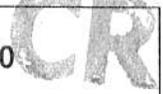


1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
---	--



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	1116-018

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	11-02-2016	0952	11-02-2016	0954	11-02-2016	1006	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION			COLLISION INVOLVING			DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE		
	<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	<input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans. <input checked="" type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> 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)	<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 / 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 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	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	NW	NA	LAT: N LONG: W NA

ON: CST 35 W COLER ST	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING: CST W BROOK ST
	N	NA	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	
SPEED LIMIT: 35	ROAD MAINTAINED BY: <input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	Feet		SPEED LIMIT: 25 INT. DIR.: W GEO - CODE: NA

TRAFFICWAY	ROAD ALIGNMENT
<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 type="checkbox"/> Other <input type="checkbox"/> Unknown	<input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Slush <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Standing Water <input type="checkbox"/> Moving Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)

ROAD SURFACE	WEATHER CONDITION
<input type="checkbox"/> Concrete <input checked="" 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 checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Rain <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 None

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

4 - WITNESS None Identified Additional Witnesses In Narrative

NAME	ADDRESS (Street, City, State, Zip)	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

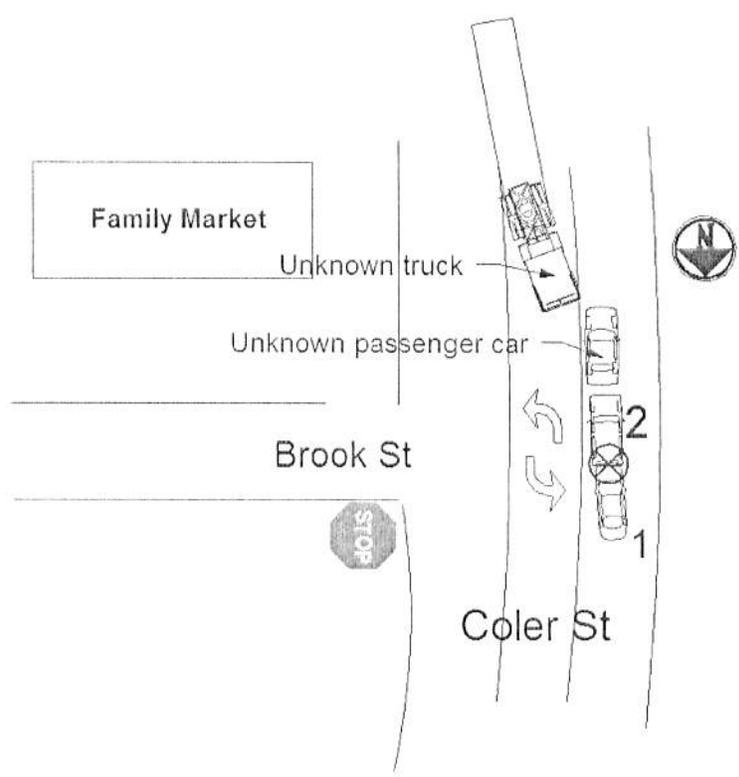
DATE OF BIRTH	SEX	STRUCK BY VEH #	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> On Sidewalk <input type="checkbox"/> In Driveway Access <input type="checkbox"/> Off Roadway <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<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"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> 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 N E (S) W U V2 N E (S) W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U

INDICATE NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 MARTIN, MISTY DAWN 13305 IRIS RD LOT 1 - NEOSHO, MO 64850
PHONE NUMBER (918) 219-3989

DRIVER LICENSE / ID NUMBER M083539817
STATE OK
LIC STATUS Valid
LIC TYPE Operator Class D
MC ENDORSEMENT NA

DATE OF BIRTH 12-10-1997
SEX F SEAT LOC FL
INJ 5 TRANS-PORT 1
EJEC-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED Not Obstructed
Windshield Load on Veh

PROOF OF INSURANCE Yes
INSURANCE COMPANY STATE FARM
PHONE NO. (918) 935-2000 -
POLICY NUMBER 376-8056-A16-36

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

YEAR 2006 MAKE Ford MODEL TAURUS
COLOR WHI VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. 773MST
STATE OK YEAR 2016
VIN 1FAFP56U06A207431
TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO. 1
VEHICLE BODY TYPES - Automobiles / Specialty Vehicles

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA
7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 010834
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects (Explain)
Speed - Exceeded Limit
Failed To Dim Headlights
Improper Towing / Pushing

7E. WORK ZONE
TRAFFIC CONTROL None
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING

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

7G. COMMERCIAL MOTOR VEHICLE NA
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip)

