

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	0115-115

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	01-15-2015	1545	01-15-2015	1553	01-15-2015	1602	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CRASH TYPE	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"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<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"/> 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	<input type="checkbox"/> Front to Front <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 / 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.
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EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input 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	SW	NA	LAT N	LONG W NA

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST LUSK DR	N	<input checked="" type="checkbox"/> NA ____ Feet ____ Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	US HIGHWAY 60
SPEED LIMIT	ROAD MAINTAINED BY		SPEED LIMIT	INT. DIR.
15	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		45	W

TRAFFICWAY	ROAD ALIGNMENT
<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 type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve
<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier	<input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet
<input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout	<input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost
<input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt
<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water

ROAD SURFACE	WEATHER CONDITION
<input checked="" type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick	<input type="checkbox"/> Rain <input type="checkbox"/> Snow
<input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Gravel	<input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp)
<input type="checkbox"/> Cobblestone <input type="checkbox"/> Multi-Surface	<input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind
<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Other (Explain)

LIGHT CONDITION Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #.	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown

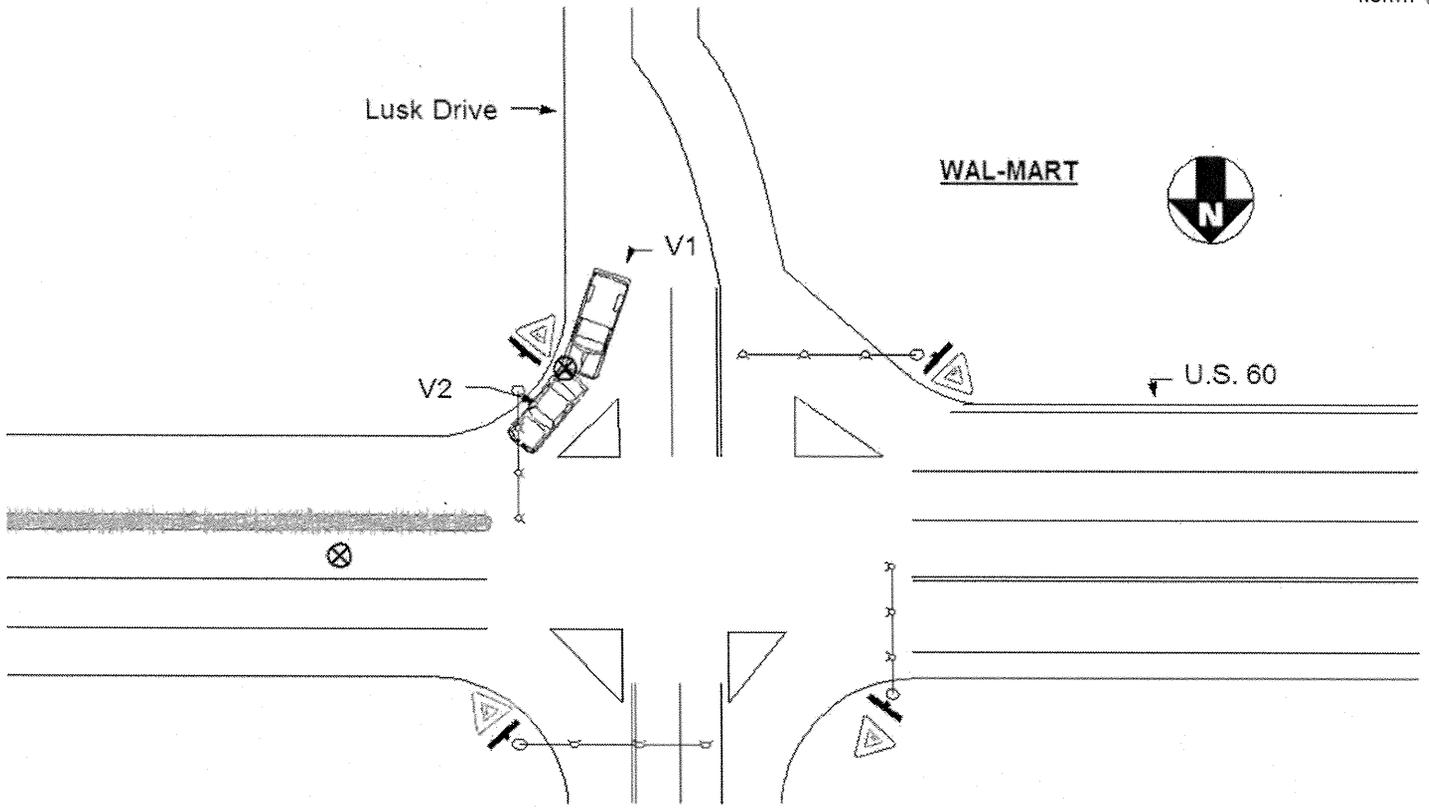
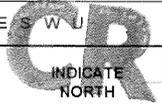
CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting 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"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (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. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1** **GRANTHAM, DAKOTA LEE** **515 W MCCORD ST - NEOHSO, MO 64850** PHONE NUMBER **(417) 389-6005**

