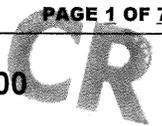


1 - GENERAL CRASH INFORMATION

AGENCY NAME AND ORI

NEOSHO POLICE DEPARTMENT - MO0730300



SPACE USED FOR BARCODE

LEFT THE SCENE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DRIVER NO.	CLEARED <input type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY <input type="checkbox"/>	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
					2	0	0714-230

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL.)	NOTIFIED DATE	TIME NOTIFIED (MIL.)	INVESTIGATION DATE	TIME ARRIVED (MIL.)	INVEST. AT SCENE
3	07-29-2014	1504	07-29-2014	1504	07-30-2014	1510	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CRASH TYPE	ROADWAY	NON-COLLISION	COLLISION INVOLVING			DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE		
	<input checked="" type="checkbox"/> On Roadway <input 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"/> 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 type="checkbox"/> Front to Rear <input type="checkbox"/> Rear to Rear <input type="checkbox"/> Rear to Side	<input checked="" 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.	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM	<input type="checkbox"/> Investigating Agency
RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM	<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)	
NEWTON	NEOSHO	CR	NFD2-C	LAT N	LONG W NA
ON	US S HIGHWAY 59		RDWY DIR	DISTANCE FROM	LOCATION
			S	<input checked="" type="checkbox"/> NA Feet Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input type="checkbox"/> Before <input checked="" type="checkbox"/> At
SPEED LIMIT	ROAD MAINTAINED BY	INTERSECTING		SPEED LIMIT	INT. DIR
45	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	CST W CLEMON DR		25	NA
TRAFFICWAY			ROAD ALIGNMENT		ROAD PROFILE
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input checked="" 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)		<input checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<input checked="" type="checkbox"/> 4-way Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> 5-way / More <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> T-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> Other (Explain)	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Standing Water <input type="checkbox"/> Sand / Gravel <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost <input type="checkbox"/> Mud / Dirt <input type="checkbox"/> Moving Water <input type="checkbox"/> Other (Explain)

ROAD SURFACE	WEATHER CONDITION
<input 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 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  
 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
JOHNSON, LYNZEE RA	12515 HICKORY DR - NEOSHO, MO 64850	(417) 389-7183

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	CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
						<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	<input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input checked="" type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh.	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Going To / From School <input type="checkbox"/> Getting On / Off School Bus <input type="checkbox"/> Both Of The Above <input type="checkbox"/> Unknown (Explain)

PROBABLE CONTRIBUTING CIRCUMSTANCES	DISTRACTED / INATTENTIVE CODE(S)	ALCOHOL USE
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6. COLLISION DIAGRAM

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

V1 NES **W** U

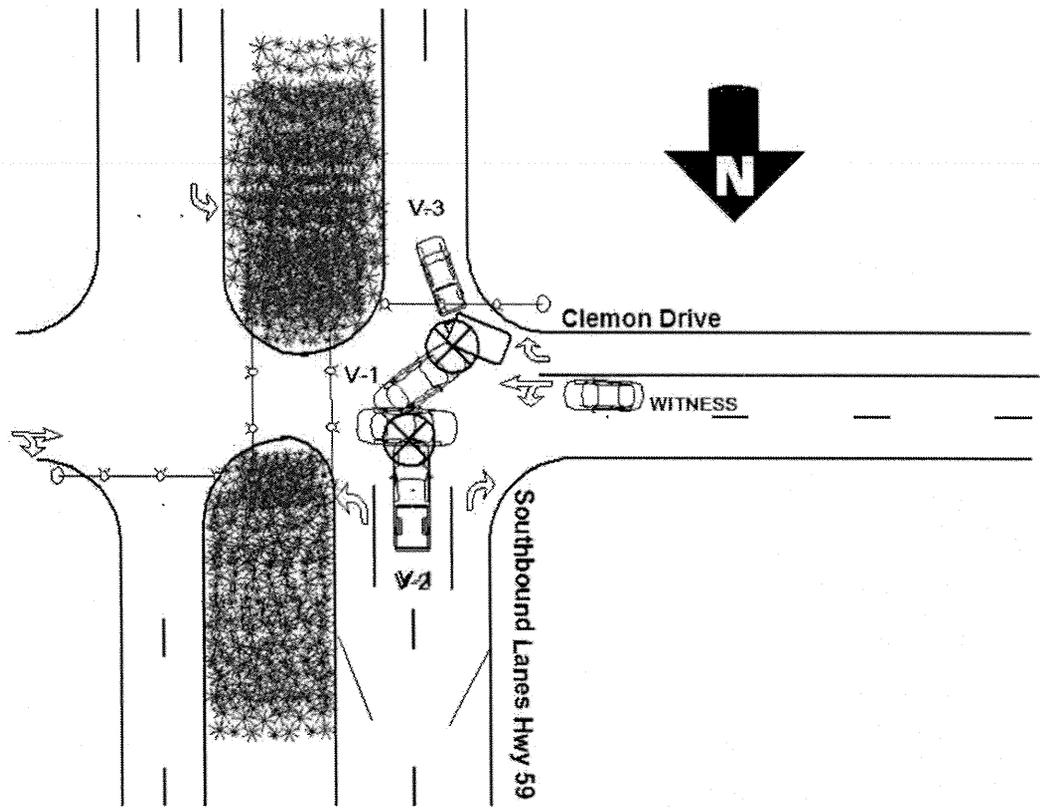
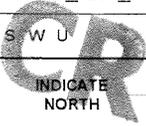
V2 NES **S** W U

