

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300				CR					
SPACE USED FOR BARCODE													
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"/>			0	0	0516-103		
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)	INVEST. AT SCENE
2		05-10-2016		0740		05-10-2016		0740		05-10-2016		0740	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard.							
<input type="checkbox"/> No - No commercial vehicle fields need completion. <input checked="" type="checkbox"/> Yes - Go to number 2. →						<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> 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	
CST LAZY BOY DR						N		NA		NA		CST N COLLEGE ST	
SPEED LIMIT		ROAD MAINTAINED BY											
25		<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other											
TRAFFICWAY						ROAD ALIGNMENT			ROAD PROFILE				
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane						<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier			<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)				
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input checked="" 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"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water			<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)				
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 checked="" type="checkbox"/> Clear <input 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 checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input type="checkbox"/> Dark-Unlighted <input type="checkbox"/> Dark-Unknown Lighting <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)													
3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES <input checked="" type="checkbox"/> None													
LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> Municipality													
4 - WITNESS <input type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative													
NAME								ADDRESS (Street, City, State, Zip)			PHONE NUMBER		
DENEFRIO, CANDACE LYNN								15124 GAZELLE DR - NEOSHO, MO 64850			(417) 389-2269		
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"/> 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

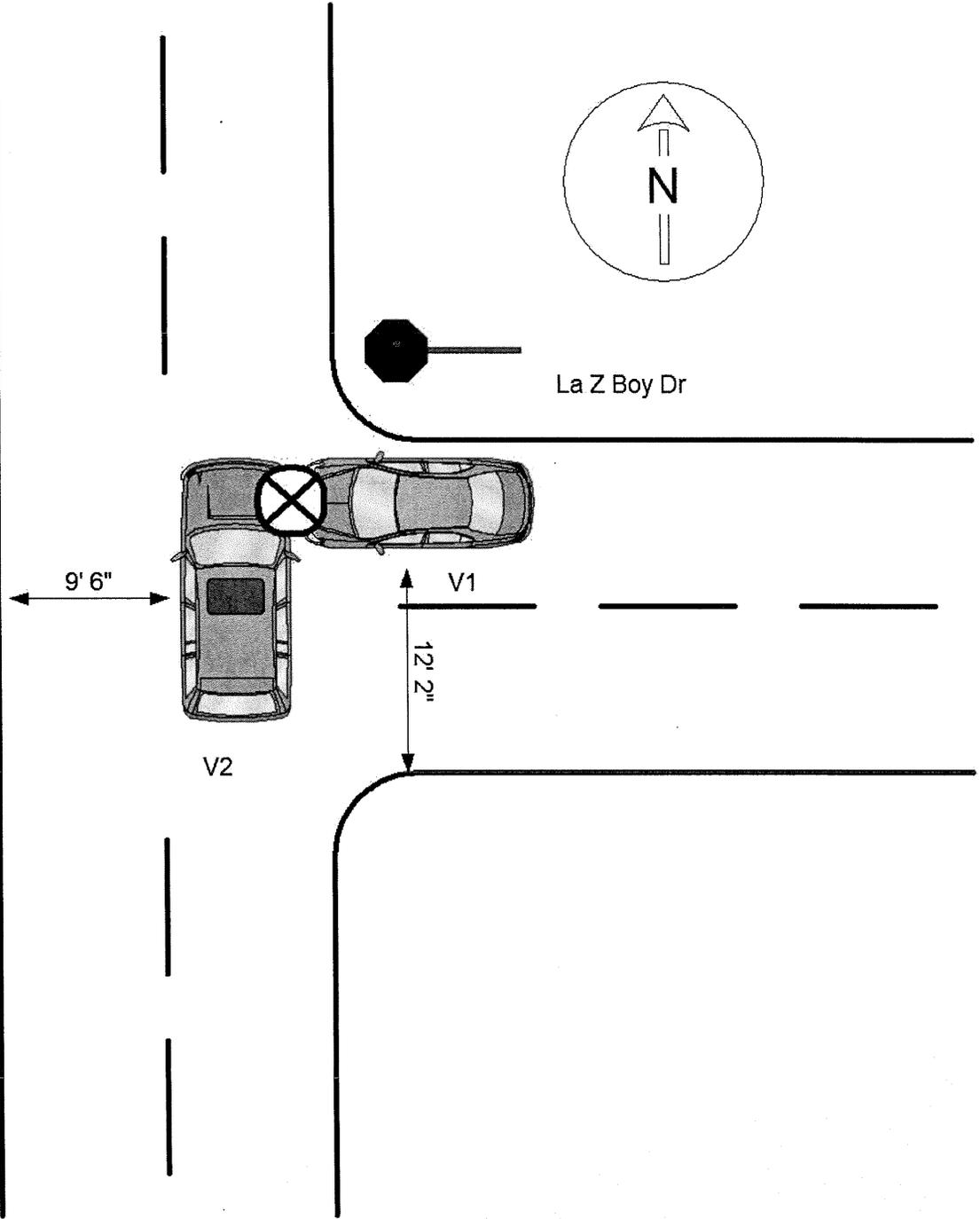
Compass Direction
Before Crash Event(s)
(Circle One)

