

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	0316-123	
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE	
2	03-15-2016	1440	03-15-2016	1441	03-15-2016	1443	<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 checked="" 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 type="checkbox"/> Sideswipe (Opp. Dir.) <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. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2.	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. <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	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	CR	NA	LAT N _____ LONG W NA
ON		RDWY DIR	DISTANCE FROM	LOCATION
US HWY 60		W	20 _____ Feet _____ Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At
SPEED LIMIT	ROAD MAINTAINED BY	INTERSECTING		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	E of LP W 49		NA
TRAFFICWAY		ROAD ALIGNMENT		ROAD PROFILE
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input checked="" type="checkbox"/> Two-Way; Divided; Positive Median Barrier <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		ROAD CONDITION		
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)		<input checked="" 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 type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)		
ROAD SURFACE		WEATHER CONDITION		
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <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 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

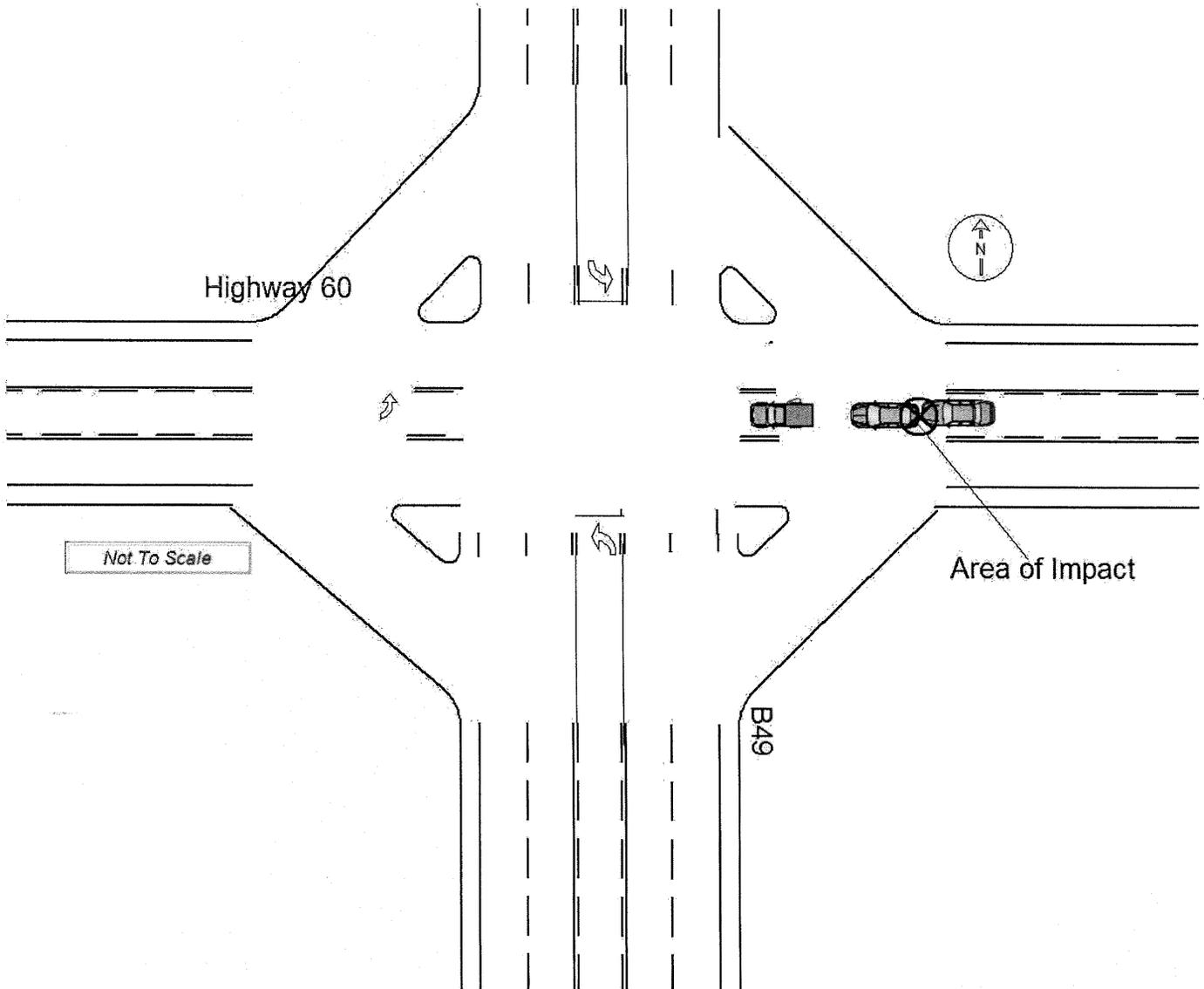
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER				
DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input 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 type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic			<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"/> None <input type="checkbox"/> Failed To Yield <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)				<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 NES **W** U V2 NES **W** U V3 NESW U V4 NESW U V5 NESW U V6 NESW U

