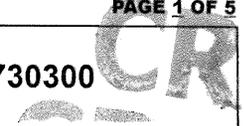


1 - GENERAL CRASH INFORMATION

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 RECONSTRUCTION BY WHOM AVAILABLE FROM

2 - LOCATION

COUNTY MUNICIPALITY 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. McDOT County Municipality

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 TRANS-PORT 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

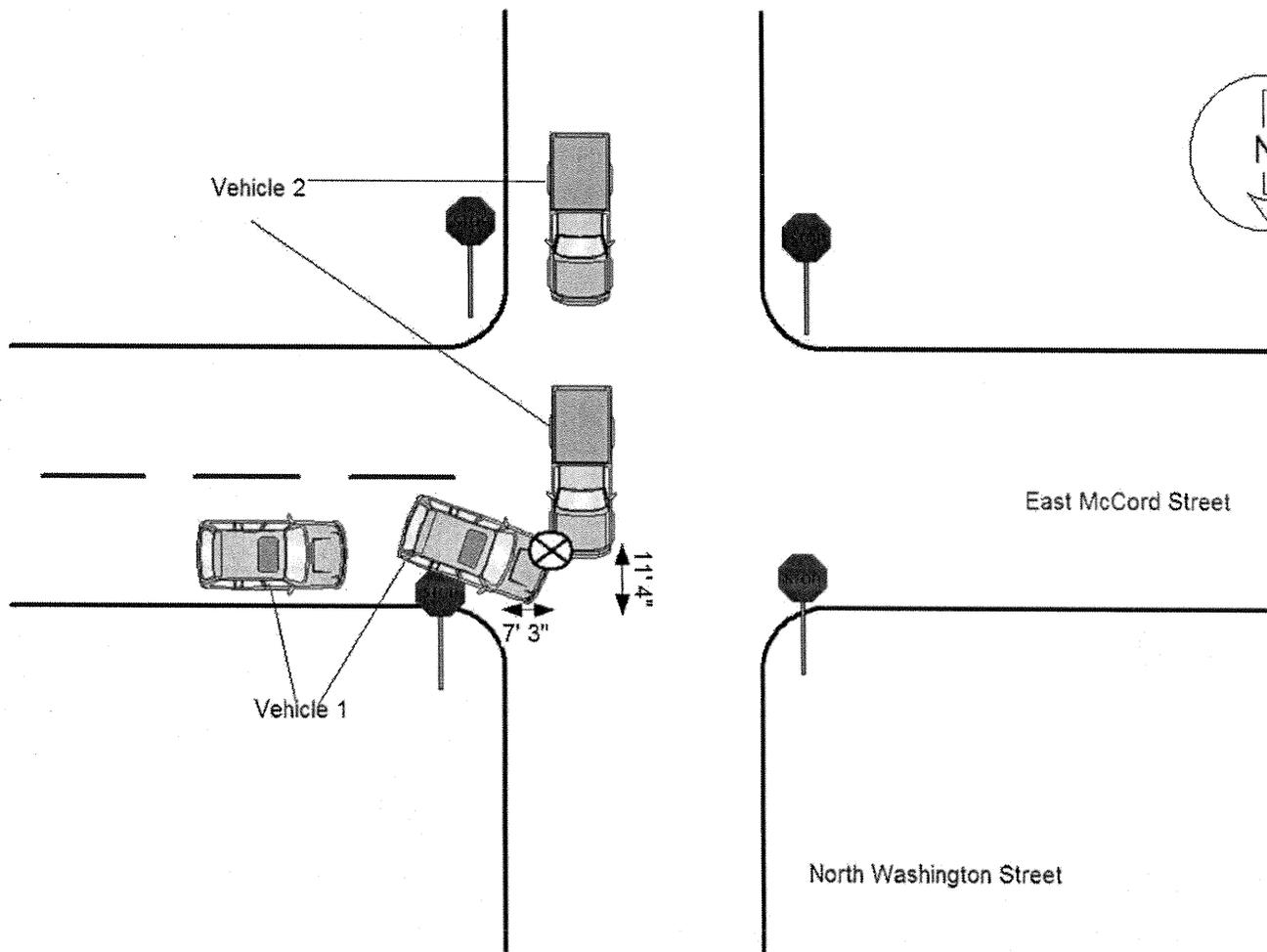
V3 NES W U

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): ROARK, NAOMI C 506 S ANDERSON ST - ANDERSON, MO 64831 PHONE NUMBER (417) 845-3317