V1 NES **W** U V2 **N** ES W U V3 NES W U V4 NES W U V5 NES W U V6 NES W U

CR
INDICATE
NORTH

North College St.

La Z Boy Dr



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 MOUSE, KYLEE MAKAY 17404 LOCUST RD - NEOSHO, MO 64850
PHONE NUMBER (417) 455-6828

DRIVER LICENSE / ID NUMBER A078206002 STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] NA [] Canceled / Oth Invalid [] Unknown
LIC TYPE [X] Operator Class F [] Permit [] Unknown (Explain) [] MC Only [] NA [] Interm / Grad [] Unlicensed [] CDL Class [] MC Only [] Unlicensed [] Unknown (Explain)

DATE OF BIRTH 07-19-1999 SEX F SEAT LOC FL INJ 5 TRANS PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED [] NA [] Windshield [] Load on Veh [] Trees / Brush [] Building [] Embankment [] Sign [] Hillcrest [] Parked Veh [] Moving Veh [] Stopped Veh [] Glare [] Other (Explain) [] Unknown (Explain)

PROOF OF INSURANCE [X] Yes [] No [] Not Required INSURANCE COMPANY GEICO EXPIRED []
PHONE NO. (Optional) (800) 841-3000 - POLICY NUMBER 4301670719
[] Driver [X] Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [] SAD
HARRELL, PATRICK LEE 17404 LOCUST RD - NEOSHO, MO 64850
PHONE NUMBER (417) 455-6828

YEAR 2007 MAKE Dodge MODEL CHARGER COLOR ONG VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 401PDI STATE OK YEAR 2016 VIN 2 B 3 L A 4 3 N 0 7 H 8 1 7 8 8 3
TOWED FROM SCENE [X] Yes [] No TOWED DUE TO DIS. DAMAGE [X] Yes [] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage
INITIAL IMPACT NO. 14
18 - Undercarriage 22 - Cargo 23 - Unknown
19 - Windshield 20 - Burned 24 - Other (Explain)
21 - Towed Unit
TOWED BY Ron's Towing 451-5787

