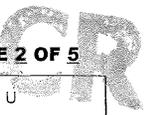


1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>																			
SPACE USED FOR BARCODE				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>LEFT THE SCENE</td> <td>DRIVER NO.</td> <td>CLEARED</td> <td>CRASH CLASSIFICATION</td> <td>PROPERTY DAMAGE ONLY</td> <td>NO. INJURED</td> <td>NO. KILLED</td> <td>REPORT / CASE / INCIDENT NUMBER</td> </tr> <tr> <td><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>0</td> <td>0</td> <td>0416-174</td> </tr> </table>				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	0416-174
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	0416-174																
NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE																
2	04-18-2016	0453	04-18-2016	0455	04-18-2016	0505	<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)	<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 / 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.																			
EVIDIARY 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		SW	NCR	LAT: N LONG: W NA																	
ON			RDWY DIR.	DISTANCE FROM	LOCATION	INTERSECTING																	
MO 59			S	<input checked="" type="checkbox"/> NA ____ Feet ____ Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	CST CLEMON DR																	
SPEED LIMIT	ROAD MAINTAINED BY					SPEED LIMIT	INT. DIR.																
45	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other					25	E																
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"/> Other <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input 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 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 checked="" 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 type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)				<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input 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 type="checkbox"/> Daylight <input checked="" 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																	
BARNES, ROBERT BRENDON		1410 GREENWOOD BLVD - NEOSHO, MO 64850				(417) 451-6671																	
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 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"/> 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																	

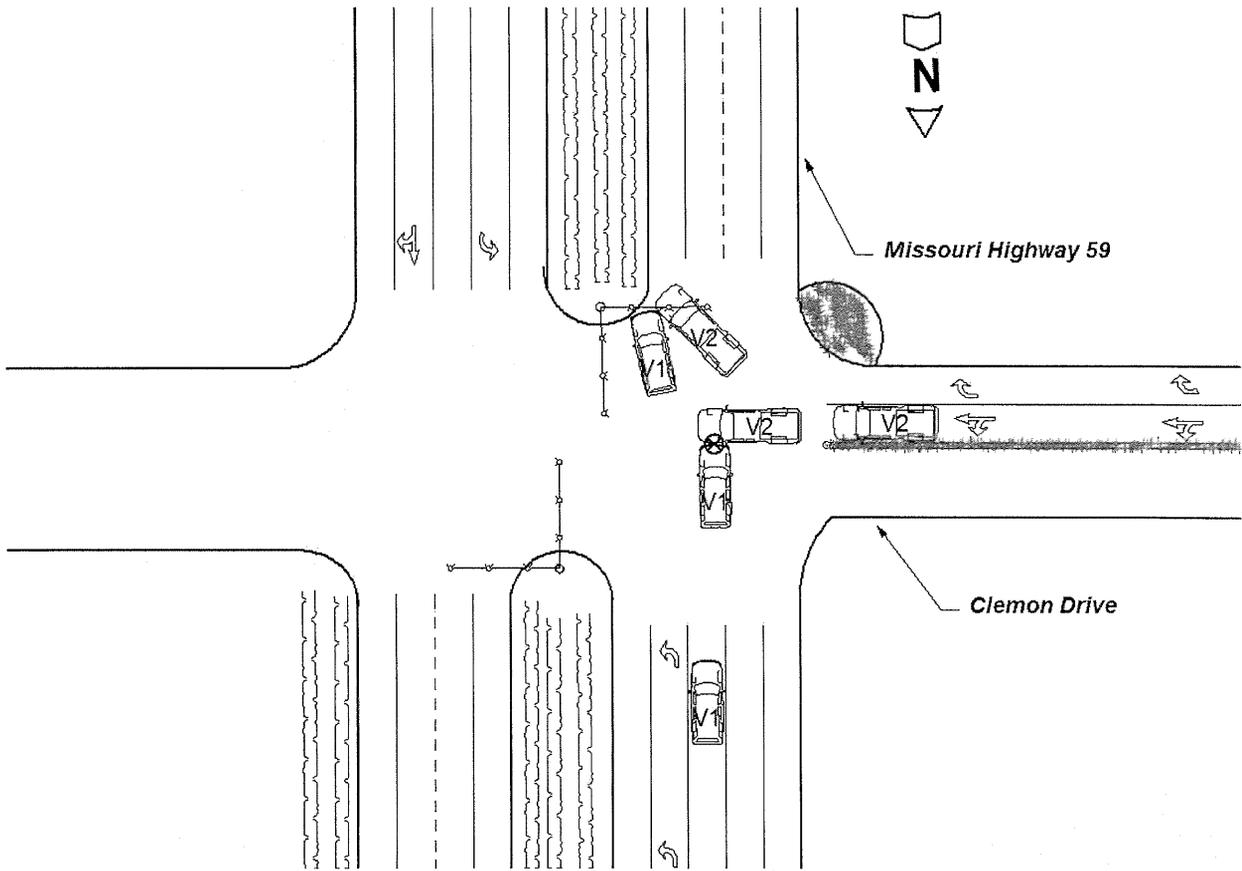


6. COLLISION DIAGRAM

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

V1 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



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) HIGGINBOTHAM, CHRIS LEE 13260 JAY DR LOT 6 - NEOSHO, MO 64850 PHONE NUMBER (417) 793-9261

