

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
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LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	0316-101

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	03-11-2016	1946	03-11-2016	1946	03-11-2016	1946	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 checked="" type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input 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.	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWR 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.
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No - No commercial vehicle fields need completion. Yes - Go to number 2. No - No commercial vehicle fields need completion. Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS S FORMAT)
NEWTON	NEOSHO	N	NFD1-N	LAT: N LONG: W NA

ON	RDWY DIR.	DISTANCE FROM	LOCATION	INTERSECTING
BU 49	N	<input checked="" type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	CST W HARMONY ST
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT
45	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			35

TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane	<input checked="" 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)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain)	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain)

ROAD SURFACE	WEATHER CONDITION
<input checked="" type="checkbox"/> Concrete <input 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)	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <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)

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

5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

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

DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<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

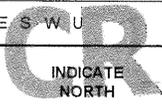
CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting 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 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)

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<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)	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

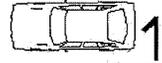
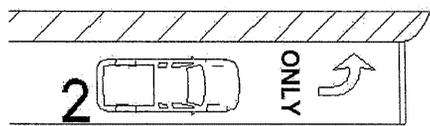
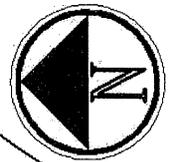
6. COLLISION DIAGRAM

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

V1 **N** ES WU V2 **S** ES WU V3 NES WU V4 NES WU V5 NES WU V6 NES WU



HARMONY ST



Bus Highway 49

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) 26176 S 1725 RD - SHELDON, MO 64784 PHONE NUMBER (417) 279-2121

DRIVER LICENSE / ID NUMBER U077087008 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 01-02-1992 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 EQUITY PHONE NO. (Optional) (417) 682-3131 - POLICY NUMBER N24047044 NA Driver Vehicle

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

YEAR 2003 MAKE Ford MODEL ESCORT COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 4

LICENSE - PLATE NO 01ARNG STATE MO YEAR 2016 VIN 3 F A F P 1 1 3 6 3 R 1 0 2 2 8 6 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 Ron's Towing 451-5787

INITIAL IMPACT NO: 9 15 16 17 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) 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 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 01 34 Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE No Yes Unk 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) 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)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
SPARKS, CHARITY KAYE 26176 S 1725 RD - SHELDON, MO 64784	02-03-1993	F	FR	5	1	2	03	03	(417) 279-2121
SPARKS, ELAS BENTLEE 26176 S 1725 RD - SHELDON, MO 64784	12-20-2012	M	SL	5	1	2	03	12	
SPARKS, DAISY MEIGH 26176 S 1725 RD - SHELDON, MO 64784	08-06-2014	F	SR	5	1	2	03	12	

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 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 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 JOHNSON, KATRINA LEE ANN 1535 HILLDALE DR - NEOSHO, MO 64850
PHONE NUMBER (417) 540-0398

DRIVER LICENSE / ID NUMBER Y158263001
STATE MO
LIC STATUS: Valid, Expired, Susp / Rev / Denied, Disqual CDL, NA, Canceled / Oth Invalid, Unknown
LIC TYPE: Operator Class, CDL Class, Interm / Grad, NA
Permit, MC Only, Unlicensed, Unlicensed (checked)
MC ENDORSEMENT: Yes, No, Unknown (checked)

DATE OF BIRTH 08-04-1987
SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED: Not Obstructed (checked), Windshield, Load on Veh, Trees / Brush, Building, Embankment, Sign, Hillcrest, Parked Veh, Moving Veh, Stopped Veh, Glare, Other (Explain)

PROOF OF INSURANCE: Yes, No (checked), Not Required
INSURANCE COMPANY: Expired
PHONE NO. (Optional) POLICY NUMBER: NA
Driver, Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
GRIPKA, SETH 507 N SPRUCE ST - PIERCE CITY, MO 65723
PHONE NUMBER SAD

YEAR 2000 MAKE Dodge MODEL DAKOTA COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 8MU685 STATE MO YEAR 2016 VIN 1B7GL22X2Y1S692354
TOWED FROM SCENE: Yes, No (checked)
TOWED DUE TO DIS. DAMAGE: Yes, No (checked)

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO: 6
18 - Undercarriage, 19 - Windshield, 20 - Burned, 21 - Towed Unit, 22 - Cargo, 23 - Unknown, 24 - Other (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
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 / 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
SEQUENCE OF EVENTS CODES: 05 34
Additional Codes Listed in Narrative (See Codes in Section 8)
ANIMAL CODE(S), FIXED OBJECT CODE(S), ALCOHOL USE: No, NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
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)
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)
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

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)
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 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 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

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 03/11/2016 at approximately 19:46 hours officers responded to the intersection of Business 49 and West Harmony Street to take a report of a traffic crash.

When I arrived on scene I observed two vehicles were involved. Vehicle one was a 2003 black Ford Escort bearing Missouri temporary tag 01ARNG. Vehicle two was a 2000 Dodge Dakota bearing Missouri 8MU685. Vehicle one was driven by Andrew Sparks and vehicle two was driven by Katrina Johnson. Vehicle one had three passengers. The front passenger was Charity Sparks and the two rear passengers were Daisy Sparks and Elas Sparks.

I spoke to Andrew Sparks. Mr. Sparks stated he was traveling northbound on Business 49 into the intersection. He saw vehicle two turn left in front on him and tried to swerve to avoid it but crashed into the back passenger side of vehicle two. He stated he had a green light when he entered the intersection. He stated he was not hurt and did not need medical attention; he said none of his passengers were injured either. His vehicle was towed by Ron's Towing due to disabling damage.

After speaking with them I talked to Ms. Johnson. She stated she was turning left onto West Harmony Street when vehicle one crashed into her. She stated she had a "green circle light". I informed her that meant she needed to yield to the oncoming vehicle to which she replied "I didn't know that". Ms. Johnson stated vehicle one also had a green light. She stated she was not injured and did not need medical attention. Her vehicle sustained minor damage to the rear passenger side and was able to drive away from the scene.

Due to the amount of traffic, measurements were not taken.

I have nothing further to report at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME PHILIP PHILLIP WHITEMAN	DSN / BADGE NO. 116	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NFD1-N
REVIEWING OFFICER NAME SGT JOSHUA BUCKNER	DSN / BADGE NO. 105	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.