

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

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LEFT THE SCENE	DRIVER NO	Cleared	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
		NA					0	0	1902-198

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
2	02-21-2019	11:17	02-21-2019	11:19	02-21-2019	11:22	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVED		DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE			
	<input checked="" type="checkbox"/> On Roadway <input type="checkbox"/> Off Roadway	<input type="checkbox"/> Overtaking <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 checked="" 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.
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EVIDENTIARY PHOTOS TAKEN BY WHOM	BY WHOM	AVAILABLE FROM
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. MARTIN	<input checked="" type="checkbox"/> Investigating Agency
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA	<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT/ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)	
NEWTON	NEOSHO	NN	D	LAT: N NA LONG: w NA	
ON		RDWY. DIR.	DISTANCE FROM	LOCATION	INTERSECTING
CST S. NEOSHO BLVD		S	200 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	CST W HARMONY ST
SPEED LIMIT	ROAD MAINTAINED BY			SPEED LIMIT	INT. DIR.
30	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			25	E

TRAFFICWAY	ROAD ALIGNMENT
<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	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)
INTERSECTION TYPE	ROAD PROFILE
<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)	<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 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 type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Other (Explain) <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Severe Crosswind <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

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 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"/> 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	<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)

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTION / INATTENTION CODE(S)	ALCOHOL USE
<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)	<input type="checkbox"/> NA	<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

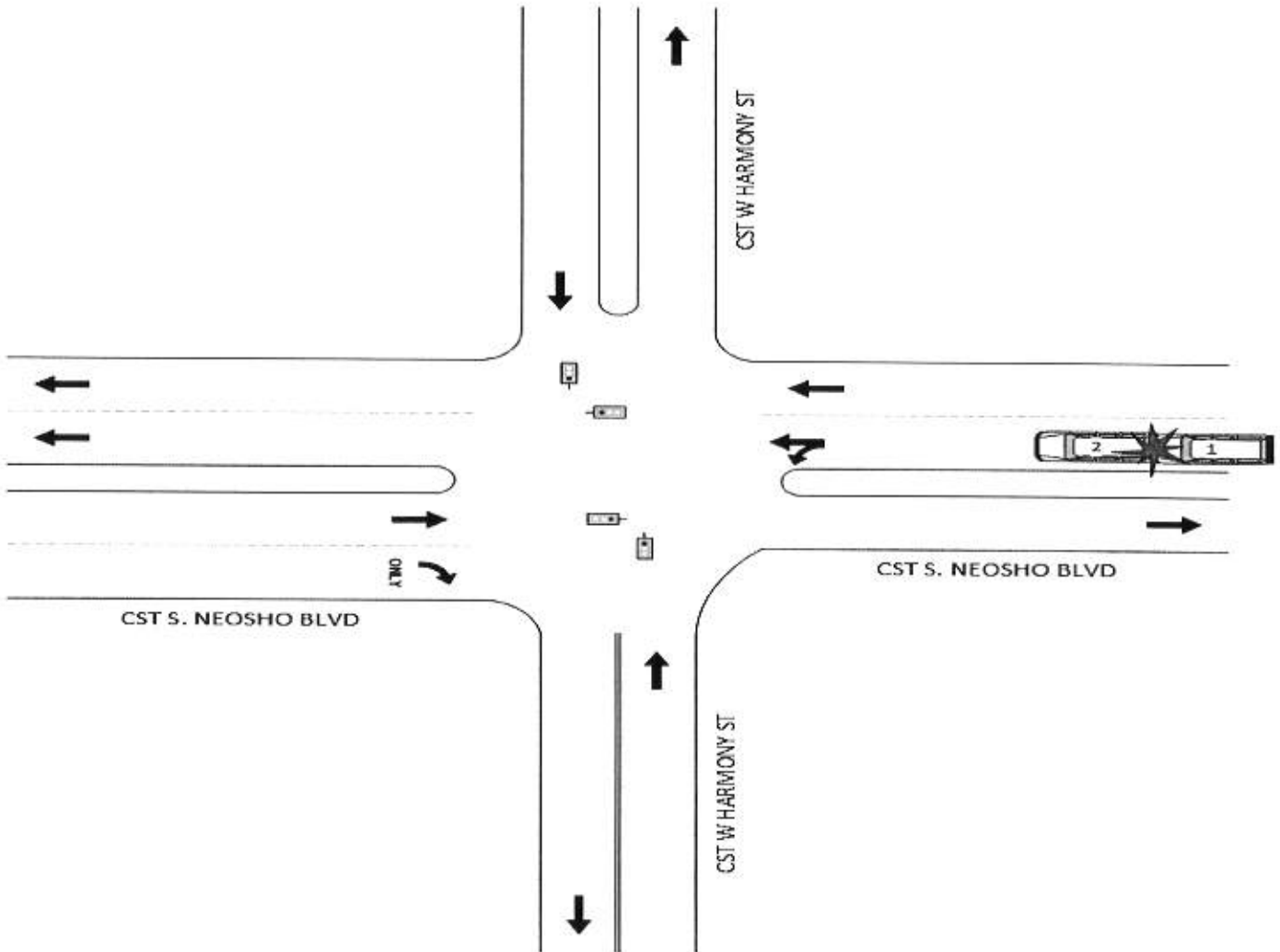
V4 N E S W U

V5 N E S W U

V6 N E S W U

ORIGINAL

INDICATE NORTH



Drawing Not To Scale.

