

1 - GENERAL CRASH INFORMATION	1 - AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT MO0730300
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ORIGINAL

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO. NA	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION <input checked="" type="checkbox"/>	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1901-174
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NO. VEH INV. 1	CRASH DATE 01-19-2019	CRASH TIME (MIL.) 09:50	NOTIFIED DATE 01-19-2019	TIME NOTIFIED (MIL.) 10:00	INVESTIGATION DATE 01-19-2019	TIME ARRIVED (MIL.) 10:03	INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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ROADWAY <input type="checkbox"/> On Roadway <input checked="" type="checkbox"/> Off Roadway	NON-COLLISION <input type="checkbox"/> Overturning <input type="checkbox"/> Fire / Explosion <input type="checkbox"/> Immersion <input type="checkbox"/> Jackknife	FELL / JUMPED FROM MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision	COLLISION INVOLVED <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian	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	DIRECTIONAL ANALYSIS FOR IMPACT WITH 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)
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COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

<p>1. Does this crash involve any of the following?</p> <p>1a. A person fatally injured; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.</p> <p>1b. A person transported for medical attention; OR</p> <p>1c. A vehicle towed due to disabling damage. <input type="checkbox"/> Yes - Go to number 2. →</p>	<p>2. Examine each vehicle to determine if it is a commercial vehicle based upon the following:</p> <p>2a. A truck / cargo van with GVWR / GCWR of more than 10,000 lbs; OR <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion.</p> <p>2b. A motor vehicle with seating for 9 or more including driver; OR</p> <p>2c. A vehicle with hazardous materials placard. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.</p>
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EVIDENTIARY PHOTOS TAKEN BY WHOM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No A. MALAGON 110	AVAILABLE FROM <input checked="" type="checkbox"/> Investigating Agency NPD
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 S	TRP/DIST/PCT NA	GPS COORDINATES (DD MM SS.S FORMAT) LAT: N NA LONG: W NA
ON US HIGHWAY 60		RDWY. DIR. N	DISTANCE FROM 21 Feet <input type="checkbox"/> NA Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At
SPEED LIMIT 50	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	INTERSECTING CR KODIAK RD SPEED LIMIT 35 INT. DIR. E 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)
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ROAD PROFILE <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)	ROAD CONDITION <input 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 checked="" type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud/Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)
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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)
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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
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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
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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	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)
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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)	DISTRACTION / INATTENTION CODE(S) <input type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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6. COLLISION DIAGRAM