INDICATE NORTH



Not To Scale

Area of Impact

B49

Highway 60

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO	7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
1	KIRK, CAROLYN SUE 2 ENFIELD DR - BELLA VISTA, AR 72715	(314) 324-5125

DRIVER LICENSE / ID NUMBER	STATE	LIC STATUS	Valid <input checked="" type="checkbox"/> <input type="checkbox"/> Expired	LIC TYPE	Operator Class <u>D</u>	Permit <input type="checkbox"/> Unknown (Explain)	MC ENDORSEMENT
938619560	AR	<input type="checkbox"/> NA	<input type="checkbox"/> Susp / Rev / Denied <input type="checkbox"/> Canceled / Oth Invalid	<input type="checkbox"/> NA	<input type="checkbox"/> CDL Class _____ <input type="checkbox"/> Intern / Grad	<input type="checkbox"/> MC Only <input type="checkbox"/> Unlicensed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/> Unknown (Explain)

DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	VISION OBSTRUCTED	Not Obstructed <input checked="" type="checkbox"/> <input type="checkbox"/> Windshield	Trees / Brush <input type="checkbox"/> Building	Sign <input type="checkbox"/> Hillcrest	Moving Veh <input type="checkbox"/> Stopped Veh	Other (Explain)
11-24-1952	F	FL	5	1	2	03	05	<input type="checkbox"/> NA	<input type="checkbox"/> Load on Veh	<input type="checkbox"/> Embankment	<input type="checkbox"/> Parked Veh	<input type="checkbox"/> Glare	<input type="checkbox"/> Unknown (Explain)

PROOF OF INSURANCE	INSURANCE COMPANY	PHONE NO. (Optional)	POLICY NUMBER
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required	OFFICE OF ADMINISTRATION	(573) 751-4044 -	<input checked="" type="checkbox"/> NA

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
STATE OF MISSOURI, PO BOX 1643 - JEFFERSON CITY, MO 65102	(573) 751-4044

YEAR	MAKE	MODEL	COLOR	VEH. TYPE	TOTAL NO. OF OCC.
2007	Chevrolet	IMPALA	BLU	1	1

LICENSE - PLATE NO	STATE	YEAR	VIN	TOWED FROM SCENE	TOWED DUE TO DIS. DAMAGE
260522M	MO		2 G 1 W B 5 8 K 3 8 1 3 0 9 1 3 7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

VEHICLE DAMAGE (Mark all damaged areas)	TOWED BY
<input type="checkbox"/> None / No Damage	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA
INITIAL IMPACT NO: <input checked="" type="checkbox"/> NA	

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles		<input checked="" type="checkbox"/> Vehicle Used As Public Conveyance
<input checked="" type="checkbox"/> Passenger Car <input type="checkbox"/> Van (< 9 W/Driver) <input type="checkbox"/> Passenger Van (9+ W/Driver) <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Limousine (7-8 W/Driver) <input type="checkbox"/> Limousine (9-15 W/Driver) <input type="checkbox"/> Motorized Bicycle <input type="checkbox"/> Pedalcycle <input type="checkbox"/> To / From School	<input type="checkbox"/> Small Bus (9-15 W/Driver) <input type="checkbox"/> Large Bus (16+ W/Driver) <input type="checkbox"/> School Bus <input type="checkbox"/> Intercity <input type="checkbox"/> Transit / Commuter <input type="checkbox"/> Charter / Tour <input type="checkbox"/> Other	<input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> Motor Home <input type="checkbox"/> Farm Implements <input type="checkbox"/> Construction Equip. Heavy Mach. <input type="checkbox"/> Other Vehicle (Code) _____ <input type="checkbox"/> Cargo Van <input type="checkbox"/> Pickup <input type="checkbox"/> Other Heavy Truck <input type="checkbox"/> Unknown (Explain)