V3 NES **S** W U

V4 NES W U

V5 NES W U

V6 NES W U



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 LAND, HELEN M 1406 SUNSHINE DR - NEOSHO, MO 64850
PHONE NUMBER

DRIVER LICENSE / ID NUMBER W1015367
STATE MO
LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT NA

DATE OF BIRTH 02-25-1921
SEX F SEAT LOC FL INJ 3 TRANS-PORT 2 EJECT-TION 2 AIR BAG 05 SAFETY DEVICES 05
VISION OBSTRUCTED NA
Not Obstructed Windshield Load on Veh
Trees / Brush Building Embankment
Sign Hillcrest Parked Veh
Moving Veh Stopped Veh Glare
Other (Explain) Unknown (Explain)

PROOF OF INSURANCE
INSURANCE COMPANY SHELTER MUTUAL
PHONE NO. (Optional)
POLICY NUMBER 24-1-2975137-4
Driver Vehicle

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

YEAR 2005 MAKE Ford MODEL TAURUS COLOR GRY
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO MF3H0R STATE MO YEAR 2015 VIN 1FAFP56U55A202546
TOWED FROM SCENE Yes
TOWED DUE TO DIS. DAMAGE Yes

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO 4
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other
21 - Towed Unit (Explain)

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
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
5 Wh / More
Unknown
Motor Home
Farm Implements
Construction Equip. Heavy Mach.
Other Vehicle (Code)
Cargo Van
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.
10,001 - 26,000 lbs.
Greater than 26,000 lbs.
Unknown

EMERGENCY VEHICLE INVOLVEMENT NA
Police Ambulance A. Emergency Vehicle on Emergency Run
Fire Other (Must check "A" / "B") 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
SEQUENCE OF EVENTS CODES 01 08 34
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects (Explain) Vision Obstructed Failed To Dim Headlights Improper Towing / Pushing Object / Obstruction in Roadway
Speed - Exceeded Limit Driver Fatigue / Asleep Failed To Use Lights Improperly Stopped On Roadway Distracted / Inattentive (Designate Type)
Too Fast For Conditions Improper Signal Following Too Close Improper Lane Usage / Change Unknown (Explain)
Violation Signal / Sign Improper Backing Wrong Side (Not Passing) Overcorrected Other (Explain)
Failed To Yield Improper Turn Wrong Side (One-Way) Improper Riding / Clinging To Veh. Exterior
Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading DISTRACTED / INATTENTIVE CODE(S) NA
Drugs Improperly Parked Improper Start From Park Animal(s) In Roadway

7E. WORK ZONE
TRAFFIC CONTROL Green/Yellow/Red
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 7F.

