

1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI			
SPACE USED FOR BARCODE				NEOSHO POLICE DEPARTMENT - MO0730300			
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		PROPERTY DAMAGE ONLY: NO. INJURED NO. KILLED	
						REPORT / CASE / INCIDENT NUMBER	
						1016-319	
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE	
1		10-28-2016		2343		10-28-2016	
						TIME NOTIFIED (MIL.)	
						2343	
						INVESTIGATION DATE	
						10-29-2016	
						TIME ARRIVED (MIL.)	
						2359	
						INVEST. AT SCENE	
						<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"/> Overturning		<input checked="" type="checkbox"/> Animal		<input type="checkbox"/> Front to Front	
<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Fire / Explosion		<input type="checkbox"/> Railway Vehicle		<input checked="" type="checkbox"/> Angle	
		<input type="checkbox"/> Immersion		<input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans.		<input type="checkbox"/> Front to Rear	
		<input type="checkbox"/> Jackknife		<input type="checkbox"/> Motor Vehicle in Transport		<input type="checkbox"/> Rear to Rear	
		<input type="checkbox"/> Cargo / Equip Loss / Shift		<input type="checkbox"/> Parked Motor Vehicle		<input type="checkbox"/> Rear to Side	
		<input type="checkbox"/> Other Non-Collision		<input type="checkbox"/> Working Motor Vehicle		<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?				2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:			
1a. A person fatally injured, OR				2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR			
1b. A person transported for medical attention; OR				2b. A motor vehicle with seating for 9 or more including driver, OR			
1c. A vehicle towed due to disabling damage.				2c. A vehicle with a hazardous materials placard.			
<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.				<input type="checkbox"/> No - No commercial vehicle fields need completion.			
<input type="checkbox"/> Yes - Go to number 2. →				<input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.			
EVIDENTIARY PHOTOS TAKEN		BY WHOM		AVAILABLE FROM			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		OFC. HUMPHRIES		<input checked="" type="checkbox"/> Investigating Agency		NEOSHO POLICE	
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	
NEWTON		NEOSHO		NW		NA	
GPS COORDINATES (DD MM SS.S FORMAT)				LAT: N			
				LONG: W			
				NA			
ON		RDWY. DIR.		DISTANCE FROM		LOCATION	
MO E HWY 86		E		NA		CRD WARREN DR	
SPEED LIMIT		ROAD MAINTAINED BY		INTERSECTING			
45		<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		25		N	
				SPEED LIMIT		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"/> Other				<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve		<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip	
<input checked="" type="checkbox"/> Two-Way, Not Divided; Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided; Positive Median Barrier <input type="checkbox"/> Unknown				<input type="checkbox"/> Unknown (Explain)		<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"/> 5-way / More <input type="checkbox"/> Unknown (Explain)				<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain)			
<input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)				<input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)			
ROAD SURFACE				WEATHER CONDITION			
<input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone				<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 checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (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 type="checkbox"/> Dark-Lighted <input checked="" 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 checked="" type="checkbox"/> None Identified <input type="checkbox"/> Additional Witnesses In Narrative							
NAME		ADDRESS (Street, City, State, Zip)					PHONE NUMBER
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 checked="" type="checkbox"/> NA / None		<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk		<input type="checkbox"/> Getting On / Off Vehicle		<input type="checkbox"/> Going To / From School			
<input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk		<input type="checkbox"/> Standing / Lying / Sitting In Trafficway		<input type="checkbox"/> Getting On / Off School Bus			
<input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk		<input type="checkbox"/> Pushing / Working On Vehicle		<input type="checkbox"/> Both Of The Above			
<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		<input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.		<input type="checkbox"/> Unknown (Explain)			
		<input type="checkbox"/> Working In Trafficway		<input type="checkbox"/> Unknown			
		<input type="checkbox"/> Playing In Trafficway		<input type="checkbox"/> Other (Explain)			
		<input type="checkbox"/> Walking / Running In Trafficway					
		<input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic					
PROBABLE CONTRIBUTING CIRCUMSTANCES				DISTRACTED / INATTENTIVE CODE(S)		ALCOHOL USE	
<input type="checkbox"/> None				<input checked="" type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<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)							