EMERGENCY VEHICLE INVOLVEMENT	CONTRIBUTING TRAFFIC CONDITIONS
<input checked="" type="checkbox"/> NA	<input type="checkbox"/> NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES	ALCOHOL USE
SEQUENCE OF EVENTS CODES: 09 34	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES	
<input type="checkbox"/> Vehicle Defects (Explain) <input type="checkbox"/> Speed - Exceeded Limit <input type="checkbox"/> Too Fast For Conditions <input type="checkbox"/> Violation Signal / Sign <input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs	<input type="checkbox"/> Vision Obstructed <input type="checkbox"/> Driver Fatigue / Asleep <input type="checkbox"/> Improper Signal <input type="checkbox"/> Improper Backing <input type="checkbox"/> Improper Turn <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improperly Parked <input type="checkbox"/> Failed To Dim Headlights <input type="checkbox"/> Failed To Use Lights <input checked="" type="checkbox"/> Following Too Close <input type="checkbox"/> Wrong Side (Not Passing) <input type="checkbox"/> Wrong Side (One-Way) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Improper Start From Park

7E. WORK ZONE	TRAFFIC CONTROL	CONTROL MALFUNCTIONING / INOPERATIVE / MISSING
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Electric: <input checked="" 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)	<input type="checkbox"/> Yes (Explain) <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> NA

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)	MM-DD-YYYY								

7G. COMMERCIAL MOTOR VEHICLE	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.
<input checked="" type="checkbox"/> NA	

MOTOR CARRIER IDENTIFICATION (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
	<input type="checkbox"/> SAO

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

HAZARDOUS MATERIALS	PLACARD DISPLAYED	4-DIGIT NO.	CLASS	HM CARGO PRESENT	HM CARGO RELEASED	HAZARDOUS MATERIAL NAME
<input type="checkbox"/> Enclosed Box <input type="checkbox"/> Flatbed <input type="checkbox"/> Concrete Mixer <input type="checkbox"/> Garbage / Refuse <input type="checkbox"/> Pole Trailer <input type="checkbox"/> Vehicle Towing <input type="checkbox"/> Intermodal Container Chassis <input type="checkbox"/> NA (No Cargo Body) <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. 2 TA. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) ORRISON, ROBERT WAYNE 9 LONGLEAT LN - BELLA VESTA, AR 72714 PHONE NUMBER (816) 215-6007

DRIVER LICENSE / ID NUMBER 938847016 STATE AR LIC STATUS Valid Operator Class D MC ENDORSEMENT NA

DATE OF BIRTH 03-18-1957 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED NA

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY FARMERS INS. PHONE NO. (Optional) (479) 464-8888 - POLICY NUMBER 192306521

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

YEAR 2012 MAKE Honda MODEL ACC COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 428UAR STATE AR YEAR 2016 VIN 1 H G C P 2 F 3 4 C A 1 4 5 8 6 9 TOWED FROM SCENE No TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage TOWED BY Unknown NA INITIAL IMPACT NO. 8

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance Passenger Car Van (< 9 W/Driver) School Bus Intercity Charter / Tour Other

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES 12 34 ALCOHOL USE No

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

7E. WORK ZONE Traffic Control None Unknown 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, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE NA 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.

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	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 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
	FC SC TC						
	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 03-15-2016 I responded to a non injury traffic crash at Highway 60 and Business 49. Upon my arrival I observed vehicle 1 identified by Missouri Official Vehicle 26-0522M, a blue 2007 Chevrolet Impala. I also observed vehicle 2 identified by Arkansas registration 428UAR, a silver 2012 Honda Accord. These vehicles were sitting approximately 150 feet south of the intersection on the south bound shoulder of Business 49.

I made contact with the drivers. The driver of vehicle 1 was Carolyn Sue Kirk identified by her Arkansas driver's license. She told me she struck vehicle 2 in the rear with the front of her vehicle. She explained she was behind vehicle 2 at the stop light. She said they were both in the south bound turn lane on Highway 60 waiting on the light to turn green. Mrs. Kirk said she thought the light turned green and she accelerated and struck vehicle 2. She told me she noticed another car moving forward in the lane beside her that is why she thought the light was green. I asked her if she was doing anything distracting her from the roadway and she told me she was not.

I spoke with the driver of vehicle 2 Robert Wayne Orrison identified by his Arkansas driver's license. He told me he was sitting at the stop light and the light was red and vehicle 1 struck him in his rear bumper.

There was visual minimal damage to vehicle 1. The front license plate was bent. There was visual minimal damage to the back bumper of vehicle 2. I took photographs of both vehicles and their damages.

Both drivers did not complain of any injuries and both vehicles were driven away from the scene.

Nothing further.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF WILLIAM CLIFFMAN	DSN / BADGE NO 121	BEAT / ZONE CR	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT BRADLEY FIENEN	DSN / BADGE NO 106	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

BR 106