

1 - GENERAL CRASH INFORMATION

SPACE USED FOR BARCODE

AGENCY NAME AND ORI

NEOSHO POLICE DEPARTMENT - MO0730300

CR

LEFT THE SCENE Yes No

DRIVER NO. _____

CLEARED Yes No

CRASH CLASSIFICATION PROPERTY DAMAGE ONLY

NO. INJURED 0

NO. KILLED 0

REPORT / CASE / INCIDENT NUMBER 0215-115

NO. VEH. INV. 2

CRASH DATE 02-16-2015

CRASH TIME (MIL) 1833

NOTIFIED DATE 02-16-2015

TIME NOTIFIED (MIL) 1835

INVESTIGATION DATE 02-17-2015

TIME ARRIVED (MIL) 1838

INVEST. AT SCENE Yes No

CRASH TYPE

ROADWAY On Roadway Off Roadway

NON-COLLISION Overturning Fire / Explosion Immersion Jackknife

Fell/Jumped From MV Cargo / Equip Loss / Shift Other Non-Collision

COLLISION INVOLVING Animal Pedalcycle Fixed Object Other Object Pedestrian

Railway Vehicle Animal Drawn Veh / Animal Ridden Trans. Motor Vehicle in Transport Parked Motor Vehicle Working Motor Vehicle

DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE

Front to Front Front to Rear Rear to Rear Rear to Side

Angle Sideswipe (Same Dir.) Sideswipe (Opp. Dir.) Falling / Shifting Cargo (Set in motion by MV)

Other (Explain) 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 No - No commercial vehicle fields need completion.
 1b. A person transported for medical attention; OR
 1c. A vehicle towed due to disabling damage. 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 / GCVWR of more than 10,000 lbs; OR No - No commercial vehicle fields need completion.
 2b. A motor vehicle with seating for 9 or more including driver; OR Yes - Complete Section 7G for appropriate vehicle.
 2c. A vehicle with a hazardous materials placard.

EVIDENTIARY PHOTOS TAKEN Yes No

BY WHOM _____

AVAILABLE FROM Investigating Agency

RECONSTRUCTION Yes No

BY WHOM _____

AVAILABLE FROM Investigating Agency

2 - LOCATION

COUNTY 4 NEWTON

MUNICIPALITY NEOSHO

BEAT / ZONE N

TRP/DIST/PCT NA

GPS COORDINATES (DD MM SS S FORMAT)

LAT: N _____

LONG: W NA

ON CST W SOUTH ST

RDWY. DIR. W

DISTANCE FROM _____

LOCATION NA

After Before At

INTERSECTING CST N HIGH ST

SPEED LIMIT 25

ROAD MAINTAINED BY State County Municipal Private Property Other

Unknown

Feet _____

Miles _____

SPEED LIMIT 25

INT. DIR. E

GEO - CODE NA

TRAFFICWAY

One-Way Two-Way; Not Divided Two-Way; Divided; Unprotected Median Other

Two-Way; Not Divided; Continuous Center Turn Lane Two-Way; Divided; Positive Median Barrier Unknown

ROAD ALIGNMENT Straight Curve Unknown (Explain)

ROAD PROFILE Level Downhill Dip Uphill Hillcrest Unknown (Explain)

INTERSECTION TYPE NA

4-way Intersection Y-Intersection 5-way / More Unknown (Explain)

T-Intersection Roundabout Other (Explain)

ROAD CONDITION

Dry Snow Slush Standing Water Sand / Gravel Unknown (Explain)

Wet Ice / Frost Mud / Dirt Moving Water Other (Explain)

ROAD SURFACE

Concrete Brick Dirt / Sand Cobblestone

Asphalt Gravel Multi-Surface Unknown (Explain)

WEATHER CONDITION

Clear Rain Sleet / Hail Fog / Mist Other (Explain)

Cloudy Snow Freezing (Temp) Severe Crosswind 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

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 On Roadway In Driveway Access On Median / Crossing Island On Sidewalk Off Roadway Unknown

CROSSING ROAD NA

With Signal Not At Crosswalk In Marked Crosswalk In Unmarked Crosswalk Unknown

OTHER ACTIONS NA / None

Getting On / Off Vehicle Working In Trafficway Unknown Other (Explain)

Standing / Lying / Sitting In Trafficway Playing In Trafficway Walking / Running In Trafficway With Traffic Against Traffic

Pushing / Working On Vehicle Behind / In Front of Parked / Stopped Veh. Unknown (Explain)

SCHOOL INFO. NA

Going To / From School Getting On / Off School Bus Both Of The Above Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES None

Failed To Yield Alcohol Vision Obstructed (Explain) Other (Explain)

Distracted / Inattentive Drugs Physical Impairment (Explain) Unknown (Explain)