COMMERCIAL / NON-COMMERCIAL
CARGO BODY TYPE
HAZARDOUS MATERIALS

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip):
2 BROCK, SONJA IRMA 1122 STRATFORD PL - NEOSHO, MO 64850
 PHONE NUMBER: (417) 451-7663

DRIVER LICENSE / ID NUMBER: T980586584
 STATE: MO
 LIC STATUS: Valid Expired Susp / Rev / Denied Disqual CDL Unknown
 NA Canceled / Oth Invalid Unknown

LIC TYPE: Operator Class F Permit Unknown (Explain)
 NA CDL Class Interm / Grad MC Only Unlicensed

MC ENDORSEMENT: Yes No NA Unknown (Explain)

DATE OF BIRTH: 03-09-1949
 SEX: F SEAT LOC: FL INJ: 5 TRANS-PORT: 1 EJEC-TION: 2 AIR BAG: 03 SAFETY DEVICES: 05
 VISION OBSTRUCTED: Not Obstructed Windshield Load on Veh
 NA Trees / Brush Building Embankment
 Sign Hillcrest Parked Veh
 Moving Veh Stopped Veh Glare
 Other (Explain) Unknown (Explain)

PROOF OF INSURANCE: Yes No Not Required
 INSURANCE COMPANY: GRINNELL MUTUAL Expired
 PHONE NO (Optional): (877) 467-2252 - POLICY NUMBER: 0000160603 NA
 Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) SAO
 HYUNDAI LEASE TITLING TRUST C/O, 1811 MEADOWS DR - NEOSHO, MO 64850
 PHONE NUMBER: (417) 389-1828

YEAR: 2016 MAKE: KIA MODEL: SORENTO COLOR: BLK VEH TYPE: 1 TOTAL NO. OF OCC.: 1

LICENSE - PLATE NO: MN4C1K STATE: MO YEAR: 2018 VIN: 5 X Y P G 4 A 3 2 G G 0 8 1 9 5 4
 TOWED FROM SCENE: Yes No
 TOWED DUE TO DIS. DAMAGE: Yes No

VEHICLE DAMAGE (Mark all damaged areas): None / No Damage
 INITIAL IMPACT NO.: 8
 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 Motor Home Farm Implements Construction Equip. Heavy Mach.
 Other Vehicle (Code) Cargo Van Pickup Other Heavy Truck Unknown (Explain)

Single-unit Truck; 2 axes, 6 tires Single-unit Truck; 3 or more axes
 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) (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 W/th 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: 01 08 34 Unknown
 ANIMAL CODE(S): FIXED OBJECT CODE(S):
 ALCOHOL USE: Yes Unk. No 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
 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
 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 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

NAME	ADDRESS	DATE OF BIRTH	SEX	SEAT LOC	INJ	TRANS-PORT	EJEC-TION	AIR BAG	SAFETY DEVICES	PHONE NUMBER

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 Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle
 Intrastate Carrier 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
 Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log Intermodal Container Chassis NA (No Cargo Body) Other Unknown

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

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

VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)											
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	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

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)

On 11-2-2016 approximately 0954 hours, Officer's responded to a traffic accident 200 block of Coler Street.

Upon my arrival I spoke to Driver 1, Ms. Misty Martin. I asked Ms. Martin if she needed medical treatment but she told me she was okay at the time. Ms. Martin stated that a semi hauling vehicles was traveling North and she was traveling South on Coler Street. The semi was crossing the center line in to Ms. Martin's lane which caused the vehicle in front of her to swerve and avoid impact. The semi truck then corrected itself. Ms. Martin stated the driver in front of her who was driving a black Kia four door broke and came to a complete stop. Ms. Martin said she brake but her reaction was not fast enough to avoid hitting the driver in front of her.

I spoke to Driver 2, Ms. Sonja Brock who was the driver who brake on the road and got hit by Ms. Martin. I asked Ms. Brock if she needed medical treatment but she told me she was okay at the moment. Ms. Brock stated that she saw the semi not paying attention and swerved in to her lane. Ms. Brock said the vehicle in front of her avoided the semi truck by moving to the side and brake fast enough to avoid a collision with the semi. Ms. Brock stated once she came to a stop she got hit from behind. Both females were identified by their driver's license.

Both females stated they were going to the hospital later that day. Neither of the lady's were able to see an identification number of the semi. The semi was not at the scene when I arrived which was a probable contributing circumstance. No measurement were taken because both vehicles had pulled into Pad Tai parking lot. There was no sign of debris or marks on the pavement to aid in the location of impact.

Nothing further at this moment

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
OFF ALFONSO MALAGON	110	NW	NA
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
LT ROBERT SHARP	102		