

| | |
|---|--|
| 1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE | AGENCY NAME AND OR: NEOSHO POLICE DEPARTMENT - MO0730300 |
|---|--|



| | | | | | | | |
|---|--|--|--|---|----------------------------------|-----------------------------|---|
| LEFT THE SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | DRIVER NO. 1 | CLEARED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | CRASH CLASSIFICATION <input checked="" type="checkbox"/> | PROPERTY DAMAGE ONLY 0 | NO. INJURED 0 | NO. KILLED 0 | REPORT / CASE / INCIDENT NUMBER 0614-052 |
| NO. VEH INV. 1 | CRASH DATE 06-06-2014 | CRASH TIME (MIL.) 2200 | NOTIFIED DATE 06-06-2014 | TIME NOTIFIED (MIL.) 2210 | INVESTIGATION DATE 06-07-2014 | TIME ARRIVED (MIL.) 2210 | INVEST. AT SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 | COLLISION INVOLVING <input type="checkbox"/> Fell/Jumped From MV <input type="checkbox"/> Cargo / Equip Loss / Shift <input type="checkbox"/> Other Non-Collision <input checked="" type="checkbox"/> Fixed Object <input type="checkbox"/> Other Object <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Animal <input type="checkbox"/> Pedalcycle <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 | 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 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 / GCWR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with a hazardous materials placard. <input type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle. |
|--|--|

| | | |
|---|------------------------|---|
| EVIDENTIARY PHOTOS TAKEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | BY WHOM P. WHITEMAN | AVAILABLE FROM <input type="checkbox"/> Investigating Agency IN REPORT |
| RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | BY WHOM | AVAILABLE FROM <input type="checkbox"/> Investigating Agency |

2 - LOCATION

| | | | | |
|--|---|--|---|---|
| COUNTY NEWTON | MUNICIPALITY NEWTON COUNTY | BEAT / ZONE N | TRP/DIST/POT NNE | GPS COORDINATES (DD MM SS S FORMAT) LAT: N LONG: w NA |
| ON CST W SPRING ST | RDWY DIR E | DISTANCE FROM 50 Feet | LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At | INTERSECTING W of CST VETA ST |
| SPEED LIMIT 25 | ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other | | | SPEED LIMIT 25 |
| TRAFFICWAY <input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane | | ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain) | | 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) |
| INTERSECTION TYPE <input type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain) | | ROAD CONDITION <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 <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 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 checked="" 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

OWNER: CITY OF NEOSHO - 203 E MAIN ST NEOSHO, MO - (417) 451-8050

PROPERTY: FLOOD GATE - DAMAGED METAL FLOOD GATE ON SOUTH SIDE OF SPRING ST. - Estimated Damages: \$500.00

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 | TRANSPORT | 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"/> With Signal <input checked="" type="checkbox"/> NA <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 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 <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) | | | DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA | | ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |

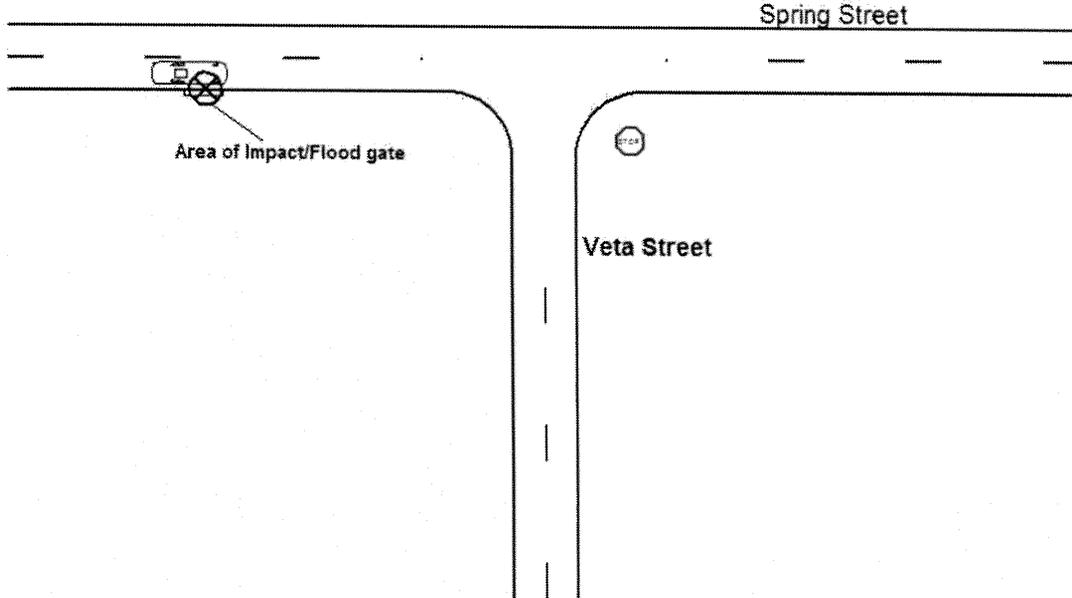
6. COLLISION
DIAGRAM

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

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

INDICATE
NORTH

No measurements were taken due to vehicle not being on scene



Spring Street

Area of Impact/Flood gate

Veta Street

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 STEWART, BRYAN KEITH 185 PLAIN VIEW RD - ANDERSON, MO 64831 PHONE NUMBER (417) 451-5922

DRIVER LICENSE / ID NUMBER T079257001 STATE MO LIC STATUS [X] NA [] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown LIC TYPE [] Operator Class [] Permit [] Unknown (Explain) [] NA [] CDL Class [] MC Only [] Interm / Grad [] Unlicensed [] MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 10-25-1960 SEX M SEAT LOC FL INJ TRANS-PORT EJECT-TION AIR BAG SAFETY DEVICES VISION OBSTRUCTED [X] Not Obstructed [] Trees / Brush [] Sign [] Moving Veh [] Other (Explain) [] NA [] Windshield [] Building [] Hillcrest [] Stopped Veh [] Unknown (Explain) [] Load on Veh [] Embankment [] Parked Veh [] Glare

PROOF OF INSURANCE [] Yes [X] No [] Not Required INSURANCE COMPANY [] Expired PHONE NO. (Optional) POLICY NUMBER [X] NA [] Driver [] Vehicle

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

YEAR 1990 MAKE Ford MODEL E350 COLOR BGE VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO WE7X81 STATE MO YEAR 2011 VIN 1 F D K E 3 0 0 1 M H B 3 3 7 9 6 TOWED FROM SCENE [] Yes [X] No TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage TOWED BY [] Unknown [X] NA INITIAL IMPACT NO: 4 2 3 4 5 6 7 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 [] Van (< 9 W/Driver) [] Passenger Van (9+ W/Driver) [] Sport Utility Vehicle [] Limousine (7-8 W/Driver) [] Limousine (9-15 W/Driver) [] Motorized Bicycle [] Pedalcycle [] To / From School [] Small Bus (9-15 W/Driver) [] Large Bus (16+ W/Driver) [] School Bus [] Intercity [] Transit / Commuter [] Charter / Tour [] Other [] Motorcycle [] ATV [] 2 Wh [] 3 Wh [] 4 Wh [X] 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 / 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. [X] 10,001 - 26,000 lbs. [] Greater than 26,000 lbs. [] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA [] Police [] Ambulance [] Fire [] Other (Must check "A" / "B") [] A. Emergency Vehicle on Emergency Run [] B. Stationary With Emergency Equip. Activated CONTRIBUTING TRAFFIC CONDITIONS [X] 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) ALCOHOL USE [] Yes [] No [X] NA SEQUENCE OF EVENTS CODES: [] Unknown 01 20 36 ANIMAL CODE(S) FIXED OBJECT CODE(S)

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [] None [] Vehicle Defects (Explain) [] Speed - Exceeded Limit [] Too Fast For Conditions [] Violation Signal / Sign [] Failed To Yield [X] 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) [X] NA (See Codes in Section 8)

7E. WORK ZONE [] Yes [X] No [] Unknown TRAFFIC CONTROL [X] None [] Unknown Electric: [] Green/Yellow/Red [] Flashing Red [] Flashing Yellow [] Ramp Meter [] Other (Explain) Other: [X] 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) [X] No [] Unknown [] NA

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT EJECT-TION AIR BAG SAFETY DEVICES PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE [X] 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 (Lease, 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 [] Grain / Chip / Gravel [] Pole Trailer [] Log [] Vehicle Towing Another Veh. [] Intermodal Container Chassis [] NA (No Cargo Body) [] Other [] Unknown