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
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
Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log Unknown

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 COLE, JACQUELINE MARGUERITE 365 N MAIN - GRANBY, MO 64844
PHONE NUMBER (417) 434-8415

DRIVER LICENSE / ID NUMBER X202306003
STATE MO
LIC STATUS Valid
VISION OBSTRUCTED

DATE OF BIRTH 10-03-1996
SEX F SEAT LOC FL
INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 05 SAFETY DEVICES 05

PROOF OF INSURANCE Yes
INSURANCE COMPANY STATE FARM
PHONE NO. (Optional) POLICY NUMBER 2273863F0425

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

YEAR 1998 MAKE Chevrolet MODEL S-10 COLOR WHI
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 6PS145 STATE MO YEAR 2014
VIN 1GCGC519X4W8120178
TOWED FROM SCENE TOWED DUE TO DIS. DAMAGE

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO. 1
TOWED BY Poore's Truck Salvage & Towing 451-4442

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, Passenger Van, Sport Utility Vehicle, Limousine, Motorized Bicycle, Pedalcycle

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 34
ALCOHOL USE No

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

7E. WORK ZONE
TRAFFIC CONTROL Green/Yellow/Red
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

Table with 10 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH (MM-DD-YYYY), SEX, SEAT LOC, INJ, TRANS-PORT, EJECT-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE NA
Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO
PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL
Interstate Carrier, Intrastate Carrier, Not In Commerce - Government Vehicle, Not In Commerce - Rental Vehicle, 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, 4-DIGIT NO., CLASS, HM CARGO PRESENT, HM CARGO RELEASED, HAZARDOUS MATERIAL NAME

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) NO. 3 BUNCH, ROBERT JOE 4350 PRICE DR B312 - NEOSHO, MO 64850 PHONE NUMBER (417) 455-2152

DRIVER LICENSE / ID NUMBER 440743140 STATE MO LIC STATUS [X] Valid [ ] Expired [ ] Susp / Rev / Denied [ ] Disqual CDL [ ] NA [ ] Canceled / Oth Invalid [ ] Unknown [ ] Operator Class F [ ] Permit [ ] Unknown (Explain) MC ENDORSEMENT [ ] Yes [ ] No [X] NA [ ] Unknown (Explain) [ ] CDL Class [ ] Interm / Grad [ ] MC Only [ ] Unlicensed

DATE OF BIRTH 10-27-1962 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED [ ] NA [ ] Not Obstructed [ ] Windshield [ ] Load on Veh [ ] Trees / Brush [ ] Building [ ] Embankment [ ] Sign [ ] Hillcrest [ ] Parked Veh [ ] Moving Veh [ ] Stopped Veh [ ] Glare [ ] Other (Explain) [ ] Unknown (Explain)

PROOF OF INSURANCE [X] Yes [ ] No [ ] Not Required INSURANCE COMPANY MID CONTINENTAL CASUALTY PHONE NO. (Optional) POLICY NUMBER 04CA002799678 [ ] Driver [X] Vehicle [ ] SAD

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) [ ] SAD LONE WOLF SERVICE GROUP LLC, RR 1 BOX 1D - HOOKER, OK 73945 PHONE NUMBER [ ] SAD

YEAR 2013 MAKE Toyota MODEL TUNDRA COLOR BLK VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO Y78316 STATE OK YEAR 2015 VIN 5TFUW5F14DX289328 TOWED FROM SCENE [ ] Yes [X] No TOWED DUE TO DIS. DAMAGE [ ] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [X] None / No Damage TOWED BY [ ] Unknown [X] NA INITIAL IMPACT NO. 1 15 16 17 8 21 - Towed Unit (Explain)

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 [ ] 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) [X] Less than or equal to 10,000 lbs. [ ] 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 [ ] 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 [ ] Unknown 09 | 03 | 34 ANIMAL CODE(S) FIXED OBJECT CODE(S) ALCOHOL USE [ ] Yes [ ] Unk [X] No [ ] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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) [X] NA (See Codes in Section 8)

7E. WORK ZONE [ ] Yes [X] No [ ] Unknown TRAFFIC CONTROL [ ] None [ ] Unknown Electric: [X] 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) [X] No [ ] Unknown [ ] NA

Table with 11 columns: OCCUPANTS - NAME (Last, First, MI), ADDRESS (Street, City, State, Zip), DATE OF BIRTH MM-DD-YYYY, SEX, SEAT LOC, INJ, TRANS-PORT, EJECTION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 7F. is empty.

