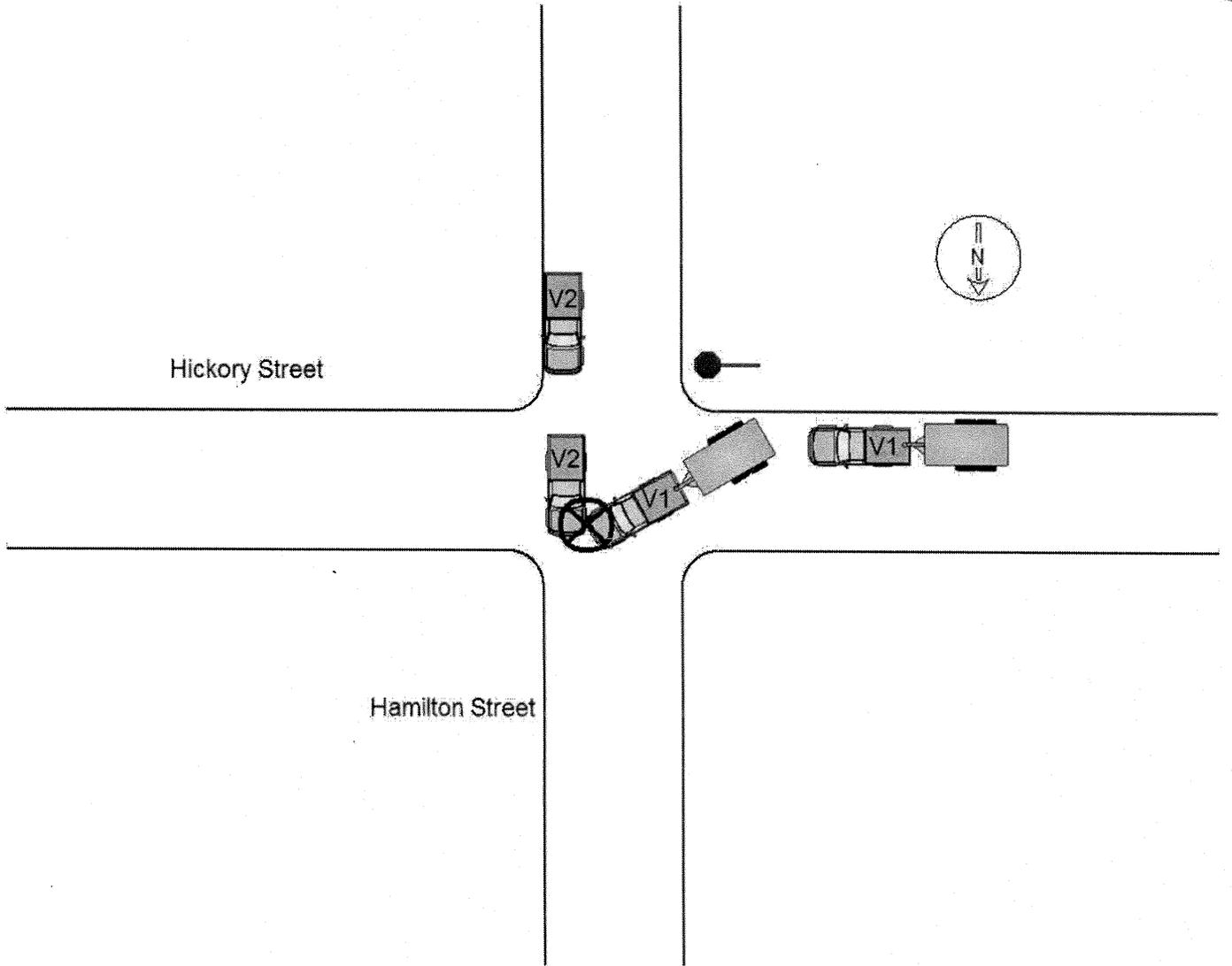
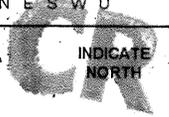


