

1 - GENERAL CRASH INFORMATION		AGENCY NAME AND ORI	
SPACE USED FOR BARCODE		NEOSHO POLICE DEPARTMENT - MO0730300	

LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	0	1016-115

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
1	10-11-2016	0130	10-11-2016	0134	10-11-2016	0140	<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"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input type="checkbox"/> Angle <input type="checkbox"/> Sideswipe (Same Dir.) <input type="checkbox"/> Sideswipe (Opp. Dir.) <input type="checkbox"/> Falling / Shifting Cargo (Set in motion by MV)

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

1. Does this crash involve any of the following? 1a. A person fatally injured; OR 1b. A person transported for medical attention; OR 1c. A vehicle towed due to disabling damage. <input 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 / GCWVR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
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EVIDENTIARY PHOTOS TAKEN	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	NNE	LAT: N	LONG: W NA
ON		RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
PP 738 E MCKINNEY ST		W	250 <input type="checkbox"/> NA Feet	<input type="checkbox"/> After <input checked="" type="checkbox"/> NA	W of CST MCKINNEY ST
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT	INT. DIR.
NA	<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input checked="" type="checkbox"/> Other			35	W
				GEO - CODE	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"/> Two-Way; Divided; Positive Median Barrier <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Mud / Dirt <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 checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)

LIGHT CONDITION

Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES

LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE. MoDOT County Municipality

OWNER: KWIK MART - 738 E MCKINNEY ST NEOSHO, MO 64850- (417) 451-5960

PROPERTY: BUSINESS SIGN - KWIK MART SIGN ON FRONT OF BUILDING - Estimated Damages: \$1,500.00

4 - WITNESS

NAME	ADDRESS (Street, City, State, Zip)	PHONE NUMBER
GONZALEZ, JORGE MICHAEL	512 E MCKINNEY ST 1 - NEOSHO, MO 64850	(417) 451-1004

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	SCHOOL INFO
						<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	<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)

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"/> Unknown <input type="checkbox"/> Other (Explain)

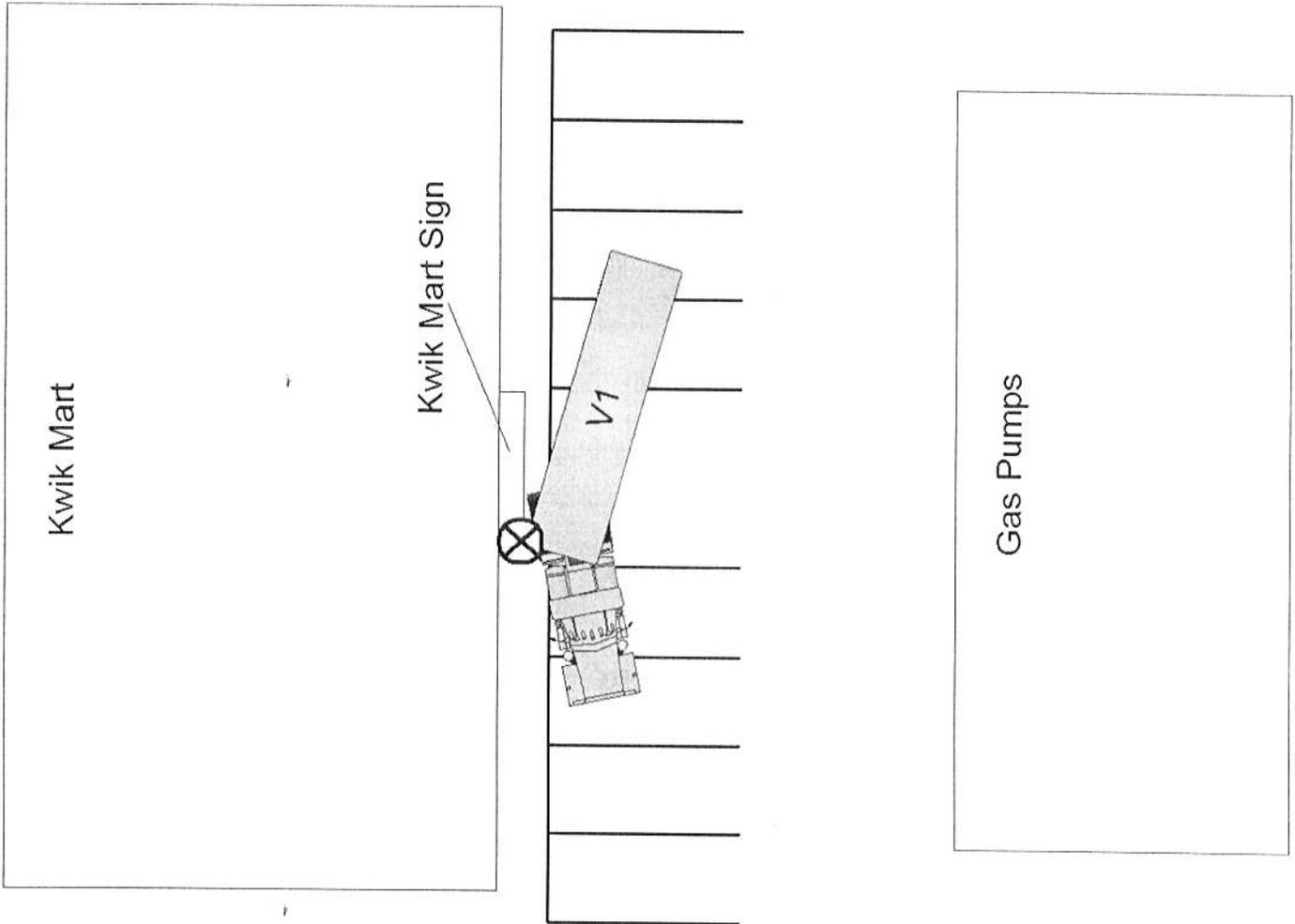
PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> 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 NES **W** U V2 NES W U V3 NES W U V4 NES W U V5 NES W U V6 NES 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): **RUNOV, ALEKSANDR V 11801 SE LINCOLN - PORTLAND, OR 97216** PHONE NUMBER: **(503) 753-6553**

