

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
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LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO.	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 0216-221
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NO. VEH. INV. 2	CRASH DATE 02-26-2016	CRASH TIME (MIL.) 0757	NOTIFIED DATE 02-26-2016	TIME NOTIFIED (MIL.) 0757	INVESTIGATION DATE 02-27-2016	TIME ARRIVED (MIL.) 0801	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input checked="" type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)

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. <input type="checkbox"/> Yes - Go to number 2. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWVR 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 type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT / ZONE CR	TRP/DIST/PCT NCR	GPS COORDINATES (DD.MM.SS.S FORMAT) LAT: N LONG: W NA
ON CST NATIONAL GUARD RD	RDWY DIR E	DISTANCE FROM 40	LOCATION <input checked="" type="checkbox"/> After <input type="checkbox"/> Before <input type="checkbox"/> At	INTERSECTING E of CST DONIPHAN DR
SPEED LIMIT 25	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	Feet Miles	<input type="checkbox"/> NA	SPEED LIMIT NA

TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)
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ROAD SURFACE <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)
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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
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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
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CROSSING ROAD <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 type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <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 type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	SCHOOL INFO. <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)
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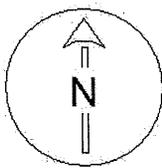
PROBABLE CONTRIBUTING CIRCUMSTANCES <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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

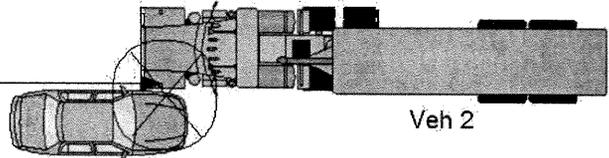
INDICATE NORTH



Doniphan Drive

Point of Impact aprox 40 ft. east of Doniphan Drive

40'



Veh 1

Veh 2

National Guard Rd

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 YOUNG, DREW JAMISON 205 N ELM ST - PIERCE CITY, MO 65723
PHONE NUMBER (417) 674-0091

DRIVER LICENSE / ID NUMBER Z152149005 STATE MO LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] NA [] Canceled / Oth Invalid [] Unknown LIC TYPE [X] Operator Class F [] Permit [] MC Only [] Unknown (Explain) [] NA [] CDL Class [] Interm / Grad [] MC Only [] Unlicensed [] NA [] Unlicensed

DATE OF BIRTH 03-16-1995 SEX M SEAT LOC FR INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED [] NA [] Not Obstructed [] Trees / Brush [] Sign [] Moving Veh [] Other (Explain) [X] Windshield [] Building [] Hillcrest [] Stopped Veh [] Unknown (Explain) [] Load on Veh [] Embankment [] Parked Veh [X] Glare

PROOF OF INSURANCE [X] Yes [] No [] Not Required INSURANCE COMPANY SHELTER PHONE NO. (Optional) POLICY NUMBER 24-1-3872227-1 [] Driver [X] Vehicle

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

YEAR 2003 MAKE Lincoln MODEL TOWN CAR COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. WK6E8L STATE MO YEAR 2017 VIN 1 L N H M 8 1 W X 3 Y 6 8 9 6 5 3 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. 13 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 [X] 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 / GCWW 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 [X] NA [] Police [] Ambulance [] Fire [] Other (Must check "A" / "B") [] A. Emergency Vehicle on Emergency Run [] 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 05 | 01 | 34 [] Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE [X] No [] Yes [] Unk [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] Vision Obstructed [] Failed To Dim Headlights [] Improper Towing / Pushing [] Object / Obstruction in Roadway [] Driver Fatigue / Asleep [] Failed To Use Lights [] Improperly Stopped On Roadway [] Distracted / Inattentive (Designate Type) [] Improper Signal [] Following Too Close [X] Improper Lane Usage / Change [] Unknown (Explain) [] Improper Backing [] Wrong Side (Not Passing) [] Overcorrected [] Other (Explain) [] Improper Turn [] Wrong Side (One-Way) [] Improper Riding / Clinging To Veh. Exterior [] Failed To Secure Load / Improper Loading [] 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 [X] No [] Yes [] Unknown TRAFFIC CONTROL [X] None [] Unknown [] Green/Yellow/Red [] Flashing Red [] Flashing Yellow [] Ramp Meter [] Other (Explain) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [X] No [] Yes (Explain) [] 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

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 [] 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 [] 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 BOND, BRANDON JAMES 5849 PEARL ST - JOPLIN, MO 64801

PHONE NUMBER (417) 291-2637

DRIVER LICENSE / ID NUMBER R036280006 STATE MO LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

DATE OF BIRTH 03-16-1990 SEX M SEAT LOC FR INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED Not Obstructed Windshield Load on Veh

PROOF OF INSURANCE Yes No Not Required ADDISON INS. CO (SELBY-GRANGER) PHONE NO. (Optional) POLICY NUMBER 12307186

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) CROWDER COLLEGE, 601 LACLEDE AV - NEOSHO, MO 64850

PHONE NUMBER (417) 451-3223

YEAR 2013 MAKE Peterbilt MODEL 587 COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO CC0070 STATE MO YEAR 2016 VIN 1XPD49X4DD183235 TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA INITIAL IMPACT NO 13

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance Passenger Car Van Passenger Van Sport Utility Vehicle Limousine Motorized Bicycle Pedalcycle

EMERGENCY VEHICLE INVOLVEMENT NA Police Ambulance Fire Other A. Emergency Vehicle on Emergency Run B. Stationary With Emergency Equip. Activated

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES 01 08 34 SEQUENCE OF EVENTS CODES Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None Vehicle Defects Vision Obstructed Failed To Dim Headlights Improper Towing Object / Obstruction in Roadway

7E. WORK ZONE Traffic Control None Unknown Control Malfunctioning / Inoperative / Missing Workers Present Controls

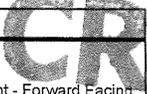
Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

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 MC / MX / ICC NO. USDOT NO.

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 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		

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)

I responded to National Guard Road and Doniphan Drive for a vehicle crash. It was determined vehicle one, driven by Drew Young, had made a left turn onto Nation Guard Road and was continuing eastbound. Vehicle one was crowding the center lane and sideswiped an opposing vehicle in the westbound lane. No injuries were reported and neither vehicle required tow.

Contact was made with the driver of vehicle one, Drew Young. Mr. Young reported he had frost on his windshield still and had not taken time to scrape the ice well enough. Mr. Young stated after he turned, the glare from the sun was in his face and he couldn't see well. Mr. Young didn't realize he was crowding the lane and he struck vehicle two with his vehicles front left fender.

The driver of vehicle two stated he was westbound on National Guard Road when he saw vehicle one make a tight turn. Driver two, Brandon Bond, said he slowed, nearly stopping to yield for vehicle one. He stated vehicle one sideswiped the front left of his vehicle.

No injuries were reported.

10. REPORTING AND REVIEWING OFFICER INFORMATION						
REPORTING OFFICER NAME SGT REECE HIMMELSBACH		DSN / BADGE NO. 104	BEAT / ZONE CR	TROOP / DISTRICT / PRECINCT NCR		
REVIEWING OFFICER NAME LT ROBERT SHARP		DSN / BADGE NO. 102	REVIEWING OFFICER 2 NAME		DSN / BADGE NO.	