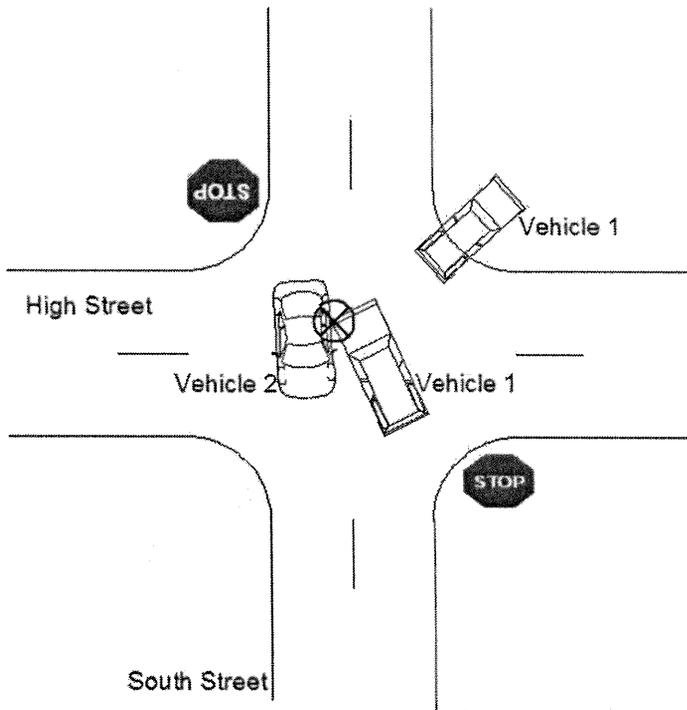
DISTRACTED / INATTENTIVE CODE(S) NA

ALCOHOL USE Yes No Unknown

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

V1 NES **W** U V2 NE **E** SW U V3 NESW U V4 NESW U V5 NESW U V6 NESW 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 ROGERS, JARED TIMOTHY 224 MINK DR - NEOSHO, MO 64850
PHONE NUMBER (816) 387-1919

DRIVER LICENSE / ID NUMBER T980293716
STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown
LIC TYPE [X] Operator Class F [] Permit [] Unknown (Explain) [] MC Endorsement [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 06-07-1983
SEX M SEAT LOC FL
INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR-BAG 03 SAFETY-DEVICES 05 05
VISION OBSTRUCTED [X] Not Obstructed [] Trees / Brush [] Sign [] Moving Veh [] Other (Explain)
[] NA [] Windshield [] Building [] Hillcrest [] Stopped Veh [] Unknown (Explain)
[] Load on Veh [] Embankment [] Parked Veh [] Glare

PROOF OF INSURANCE [X] Yes [] No [] Not Required
INSURANCE COMPANY AMERICAN FAMILY
PHONE NO. (Optional) POLICY NUMBER 1619-9833-02-98-FPPA
[] Driver [X] Vehicle

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

YEAR 1996 MAKE Jeep MODEL CHEROKEE COLOR BLK | BLK
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. CK5D6J STATE MO YEAR 2016
VIN 1 J 4 F J 6 8 S 5 T L 3 2 6 6 5 0
TOWED FROM SCENE [] Yes [X] No
TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage
INITIAL IMPACT NO. 14
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 [] Small Bus (9-15 W/Driver) [] Motorcycle [] Motor Home [] Single-unit Truck; 2 axles, 6 tires [] GVW / GCWV RATING (Not Licensed Weight)
[] Van (< 9 W/Driver) [] Large Bus (16+ W/Driver) [] ATV [] Farm Implements [] Single-unit Truck; 3 or more axles
[] Passenger Van (9+ W/Driver) [] School Bus [] Construction Equip. Heavy Mach. [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[] Sport Utility Vehicle [] Intercity [] Other Vehicle (Code) [] Truck Tractor With No Units [] (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
[] Limousine (7-8 W/Driver) [] Transit / Commuter [] Cargo Van [] Truck Tractor With One Unit [] Less than or equal to 10,000 lbs.
[] Limousine (9-15 W/Driver) [] Charter / Tour [] Pickup [] Truck Tractor With Two Units [] 10,001 - 26,000 lbs.
[] Motorized Bicycle [] Other [] Other Heavy Truck [] Truck Tractor With Three Units [] Greater than 26,000 lbs.
[] Pedalcycle [] To / From School [] Unknown (Explain) [] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[] Police [] Ambulance [] A. Emergency Vehicle on Emergency Run
[] Fire [] Other (Must check "A" / "B") [] B. Stationary With Emergency Equip. Activated
CONTRIBUTING TRAFFIC CONDITIONS [X] NA
[] Congestion Ahead [] Other Incident Ahead
[] Crash Ahead [] Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES [] Additional Codes Listed in Narrative (See Codes in Section 8)
SEQUENCE OF EVENTS CODES 01 08 34
ANIMAL CODE(S) FIXED OBJECT CODE(S)
ALCOHOL USE [] Yes [] No [X] No [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [] None
[] Vehicle Defects (Explain) [] Vision Obstructed [] Failed To Dim Headlights [] Improper Towing / Pushing [] Object / Obstruction in Roadway
[] Speed - Exceeded Limit [] Driver Fatigue / Asleep [] Failed To Use Lights [] Improperly Stopped On Roadway [] Distracted / Inattentive (Designate Type)
[X] 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
[] Alcohol [] Improper Passing [] Physical Impairment (Explain) [] Failed To Secure Load / Improper Loading
[] Drugs [] Improperly Parked [] Improper Start From Park [] Animal(s) In Roadway
DISTRACTED / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)

