

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND OR: 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	1016-259

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	10-23-2016	1533	10-23-2016	1536	10-23-2016	1545	<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"/> 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

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 / GCWWR 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 checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. →	<input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM 119	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)
NEWTON	NEOSHO	CR	NCR	LAT: N LONG: W NA
ON		RDWY. DIR.	DISTANCE FROM	LOCATION
MO LYON DR		W	<input checked="" type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At
SPEED LIMIT	ROAD MAINTAINED BY	INTERSECTING		SPEED LIMIT INT. DIR. GEO. CODE
45	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	CST HOWARD BUSH DR		25 S NA

TRAFFICWAY <input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" 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	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)
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INTERSECTION TYPE <input type="checkbox"/> NA <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)	ROAD CONDITION <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)
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ROAD SURFACE <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)	WEATHER CONDITION <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)
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LIGHT CONDITION:
 Daylight Dark-Lighted Dark-Unlighted Dark-Unknown Lighting Other (Explain) Unknown (Explain)

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES None

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

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	PHONE NUMBER

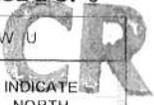
5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

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

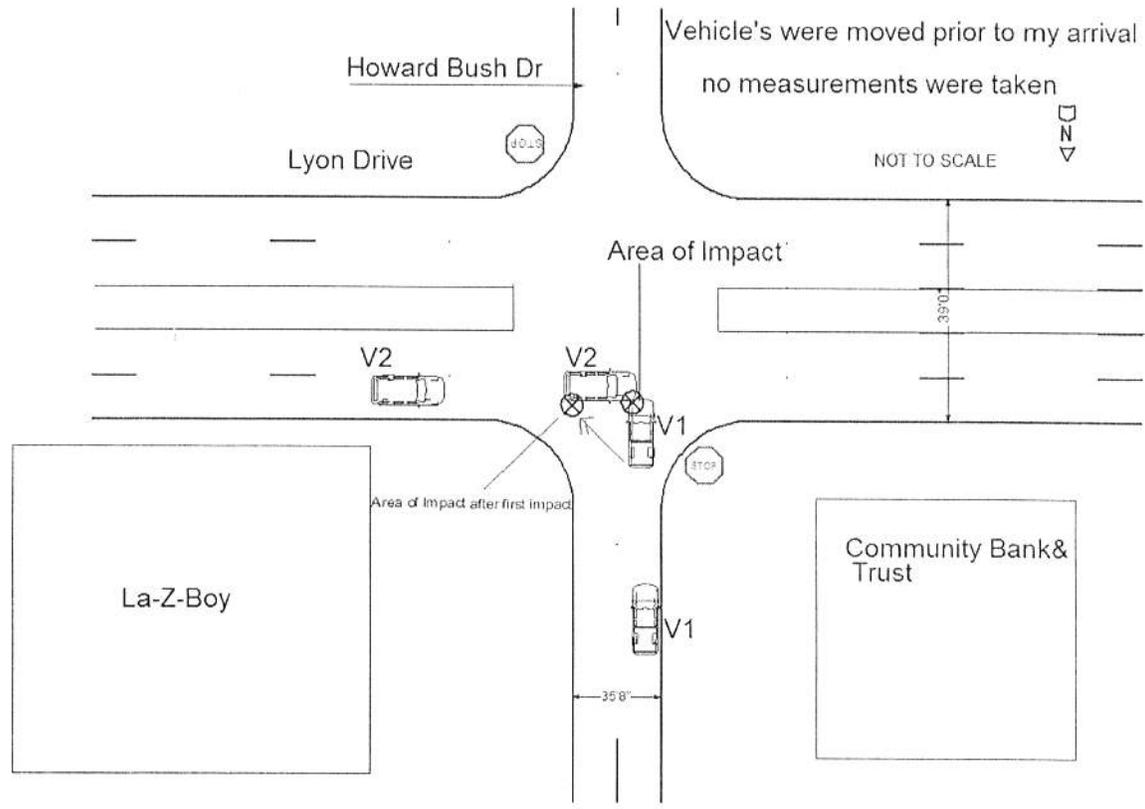
CROSSING ROAD <input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	OTHER ACTIONS <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	SCHOOL INFO. <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)
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PROBABLE CONTRIBUTING CIRCUMSTANCES <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)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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6. COLLISION DIAGRAM Compass Direction Before Crash Event(s) (Circle One) V1 N E (S) W U V2 N E (W) S 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) HELGENBERGER, BELL 13504 PALM RD - NEOSHO, MO 64850 PHONE NUMBER (417) 455-6382

DRIVER LICENSE / ID NUMBER T202156014 STATE MO LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown LIC TYPE Operator Class Permit Unknown (Explain) CDL Class A MC Only MC Endorsement NA Intern / Grad Unlicensed Yes No NA Unknown (Explain)

DATE OF BIRTH 04-26-1982 SEX M SEAT LOC FL INJ 5 TRANS-PORT 2 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 NATIONWIDE INSURANCE PHONE NO. (Optional) POLICY NUMBER 1951445 NA Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) HUFF, JACOB A 17028 LOCUST RD - NEOSHO, MO 64850 PHONE NUMBER (417) 455-9393

YEAR 1998 MAKE Dodge MODEL RAM COLOR RED VEH. TYPE 1 TOTAL NO. OF OCC. 3

LICENSE - PLATE NO. UL5G0W STATE MO YEAR 2016 VIN 1 B 7 H C 1 3 Z 8 W J 1 0 0 4 7 3 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

