

1 - GENERAL CRASH INFORMATION

AGENCY NAME AND ORI

SPACE USED FOR BARCODE

NEOSHO POLICE DEPARTMENT - MO0730300



LEFT THE SCENE DRIVER NO. CLEARED CRASH CLASSIFICATION PROPERTY DAMAGE ONLY NO. INJURED NO. KILLED REPORT / CASE / INCIDENT NUMBER

NO. VEH INV. CRASH DATE CRASH TIME (MIL) NOTIFIED DATE TIME NOTIFIED (MIL) INVESTIGATION DATE TIME ARRIVED (MIL) INVEST AT SCENE

ROADWAY NON-COLLISION COLLISION INVOLVING DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE

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

EVIDENTIARY PHOTOS TAKEN BY WHOM AVAILABLE FROM RECONSTRUCTION BY WHOM AVAILABLE FROM

2 - LOCATION

COUNTY BEAT / ZONE TRP/DIST/PCT GPS COORDINATES (DD MM SS.S.FORMAT)

ON RDWY DIR DISTANCE FROM LOCATION INTERSECTING

TRAFFICWAY ROAD ALIGNMENT ROAD PROFILE

INTERSECTION TYPE ROAD CONDITION

ROAD SURFACE WEATHER CONDITION

LIGHT CONDITION

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES

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

4 - WITNESS

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

5 - PEDESTRIAN

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

DATE OF BIRTH SEX STRUCK BY VEH # INJ TRANSPORT SAFETY DEVICES LOCATION

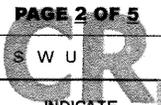
CROSSING ROAD OTHER ACTIONS SCHOOL INFO.