6 COLLISION  
DIAGRAM

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

V1 N **E** S W U

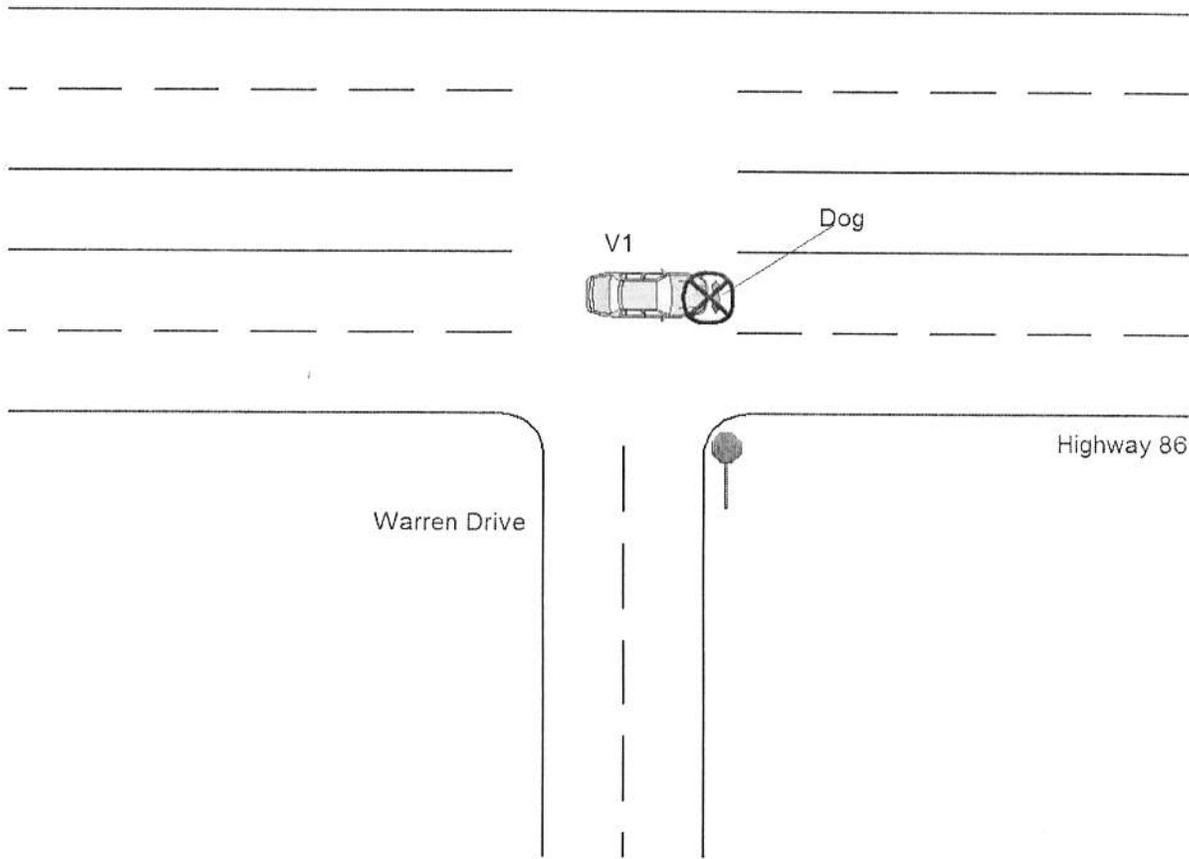
V2 N E S W U

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 ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 CLIFFMAN, WILLIAM 201 N COLLEGE ST - NEOSHO, MO 64850
PHONE NUMBER (417) 451-8012

DRIVER LICENSE / ID NUMBER S077303007
STATE MO
LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] Canceled / Oth Invalid [ ] Unknown
LIC TYPE [X] Operator Class F [ ] Permit [ ] Unknown (Explain) [ ] MC Only [ ] Unlicensed
MC ENDORSEMENT [ ] Yes [X] No [ ] NA [ ] Unknown (Explain)

DATE OF BIRTH 10-24-1968
SEX M SEAT LOC FL
INJ 5 TRANS-PORT 1 EJECT-ION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED [X] Not Obstructed [ ] Trees / Brush [ ] Sign [ ] Moving Veh [ ] Other (Explain)
[ ] Windshield [ ] Building [ ] Hillcrest [ ] Stopped Veh [ ] Unknown (Explain)
[ ] NA [ ] Load on Veh [ ] Embankment [ ] Parked Veh [ ] Clare

PROOF OF INSURANCE [X] Yes [ ] No [ ] Not Required
INSURANCE COMPANY MIRMA [ ] Expired
PHONE NO. (Optional) POLICY NUMBER MIR 2017 [ ] NA [ ] Driver Vehicle [X]

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [ ] SAD
CITY OF NEOSHO, 203 E MAIN ST - NEOSHO, MO 64850
PHONE NUMBER (417) 451-8050 [ ] SAD

