

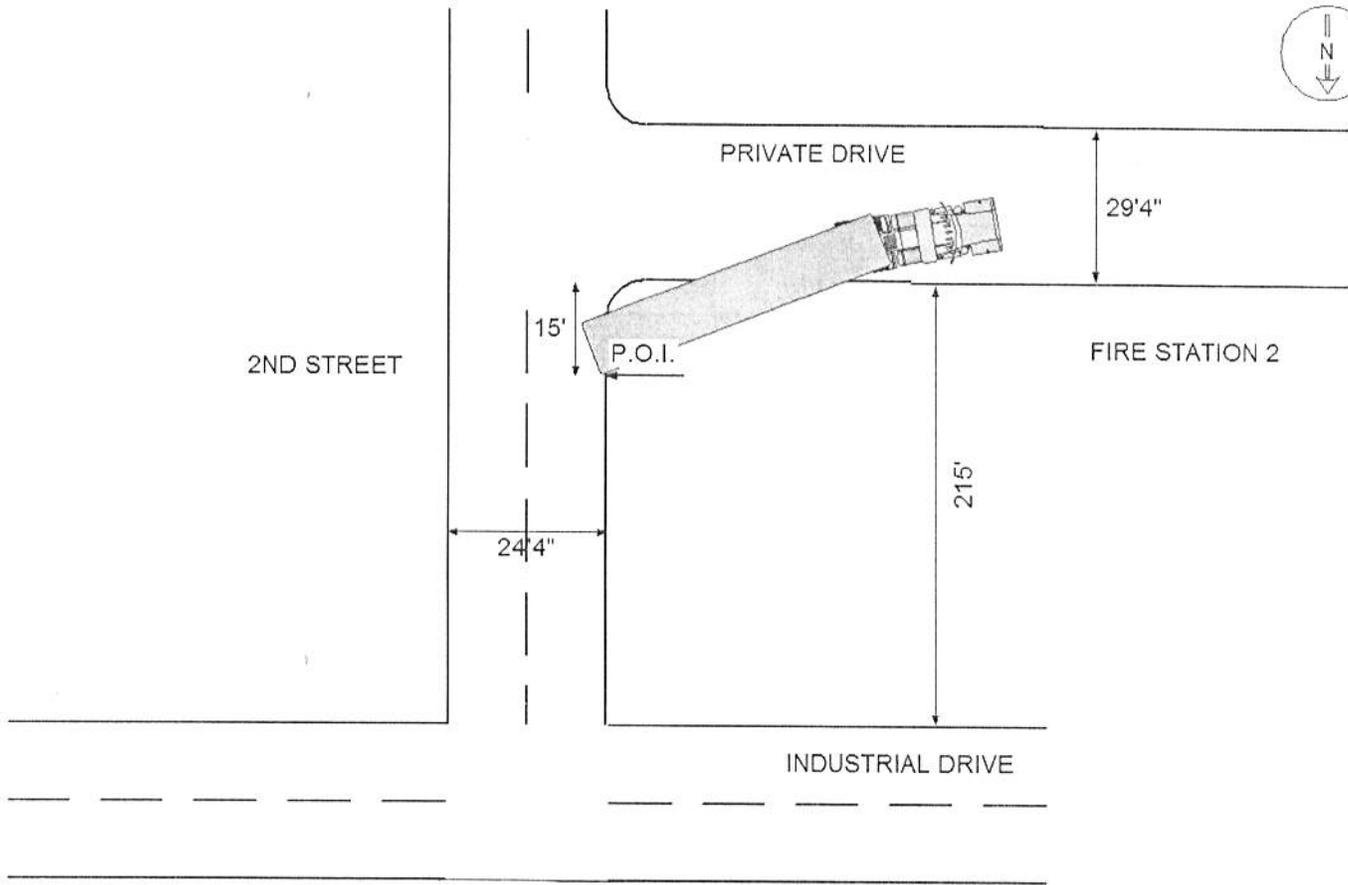
1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300							
SPACE USED FOR BARCODE				CR							
LEFT THE SCENE DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY NO. INJURED NO. KILLED		REPORT / CASE / INCIDENT NUMBER			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>		0 0		1016-227			
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		INVESTIGATION DATE			
1		10-20-2016		0415		10-20-2016		0418 10-20-2016			
TIME ARRIVED (MIL.)		INVEST. AT SCENE		CRASH TYPE		COLLISION INVOLVING		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
0523		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway		<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian		<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 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 / GCWVR 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"/> Yes - Go to number 2. →					<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.						
EVIDENTIARY PHOTOS TAKEN BY WHOM					AVAILABLE FROM <input type="checkbox"/> Investigating Agency						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
RECONSTRUCTION BY WHOM					AVAILABLE FROM <input type="checkbox"/> Investigating Agency						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
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		INTERSECTING
CST 2ND ST					NA		215 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles		NA		S of CST INDUSTRIAL ST
SPEED LIMIT		ROAD MAINTAINED BY			ROAD ALIGNMENT		ROAD PROFILE		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			<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"/> Unknowns (Explain)		45		NA
TRAFFICWAY					ROAD CONDITION						
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane					<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)						
INTERSECTION TYPE					ROAD SURFACE						
<input type="checkbox"/> 4-way Intersection <input checked="" type="checkbox"/> NA <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 type="checkbox"/> Other (Explain)					<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					LIGHT CONDITION						
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)					<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 <input type="checkbox"/> None											
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipality											
OWNER: CITY OF NEOSHO - 203 E MAIN ST NEOSHO, MO 64850 - (417) 451-8050											
PROPERTY: ASPHALT ROADWAY - LARGE PIECE OF ASPHALT BROKEN AWAY FROM ROADWAY - Estimated Damages: \$500.00											
4 - WITNESS <input checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative											
NAME			ADDRESS (Street, City, State, Zip)				PHONE NUMBER				
5 - PEDESTRIAN <input checked="" type="checkbox"/> NA <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Other Emergency Services Personnel <input type="checkbox"/> MoDOT Worker <input type="checkbox"/> Other Trafficway Worker <input type="checkbox"/> Other Pedestrian											
NO.			NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)				PHONE NUMBER				
DATE OF BIRTH		SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION				
							<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown				
CROSSING ROAD			OTHER ACTIONS				SCHOOL INFO.				
<input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown			<input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic				<input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)				
PROBABLE CONTRIBUTING CIRCUMSTANCES					DISTRACTED / INATTENTIVE CODE(S)			ALCOHOL USE			
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)					<input checked="" type="checkbox"/> NA			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