PROBABLE CONTRIBUTING CIRCUMSTANCES DISTRACTED / INATTENTIVE CODE(S) ALCOHOL USE

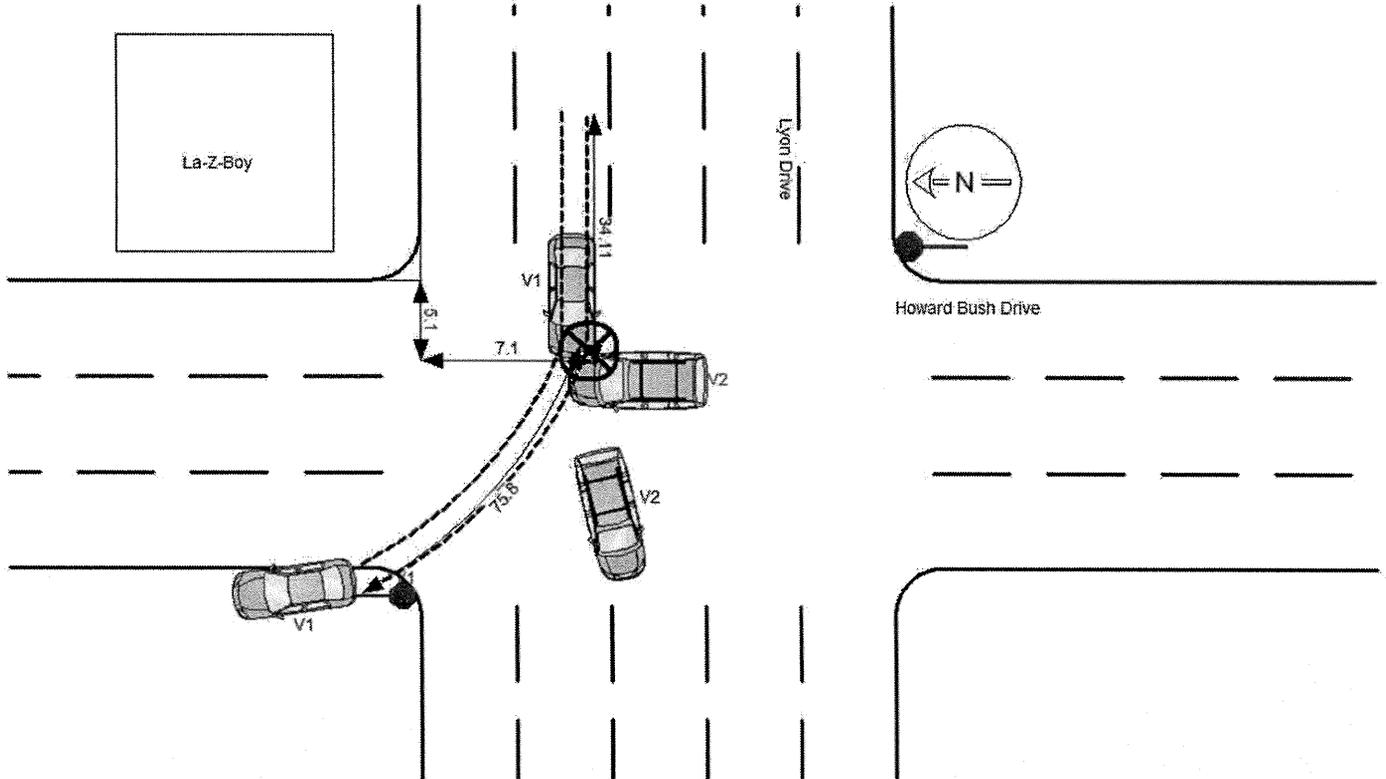
6. COLLISION DIAGRAM

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

V1 NES W U V2 N ES W U V3 NES W U V4 NES W U V5 NES W U V6 NES W U



INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 1	7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) VANDORN, JOHN RICHARD 7081 BEEF BRANCH RD - JOPLIN, MO 64804	PHONE NUMBER
--------------	---	--------------

DRIVER LICENSE / ID NUMBER T981561710	STATE MO	LIC STATUS <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Expired <input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Disqual CDL <input type="checkbox"/> Canceled / Oth Invalid <input type="checkbox"/> Unknown	LIC TYPE <input checked="" type="checkbox"/> Operator Class F <input type="checkbox"/> CDL Class <input type="checkbox"/> Interm / Grad <input type="checkbox"/> NA	Permit <input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed	MC ENDORSEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
---	--------------------	--	--	---	---

DATE OF BIRTH 01-13-1940	SEX M	SEAT LOC FL	INJ 5	TRANS-PORT 3	EJEC-TION 2	AIR BAG 05	SAFETY DEVICES 05	VISION OBSTRUCTED <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Not Obstructed <input type="checkbox"/> Windshield <input type="checkbox"/> Load on Veh	<input type="checkbox"/> Trees / Brush <input type="checkbox"/> Building <input type="checkbox"/> Embankment	<input type="checkbox"/> Sign <input type="checkbox"/> Hillcrest <input type="checkbox"/> Parked Veh	<input type="checkbox"/> Moving Veh <input type="checkbox"/> Stopped Veh <input type="checkbox"/> Glare	<input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
------------------------------------	-----------------	-----------------------	-----------------	------------------------	-----------------------	----------------------	-----------------------------	--	---	--	--	---	--

PROOF OF INSURANCE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	INSURANCE COMPANY STATE FARM	PHONE NO. (Optional)	POLICY NUMBER 255 30 28-B15-25	<input type="checkbox"/> Driver <input type="checkbox"/> Vehicle
---	--	----------------------	--	---

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) DICKSON TOW SERVICE - 19746 S HIGHWAY 59 NEOSHO MO - 417-451-5972	PHONE NUMBER 417-451-5972	<input checked="" type="checkbox"/> SAD
---	-------------------------------------	---

YEAR 2007	MAKE Toyota	MODEL COROLLA	COLOR GRY	VEH. TYPE 1	TOTAL NO. OF OCC. 3
---------------------	-----------------------	-------------------------	---------------------	-----------------------	-------------------------------

LICENSE - PLATE NO. UK1S3M	STATE MO	YEAR 2015	VIN J T N B B 4 6 K 3 7 3 0 1 7 2 8 4	TOWED FROM SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOWED DUE TO DIS. DAMAGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------	--------------------	---------------------	---	---	---

VEHICLE DAMAGE (Mark all damaged areas) <input type="checkbox"/> None / No Damage	TOWED BY <input type="checkbox"/> Unknown <input type="checkbox"/> NA	INITIAL IMPACT NO. 14	18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit	22 - Cargo 23 - Unknown 24 - Other (Explain)	DICKSON TOW SERVICE - 19746 S HIGHWAY 59 NEOSHO MO - 417-451-5972
--	--	---------------------------------	---	--	---