YEAR 2011 MAKE Ford MODEL CROWN VI
COLOR BLK | WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO PD13 STATE MO YEAR 2014 VIN 2 F A B P 7 B V 9 B X 1 7 2 8 5 2
TOWED FROM SCENE [ ] Yes [X] No TOWED DUE TO DIS. DAMAGE [ ] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [ ] None / No Damage
INITIAL IMPACT NO. 1
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
[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 [ ] Other Vehicle (Code) [ ] Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors)
[ ] Sport Utility Vehicle [ ] Intercity [ ] Cargo Van [ ] Truck Tractor With No Units
[ ] Limousine (7-8 W/Driver) [ ] Transit / Commuter [ ] Pickup [ ] Truck Tractor With One Unit
[ ] Limousine (9-15 W/Driver) [ ] Charter / Tour [ ] Other Heavy Truck [ ] Truck Tractor With Two Units
[ ] Motorized Bicycle [ ] Other [ ] Unknown (Explain) [ ] Truck Tractor With Three Units
[ ] Pedalcycle [ ] To / From School [ ] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[ ] Police [ ] Ambulance [ ] A. Emergency Vehicle on Emergency Run
[ ] Fire [ ] Other (Must check "A" / "B") [ ] 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 [ ] Unknown 01 33 ANIMAL CODE(S) 62 FIXED OBJECT CODE(S)
ALCOHOL USE [ ] Yes [ ] Unk [X] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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
[ ] 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) [X] NA (See Codes in Section 8)

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
Controls: [ ] 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 [X] NA

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

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 [ ] 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

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		
VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)									
1. Going Straight 2. Overtaking 3. Making Right Turn 4. Right Turn on Red 5. Making Left Turn 6. Making U-Turn 7. Skidding / Sliding 8. Slowing / Stopping 9. Start In Traffic	10. Start From Parked 11. Backing 12. Stopped In Traffic 13. Parked 14. Changing Lanes 15. Avoiding 16. Cross Median 17. Cross Center Of Road 18. Cross Road	19. Airborne 20. Ran Off Roadway - Right 21. Ran Off Roadway - Left 22. Overturn / Rollover 23. Fire / Explosion 24. Immersion 25. Jackknife 26. Cargo Loss / Shift 27. Equipment Failure	28. Separation Of Units 29. Returned To Roadway 30. Collision Inv. Pedestrian 31. Collision Inv. Bicycle/Pedalcycle 32. Collision Inv. Railway Veh. 33. Collision Inv. Animal (**) 34. Collision Inv. MV in Transport 35. Collision Inv. Parked MV 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) 21. Embankment / Driveway / Ground / Rock Bluff 22. Guardrail Face 23. Utility Pole 24. Fence 25. Street Light Support	26. Culvert 27. Highway Traffic Sign Post / Support 28. Bridge Pier / Abutment / Support 29. Curb 30. Mail Box 31. Concrete Traffic Barrier	32. Building 33. Traffic Signal Support 34. Impact Attenuator / Crash Cushion 35. Fire Hydrant 36. Other (Explain) 37. Bridge Parapet End	38. Bridge Rail 39. Guardrail End 40. Other Traffic Barrier 41. Overhead Sign Support 42. Ditch 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 2. Passengers 3. Stereo / Audio / Video Equipment 4. Navigation Device	5. Communication Device - Hand-held 6. Communication Device - Hands Free 7. Communication Device - Texting / E-mailing 8. Communication Device - Web Browsing	9. Eating / Drinking 10. Reading 11. Tobacco Use 12. Grooming	13. Computer Equipment / Electronic Games / etc. 14. Adjusting Vehicle Controls 15. Other (Explain)						
VEHICLE TYPE CODES									
1. Motor Vehicle In Transport 2. Parked Motor Vehicle	3. Working Motor Vehicle 4. Pedalcycle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes U. Unknown							
OTHER VEHICLE CODES									
1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle 7. Other (Explain)						
9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)									

I responded to the area of Hwy 86 and Warren Dr and spoke with William Cliffman. Mr. Cliffman stated he was driving east on Highway 86 in the inside lane. He said a medium sized dog ran out in front of his vehicle and he was unable to stop. Mr. Cliffman told me he struck the dog, killing it.

Mr. Cliffman said he was not injured as a result of the crash. I observed the front license plate holder assembly had been knocked off the front bumper of the vehicle. The vehicle did not appear to have any other damage. I photographed the vehicle and the photographs are attached to this report.

I have nothing further to report.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME PIII JOHNNY HUMPHRIES	DSN / BADGE NO 120	BEAT / ZONE NW	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME PIII JOHNNY HUMPHRIES	DSN / BADGE NO 120	REVIEWING OFFICER 2 NAME	DSN / BADGE NO