DRIVER LICENSE / ID NUMBER T980671443 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 Interm / Grad Unlicensed MC ENDORSEMENT Yes No NA

DATE OF BIRTH 11-20-1952 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 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 BEIMDIEK INSURANCE PHONE NO. (Optional) (800) 246-4007 - POLICY NUMBER A010659277 Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAD ROARK, TIMOTHY S 506 S ANDERSON ST - ANDERSON, MO 64831 PHONE NUMBER SAD

YEAR 2014 MAKE Buick MODEL ENCLAVE COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO UC5F6Z STATE MO YEAR 2016 VIN 5GAKVK1EJ194102 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	18 - Undercarriage	22 - Cargo
1	15	16	17	8	9	19 - Windshield	23 - Unknown
14	13	12	11	10	9	20 - Burned	24 - Other (Explain)
						21 - Towed Unit	

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Small Bus (9-15 W/Driver)	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Motor Home	<input type="checkbox"/> Single-unit Truck; 2 axes, 6 tires	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
<input type="checkbox"/> Van (< 9 W/Driver)	<input type="checkbox"/> Large Bus (16+ W/Driver)	<input type="checkbox"/> ATV	<input type="checkbox"/> Farm Implements	<input type="checkbox"/> Single-unit Truck; 3 or more axes	
<input type="checkbox"/> Passenger Van (9+ W/Driver)	<input type="checkbox"/> School Bus	<input type="checkbox"/> 2 Wh	<input type="checkbox"/> Construction Equip. Heavy Mach.	<input type="checkbox"/> Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)	
<input checked="" type="checkbox"/> Sport Utility Vehicle	<input type="checkbox"/> Intercity	<input type="checkbox"/> 3 Wh	<input type="checkbox"/> Other Vehicle (Code) _____	<input type="checkbox"/> Truck Tractor With No Units	
<input type="checkbox"/> Limousine (7-8 W/Driver)	<input type="checkbox"/> Transit / Commuter	<input type="checkbox"/> 4 Wh	<input type="checkbox"/> Cargo Van	<input type="checkbox"/> Truck Tractor With One Unit	
<input type="checkbox"/> Limousine (9-15 W/Driver)	<input type="checkbox"/> Charter / Tour	<input type="checkbox"/> 5 Wh / More	<input type="checkbox"/> Pickup	<input type="checkbox"/> Truck Tractor With Two Units	
<input type="checkbox"/> Motorized Bicycle	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Heavy Truck	<input type="checkbox"/> Truck Tractor With Three Units	
<input type="checkbox"/> Pedalcycle \rightarrow			<input type="checkbox"/> Unknown (Explain)		
<input type="checkbox"/> To / From School					

EMERGENCY VEHICLE INVOLVEMENT NA

<input type="checkbox"/> Police	<input type="checkbox"/> Ambulance	<input type="checkbox"/> A. Emergency Vehicle on Emergency Run	<input checked="" type="checkbox"/> Congestion Ahead	<input type="checkbox"/> Other Incident Ahead
<input type="checkbox"/> Fire	<input type="checkbox"/> Other (Must check "A" / "B") \rightarrow	<input type="checkbox"/> B. Stationary With Emergency Equip. Activated	<input type="checkbox"/> Crash Ahead	<input type="checkbox"/> Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8)

SEQUENCE OF EVENT'S CODES Unknown 01 | 08 | 03 | 34 ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____ ALCOHOL USE Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