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **1** **BOURGAULT, KEYRA K** **12496 JERICO LN, RACINE, MO 64858** PHONE NUMBER **(417) 438-0557**

DRIVER LICENSE / ID NUMBER **T078199012** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL Canceled / Oth Invalid Unknown LIC TYPE Operator Class **F** Permit MC Endorsement Yes No NA CDL Class MC Only Unknown (Explain) Unlicensed Unknown (Explain)

DATE OF BIRTH **05-23-1989** SEX **F** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **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 **AMERICAN FAMILY** PHONE NO (Optional) POLICY NUMBER **2017-9789-08-13-FPPA-MO** Driver Vehicle

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

YEAR **2016** MAKE **JEOP** MODEL **COMPASS** COLOR **SIL** VEH TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **SS0K6E** STATE **MO** YEAR **2019** VIN **1C4NJCB A 2G D 7 1 1 2 3 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. **1**

2	3	4	5	6	7	18 - Undercarriage	22 - Cargo
8	9	10	11	12	13	19 - Windshield	23 - Unknown
14	15	16	17	18	19	20 - Burned	24 - Other (Explain)
20	21	22	23	24	25	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

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

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 **12 | 09 | 34** Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE No Yes 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 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 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 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 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 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

ORIGINAL

7 - DRIVERS, VEHICLES, OWNERS & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**
2 YOUNGSTROM, BRIAN 3655 BEAUMONT ST APT 6A, NEOSHO, MO 64850 PHONE NUMBER **(417) 455-3533**

DRIVER LICENSE / ID NUMBER **Z202107005** 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 CDL Class MC Only Unlicensed Unknown (Explain)

DATE OF BIRTH **04-03-1986** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECT-ION **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 **STATE FARM** Expired PHONE NO. (Optional) POLICY NUMBER **441-6340-D20-25** NA Driver Vehicle

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

YEAR **2007** MAKE **NISS** MODEL **PATHFINDER** COLOR **BLK** VEH TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO. **HP1T5V** STATE **MO** YEAR **2019** VIN **5N1AR18W47C609685** 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. **8**

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	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 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 B)

SEQUENCE OF EVENTS CODES **12 34** Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE No Yes 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

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 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-ION AIR BAG SAFETY DEVICES PHONE NUMBER

HERMAN, ABODONU 3655 BEAUMONT STREET 6A, NEOSHO, MO 64850 10-20-1987 F FR 5 1 2 3 5 (417) 456-0133

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 Not in Commerce - Rental Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatted 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 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

SEAT LOCATION		INJURY		TRANSPORTED	EJECTION	AIR BAG		SAFETY DEVICES	
XX - Not Known	FR SR TR	1. Fetal	19. Airborne	(For Medical Treatment)	1. NA	1. None/NA	9. Deployed -	1. None	10. Booster Seat
B - Pedalcycle	FC SC TC	2. Suspected Serious Injury	20. Ran Off Roadway - Right		2. No	3. Not Deployed	Combination	2. Not Used	11. Child Restraint - Forward Facing
M - Motorcycle	FL SL TL	3. Evident - Not Disabling	21. Ran Off Roadway - Left		3. Partially	4. Removed	10. Deployment Unknown	3. Shoulder Belt Only	12. Child Restraint - Rear Facing
CP - Commercial Passenger		4. Probable - Not Apparent	22. Overturn / Rollover		4. Totally	5. Deployed - Front	U. Air Bag Presence Unknown	4. Lap Belt Only	13. Other Helmet
OE - Occupant - Enclosed Load Area		5. None Apparent	23. Fire / Explosion		U. Unknown	6. Deployed - Side		5. Shoulder and Lap Belt	14. Reflective Clothing
OU - Occupant - Unenclosed Load Area		U. Unknown	24. Immersion			7. Deployed - Curtain		7. DOT Compliant	15. Other
RC - Rail Crew		N. NA	25. Jackknife			8. Deployed - Other (Knee, Air Belt, etc.)		8. No Helmet	U. Use Unknown
SV - Other (Explain in Narrative)			26. Cargo Loss / Shift						N. Not Applicable
NA - Not Applicable			27. Equipment Failure						

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)	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 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 02/21/2019 I, Officer D. Martin, was dispatched to the intersection of the S Neosho Boulevard and W Harmony Street in reference to a traffic crash.

Upon my arrival to the Southwest Missouri Bank I located a black and a silver SUV that appeared to have been involved in a traffic crash. I contacted everybody involved and verified medical attention was not needed and everybody was okay. I was advised by everybody present medical attention was not needed.

I contacted the driver of V1 who I identified using the Social Security number she provided as Keyra Kelline Bourgault (D1). D1 stated she had been stopped north of the intersection of the S Neosho Blvd and W. Harmony Street waiting on the traffic light to change green. D1 advised she looked to her right and saw a car trying to pass to get in to the right turn lane so she began to pull forward. D1 stated as she pulled forward she did not realize the vehicle in front of her had not been able to pull forward yet and struck the rear of the vehicle with the front of her vehicle.

I contacted the driver of V2 who I identified as Brian Youngstrom (D2) using the Missouri Driver's license he provided. D2 stated he was stopped north of the intersection of the S Neosho Boulevard and W Harmony Street waiting on the light to turn green. D2 advised the vehicle in front of him began to roll forward slowly when the light turned green but before he started to pull forward he was struck from behind by a silver Jeep.

After looking at the vehicles and reviewing the statements made by all involved it was determined the statements given were accurate based off vehicle damage and location of the crash.

I have nothing further to add at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME DANIEL L. MARTIN	DSN / BADGE NO. 100DLM	BEAT / ZONE NN	TROOP / DISTRICT / PRECINCT D
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