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 (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) [ ] SAO PHONE NUMBER [ ] SAO

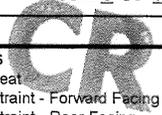
COMMERCIAL / NON-COMMERCIAL [ ] Interstate Carrier [ ] Intrastate Carrier [ ] Not In Commerce - Government Vehicle [ ] Not In Commerce - Rental Vehicle [ ] Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE [ ] Enclosed Box [ ] 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

8 - CODES

SEAT LOCATION XX - Not Known B - Pedalcycle M - Motorcycle CP - Commercial Passenger OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area RC - Rail Crew SV - Other (Explain in Narrative) NA - Not Applicable	FR SR TR	INJURY 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	TRANSPORTED (For Medical Treatment) 1. No 2. EMS 3. Other U. Unknown N. NA	EJECTION 1. NA 2. No 3. Partially 4. Totally U. Unknown	AIR BAG 1. None / NA 3. Not Deployed 4. Removed 5. Deployed - Front 6. Deployed - Side 7. Deployed - Curtain 8. Deployed - Other (Knee, Air Belt, etc.)	SAFETY DEVICES 10. Booster Seat 11. Child Restraint - Forward Facing 12. Child Restraint - Rear Facing 13. Other Helmet 14. Reflective Clothing 15. Other U. Use Unknown N. Not Applicable
	FC SC TC					
	FL SL TL					
	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown					



VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk [**] require additional coding)							
1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	44. Thrown/Falling Object		
2. Overtaking	11. Backing	20. Ran Off Roadway - Right	29. Returned To Roadway	38. Other Non-collision	45. Struck By Falling, Shifting Cargo, Object Set In Motion By Own MV		
3. Making Right Turn	12. Stopped In Traffic	21. Ran Off Roadway - Left	30. Collision Inv. Pedestrian	39. Collision Inv. Bicycle/Pedalcycle In Bicycle Lane	46. Ran Off Roadway - Other (Explain)		
4. Right Turn on Red	13. Parked	22. Overturn / Rollover	31. Collision Inv. Bicycle/Pedalcycle	40. Collision Inv. Animal Drawn Vehicle / Animal Ridden For Transportation	47. Cross Separator		
5. Making Left Turn	14. Changing Lanes	23. Fire / Explosion	32. Collision Inv. Railway Veh.	41. Collision Inv. Working MV			
6. Making U-Turn	15. Avoiding	24. Immersion	33. Collision Inv. Animal (**)	42. Downhill Runaway			
7. Skidding / Sliding	16. Cross Median	25. Jackknife	34. Collision Inv. MV in Transport	43. Fell/Jumped From MV			
8. Slowing / Stopping	17. Cross Center Of Road	26. Cargo Loss / Shift	35. Collision Inv. Parked MV				
9. Start In Traffic	18. Cross Road	27. Equipment Failure	36. Collision Inv. Fixed Object (**)				

ANIMAL CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS			
60. Deer	61. Farm Animal	62. Dog	63. Other Animal
			U. Unknown

FIXED OBJECT CODES FOR VEHICLE ACTION / SEQUENCE OF EVENTS			
20. Tree / Stump (Standing)	26. Culvert	32. Building	38. Bridge Rail
21. Embankment / Driveway / Ground / Rock Bluff	27. Highway Traffic Sign Post / Support	33. Traffic Signal Support	39. Guardrail End
22. Guardrail Face	28. Bridge Pier / Abutment / Support	34. Impact Attenuator / Crash Cushion	40. Other Traffic Barrier
23. Utility Pole	29. Curb	35. Fire Hydrant	41. Overhead Sign Support
24. Fence	30. Mail Box	36. Other (Explain)	42. Ditch
25. Street Light Support	31. Concrete Traffic Barrier	37. Bridge Parapet End	43. Other Post / Pole / Support
			44. Wall
			45. Cable Barrier
			46. Bridge Overhead Structure
			47. Overhead Line / Cable
			U. Unknown

DISTRACTED / INATTENTIVE CODES			
1. External Distraction	5. Communication Device - Hand-held	9. Eating / Drinking	13. Computer Equipment / Electronic Games / etc.
2. Passengers	6. Communication Device - Hands Free	10. Reading	14. Adjusting Vehicle Controls
3. Stereo / Audio / Video Equipment	7. Communication Device - Texting / E-mailing	11. Tobacco Use	15. Other (Explain)
4. Navigation Device	8. Communication Device - Web Browsing	12. Grooming	