1 - GENERAL CRASH INFORMATION		AGENCY NAME AND OR	
SPACE USED FOR BARCODE		NEOSHO POLICE DEPARTMENT - MO0730300	
LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY
		NO. INJURED	NO. KILLED
		0	0
			REPORT / CASE / INCIDENT NUMBER
			1015-209
NO. VEH INV	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE
2	10-19-2015	1145	10-19-2015
			TIME NOTIFIED (MIL)
			1146
			INVESTIGATION DATE
			10-19-2015
			TIME ARRIVED (MIL)
			1152
			INVEST. AT SCENE
			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING
<input checked="" type="checkbox"/> On Roadway	<input type="checkbox"/> Fire / Explosion	<input type="checkbox"/> Overturning	<input type="checkbox"/> Animal
<input type="checkbox"/> Off Roadway	<input type="checkbox"/> Immersion	<input type="checkbox"/> Fell/Jumped From MV	<input type="checkbox"/> Pedalcycle
	<input type="checkbox"/> Jackknife	<input type="checkbox"/> Cargo / Equip Loss / Shift	<input type="checkbox"/> Fixed Object
		<input type="checkbox"/> Other Non-Collision	<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
DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
<input type="checkbox"/> Front to Front <input checked="" type="checkbox"/> Angle			
<input type="checkbox"/> Front to Rear <input type="checkbox"/> Sideswipe (Same Dir.)			
<input type="checkbox"/> Rear to Rear <input type="checkbox"/> Sideswipe (Opp. Dir.)			
<input type="checkbox"/> Rear to Side <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 / GCVWR 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 checked="" type="checkbox"/> No - No commercial vehicle fields need completion.		<input type="checkbox"/> No - No commercial vehicle fields need completion.	
<input type="checkbox"/> Yes - Go to number 2. →		<input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.	
EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM	Investigating Agency
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	OFC HOUGHTON 123	NEOSHO PD	
RECONSTRUCTION	BY WHOM	AVAILABLE FROM	Investigating Agency
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2 - LOCATION			
COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT
NEWTON	NEOSHO	NE	NNE
		LAT: N	36 52 02.8
		LONG: W	-94 21 53.2
ON	ROWY DIR	DISTANCE FROM	LOCATION
CST S HAMILTON ST	N	NA	INTERSECTING
			CST E HICKORY ST
SPEED LIMIT	ROAD MAINTAINED BY		SPEED LIMIT
25	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		20
			INT DIR
			E
			GEO CODE
			NA
TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE	
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip	
<input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)	
INTERSECTION TYPE	ROAD CONDITION		
<input checked="" type="checkbox"/> 4-way Intersection	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow		
<input type="checkbox"/> Y-Intersection	<input type="checkbox"/> Slush <input type="checkbox"/> Standing Water		
<input type="checkbox"/> 5-way / More	<input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost		
<input type="checkbox"/> Unknown (Explain)	<input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water		
<input type="checkbox"/> T-Intersection	<input type="checkbox"/> Other (Explain)		
<input type="checkbox"/> Roundabout			
<input type="checkbox"/> Other (Explain)			
ROAD SURFACE	WEATHER CONDITION		
<input checked="" type="checkbox"/> Asphalt	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain		
<input type="checkbox"/> Concrete	<input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist		
<input type="checkbox"/> Brick	<input type="checkbox"/> Cloudy <input type="checkbox"/> Snow		
<input type="checkbox"/> Dirt / Sand	<input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind		
<input type="checkbox"/> Cobblestone	<input type="checkbox"/> Other (Explain)		
<input type="checkbox"/> Multi-Surface			
<input type="checkbox"/> Unknown (Explain)			
LIGHT CONDITION			
<input checked="" type="checkbox"/> Daylight <input 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 checked="" type="checkbox"/> None			
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality			
4 - WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative			
NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER	
GREEN, DANIEL JOHN JR	309 HAMILTON ST - NEOSHO, MO 64850	(417) 456-2169	
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 checked="" type="checkbox"/> NA / None	<input checked="" type="checkbox"/> NA	
<input type="checkbox"/> With Signal	<input type="checkbox"/> Getting On / Off Vehicle	<input type="checkbox"/> Going To / From School	
<input type="checkbox"/> Against Signal	<input type="checkbox"/> Standing / Lying / Sitting In Trafficway	<input type="checkbox"/> Getting On / Off School Bus	
<input type="checkbox"/> No Signal	<input type="checkbox"/> Pushing / Working On Vehicle	<input type="checkbox"/> Both Of The Above	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input type="checkbox"/> Unknown (Explain)	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Working In Trafficway		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Playing In Trafficway		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Walking / Running In Trafficway		
<input type="checkbox"/> Unknown	<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic		
PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE	
<input type="checkbox"/> Failed To Yield	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<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)			

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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 BOWERS, MICHAEL LEROY 18285 HIGHWAY H - GRANBY, MO 64844
PHONE NUMBER (417) 629-4460

DRIVER LICENSE / ID NUMBER V202009017 STATE MO LIC STATUS Valid
LIC TYPE Operator Class A CDL Class A
MC ENDORSEMENT No

