

1 - GENERAL CRASH INFORMATION	1 - AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT MO0730300
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LEFT THE SCENE DRIVER NO. NA	<input type="checkbox"/> Yes <input type="checkbox"/> No	CLEARED	CRASH CLASSIFICATION <input type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO. INJURED 1	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1901-236	
NO. VEH. INV. 1	CRASH DATE 01-25-2019	CRASH TIME (MIL.) 15:25	NOTIFIED DATE 01-25-2019	TIME NOTIFIED (MIL.) 15:27	INVESTIGATION DATE 01-25-2019	TIME ARRIVED (MIL.) 15:32	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CRASH TYPE	<input type="checkbox"/> On Roadway	<input type="checkbox"/> Non-Collision	COLLISION INVOLVED			DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
	<input checked="" 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"/> Other Object <input type="checkbox"/> Pedestrian	<input type="checkbox"/> Railway Vehicle <input type="checkbox"/> Animal Drawn Veh / Animal Ridden Trans <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 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 hazardous materials placard.
<input type="checkbox"/> No - No commercial vehicle fields need completion.	<input type="checkbox"/> No - No commercial vehicle fields need completion.
<input checked="" type="checkbox"/> Yes - Go to number 2.	<input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN BY WHOM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No J.WILLS	AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency NEOSHO PD
RECONSTRUCTION BY WHOM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	AVAILABLE FROM <input type="checkbox"/> Investigating Agency NA

2 - LOCATION

COUNTY NEWTON	MUNICIPALITY NEOSHO	BEAT/ZONE NS	TRP/DIST/PCT 26	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA	
ON CST LANDIS RD		RDWY. DIR. W	DISTANCE FROM 1500 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	LOCATION <input type="checkbox"/> NA INTERSECTING CR MALLARD DR	
SPEED LIMIT 35	ROAD MAINTAINED BY <input type="checkbox"/> Unknown <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other		SPEED LIMIT <input type="checkbox"/> NA <input type="checkbox"/> Before <input type="checkbox"/> At		GEO - CODE NA
TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way, Not Divided <input type="checkbox"/> Two-Way, Divided, Unprotected Median <input type="checkbox"/> Other <input type="checkbox"/> Two-Way, Not Divided, Continuous Center Turn Lane <input type="checkbox"/> Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> Unknown			ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)		ROAD PROFILE <input type="checkbox"/> Level <input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)
INTERSECTION TYPE <input checked="" type="checkbox"/> NA <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)			ROAD CONDITION <input type="checkbox"/> Dry <input checked="" 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 <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Unknown (Explain)			WEATHER CONDITION <input 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 checked="" type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Unknown (Explain)		
LIGHT CONDITION <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Dark-Lighted <input 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 None

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

CITY OF NEOSHO - , , SPEED LIMIT SIGN (35MPH)

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 <input type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown		OTHER ACTIONS <input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working in Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting in Trafficway <input type="checkbox"/> Playing in Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working on Vehicle <input type="checkbox"/> Walking / Running in Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic
PROBABLE CONTRIBUTING CIRCUMSTANCES <input checked="" 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)		SCHOOL INFO. <input 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)
DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA		ALCOHOL USE <input type="checkbox"/> Yes <input checked="" 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

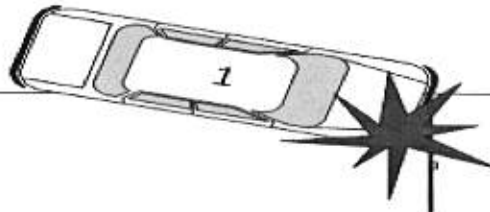
V6 N E S W U

ORIGINAL
INDICATE
NORTH



Indicate North

CST LANDIS RD Block# 1500
CR Mallard Dr 1500 Ft. to East



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1 ADAMS, BRENNAM 15028 HIGHWAY TT, NEOSHO, MO 64850** PHONE NUMBER **(417) 389-3720**

DRIVER LICENSE / ID NUMBER **B202166016** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit Unknown (Explain) MC ENDORSEMENT Yes No NA

DATE OF BIRTH **04-08-2000** SEX **F** SEAT LOC **FL** INJ **4** TRANS-PORT **2** EJECT-TION **2** AIR BAG **3** SAFETY DEVICES **5** VISION OBSTRUCTED NA Not Obstructed Trees / Bush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) Load on Veh Embankment Parked Veh Glare


PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **GEICO** PHONE NO. (Optional) POLICY NUMBER **4338-75-06-82** Driver Vehicle

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

YEAR **2016** MAKE **NISS** MODEL **ALTIMA** COLOR **WHI** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **FN7M4K** STATE **MO** YEAR **2019** VIN **1G2ZF55B364210336** 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. **2**  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 (15+ W/Driver) ATV Farm Implements Single-unit Truck, 3 or more axles Passenger Van (9+ W/Driver) School Bus 2 Wh Construction Equip. Heavy Mach. 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 Truck Tractor With One Unit Truck Tractor With Two Units Truck Tractor With Three Units Limousine (7-8 W/Driver) Transit / Commuter Pickup Other Heavy Truck Unknown (Explain) Motorized Bicycle Charter / Tour Other Pedalcycle To / From School Other

