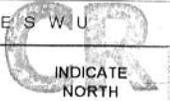


1 - GENERAL CRASH INFORMATION				AGENCY NAME AND ORI <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>													
SPACE USED FOR BARCODE				CR													
LEFT THE SCENE		DRIVER NO.		CLEARED		CRASH CLASSIFICATION		PROPERTY DAMAGE ONLY		NO. INJURED		NO. KILLED		REPORT / CASE / INCIDENT NUMBER			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/>				0		0		1216-019			
NO. VEH. INV.		CRASH DATE		CRASH TIME (MIL.)		NOTIFIED DATE		TIME NOTIFIED (MIL.)		INVESTIGATION DATE		TIME ARRIVED (MIL.)		INVEST. AT SCENE			
2		12-02-2016		0241		12-02-2016		0246		12-03-2016		0257		<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 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							
<input type="checkbox"/> Off Roadway		<input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision				<input type="checkbox"/> Motor Vehicle in Transport <input type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle				<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side <input checked="" 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. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. →																	
2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCVWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.																	
EVIDENTIARY PHOTOS TAKEN				BY WHOM				AVAILABLE FROM				<input type="checkbox"/> Investigating Agency					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
RECONSTRUCTION				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					
CST HOWARD BUSH DR				N				75 Feet		NA		N of MO D HIGHWAY					
SPEED LIMIT		ROAD MAINTAINED BY				SPEED LIMIT		INT. DIR		GEO - CODE							
25		<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other				45		W		NA							
TRAFFICWAY								ROAD ALIGNMENT				ROAD PROFILE					
<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 checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)					
<input type="checkbox"/> Other <input type="checkbox"/> Unknown								<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 checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input 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																	
<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 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 type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)				<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"/> 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)								<input checked="" type="checkbox"/> NA				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					

6. COLLISION DIAGRAM

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

V1 NES **W** U V2 **N** ES W U V3 NES W U V4 NES W U V5 NES W U V6 NES W U



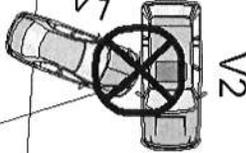
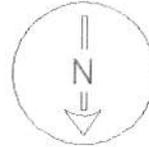
Private Parking Lot (LazyBoy)

Lyon Drive



Howard Bush Drive

Approx. 75 Ft. From edge of roadway to P.O.I.



Approx. Point of Impact

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 FARLOW, ENOCH RANDOLPH 712 GRANDVIEW - NOEL, MO 64854
PHONE NUMBER (417) 635-4300

DRIVER LICENSE / ID NUMBER B079314001
STATE MO
LIC STATUS Valid
LIC TYPE Operator Class F
ENDORSEMENT NA

DATE OF BIRTH 09-05-1996
SEX M SEAT LOC FL
INJ 5 TRANS-PORT 1 EJECT-ION 2 AIR-BAG 03 SAFETY-DEVICES 05
VISION OBSTRUCTED
Not Obstructed
Trees / Brush
Sign
Moving Veh
Other (Explain)

PROOF OF INSURANCE
INSURANCE COMPANY BRISTOL WEST INSURANCE COMPANY
PHONE NO. (Optional)
POLICY NUMBER G00770022101
NA
Driver
Vehicle

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

YEAR 2002 MAKE Pontiac MODEL GRAND PR COLOR BLK
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. UK2V3R STATE MO YEAR 2017
VIN 1G2WP52K82F129304
TOWED FROM SCENE
TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas)
None / No Damage
TOWED BY Unknown NA
INITIAL IMPACT NO. 14

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
GVW / GCW RATING (Not Licensed Weight)

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA
Police
Ambulance
A. Emergency Vehicle on Emergency Run
Congestion Ahead
Other Incident Ahead

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 08 03 09 34
ANIMAL CODE(S)
FIXED OBJECT CODE(S)
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
None
Vehicle Defects (Explain)
Vision Obstructed
Failed To Dim Headlights
Improper Towing / Pushing
Object / Obstruction in Roadway

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, 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

COMMERCIAL / NON-COMMERCIAL
Interstate 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
Unknown

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **2** 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **MARTIN, KATHLEEN ANN 1714 OAKRIDGE DR - NEOSHO, MO 64850** PHONE NUMBER **(417) 455-3067**

DRIVER LICENSE / ID NUMBER **K078159004** 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  Intern / Grad  Unlicensed MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **06-18-1969** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJEC-TION **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 **STATEFARM INSURANCE**  Expired PHONE NO. (Optional) POLICY NUMBER **W111007A1125G**  NA  Driver  Vehicle

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

YEAR **2015** MAKE **Chevrolet** MODEL **EQUINOX** COLOR **WHI** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **PD7K6J** STATE **MO** YEAR **2017** VIN **1GNALDEK6FZ144578** 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: **6**  NA  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17

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  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  2 Wh  Cargo Van  Truck Tractor With One Unit  
 Limousine (9-15 W/Driver)  Charter / Tour  3 Wh  Pickup  Truck Tractor With Two Units  
 Motorized Bicycle  Other  4 Wh  Other Heavy Truck  Truck Tractor With Three Units  
 Pedalcycle  To / From School  Unknown  Unknown (Explain)

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  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 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 EJEC-TION AIR BAG SAFETY DEVICES PHONE NUMBER

NAME	ADDRESS	DOB	SEX	SEAT	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  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  Unknown  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	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 December 2, 2016, at approximately 02:41 hours, I responded to the area of Howard Bush Drive and Lyon Drive in reference to a 2 vehicle traffic crash.

Upon my arrival I observed a white Chevy Equinox and a black Pontiac Grand Prix parked next to the building of Lazy Boy.

I made contact with vehicle 1 which was a black Pontiac Grand Prix bearing Missouri UK2V3R. The driver, Enoch Farlow, stated that he just got off of work at Lazy boy and he was very tired. The driver stated that he was not expecting anyone to be traveling north on Howard Bush drive when he pulled out of the parking lot. The driver stated he was not paying attention and hit the side of the other vehicle that was traveling on Howard Bush Drive.

I made contact with vehicle 2 which was a white Chevy Equinox bearing Missouri PD7K6J. The driver, Kathleen Martin, of vehicle 2 stated that she also just got off of work and she was traveling north of Howard Bush Drive when the other vehicle just ran into the passenger side of her car. The driver stated that she did not see the other vehicle before it hit her car.

I observed the damage to both vehicles and the damage was consistent with the statements of the drivers. The Pontiac Grand Prix had damage to the driver side front fender and side marker light. The Chevy Equinox had damage to the rear passenger wheel and the bumper area.

I measured the approximate point of impact and noted that it was approximately 75 feet north of Lyon Drive on Howard Bush Drive.

As I spoke to both drivers they stated that no one was injured and they did not need medical services.

The white Chevy Equinox was towed from the scene with disabling damage to the rear passenger tire.

I have nothing further to report at this time.

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