7E. WORK ZONE [] Yes [X] No [] Unknown
TRAFFIC CONTROL [X] 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
Workers Present: [] Yes [X] No [] Unknown
Controls: [] Warning Sign / Device [] Railway Crossing Sign / Device [] School Zone [] Yield Sign [] Other (Explain)
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [] Yes (Explain) [X] 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 EJECT-TION AIR BAG SAFETY DEVICES PHONE NUMBER

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

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

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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) COLLINS, PAMELA KAY 3655 BEAUMONT ST - NEOSHO, MO 64850 PHONE NUMBER (417) 389-1186

DRIVER LICENSE / ID NUMBER R078173001 STATE MO LIC STATUS Valid LIC TYPE Operator Class F MC ENDORSEMENT NA

DATE OF BIRTH 06-29-1963 SEX F SEAT LOC FL INJ 5 TRANS-PORT N EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED Not Obstructed

PROOF OF INSURANCE Yes AMERICAN FAMILY INSURANCE COMPANY PHONE NO. (417) 451-1173 - POLICY NUMBER 2131-4761-01-48-FPPA

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) COLLINS, PAMELA KAY 3655 BEAUMONT - NEOSHO, MO 64850 PHONE NUMBER (417) 389-1186

YEAR 2008 MAKE Pontiac MODEL G6 COLOR GRY VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO DC8N8D STATE MO YEAR 2015 VIN 1G2ZF7B784256722 TOWED FROM SCENE No TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas) INITIAL IMPACT NO 10 18 - Undercarriage 22 - Cargo 19 - Windshield 23 - Unknown 20 - Burned 24 - Other 21 - Towed Unit

VEHICLE BODY TYPES: Automobiles / Specialty Vehicles Passenger Car, Van, Sport Utility Vehicle, Motorized Bicycle, To / From School

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES 01 34 ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

7E. WORK ZONE No TRAFFIC CONTROL None CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), DATE OF BIRTH, SEX, SEAT LOC, INJ, TRANS-PORT, EJECTION, 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) SAO PHONE NUMBER SAO

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

CARGO BODY TYPE Enclosed Box, Cargo Tank, Flatted, Dump, Concrete Mixer, Auto Transporter, Garbage / Refuse, Grain / Chip / Gravel, Pole Trailer, Log, Vehicle Towing, 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

8 - CODES

SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CF - 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 February 16th 2015 at approximately 1800 hours, I responded to the area of South Street and High Street to take an accident report.

On scene I made contact with the driver of vehicle one and identified him from his valid Missouri driver's license as Jared Rogers. Mr. Rogers stated he was headed eastbound on South Street. Mr. Rogers stated as he was slowing down before the intersection his vehicle began sliding. Mr. Rogers stated he attempted everything he could to make it stop.

Mr. Rogers stated vehicle two was westbound on South Street. Mr. Rogers stated when vehicle two was in the middle of the intersection, his vehicle slid and hit the back left door as well as the left rear fender.

I inquired of Mr. Rogers if he was injured and in need of medical attention. Mr. Rogers stated that he was not injured. Vehicle one is described as a 1996 Jeep Cherokee with Missouri License of CK5D6J expiration of February 2016. Damage to vehicle one was not very apparent.

I then spoke to the driver of vehicle two and identified her by her valid Missouri driver's license as Pamela Collins. Ms. Collins confirmed the same story as Mr. Rogers. I also inquired of Ms. Collins if she was injured and in need of medical treatment, she stated was not injured. Vehicle two is 2008 Pontiac G6 with Missouri license as DC8N8D expiration of March 18.

Damage to vehicle two is a dent in the middle of the left rear door extending to the rear fender.

As I was conducting my investigation I soon realized how this accident could have happened. Due to the thick amount of ice at the intersection of South Street and High Street. While on scene I observed several vehicles attempt to stop at the intersection but due to the amount of ice had no choice but to go on through. I also observed two vehicles come to a complete stop at the intersection of South and High and not be able to get started again without the assistance of other drivers pushing them through.

Nothing further to report

K. Brumfield 121

[Signature]

10 - REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF KEITH BRUMFIELD	DSN / BADGE NO. 121	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT JOHNNY HUMPHRIES	DSN / BADGE NO. 107	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.