<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> 2 Wh <input type="checkbox"/> 3 Wh <input type="checkbox"/> 4 Wh <input type="checkbox"/> 5 Wh / More <input type="checkbox"/> Unknown	<input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Single-unit Truck; 2 axles, 6 tires <input type="checkbox"/> Single-unit Truck; 3 or more axles <input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) <input type="checkbox"/> Truck Tractor With No Units <input type="checkbox"/> Truck Tractor With One Unit <input type="checkbox"/> Truck Tractor With Two Units <input type="checkbox"/> Truck Tractor With Three Units	GVW / GCW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only) <input type="checkbox"/> Less than or equal to 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> Greater than 26,000 lbs. <input type="checkbox"/> Unknown
---	--	--	---	---	--

EMERGENCY VEHICLE INVOLVEMENT <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire <input type="checkbox"/> Other (Must check "A" / "B")	<input checked="" type="checkbox"/> NA <input type="checkbox"/> A. Emergency Vehicle on Emergency Run <input type="checkbox"/> B. Stationary With Emergency Equip. Activated	CONTRIBUTING TRAFFIC CONDITIONS <input checked="" type="checkbox"/> NA <input type="checkbox"/> Congestion Ahead <input type="checkbox"/> Other Incident Ahead <input type="checkbox"/> Crash Ahead <input type="checkbox"/> Unknown (Explain)
---	--	---

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES SEQUENCE OF EVENTS CODES 01 07 34 07 21	<input type="checkbox"/> Additional Codes Listed in Narrative (See Codes in Section 8)	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
--	--	--

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" type="checkbox"/> None	<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked	<input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park	<input type="checkbox"/> Improper Towing / Pushing <input type="checkbox"/> Improperly Stopped On Roadway <input type="checkbox"/> Improper Lane Usage / Change <input type="checkbox"/> Overcorrected <input type="checkbox"/> Improper Riding / Clinging To Veh. Exterior <input type="checkbox"/> Failed To Secure Load / Improper Loading <input type="checkbox"/> Animal(s) In Roadway	<input type="checkbox"/> Object / Obstruction in Roadway <input type="checkbox"/> Distracted / Inattentive (Designate Type) <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Other (Explain)	DISTRACTED / INATTENTIVE CODE(S) (See Codes in Section 8) <input checked="" type="checkbox"/> NA
---	---	--	---	---	--	--

7E. WORK ZONE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	TRAFFIC CONTROL <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown Electric: <input type="checkbox"/> Green/Yellow/Red <input type="checkbox"/> Flashing Red <input type="checkbox"/> Flashing Yellow <input type="checkbox"/> Ramp Meter <input type="checkbox"/> Other (Explain) Other: <input type="checkbox"/> Stop Sign <input type="checkbox"/> No Passing Zone <input type="checkbox"/> Turn Restricted <input type="checkbox"/> Officer / Flagman <input type="checkbox"/> Signal On School Bus Controls: <input type="checkbox"/> Warning Sign / Device <input type="checkbox"/> Railway Crossing Sign / Device <input type="checkbox"/> School Zone <input type="checkbox"/> Yield Sign <input type="checkbox"/> Other (Explain)	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> 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
VANDORN, JANICE D	7081 BEEF RANCH RD - JOPLIN, MO 64804	06-27-1941	F	FR	5	3	2	05	05	(417) 624-1930
SAGE, GINA D	1452 LANDIS RD - NEOSHO, MO 64850	01-04-1971	F	SL	5	3	2	03	05	

7G. COMMERCIAL MOTOR VEHICLE <input checked="" type="checkbox"/> 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) <input type="checkbox"/> SAO	PHONE NUMBER <input type="checkbox"/> SAO
---	--

COMMERCIAL / NON-COMMERCIAL <input type="checkbox"/> Interstate Carrier <input type="checkbox"/> Intrastate Carrier	<input type="checkbox"/> Not In Commerce - Government Vehicle <input type="checkbox"/> Not In Commerce - Other Vehicle	MC / MX / ICC NO.	USDOT NO.
--	--	-------------------	-----------

