

1 - GENERAL CRASH INFORMATION

AGENCY NAME AND ORI

NEOSHO POLICE DEPARTMENT - MO0730300

SPACE USED FOR BARCODE

LEFT THE SCENE DRIVER NO. CLEARED CRASH CLASSIFICATION PROPERTY DAMAGE ONLY NO. INJURED NO. KILLED REPORT / CASE / INCIDENT NUMBER

NO. VEH. INV. CRASH DATE CRASH TIME (MIL.) NOTIFIED DATE TIME NOTIFIED (MIL.) INVESTIGATION DATE TIME ARRIVED (MIL.) INVEST. AT SCENE

CRASH TYPE ROADWAY NON-COLLISION COLLISION INVOLVING DIRECTIONAL ANALYSIS FOR IMPACT WITH MOTOR VEHICLE

COMMERCIAL MOTOR VEHICLE INVOLVEMENT CRITERIA - Answer the following to determine if the "Commercial Vehicle" fields in Section 7G must be completed.

EVIDENTIARY PHOTOS TAKEN BY WHOM AVAILABLE FROM RECONSTRUCTION BY WHOM AVAILABLE FROM

2 - LOCATION

COUNTY NEWTON MUNICIPALITY NEOSHO BEAT / ZONE CR TRP/DIST/PCT NA GPS COORDINATES (DD MM SS S FORMAT) NA

ON CST NORWAY RD RDWY DIR W DISTANCE FROM NA LOCATION INTERSECTING CRD KODIAK RD SPEED LIMIT 35 ROAD MAINTAINED BY

TRAFFICWAY INTERSECTION TYPE ROAD CONDITION ROAD ALIGNMENT ROAD PROFILE

INTERSECTION TYPE ROAD CONDITION ROAD SURFACE WEATHER CONDITION

ROAD SURFACE WEATHER CONDITION LIGHT CONDITION

3 - DAMAGE TO PROPERTY OTHER THAN VEHICLES LIST OWNER'S NAME & ADDRESS, DESCRIPTION OF PROPERTY, AND DAMAGE.

4 - WITNESS NAME ADDRESS (Street, City, State, Zip) PHONE NUMBER

5 - PEDESTRIAN DATE OF BIRTH SEX STRUCK BY VEH # INJ TRANS-PORT SAFETY DEVICES LOCATION

CROSSING ROAD OTHER ACTIONS SCHOOL INFO PROBABLE CONTRIBUTING CIRCUMSTANCES DISTRACTED / INATTENTIVE CODE(S) ALCOHOL USE

5 - 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

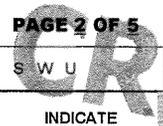
CROSSING ROAD OTHER ACTIONS SCHOOL INFO PROBABLE CONTRIBUTING CIRCUMSTANCES DISTRACTED / INATTENTIVE CODE(S) ALCOHOL USE

PROBABLE CONTRIBUTING CIRCUMSTANCES DISTRACTED / INATTENTIVE CODE(S) ALCOHOL USE

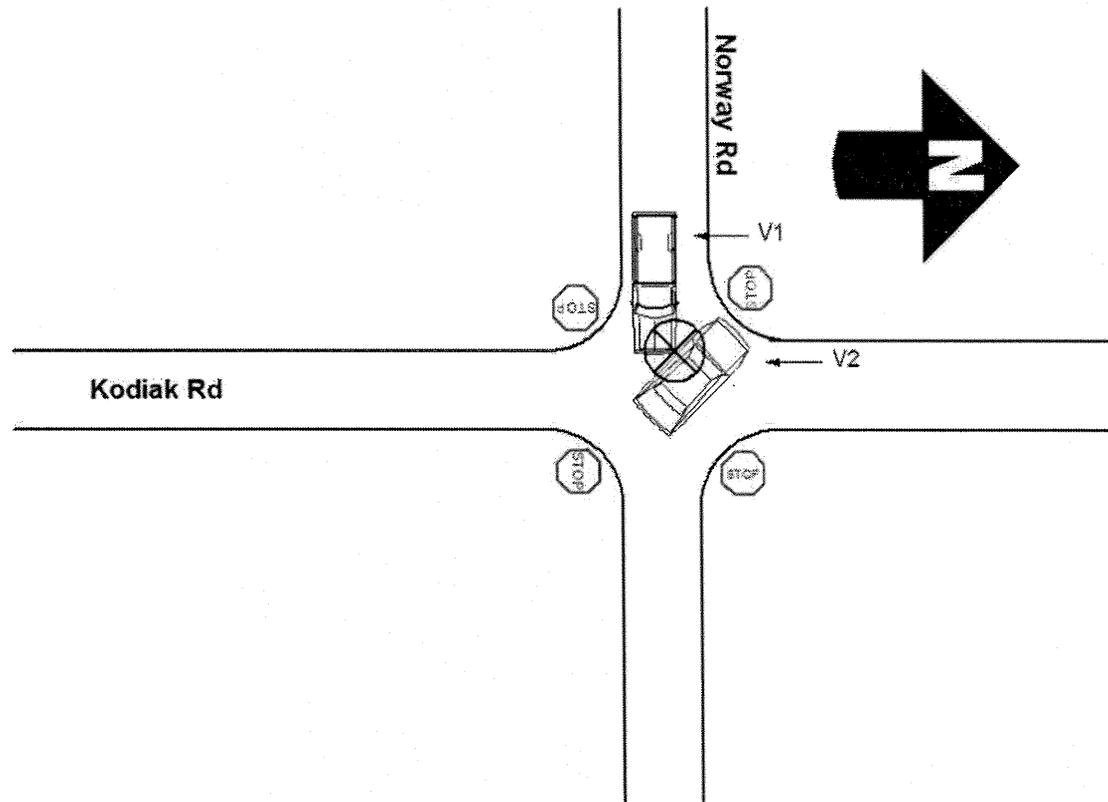
6. COLLISION  
DIAGRAM

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

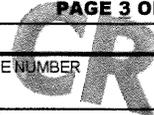


INDICATE  
NORTH



INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE



7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) 1 WRIGHT, EDWIN DAVID 241 WRIGHT ST - GRANBY, MO 64844 PHONE NUMBER