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

| SEAT LOCATION | | INJURY | | TRANSPORTED | | EJECTION | | AIR BAG | | SAFETY DEVICES | |
|--------------------------------------|----------|----------------------------|-----------------------------|-------------------------|---------------------------------------|--|-----------------------------|--------------------------|--------------------------------------|----------------|--|
| XX - Not Known | FR SR TR | 1. Fatal | 19. Airborne | (For Medical Treatment) | 28. Separation Of Units | 1. None / NA | 9. Deployed - Combination | 1. None | 10. Booster Seat | | |
| B - Pedalcycle | FC SC TC | 2. Disabling | 20. Ran Off Roadway - Right | | 29. Returned To Roadway | 3. Not Deployed | 10. Deployment Unknown | 2. Not Used | 11. Child Restraint - Forward Facing | | |
| M - Motorcycle | FL SL TL | 3. Evident - Not Disabling | 21. Ran Off Roadway - Left | 1. No | 30. Collision Inv. Pedestrian | 4. Removed | U. Air Bag Presence Unknown | 3. Shoulder Belt Only | 12. Child Restraint - Rear Facing | | |
| CP - Commercial Passenger | | 4. Probable - Not Apparent | 22. Overturn / Rollover | 2. No | 31. Collision Inv. Bicycle/Pedalcycle | 5. Deployed - Front | | 4. Lap Belt Only | 13. Other Helmet | | |
| OE - Occupant - Enclosed Load Area | | 5. None Apparent | 23. Fire / Explosion | 3. Partially | 32. Collision Inv. Railway Veh. | 6. Deployed - Side | | 5. Shoulder and Lap Belt | 14. Reflective Clothing | | |
| OU - Occupant - Unenclosed Load Area | | U. Unknown | 24. Immersion | 3. Other | 33. Collision Inv. Animal (**) | 7. Deployed - Curtain | | 7. DOT Compliant | 15. Other | | |
| RC - Rail Crew | | N. NA | 25. Jackknife | U. Unknown | 34. Collision Inv. MV in Transport | 8. Deployed - Other (Knee, Air Belt, etc.) | | MC Helmet | U. Use Unknown | | |
| SV - Other (Explain in Narrative) | | | 26. Cargo Loss / Shift | N. NA | 35. Collision Inv. Parked MV | | | 8. No Helmet | N. Not Applicable | | |
| NA - Not Applicable | | | 27. Equipment Failure | | 36. Collision Inv. Fixed Object (**) | | | | | | |

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 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 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 06/06/2014 at approximately 22:10 hours, I responded to the area of Spring Street and Veta Street to take a report of a traffic accident.

I was advised by Neosho Police Officer Brandon Beshears he was with a male subject by the name of Bryan Stewart at the RV park in Morse Park in response to a report of a suspicious vehicle. Officer Beshears stated there was damage to the passenger side of his motor home, which is a 1990 Ford E-350 Four Winds. He stated the damage indicated he hit an object, possibly on Spring Street. Damage was to the passenger side of the motor home, bottom portion.

Officer Beshears advised Mr. Stewart was intoxicated and did not know where exactly he hit anything. I checked the area of Spring Street. I observed a city flood gate near the intersection of Veta Street and Spring Street to be damaged. There was motor home debris lying next to the damaged gate indicating the motor home struck the gate.

I informed Officer Beshears of the damage. Officer Beshears completed a driving while intoxicated report, (See Officer Beshears's report 0614-052).

Pictures were taken of the motor home and its damage. Pictures were taken of the damage to the gate, along with debris. Mr. Stewart did not know if he had insurance. The vehicle plate was not located upon a computer check by Newton County Dispatch.

Dispatch also checked the entire United States using the vehicle identification number given and was unable to locate information on the vehicle.

I have nothing further to report at this.

10. REPORTING AND REVIEWING OFFICER INFORMATION

| | | | |
|--|------------------------|--------------------------|------------------------------------|
| REPORTING OFFICER NAME PII PHILLIP WHITEMAN | DSN / BADGE NO. 116 | BEAT / ZONE N | TROOP / DISTRICT / PRECINCT NNE |
| REVIEWING OFFICER NAME SGT JASON BAIRD | DSN / BADGE NO. 104 | REVIEWING OFFICER 2 NAME | DSN / BADGE NO. |