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

7E. WORK ZONE Yes No Unknown TRAFFIC CONTROL None Unknown

<input type="checkbox"/> 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)	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING <input type="checkbox"/> Yes (Explain) <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Other <input checked="" 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)	

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

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 Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle Intrastate Carrier 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 Intermodal NA (No Cargo Body) Other Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log Another Veh. Container Chassis 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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 AUGUSTINE, MERIUTER LUDRICK 808 S HIGH ST - NEOSHO, MO 64850
PHONE NUMBER (417) 658-9831

DRIVER LICENSE / ID NUMBER W202022004
STATE MO
LIC STATUS [X] NA
LIC TYPE [X] NA
Operator Class []
Permit []
MC ENDORSEMENT []

DATE OF BIRTH 12-10-1978
SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED [X] 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 [X] Yes [] No [] Not Required
INSURANCE COMPANY ALFA SPECIALTY INS. CORP
PHONE NO. (Optional) (417) 451-3301 - POLICY NUMBER 1424006246693
[] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [] SAD
CAR CREDIT SOLUTIONS INC, 3203 N RANGELINE RD - JOPLIN, MO 64801
PHONE NUMBER [] SAD

YEAR 2006 MAKE Nissan MODEL TITAN COLOR GRY | VEH. TYPE 1 TOTAL NO. OF OCC. 2

LICENSE - PLATE NO 4WU015 STATE MO YEAR 2016 VIN 1 N 6 A A 0 7 A X 6 N 5 5 3 3 8 9
TOWED FROM SCENE [] Yes [X] No [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage
INITIAL IMPACT NO: 2 3 4 5 6 7 8 9
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
[] 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) [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[] Sport Utility Vehicle [] Intercity [] 3 Wh [] Truck Tractor With No Units
[] Limousine (7-8 W/Driver) [] Transit / Commuter [] 4 Wh [] Truck Tractor With One Unit
[] Limousine (9-15 W/Driver) [] Charter / Tour [] 5 Wh / More [] Truck Tractor With Two Units
[] Motorized Bicycle [] Other [] Unknown [] Other Heavy Truck [] Truck Tractor With Three Units
[] 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 [] Unknown 01 12 01 34
ALCOHOL USE [] Yes [] Unk [X] No [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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
[] 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)
Workers Present [] Yes [] No [] Unknown
Other: [X] 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 [X] 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
SEPEDI, JAYMAN 808 S HIGH ST - NEOSHO, MO 64850 12-14-2011 M TL 5 1 2 03 05

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 [] Intermodal [] NA (No Cargo Body) [] Other
[] Cargo Tank [] Dump [] Auto Transporter [] Grain / Chip / Gravel [] Log [] Another Veh. [] Container Chassis [] 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	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.)	SAFETY DEVICES 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		
	FC SC TC						9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	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
	FL SL TL							

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 09-09-2015, at approximately 1739 hours, I was dispatched to a non-injury traffic crash at North Washington Street and East McCord Street. Upon arrival, I noticed a gray Nissan Titan truck parked behind a black Buick Enclave facing northbound on Washington Street.

I spoke with the driver of the Nissan Titan, Meriuter Augustine. Ms. Augustine said she was traveling north on Washington Street and stopped at the stop sign at McCord Street. Ms. Augustine said a black sport utility vehicle was traveling west on McCord Street and the sport utility vehicle did not stop at the stop sign. Ms. Augustine said the sport utility vehicle struck the front of her truck. Ms. Augustine said her and her passenger were not injured.

I spoke with the driver of the sport utility vehicle, Naomi Roark. Ms. Roark said she traveling west on McCord Street and she couldn't remember if she stopped at the stop sign at Washington Street or not. Ms. Roark said she was making a right turn onto Washington Street when the front driver side of her vehicle collided with the front passenger side of the truck. Ms. Roark said she was not injured.

Both vehicles were driven from the scene.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PII RUSTY SCHLESSMAN	DSN / BADGE NO. 112	BEAT / ZONE NE	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME PII RUSTY SCHLESSMAN	DSN / BADGE NO. 112	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.