DRIVER LICENSE / ID NUMBER E1545316 STATE MO LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class F  Permit  Unknown (Explain)  CDL Class  MC Only  NA  Interm / Grad  Unlicensed MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH 09-10-1962 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 09 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 VIKING INSURANCE Expired PHONE NO. (Optional) (800) 874-4453 - POLICY NUMBER 251603218  NA  Driver  Vehicle

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

YEAR 2003 MAKE Chevrolet MODEL TAHOE COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 8HV868 STATE MO YEAR 2017 VIN 1GNEK13Z33R188830 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 Poore's Truck Salvage & Towing 451-4442 - 4174514442 13260 JAY DRIVE LOT 6 NEOSHO MO 64850

INITIAL IMPACT NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo 23 - Unknown 24 - Other (Explain)

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.  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  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) (See Codes in Section 8)  NA

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)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)									

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  Not In Commerce - Rental 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



SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	(For Medical Treatment)	1. NA	1. None / NA	9. Deployed - Combination	1. None	10. Booster Seat	
B - Pedalcycle	FC SC TC	2. Disabling		2. No	3. Not Deployed	10. Deployment Unknown	2. Not Used	11. Child Restraint - Forward Facing	
M - Motorcycle	FL SL TL	3. Evident - Not Disabling		3. Partially	4. Removed	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing	
CP - Commercial Passenger		4. Probable - Not Apparent		4. Totally	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet	
OE - Occupant - Enclosed Load Area		5. None Apparent		U. Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing	
OU - Occupant - Unenclosed Load Area		U. Unknown		N. NA	7. Deployed - Curtain		7. DOT Compliant MC Helmet	15. Other	
RC - Rail Crew		N. NA			8. Deployed - Other (Knee, Air Belt, etc.)		8. No Helmet	U. Use Unknown	
SV - Other (Explain in Narrative)								N. Not Applicable	
NA - 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
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport
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 (**)
			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
			44. Thrown/Falling Object
			45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
			46. Ran Off Roadway - Other (Explain)
			47. Cross Separator

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 04-18-2016 at approximately 0455 hours, Officers responded to the intersection of Highway 59 and Clemon Drive.

Upon my arrival at the intersection of Highway 59 and Clemon Drive, I noticed two vehicles in the intersection. Both vehicles had front end damage and were facing south at the time. The first vehicle was a white Chevrolet Tahoe now known as vehicle 1 (V1) and the second was a white Cadillac Escalade E now known as vehicle 2 (V2).

I made contact with the driver of V2, identified by his Missouri Driver's License as Roderick May. He stated he was stopped at the intersection of Clemon Drive and Highway 59. He stated the light turned green and he proceeded, heading east on Clemon Drive across Highway 59. He stated he noticed V1 approaching and said he thought the vehicle was travelling too fast to be able to stop in time. He told me the vehicle did not stop at the intersection and struck his vehicle on the left side, spinning him towards the south.

I made contact with the driver of V1, identified by his Missouri Driver's License as Chris Higginbotham. Mr. Higginbotham stated he was traveling south on Highway 59. He stated he believed the light was green and continued through the intersection. Mr. Higginbotham said V2 entered the intersection and he was not able to stop in time. He stated he believes Mr. May ran the red light. Mr. Higginbotham said he had a friend who was travelling behind him at the time of the crash. He gave me the phone number for Robert Barnes.

I contacted Mr. Barnes, who stated he was travelling south on Highway 59 behind Mr. Higginbotham. He stated the light for the southbound lane turned red and he slowed down and prepared to stop. He told me that V1 did not slow down and continued through the intersection, resulting in the traffic crash. He stated the east and westbound lanes at the intersection had a green light and V2 had the right of way at the time of the incident.

Both V1 and V2 were towed by Poer's Towing at the request of the owners.

At the conclusion of my investigation and after viewing available evidence on scene, speaking with both drivers and the available witness, I concluded V1 provided the probable contributing circumstance of failing to stop at a traffic signal, resulting in a traffic crash.

I have nothing further to add at this time.

*[Signature]* 123

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
OFF JOSHUA HOUGHTON	123	SW	NCR
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
<i>[Signature]</i>			