INITIAL IMPACT NO. 7

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 Motor Home Farm Implements Construction Equip. Heavy Mach. Other Vehicle (Code) Cargo Van Pickup Other Heavy Truck Unknown (Explain)

2 Wh 3 Wh 4 Wh 5 Wh / More Unknown

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 / GCVW RATING (Not Licensed Weight) 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 EVENTS CODES 01 08 34 07 34 Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE No Yes 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) Failed To Yield Improper Turn Wrong Side (One-Way) Improper Riding / Clinging To Veh. Exterior Failed To Secure Load / Improper Loading Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading Drugs Improperly Parked Improper Start From Park Animal(s) In Roadway

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

7E. WORK ZONE Yes No Unknown

TRAFFIC CONTROL None Unknown Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain)

Workers Present Yes No Unknown 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)	ADDRESS (Street, City, State, Zip)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
AMUSTEN, AILEEN	13504 PALM RD - NEOSHO, MO 64850	02-23-1983	F	FR	5	1	2	03	05	(760) 529-2695
HAILEY, LILY	13504 PALM RD - NEOSHO, MO 64850	04-04-2010	F	SR	5	1	2	03	10	(417) 455-6382

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 BURWELL, KEVIN DEAN 37492 ROSEBUD LN - EAGLEROCK, MO 65641
PHONE NUMBER (417) 317-4122

DRIVER LICENSE / ID NUMBER M083577497 STATE OK LIC STATUS Valid
LIC TYPE Operator Class CDL Class D

DATE OF BIRTH 06-06-1986 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJEC-TION 4 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED Not Obstructed Windshield Load on Veh

PROOF OF INSURANCE Yes Yes No Not Required INSURANCE COMPANY ALLSTATE INSURANCE
PHONE NO. (Optional) POLICY NUMBER 810363476

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
MORALES, 1700 BLUE STEM RD - QUAPAW, OK 74363
PHONENUMBER SAD

YEAR 2003 MAKE Chevrolet MODEL SUBURBAN COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 6

LICENSE - PLATE NO. 371MMN STATE OK YEAR 2016 VIN 3GNFK16Z23G100981
TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 3

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Vehicle Used As Public Conveyance
Passenger Car Van (< 9 W/Driver) Sport Utility Vehicle

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 34 07 34
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights

7E. WORK ZONE TRAFFIC CONTROL None
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, EJEC-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Includes entries for DUNCAN, KAYLA MARIE, BURWELL, DALLAS IRVIN, BURWELL, KEVIN DEAN JR, DUNCAN, ZOEY MARIE, BURWELL, KEITH ALLEN.

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 (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO
PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Not In Commerce - Government Vehicle
CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer

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



SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	19. Airborne	(For Medical Treatment)	1. NA	1. None / NA	9. Deployed -	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	2. Disabling	20. Ran Off Roadway - Right		2. No	3. Not Deployed	10. Combination	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident -	21. Ran Off Roadway - Left		3. Partially	4. Removed	U. Deployment	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable -	22. Overturn / Rollover		4. Totally	5. Deployed - Front	U. Unknown	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion		U. Unknown	6. Deployed - Side	U. Air Bag Presence	5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion			7. Deployed - Curtain	U. Unknown	7. DOT Compliant	15. Other
RC - Rail Crew		N. NA	25. Jackknife			8. Deployed - Other		MC Helmet	U. Use Unknown
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift			(Knee, Air Belt, etc.)		8. No Helmet	N. Not Applicable
NA - Not Applicable			27. Equipment Failure						

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	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 / In Bicycle Lane	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

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS			
20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support
			44. Wall
			45. Cable Barrier
			46. Bridge Overhead Structure
			47. Overhead Line / Cable
			U. Unknown

DISTRACTED / INATTENTIVE CODES			
1. External Distraction	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)

Upon my arrival to a scene, I observed a red Dodge Ram, Missouri registration UL5G0W, with damage to the front driver side and the rear driver side. This vehicle will be referred to as vehicle one (V1). I also observed a black Chevrolet Suburban, Oklahoma registration 771MMN, with damage to the passenger front side and the rear passenger side. This vehicle will be referred to as vehicle two (V2).

I spoke with all parties involved in the crash to determine if any medical attention was needed. All parties declined medical attention, but the driver of V2 stated he may go have his back checked out later due to having scoliosis.

I spoke with the driver of V1, identified by word of mouth as Bell Helgenberger; he stated he was traveling south on Howard Bush Drive. He said he went to stop at the intersection of Lyon Drive and the brakes quit working causing him to go through the stop sign striking V2. I went to V1 to test the brakes, when I applied the brakes; the brake paddle went to the floor with no resistance indicating the brakes were malfunctioning.

Later during the investigation Mr. Helgenberger told me his wife was the driver of V1 and not him and I miss understood. I informed Mr. Helgenberger everyone on scene stated he was the driver and he confessed to being the driver. He told me he stated his wife was the driver because he was revoked and was on probation.

I spoke with the driver of V2, identified by word of mouth as Kevin Burwell; he stated he was traveling west on Lyon Drive. He said as he approached the intersection of Howard Bush Drive, he saw V1 not stopping at the stop sign. He said he tried to get out of the way but before he could do anything they were struck in the front end. He said when they struck the rear end of V1 skidded around striking them again in the rear end.

Nothing farther.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
PII JOHN MILLER	119	CR	NCR
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
SGT JOSHUA BUCKNER	105		