DRIVER LICENSE / ID NUMBER S078045001 STATE MO LIC STATUS Valid Operator Class F MC ENDORSEMENT NA

DATE OF BIRTH 03-04-1947 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05 VISION OBSTRUCTED Not Obstructed

PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY STATE FARM PHONE NO. (Optional) POLICY NUMBER 5023468E0825G

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

YEAR 1995 MAKE Ford MODEL F150 COLOR MAR VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO 7KD857 STATE MO YEAR 2015 VIN 1FTEF14Y6SLA94672 TOWED FROM SCENE No TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage INITIAL IMPACT NO 1

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles Passenger Car Small Bus (9-15 W/Driver) Motorcycle Motor Home

EMERGENCY VEHICLE INVOLVEMENT NA CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES 0134 ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES Violation Signal / Sign Failed To Yield

7E. WORK ZONE No TRAFFIC CONTROL None CONTROL MALFUNCTIONING / INOPERATIVE / MISSING No

Table with 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

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 Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Another Veh. Intermodal Container Chassis NA (No Cargo Body) Other Unknown

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
NO. 2 PACKWOOD, SAMUEL LOUIS 17513 JORDAN LN - NEOSHO, MO 64850
PHONE NUMBER (417) 389-7184

DRIVER LICENSE / ID NUMBER T078214005
STATE MO
LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT NA

DATE OF BIRTH 01-09-1991
SEX M SEAT LOC FL INJ 5
TRANS-PORT 1
EJEC-TION 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 Yes
INSURANCE COMPANY STATE FARM
PHONE NO. (Optional)
POLICY NUMBER W223725D0825T
Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
PACKWOOD, AUBURN LEE 17513 JORDAN LN - NEOSHO, MO 64850
PHONE NUMBER (417) 592-2295

YEAR 2011 MAKE Toyota MODEL COROLLA COLOR RED
VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO CG7V1Z STATE MO YEAR 2015
VIN 2T1B1U4E6B739732
TOWED FROM SCENE No
TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO 13
TOWED BY Unknown NA

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car
Small Bus (9-15 W/Driver)
Large Bus (16+ W/Driver)
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)
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
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 05 | 34
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
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

7E. WORK ZONE No
TRAFFIC CONTROL None
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, EJEC-TION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 7F is empty.

7G. COMMERCIAL MOTOR VEHICLE NA
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO
PHONE NUMBER SAO

COMMERCIAL / NON-COMMERCIAL
CARGO BODY TYPE
HAZARDOUS MATERIALS

HAZARDOUS MATERIALS
PLACARD DISPLAYED
4-DIGIT NO.
CLASS
HM CARGO PRESENT
HM CARGO RELEASED
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 FC SC TC FL SL TL	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.)	9. Deployed - Combination 10. Deployment Unknown U. Air Bag Presence Unknown	SAFETY DEVICES 1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 7. DOT Compliant MC Helmet 8. No Helmet	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
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VEHICLE ACTION / SEQUENCE OF EVENTS (Items with double-asterisk (\*\*)) require additional coding)

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

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

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

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

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

1. Riding Mower / Garden Tractor 2. Golf Cart	3. Snowmobile 4. Forklift	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle 7. Other (Explain)
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9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

On 08/23/2014 at approximately 16:01 hours, I responded to the intersection of Kodiak Road and Norway Road to take a report of a traffic accident.

When I arrived on scene I observed two vehicles were involved. Vehicle one was a Ford pickup truck bearing Missouri 7KD857. Vehicle two was a Toyota passenger car bearing Missouri CG7V1Z. Vehicle one was driven by Edwin Wright. Vehicle two was driven by Samuel Packwood.

I spoke to Mr. Wright. Mr. Wright stated he was traveling Eastbound when he ran the stop sign and struck the driver's side of vehicle two. Mr. Wright stated he was not injured and refused medical treatment. There was no damage to his vehicle.

I spoke to Mr. Packwood. Mr. Packwood stated he was turning left onto Norway Road from Kodiak Road when vehicle one came through the stop sign and struck his vehicle on the driver's side door. Mr. Packwood stated he was not injured and did not need medical attention.

There were two marks from where vehicle one struck his door. The damage appeared to be minimal so information was exchanged. No vehicles were towed from the scene.

On 08/28/2014 Mr. Packwood requested a police report be made per request of his insurance company. He advised the interior of the door was damaged and the while door would probably have to be replaced.

I have nothing further to report at this time.

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PII PHILLIP WHITEMAN	DSN / BADGE NO. 116	BEAT / ZONE CR	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT JASON BAIRD	DSN / BADGE NO. 104	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.