DRIVER LICENSE / ID NUMBER: **8601379** STATE: **OR** LIC STATUS: Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE: Operator Class Permit Unknown (Explain) CDL Class MC Only MC ENDORSEMENT: Yes No NA Interm / Grad Unlicensed Unknown (Explain)

DATE OF BIRTH: **12-07-1973** SEX: **M** SEAT LOC: **FL** INJ: **5** TRANS-PORT: **1** EJEC-TION: **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: Expired **NATIONAL CASUALTY INSURANCE** PHONE NO. (Optional): POLICY NUMBER: **LTO0030924** NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip): SAD **ATL TRANSPORT, 17007 NE 22ND ST - VANCOUVER, WA 98684** PHONE NUMBER: **(360) 335-4088**

YEAR: **1998** MAKE: **FRHT** MODEL: **CENTU -** COLOR: **RED** VEH. TYPE: **1** TOTAL NO. OF OCC.: **2**

LICENSE - PLATE NO.: **60096RP** STATE: **WA** YEAR: **2016** VIN: **1FUYSSEB5WL970025** 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 - 11981 MULLBERRY ROAD - 451-5787**

INITIAL IMPACT NO.: NA 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. 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

GWV / GCWV 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 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 EVENT'S CODES: Unknown **01 06 36 08 11 01** ANIMAL CODE(S): FIXED OBJECT CODE(S): **32** 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 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	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY-DEVICES	PHONE NUMBER
ADDRESS (Street, City, State, Zip)		MM-DD-YYYY								
MALYKIN, ARTEM		01-26-1985	M	FR	5	1	2	03	05	(503) 753-6553
17183 SE ALDER ST - PORTLAND, OR 97238										

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 Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log Unknown

HAZARDOUS MATERIALS: PLACARD DISPLAYED: Yes No Unknown 4-DIGIT NO.: CLASS: HM CARGO PRESENT: Yes No Unknown HM CARGO RELEASED: Yes No Unknown HAZARDOUS MATERIAL NAME:

8 - CODES

SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	FR SR TR FC SC TC FL SL TL	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.) 9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
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VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV	
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway	
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV	
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV		
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)		

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS

60. Deer	61. Farm Animal	62. Dog	63. Other Animal	U. Unknown
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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 / Diveway / 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 10/11/16 around 0100 hours, I was dispatched to the 700 block of E. McKinney street for a traffic crash report.

Upon my arrival to the scene I spoke with the reporting party who was identified by word of mouth as Jorge Gonzalez. Mr. Gonzalez informed me that he was outside of his house when he saw a red Freightliner and the two occupants run into the building at Kwik Mart.

Mr. Gonzalez witnessed the truck turn into the parking lot to turn around. While in the parking lot turning Mr. Gonzalez stated the semi turned around the pumps and were swinging too wide and ended up with the cab of the truck next to the front of the building. When they proceeded to back up and correct the turn the trailer turned and the top right corner of the trailer damaged the Kwik Mart sign hanging from the front of the building. Once the truck hit the building they proceeded to back up and left the parking lot heading west bound on McKinney street.

After speaking with Mr. Gonzalez I then spoke with the occupants of the semi truck. The driver of the semi was identified by an Oregon license as Aleksandr Runov. Mr. Runov could not speak English very well and stated that he was not driving.

When I spoke with the passenger of the semi he was identified by an Oregon license as Artem Malykin. Mr. Malykin stated Mr. Runov was the driver of the truck but they both denied being at Kwik mart and hitting the building.

I observed damage to the top right corner of the trailer where they had struck the building. When I reviewed video footage at Kwik mart I was able to positively identify the truck and the passenger. The truck was a 1998 Red Freightliner displaying Washington registration reading 60096RP.

The semi was towed from the scene by Rons towing and is being stored at their location

There is nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME OFF EDWARD MATTERS	DSN / BADGE NO. 124	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NNE
REVIEWING OFFICER NAME SGT DUSTIN WHITEHILL	DSN / BADGE NO. 104	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.