DRIVER LICENSE / ID NUMBER **R083361962** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit Unknown (Explain) CDL Class MC Only MC ENDORSEMENT Yes No NA Interm / Grad Unlicensed Unknown (Explain)

DATE OF BIRTH **08-27-1993** SEX **M** SEAT LOC **5** INJ **1** TRANS-PORT **2** EJEC-TION **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 **CORNERSTONE** Expired PHONE NO. (Optional) POLICY NUMBER **PA00015491-03** NA Driver Vehicle

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

YEAR **1999** MAKE **Dodge** MODEL **RAM** COLOR **SIL** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **6WR227** STATE **MO** YEAR **2015** VIN **1 B 7 H C 1 3 Y 2 X J 6 2 3 5 7 6** 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. **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17**

1 - 18 - Undercarriage **22** - Cargo
2 - 19 - Windshield **23** - Unknown
3 - 20 - Burned **24** - Other (Explain)
4 - 21 - Towed Unit

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 2 Wh Other Vehicle (Code) Construction Equip. Heavy Mach. Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
 Sport Utility Vehicle Intercity 3 Wh Cargo Van Truck Tractor With No Units
 Limousine (7-8 W/Driver) Transit / Commuter 4 Wh Pickup Truck Tractor With One Unit
 Limousine (9-15 W/Driver) Charter / Tour 5 Wh / More Other Heavy Truck Truck Tractor With Two Units
 Motorized Bicycle Other Unknown Unknown (Explain) Truck Tractor With Three Units
 Pedalcycle To / From School Unknown (Explain)

GVW / GCW RATING (Not Licensed Weight) 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 **03** **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 DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)
 Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading Animal(s) In Roadway **01**
 Drugs Improperly Parked Improper Start From Park

7E. WORK ZONE Yes No Unknown TRAFFIC CONTROL 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 Yes (Explain) No Unknown NA

Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)									

7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle Not In Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing 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 HEALEY, SHARI LYNN 13600 QUINCE RD - NEOSHO, MO 64850 PHONE NUMBER **(641) 521-4268**

DRIVER LICENSE / ID NUMBER **Z078352002** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit Unknown (Explain) MC Endorsement Yes No NA Unknown (Explain)

DATE OF BIRTH **01-22-1976** SEX **F** SEAT LOC **5** INJ **1** TRANS-PORT **2** EJECT-ION **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 **STATE FARM** Expired PHONE NO. (Optional) POLICY NUMBER **2630879B2325** NA Driver Vehicle

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

YEAR **2007** MAKE **Chevrolet** MODEL **MALIBU** COLOR **TAN** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **AG6S7K** STATE **MO** YEAR **2015** VIN **2G1WB55K679273979** 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. **8** 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 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 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 **03 08 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 DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8) Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading Drugs Improperly Parked Improper Start From Park Animal(s) In Roadway

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)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECT-ION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)									

7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Intrastate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle Not In Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log

HAZARDOUS MATERIALS Yes No Unknown 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
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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
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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 Thursday, January 15, 2015 at approximately 1550 hours, I responded to the intersection of Lusk Drive and US Highway 60 in reference to a traffic accident. Fire and EMS arrived on scene prior to my arrival, and were speaking with the drivers of both vehicles when I arrived. Both drivers had no apparent injury and did not need to be transported to the hospital. I had both cars move into the Neosho Inn parking lot so they were not blocking traffic.

I made contact with the driver of Vehicle 2, Shari Healey. Ms. Healey said she was sitting in the turn lane waiting to turn east bound onto Highway 60 and pulled up to see around the vehicle next to her. She said she pulled up a few feet and stopped. Ms. Healey said when she stopped; she was struck in the back by vehicle 1. She said the light was red and she was waiting for oncoming traffic to pass so she could make her right turn. Ms. Healey's vehicle sustained damage to the rear bumper and the trunk of the vehicle, but was able to drive and was not towed from the scene.

I spoke to the driver of vehicle 1, Dakota Grantham, after he was cleared by Paramedics. Mr. Grantham said he thought the light was green and saw vehicle 2 starts to move forward, so he started moving also. He said he looked over to wave at a friend that was also waiting at the light, and that's when he hit vehicle 2. Vehicle 1 sustained very minor damage to the front bumper and was able to drive away from the scene also.

I have nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF KYLER WILSON	DSN / BADGE NO. 117	BEAT / ZONE SW	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT BRADLEY FIJENEN	DSN / BADGE NO. 106	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.