DATE OF BIRTH 11-19-1955 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-ION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED Not Obstructed Windshield Load on Veh

PROOF OF INSURANCE CAMERON NATIONAL INSURANCE PHONE NO. (417) 451-2808 - POLICY NUMBER CIC004 NPA 000011635

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

YEAR 1991 MAKE Ford MODEL F350 COLOR BLU VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 66B8AN STATE MO YEAR 2015 VIN 1F, T, J, F, 3, 5, G, 3, M, N, A, 5, 5, 3, 6, 6
TOWED FROM SCENE No TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 15, 16, 17

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, School Bus, Intercity, Transit / Commuter, Charter / Tour, Other

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 12 | 05 | 08 | 34

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects, Speed - Exceeded Limit, Failed To Yield, Alcohol, Drugs

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

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-ION, 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, Flatbed, Concrete Mixer, Garbage / Refuse, Pole Trailer, Vehicle Towing Another Veh., Intermodal Container Chassis, NA (No Cargo Body), Other

HAZARDOUS MATERIALS PLACARD DISPLAYED, 4-DIGIT NO., CLASS, HM CARGO PRESENT, HM CARGO RELEASED, HAZARDOUS MATERIAL NAME

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **2 EASLEY, JOHN DAVID 19032 E HIGHWAY 86 - NEOSHO, MO 64850** PHONE NUMBER **(417) 438-5002**

DRIVER LICENSE / ID NUMBER **J032116001** 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  Unknown (Explain)  CDL Class  MC Only  Unlicensed  Interm / Grad

DATE OF BIRTH **04-21-1953** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECTION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED  NA  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 **AMERICAN FAMILY** Expired  PHONE NO. (Optional) **(800) 692-6326 -** POLICY NUMBER **234682940171FPPAMO**  NA  Driver  Vehicle

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

YEAR **2016** MAKE **Ford** MODEL **F250** COLOR **RED** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **40A4DP** STATE **MO** YEAR **2015** VIN **1F7W2BT9GA13438** 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** (14) (13) (12) (11) (10) (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  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)  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 / GCW 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  Crash Ahead  Other Incident 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** ANIMAL CODE(S)  NA FIXED OBJECT CODE(S)  NA 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) Other:  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus  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 EJECTION AIR BAG SAFETY DEVICES PHONE NUMBER

OCCUPANTS - NAME (Last, First, MI)	ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	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 - Rental Vehicle  Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

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  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	INJURY	TRANSPORTED	EJECTION	AIR BAG	SAFETY DEVICES	
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	1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	(For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	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	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	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
----------	-----------------	---------	------------------	------------

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 10-19-2015 at approximately 1146 hours, Officers responded to the intersection of Hamilton Street and Hickory Street for a report of a non-injury traffic crash.

Upon my arrival, I made contact with Michael Bowers, the driver of Vehicle 1 (V1). Mr. Bowers stated he was driving east on Hickory Street when he came to the intersection of Hickory Street and Hamilton Street. Mr. Bowers stated he made a complete stop at the intersection. He told me he looked right and then left and started pulling out, heading north. He said he heard the driver of Vehicle 2 (V2) honk his horn and he told me he tried to stop. He said he was not able to stop in time and collided with V2. He stated he was sorry and told me it was his fault.

I made contact with the driver of V2, John Easley. Mr. Easley told me he was driving north on Hamilton Street. Mr. Easley said he saw V1 at the stop sign. He said the driver of V1 appeared to look at him before pulling out and striking the front left of V2.

Both vehicles were moved prior to my arrival at the scene.

I took photographs of the damage to V2. The photographs are attached to this report.

V1 had damage to the front bumper. I asked Mr. Bowers if the incident caused the damage to his vehicle. He said it had not. He stated there was no damage to his vehicle from the incident.

I spoke with a witness to the incident, Daniel Green. Mr. Green lives near the intersection. He said he was outside talking to a neighbor. He told me he heard Mr. Easley honk his horn and looked over. He told me he saw V1 try to stop after it started pulling out of the intersection. He stated he saw V1 collide with V2. He told me V1 was turning left in the intersection from Hickory Street and V2 was driving north on Hamilton Street.

I have nothing further to add at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF JOSHUA HOUGHTON	DSN / BADGE NO 123	BEAT / ZONE NE	TROOP / DISTRICT / PRECINCT NNE
REVIEWING OFFICER NAME SGT JOSHUA BUCKNER	DSN / BADGE NO 105	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.