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles [] Vehicle Used As Public Conveyance
[X] Passenger Car [] Small Bus (9-15 W/Driver) [] Motorcycle [] Motor Home [] Single-unit Truck; 2 axles, 6 tires
[] Van (< 9 W/Driver) [] Large Bus (16+ W/Driver) [] ATV [] Farm Implements [] Single-unit Truck; 3 or more axles
[] Passenger Van (9+ W/Driver) [] School Bus [] Construction Equip. Heavy Mach. [] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[] Sport Utility Vehicle [] Intercity [] Other Vehicle (Code) [] Truck Tractor With No Units
[] Limousine (7-8 W/Driver) [] Transit / Commuter [] 2 Wh [] Cargo Van [] Truck Tractor With One Unit
[] Limousine (9-15 W/Driver) [] Charter / Tour [] 3 Wh [] Pickup [] Truck Tractor With Two Units
[] Motorized Bicycle [] Other [] 4 Wh [] Other Heavy Truck [] Truck Tractor With Three Units
[] Pedalcycle [] To / From School [] 5 Wh / More [] Unknown (Explain)
[] Greater than 26,000 lbs.
[] 10,001 - 26,000 lbs.
[] Less than or equal to 10,000 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 [] Additional Codes Listed in Narrative (See Codes in Section 8)
SEQUENCE OF EVENTS CODES 05 | 34
ALCOHOL USE [X] No [] Yes [] Unk [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [] None
[] Vehicle Defects (Explain) [] Vision Obstructed [] Failed To Dim Headlights [] Improper Towing / Pushing [] Object / Obstruction in Roadway
[] Speed - Exceeded Limit [] Driver Fatigue / Asleep [] Failed To Use Lights [] Improperly Stopped On Roadway [] Distracted / Inattentive (Designate Type)
[] Too Fast For Conditions [] Improper Signal [] Following Too Close [] Improper Lane Usage / Change [] Unknown (Explain)
[] Violation Signal / Sign [] Improper Backing [] Wrong Side (Not Passing) [] Overcorrected [] Other (Explain)
[X] Failed To Yield [] Improper Turn [] Wrong Side (One-Way) [] Improper Riding / Clinging To Veh. Exterior [] Failed To Secure Load / Improper Loading [] DISTRACTED / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)
[] Alcohol [] Improper Passing [] Physical Impairment (Explain) [] Animal(s) In Roadway
[] Drugs [] Improperly Parked [] Improper Start From Park

7E. WORK ZONE [] Yes [X] No [] Unknown
TRAFFIC CONTROL [X] None [] Unknown
Electric: [] Green/Yellow/Red [] Flashing Red [] Flashing Yellow [] Ramp Meter [] Other (Explain)
Workers Present [] Yes [] No [] Unknown
Other: [X] 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)

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. Row 7F. is empty.

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 - 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

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): **2 CANTER, RUTH IRENE JEANET 502 W HARMONY ST - NEOSHO, MO 64850** PHONE NUMBER: **(417) 389-2755**

DRIVER LICENSE / ID NUMBER: **S078241008** 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: **06-05-1987** SEX: **F** SEAT LOC: **FL** INJ: **5** TRANSPORT: **1** EJECTION: **2** AIR BAG: **03** SAFETY DEVICES: **05** VISION OBSTRUCTED: Not Obstructed Trees / Brush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare

PROOF OF INSURANCE: Yes No Not Required INSURANCE COMPANY: **STATE FARM** Expired PHONE NO. (Optional): **(417) 624-8443 -** POLICY NUMBER: **1829449A0225B** NA Driver Vehicle

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

YEAR: **2005** MAKE: **Chevrolet** MODEL: **BLAZER** COLOR: **MAR** VEH. TYPE: **1** TOTAL NO. OF OCC.: **1**

LICENSE - PLATE NO: **WJ4V2U** STATE: **MO** YEAR: **2016** VIN: **1, G, N, D, T, 1, 3, X, 4, 5, K, 1, 0, 6, 4, 0, 0** 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**

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

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance

Passenger Car Van (< 9 W/Driver) Passenger Van (9+ W/Driver) Sport Utility Vehicle Limousine (7-8 W/Driver) Limousine (9-15 W/Driver) Motorized Bicycle Pedalcycle To / From School Small Bus (9-15 W/Driver) Large Bus (16+ W/Driver) School Bus Intercity Transit / Commuter Charter / Tour Other Motorcycle ATV 2 Wh 3 Wh 4 Wh 5 Wh / More Unknown Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) 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: Unknown **01 34** ANIMAL CODE(S): _____ FIXED OBJECT CODE(S): _____ ALCOHOL USE: Yes Unk No NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES None

Vehicle Defects (Explain) Speed - Exceeded Limit Too Fast For Conditions Violation Signal / Sign Failed To Yield Alcohol Drugs Vision Obstructed Driver Fatigue / Asleep Improper Signal Improper Backing Improper Turn Improper Passing Improperly Parked Failed To Dim Headlights Failed To Use Lights Following Too Close Wrong Side (Not Passing) Wrong Side (One-Way) Physical Impairment (Explain) Improper Start From Park Improper Towing / Pushing Improperly Stopped On Roadway Improper Lane Usage / Change Overcorrected Improper Riding / Clinging To Veh. Exterior Failed To Secure Load / Improper Loading Animal(s) In Roadway Object / Obstruction in Roadway Distracted / Inattentive (Designate Type) Unknown (Explain) Other (Explain)

DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8)

7E. WORK ZONE: Yes No Unknown

TRAFFIC CONTROL: None Unknown

Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Other: Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain)

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING: Yes (Explain) No Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANSPORT	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 - 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 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 _____

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 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	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet																																																					
	FC	SC	TC																																																												
	FL	SL	TL																																																												
	VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)																																																														
<table border="0"> <tr> <td>1. Going Straight</td> <td>10. Start From Parked</td> <td>19. Airborne</td> <td>28. Separation Of Units</td> <td>37. Collision Inv. Other Object (Explain)</td> <td>44. Thrown/Falling Object</td> </tr> <tr> <td>2. Overtaking</td> <td>11. Backing</td> <td>20. Ran Off Roadway - Right</td> <td>29. Returned To Roadway</td> <td>38. Other Non-collision</td> <td>45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV</td> </tr> <tr> <td>3. Making Right Turn</td> <td>12. Stopped In Traffic</td> <td>21. Ran Off Roadway - Left</td> <td>30. Collision Inv. Pedestrian</td> <td>39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane</td> <td>46. Ran Off Roadway - Other (Explain)</td> </tr> <tr> <td>4. Right Turn on Red</td> <td>13. Parked</td> <td>22. Overturn / Rollover</td> <td>31. Collision Inv. Bicycle/Pedalcycle</td> <td>40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation</td> <td>47. Cross Separator</td> </tr> <tr> <td>5. Making Left Turn</td> <td>14. Changing Lanes</td> <td>23. Fire / Explosion</td> <td>32. Collision Inv. Railway Veh.</td> <td>41. Collision Inv. Working MV</td> <td></td> </tr> <tr> <td>6. Making U-Turn</td> <td>15. Avoiding</td> <td>24. Immersion</td> <td>33. Collision Inv. Animal (**)</td> <td>42. Downhill Runaway</td> <td></td> </tr> <tr> <td>7. Skidding / Sliding</td> <td>16. Cross Median</td> <td>25. Jackknife</td> <td>34. Collision Inv. MV in Transport</td> <td>43. Fell/Jumped From MV</td> <td></td> </tr> <tr> <td>8. Slowing / Stopping</td> <td>17. Cross Center Of Road</td> <td>26. Cargo Loss / Shift</td> <td>35. Collision Inv. Parked MV</td> <td></td> <td></td> </tr> <tr> <td>9. Start In Traffic</td> <td>18. Cross Road</td> <td>27. Equipment Failure</td> <td>36. Collision Inv. Fixed Object (**)</td> <td></td> <td></td> </tr> </table>										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 (**)		
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 (**)																																																												
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9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On 05/10/2016 at approximately 07:40 hours, officers responded to the intersection of La Z Boy Drive and North College Street to take a traffic crash report.

When I arrived on scene I observed two vehicles were involved. Vehicle one was an orange in color Dodge Charger bearing Oklahoma 401-PDI. Vehicle two was a maroon in color Chevrolet Blazer bearing Missouri WJ4-V2U. Vehicle one was driven by Kylee Mouse and vehicle two was driven by Ruth Canter.

I first spoke to Ms. Mouse. Ms. Mouse was sitting on the ground crying but advised she was not hurt and did not need medical attention. She stated she was turning left off of La Z Boy Drive when she crashed into a north bound vehicle (vehicle two). She stated she "just didn't see it". Her vehicle was towed by Ron's Towing due to disabling damage.

After speaking with her I spoke to Ms. Canter. Ms. Canter was sitting in her vehicle still but had moved off of the roadway. She stated she was traveling northbound on North College Street to substitute teach in Granby when vehicle one turned off of La Z Boy Drive into her. She stated she was not injured and did not need medical attention. Her vehicle sustained disabling damage and had to be towed by Poore's Towing.

I spoke to a witness (Candace Denefrio) who was on scene when I arrived. Ms. Denefrio stated she was out jogging and saw vehicle one pull out, crashing into vehicle two. She stated she thought vehicle one was fully stopped before trying to turn.

I have nothing further to report at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME PIII 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.