VEHICLE TYPE CODES			
1. Motor Vehicle In Transport	3. Working Motor Vehicle	5. Animal Drawn Vehicle / Animal Ridden For Transport Purposes	
2. Parked Motor Vehicle	4. Pedalcycle	U. Unknown	

OTHER VEHICLE CODES			
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

See Supplemental Narrative Page

10. REPORTING AND REVIEWING OFFICER INFORMATION			
REPORTING OFFICER NAME OFF ROBERT TURNER	DSN / BADGE NO 120	BEAT / ZONE CR	TROOP / DISTRICT / PRECINCT NFD2-C
REVIEWING OFFICER NAME PII PHILLIP WHITEMAN	DSN / BADGE NO 116	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI	
				NEOSHO POLICE DEPARTMENT - MO0730300	
CRASH DATE	TRP / DIST / PCT	COUNTY			
07-29-2014	NFD2-C	NEWTON			
REPORTING OFFICER NAME			DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME	
OFF ROBERT TURNER			120	PII PHILLIP WHITEMAN	
				DSN / BADGE NO.	
				116	

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

**MAIN NARRATIVE**

On 07/29/2014 at approximately 1506 hours Officers responded to the area of US Highway 59 and Clemon Drive for a (3) vehicle accident.

I responded to the intersection of US Highway 59 and Clemon for a traffic accident involving (3) vehicles.

I made contact with Jacqueline Cole, Driver of Vehicle 2. Ms. Cole stated she was travelling southbound in the left lane on US Highway 59 approaching the intersection with Clemon Drive. Ms. Cole stated the light was green and as she entered the intersection, Vehicle 1 proceeded West on Clemon Drive, crossing the Southbound lanes of travel. Ms. Cole stated she attempted to avoid Vehicle 1, but made contact with the passenger side of Vehicle 1. Due to the impact, Vehicle 1 slid and made impact with Vehicle 3, which was towing a 2014 Keystone 40' Travel Trailer. Vehicles 1 and 2 were both disabled due to damage and Ms. Cole did not report any injury. Vehicle 2 was towed from the scene by Poore's Towing.

I made contact with Robert Bunch, Driver of Vehicle 3. Mr. Bunch stated that he was travelling East on Clemon and was in the process of executing a right turn to travel South on US Highway 59. Mr. Bunch stated he saw Vehicle 1 enter the intersection, slowing to a brief stop in the middle of Clemon Drive and US Highway 59. At that time, Vehicle 1 proceeded forward heading West and crossed the lane of travel in front of Vehicle 2. Vehicle 1 was struck by Vehicle 2 and Vehicle 1 made impact with the left side of the 2014 Keystone Travel Trailer. The Travel Trailer had damage to the left side but was not disabled. The 2014 Keystone Travel Trailer displayed a VIN: 4YDT37027F1530028 and a temporary Oklahoma registration. Mr. Bunch did not report an injury.

I made contact with Lynzee Johnson who identified herself as witness to the traffic accident. Ms. Johnson stated she was sitting at the traffic light East on Clemon Drive. Ms. Johnson observed Vehicle 1 enter the intersection travelling west. After Vehicle 1 crossed the North US Highway 59 lanes of travel, Vehicle 1 slowed to a stop in the middle of the intersection. After a few seconds, Vehicle 1 proceeded West and was struck by Vehicle 2, which was travelling South on US Highway 59. Ms. Johnson stated that it appeared Driver 1 was confused due to the slowing and stopping in the middle of the intersection. Ms. Johnson stated that Vehicle 2, which was travelling South on US Highway 59 had a green light.

After leaving the scene, I responded to Freeman Neosho Emergency Room to make contact with Helen Land. Ms. Land was driving Vehicle 1 and had been transported by Newton County Ambulance. Ms. Land stated she was travelling West on Clemon Drive attempting to cross US Highway 59 on route to Wal-Mart. Ms. Land advised she did not recall much from the accident, just that she was hit by another vehicle and it all happened very quickly. Ms. Land's Vehicle 1 was disabled due to damage and towed from the scene by Ron's Towing.

Nothing Further.

*Robert J Turner 120*

*Phillip White 116*