. Due to Mr. Smith being injured I did not retrieve his insurance information or phone number. I did check his vehicle for proof of insurance on his 2004 white Honda Accord and I was unable to find anything.

I spoke with the driver of Vehicle Two who was identified by a Missouri driver's license as Cody Crocker. Mr. Crocker stated that he was headed south bound on the Neosho Blvd when the driver of Vehicle One pulled out in front of his truck. Mr. Crocker stated when the vehicle pulled out he attempted to stop but due to the wet roads from it raining he was unable to stop resulting in the front of Mr. Crocker's Dodge Ram hitting the side of Mr. Smiths Accord causing heavy damage.

Mr. Smith was shortly transported my medical units to Freeman West in Joplin and his vehicle was towed from the scene by Ron's Towing.

I will attempt to follow up with Mr. Smith on my next shift so I can obtain his insurance information and statement.

There is nothing further at this time.

| 10. REPORTING AND REVIEWING OFFICER INFORMATION | | | | | | | | | | |
|---|--|------------------------|--------------------------|---------------------------------------|--|--|-----------------|--|--|--|
| REPORTING OFFICER NAME OFF EDWARD MATTERS | | DSN / BADGE NO. 124 | BEAT / ZONE S | TROOP / DISTRICT / PRECINCT NFD2-S | | | | | | |
| REVIEWING OFFICER NAME SGT DUSTIN WHITEHILL | | DSN / BADGE NO. 104 | REVIEWING OFFICER 2 NAME | | | | DSN / BADGE NO. | | | |