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

HAZARDOUS MATERIALS PLACARD DISPLAYED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	4-DIGIT NO.	CLASS	HM CARGO PRESENT <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HM CARGO RELEASED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	HAZARDOUS MATERIAL NAME
--	-------------	-------	--	---	-------------------------

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 2 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) OLSON, LILLY BELL 707 OAK RIDGE DR - NEOSHO, MO 64850 PHONE NUMBER (417) 451-5241

DRIVER LICENSE / ID NUMBER S152265008 STATE MO LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE Operator Class F Permit Unknown (Explain) MC ENDORSEMENT Yes No NA CDL Class Interm / Grad MC Only Unlicensed

DATE OF BIRTH 09-09-1943 SEX F SEAT LOC FL INJ 5 TRANS-PORT 3 EJECT-TION 2 AIR BAG 03 SAFETY DEVICES 05 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 Yes No Not Required INSURANCE COMPANY FARM BUREAU PHONE NO. (Optional) POLICY NUMBER TEMP Driver Vehicle

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

YEAR 2008 MAKE Toyota MODEL SOLARA COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 3

LICENSE - PLATE NO. UE7V7C STATE MO YEAR 2016 VIN 5 T D Z K 2 3 C 7 8 S 1 3 2 0 4 0 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 Poore's Truck Salvage & Towing 451-4442

INITIAL IMPACT NO. 3 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 / GCVV 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)

SEQUENCE OF EVENTS CODES Unknown 01 34 07 12 ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Speed - Exceeded Limit Too Fast For Conditions Violation Signal / Sign Failed To Yield Alcohol Drugs Vision Obstructed Driver Fatigue / Asleep Improper Signal Improper Backing Improper Turn Improper Passing Improperly Parked Failed To Dim Headlights Failed To Use Lights Following Too Close Wrong Side (Not Passing) Wrong Side (One-Way) Physical Impairment (Explain) Improper Start From Park Improper Towing / Pushing Improperly Stopped On Roadway Improper Lane Usage / Change Overcorrected Improper Riding / Clinging To Veh. Exterior Failed To Secure Load / Improper Loading Animal(s) In Roadway Object / Obstruction in Roadway Distracted / Inattentive (Designate Type) Unknown (Explain) Other (Explain) DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

7E. WORK ZONE Yes No Unknown TRAFFIC CONTROL None Unknown Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain) 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-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
PEARCY, RAYE MELYNN	07-10-2000	F	FR	5	3	2	06	05	
CROWDER, TESSA	10-14-1999	F	SL	5	3	2	06	05	(417) 451-5241
1802 PINEVILLE RD - NEOSHO, MO 64850									

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 HMI CARGO PRESENT Yes No Unknown HMI 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. Overturn / 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 June 27th 2015 officers responded to the intersection of Lyon Drive and Howard Busch Driver in reference to a two vehicle crash.

Upon my arrival I made contact with a Ms. Lilly Olson. Ms. Olson said she was travelling north on Howard Bush Drive crossing Lyon Drive. When she was almost across Lyon Drive a vehicle struck the passenger side of her vehicle. She stated she had stopped at the sign but saw no vehicles coming.

Sergeant Himmelsbach made contact with an Mr. John Vandorn. Mr. Vandorn said he was travelling west on Lyon Drive, he said his wife a Ms. Janice Vandorn started yelling at him to look out as she saw Ms. Olson's vehicle crossing toward them. He said he could not stop in time to avoid hitting the other vehicle.

Sergeant Himmelsbach spoke with a witness who had been on the north side of Lyon on Howard Bush; Chris Enloe. Mr. Enloe stated he saw vehicle one westbound and vehicle two (Ms. Olson's vehicle) tried to cross straight over the highway.

There were no apparent injuries. Both vehicles were towed from the scene.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME OFF FRED TYREE	DSN / BADGE NO. 111	BEAT / ZONE CR	TROOP / DISTRICT / PRECINCT NFD2-C
REVIEWING OFFICER NAME SGT REECE HIMMELSBACH	DSN / BADGE NO. 104	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.