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

V1 NESWU

V2 NESWU

V3 NESWU

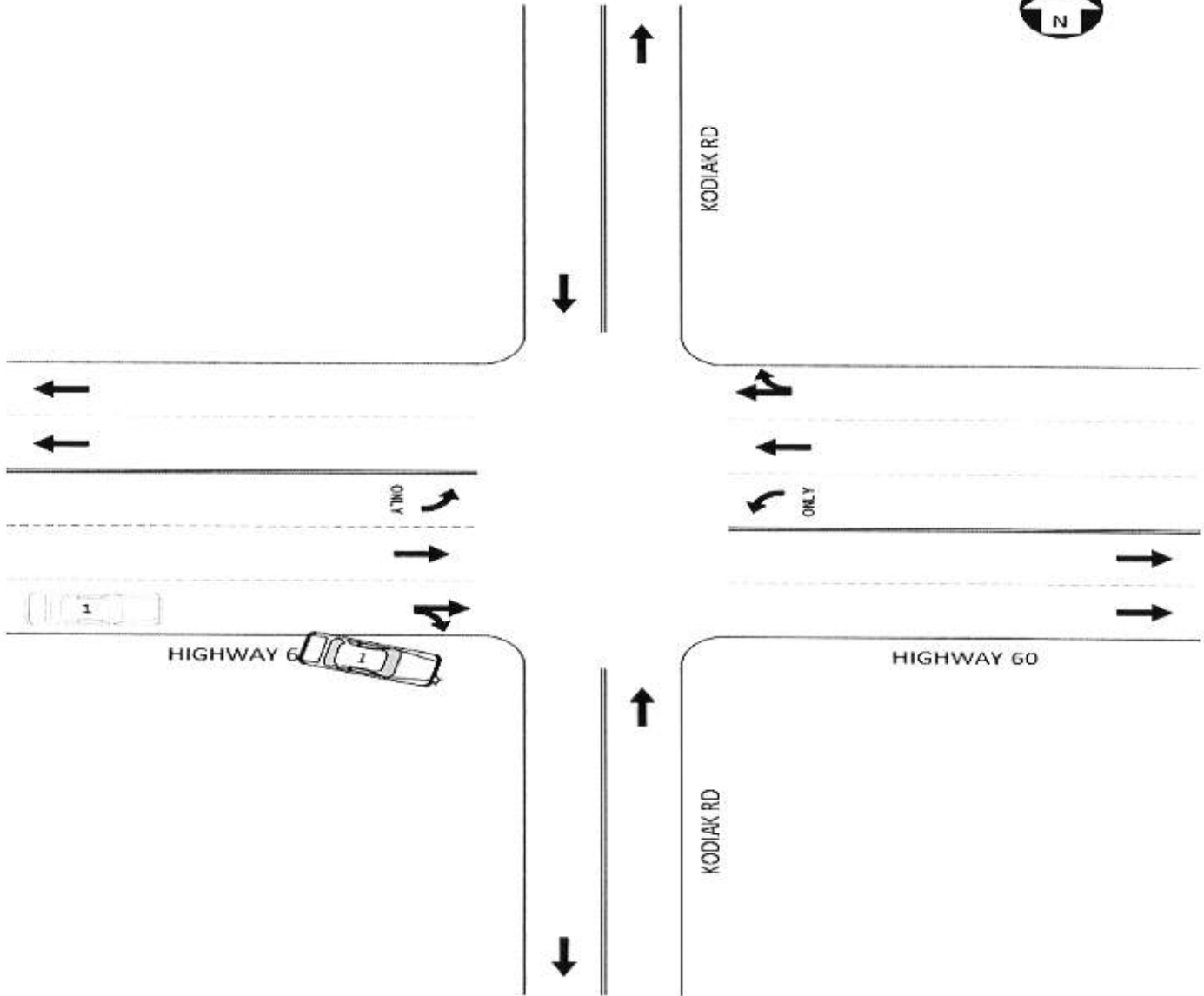
V4 NESWU

V5 NESWU

V6 NESWU

ORIGINAL

INDICATE NORTH



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 HOLCOMB-ANDERSON, ALEX M 104 ZANE DRIVE A, SENECA, MO 64865
PHONE NUMBER (417) 621-8556

DRIVER LICENSE / ID NUMBER B202056015 STATE MO LIC STATUS Valid
Operator Class F
MC ENDORSEMENT Yes No NA

DATE OF BIRTH 11-04-1998 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 3 SAFETY DEVICES 5 VISION OBSTRUCTED Not Obstructed

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY PROGRESSIVE
PHONE NO. (Optional) POLICY NUMBER 926639792

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

YEAR MAKE DODG MODEL AVENGER COLOR GRY VEH TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. ENA669 STATE OK YEAR 2019 VIN 1B3LC46J28N143110
TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 2

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, School Bus, etc.

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 07 36
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects, Speed - Exceeded Limit, etc.

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

Table with 7 columns: 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 (Leaser, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO
PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL
Interstate Carrier, Intrastate Carrier, etc.

CARGO BODY TYPE
Enclosed Box, Flatbed, Concrete Mixer, etc.

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

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

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

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

DATE OF BIRTH SEX SEAT LOC INJ TRANSPORT EJECTION AIR BAG SAFETY DEVICES VISION OBSTRUCTED 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 Expired PHONE NO (Optional) POLICY NUMBER NA Driver Vehicle

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

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

LICENSE - PLATE NO. STATE YEAR VIN 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. NA

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
1	15	16	17	8	19 - Windshield	23 - Unknown	
14	13	12	11	10	9	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 (15+ 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 Crash Ahead Other Incident Ahead Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES Additional Codes Listed in Narrative (See Codes in Section 8) Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE Yes No Unk 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 Workers Present 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) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANSPORT EJECTION 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 Intrastate Carrier Not in Commerce - Government Vehicle Not in Commerce - Other Vehicle Not in Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Cargo Tank Flatbed Dump Concrete Mixer Auto Transporter Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. 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	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		U. Unknown	N. NA	3. Other	4. Totally	5. Deployed - Front		4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		N. NA		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)
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned to Roadway	38. Other Non-Collision
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
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
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)	25. 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 Attenuator / 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 01-19-2019 at approximately 10:00 hours, Officers responded to the intersection of Highway 60 and Kodiak Road in reference to a traffic crash.

Upon my arrival to the scene I spoke with the driver who was identified by his Missouri driver's license as Alex Holcomb-Anderson. I asked Mr. Holcomb-Anderson if he was okay and he said yes. Mr. Holcomb-Anderson said he didn't need medical assistance. Mr. Holcomb-Anderson said he was traveling east on Highway 60 and began to make a right turn onto Kodiak Road from Highway 60 when his vehicle slid into the ditch. Mr. Holcomb-Anderson said his vehicle slid due to the ice on the road. Mr. Holcomb-Anderson was able to get his vehicle out of the ditch and safely moved off the roadway. There was no damage to the light pole only to the vehicle.

The vehicle slid into the light pole on Highway 60 and Kodiak Road. I will include pictures of the vehicle and light pole.

Nothing further at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME	DSN / BADGE NO.	BEAT / ZONE	TROOP / DISTRICT / PRECINCT
ALFONSO R. MALAGON	100ARM	S	
REVIEWING OFFICER NAME	DSN / BADGE NO.	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.
R. L. SCHLESSMAN	100RLS		

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

ORIGINAL