

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI 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 type="checkbox"/>	0	0	1216-016

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	12-01-2016	2032	12-01-2016	2035	12-02-2016	2042	<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"/> Front to Rear <input type="checkbox"/> Rear to Side	<input type="checkbox"/> Angle <input checked="" 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 / GCWR 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"/> Investigating Agency
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)	
NEWTON	NEOSHO	CR	NA	LAT: N	LONG: W NA

ON	RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
US HIGHWAY 60	E	<input checked="" type="checkbox"/> NA ____ Feet	<input type="checkbox"/> After <input type="checkbox"/> NA <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	CST LARAMIE LN

SPEED LIMIT	ROAD MAINTAINED BY	TRAFFICWAY	ROAD ALIGNMENT	ROAD PROFILE
45	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	<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"/> Straight <input checked="" 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 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)	<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)

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"/> 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:

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

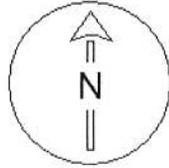
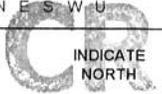
DATE OF BIRTH	SEX	STRUCK BY VEH #:	INJ	TRANS. PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/>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

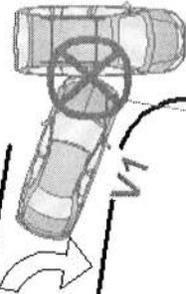
V1 N E S W U V2 N E S W U V3 N E S W U V4 N E S W U V5 N E S W U V6 N E S W U



Highway 60

Laramie Lane

V2



Approx. Point of Impact

No measurements were taken due to vehicles being removed from roadway prior to my arrival.

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): **ROBBINS, WILMA JUNE 321 HAMILTON ST 204 - NEOSHO, MO 64850** PHONE NUMBER

DRIVER LICENSE / ID NUMBER: **S078047028** STATE: **MO** LIC STATUS: Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

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

MC ENDORSEMENT: Yes No NA Unknown (Explain)

DATE OF BIRTH: **02-16-1950** SEX: **F** SEAT LOC: **FL** INJ: **5** TRANS-PORT: **1** EJECT-TION: **2** AIR BAG: **03** SAFETY DEVICES: **05** VISION OBSTRUCTED: NA Not Obstructed Trees / Brush Sign Moving Veh Other (Explain)

PROOF OF INSURANCE: Yes No Not Required INSURANCE COMPANY: **CAMERON MUTUAL INSURANCE** PHONE NO. (Optional) POLICY NUMBER: **00005498842** Driver Vehicle

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

YEAR: **2000** MAKE: **Nissan** MODEL: **MAXIMA** COLOR: **MAR** VEH TYPE: **1** TOTAL NO OF OCC: **1**

LICENSE - PLATE NO: **KJ1J5P** STATE: **MO** YEAR: **2018** VIN: **J N 1 C A 3 1 D 7 Y T 7 3 1 1 2 9** 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: **13**

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8	9	19 - Windshield	23 - Unknown
10	11	12	13	14	13	20 - Burned	24 - Other (Explain)
10	11	12	13	14	9	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 / 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 EVENTS CODES: **01 03 01 14 34** Unknown 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)

Workers Present: Yes No Unknown

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) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-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 Intrastate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle

MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE: Enclosed Box Cargo Tank Flatbed Dump Concrete Mixer Auto Transporter Garbage / Refuse Grain / Chip / Gravel Pole Trailer Log Vehicle Towing Another Veh. 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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**
2 NELSON, AMBER MARIE 1006 MELODY LN - NEOSHO 64850

PHONE NUMBER
(417) 631-7690

DRIVER LICENSE / ID NUMBER **L205094038** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown

LIC TYPE Operator Class **F** Permit Unknown (Explain) CDL Class MC Only MC ENDORSEMENT Yes No NA Unknown (Explain)

Intern / Grad Unlicensed

DATE OF BIRTH **02-08-1976** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED NA Not Obstructed Windshield Load on Veh

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 **PROGRESSIVE INSURANCE** Expired

PHONE NO. (Optional) POLICY NUMBER **901232754** NA Driver Vehicle

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

PHONE NUMBER SAD

YEAR **2010** MAKE **KIA** MODEL **SEDONA** COLOR **SIL** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **YE0R9D** STATE **MO** YEAR **2016** VIN **K N D M G 4 C 3 3 A 6 3 4 8 9 2 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

INITIAL IMPACT NO. **5**

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8	9	19 - Windshield	23 - Unknown
	14	13	12	11	10	20 - Burned	24 - Other (Explain)
						21 - Towed Unit	

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

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 Pickup Truck Tractor With One Unit

Limousine (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

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 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 34** ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____

ALCOHOL USE Yes Unknown 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 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

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)

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 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

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)

On December 1, 2016 at approximately 2032 hours, I responded to the area of Highway 60 and Laramie Lane in reference to a report of a two vehicle traffic crash.

Upon my arrival to the area I observed two vehicles were pulled onto the shoulder of Highway 60 east bound. I first made contact with vehicle 1 maroon Nissan Maxima bearing Missouri KJ1J5P. The driver of vehicle 1, Wilma Robbins, stated that she was traveling north on Laramie Lane just south of Highway 60. Ms. Robbins stated that she was going to turn onto Highway 60 and travel east. Ms. Robbins said that she thought the oncoming vehicle was further away and when she turned onto Highway 60 her car hit the oncoming car in the side.

I then made contact with vehicle 2 silver Kia Sedona bearing Missouri YE0R9D. The driver of vehicle 2, Amber Nelson, stated that she was traveling east on Highway 60 when vehicle 1 was turning from Laramie Lane turned into the side of her vehicle while she was in motion. Ms. Nelson said that she saw the car coming but she thought it was going to stop.

As I spoke to both drivers they both stated that they were not injured and they did not need medical services. Information was exchange and both vehicles were released from the scene.

The damage to vehicle 1 consisted of damage to the driver side front fender and corner light. The damage to vehicle 2 consisted of damage to the passenger rear sliding door of the van. No measurements were taken at the scene because both vehicles were moved from the roadway prior to my arrival and there was traffic.

I have nothing further to report.

10. REPORTING AND REVIEWING OFFICER INFORMATION				
REPORTING OFFICER NAME OFF JOHN PRUITT <i>J.Pruitt</i>	DSN / BADGE NO. 122	BEAT / ZONE CR	TROOP / DISTRICT / PRECINCT NA	
REVIEWING OFFICER NAME SGT DUSTIN WHITEHILL <i>D.Whitehill</i>	DSN / BADGE NO. 104	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.	