6. COLLISION
DIAGRAM

Compass Direction
Before Crash Event(s)
(Circle One)

V1 N E S **W** U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE
NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 DYLEWSKI, DENNIS MICHAEL 1168 W GANNON #144 - FESTUS, MO 63028
PHONE NUMBER (636) 208-3708

DRIVER LICENSE / ID NUMBER U092099005
STATE MO
LIC STATUS Valid
LIC TYPE Operator Class A
MC ENDORSEMENT

DATE OF BIRTH 08-08-1958
SEX M
SEAT LOC 5
INJ 1
TRANS-PORT 2
EJEC-TION 03
AIR-BAG 05
SAFETY-DEVICES
VISION OBSTRUCTED
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
INSURANCE COMPANY PROGRESSIVE
PHONE NO. (Optional)
POLICY NUMBER 03862806-0
NA
Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
DK FRIEGHT LLC, 2302 PETEREIN CT - FESTUS, MO 63028
PHONE NUMBER (636) 208-3708

YEAR 2006 MAKE Freightliner MODEL ST2 COLOR ONG VEH. TYPE 1 TOTAL NO. OF OCC 1

LICENSE - PLATE NO. 32AR8X STATE MO YEAR 2017 VIN 1FUJBBBCGX6LU70121
TOWED FROM SCENE
TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas)
None / No Damage
TOWED BY Unknown NA
INITIAL IMPACT NO.
NA
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
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
CONTRIBUTING TRAFFIC CONDITIONS NA
Police
Ambulance
Fire
Other (Must check "A" / "B")
A. Emergency Vehicle on Emergency Run
B. Stationary With Emergency Equip. Activated
Congestion Ahead
Crash Ahead
Other Incident Ahead
Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 03 20 36
ANIMAL CODE(S)
FIXED OBJECT CODE(S) 21
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
TRAFFIC CONTROL None
None
Unknown
Electric: Green/Yellow/Red
Flashing Red
Flashing Yellow
Ramp Meter
Other (Explain)
Workers Present
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

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)
DK FRIEGHT LLC 2302 PETEREIN CT - FESTUS, MO -
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. 800861

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

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)			
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport
8. Stowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)
			37. Collision Inv. Other Object (Explain)
			38. Other Non-collision
			39. Collision Inv. Bicycle/Pedalcycle 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	32. Building	38. Bridge Rail
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support
			44. Wall
			45. Cable Barrier
			46. Bridge Overhead Structure
			47. Overhead Line / Cable
			U. Unknown

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

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

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

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

On 10/20/2016 at approximately 0418 hours I was dispatched to the area of 2nd Street and Industrial for a traffic crash.

Upon my arrival I observed an Orange Freightliner Semi pulling a box trailer had attempted to turn into Fire Station 2 from 2nd Street and the trailer had left the roadway and had become stuck on the shoulder of the road. The trailer had very minor damage to the steel bumper. I observed a large section of asphalt had been broken away from the roadway.

I made contact with the driver who was identified by his Missouri CDL as, Dennis Dylewski, who stated it was dark and he thought he was turning into Nutrablend.

Mr. Dylewski provided his insurance information of the following:

Progressive Insurance Policy # 03862806-0.

Mr. Dylewski had contacted Ron's Towing who arrived on scene and was able to lift the trailer out of the ditch.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
SGT MICHAEL WHITEHEAD <i>MW</i>	107	CR	NA
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
LT ROBERT SHARP <i>RS</i>	102		