GWW / GCWW 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 Congestion Ahead Crash Ahead Other Incident 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 07 36** ANIMAL CODE(S) **27** FIXED OBJECT CODE(S) **27** ALCOHOL USE Yes No Unk 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 DISTRACTED / INATTENTIVE CODE(S) NA (See Codes in Section 8) Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading Animal(s) in Roadway Drugs Improperly Parked Improper Start From Park

7E. WORK ZONE Yes No Unknown TRAFFIC CONTROL None Unknown Electric: Green/Yellow/Red Flashing Red Flashing Yellow Ramp Meter Other (Explain) Workers Present Stop Sign No Passing Zone Turn Restricted Officer / Flagman Signal On School Bus Yes (Explain) No Controls: Warning Sign / Device Railway Crossing Sign / Device School Zone Yield Sign Other (Explain) Unknown NA

7F. OCCUPANTS - NAME (Last, First, MI)	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 (Leases, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

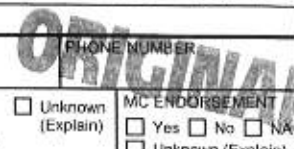
COMMERCIAL / NON-COMMERCIAL Interstate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle Intrastate Carrier Not in Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. Intarmodal Container Chassis NA (No Cargo Body) Other Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log

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

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)



DRIVER LICENSE / ID NUMBER, STATE, LIC STATUS, LIC TYPE, MC ENDORSEMENT

DATE OF BIRTH, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-ION, AIR BAG, SAFETY DEVICES, VISION OBSTRUCTED

PROOF OF INSURANCE, INSURANCE COMPANY, PHONE NO. (Optional), POLICY NUMBER

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

YEAR, MAKE, MODEL, COLOR, VEH TYPE, TOTAL NO. OF OCC.

LICENSE - PLATE NO., STATE, YEAR, VIN, TOWED FROM SCENE, TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas), INITIAL IMPACT NO., TOWED BY

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

EMERGENCY VEHICLE INVOLVEMENT, CONTRIBUTING TRAFFIC CONDITIONS

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES, ALCOHOL USE

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES

7E. WORK ZONE, TRAFFIC CONTROL, CONTROL MALFUNCTIONING / INOPERATIVE / MISSING

Table with columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH, 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 (Lessee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO

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

SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fatal	2. Suspected Serious Injury	(For Medical Treatment)	1. NA	1. None/NA	9. Deployed - Combination	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	3. Evident - Not Disabling	4. Probable - Not Apparent	1. No	2. No	3. Not Deployed	10. Deployment Unknown	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	5. None Apparent	U. Unknown	2. EMS	3. Partially	4. Removed	U. Air Bag Presence Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		N. NA		3. Other	4. Totally	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area				U. Unknown	U. Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area				N. NA		7. Deployed - Curtain		7. DOT Compliant MC Helmet	15. Other
RC - Rail Crew						8. Deployed - Other (Knee, Air Belt, etc.)		8. No Helmet	U. Use Unknown
SV - Other (Explain in Narrative)									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	44. Wall
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End	45. Cable Barrier
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Alternator / Crash Cushion	40. Other Traffic Barrier	46. Bridge Overhead Structure
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support	47. Overhead Line / Cable
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch	U. Unknown
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support	

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 Transportation 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 January 25, 2019 at approximately 1527 hours I, Officer Wills, was dispatched to Landis Rd. and TT Highway in reference to a motor vehicle accident with injury. Upon my arrival at around 1532 hours, I observed a white in color Nissan Altima bearing Missouri license plates FN7M4K with front end damage to the passenger side of the vehicle. I made contact with the driver, Brenna Adams, whom I was able to identify by her Missouri drivers license, and she stated she was driving westbound on Landis Rd. towards Cemetery Rd., when she thought she saw a deer run out into the roadway.

After Ms. Adams saw the deer, she slid off of the road due to the snowy and icy conditions while she was driving downhill. Ms. Adams car consequently, slid into the 35 MPH road sign where her vehicle then came to rest. Ms. Adams stated that after she hit the sign she lost consciousness for a bit before calling 911. Ms Adams was able to back her car off of the sign without causing further damage.

After Newton County Ambulance arrived, Ms. Adams and the medical personnel on scene decided best to transport Ms. Adams to the hospital to have her more thoroughly checked by a physician. Ms. Adams boyfriend, whom arrived shortly before I had, drove her car from the scene back to their residence.

End of Report

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
JORDAN S. WILLS	100JSW	NS	26
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

11. NARRATIVE / STATEMENTS CONTINUATION (If additional room is necessary use Narrative / Statements Continuation / Supplement)

ORIGINAL