

1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300
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LEFT THE SCENE	DRIVER NO.	CLEARED	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	1	0	0814-262

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	08-28-2014	1819	08-28-2014	1821	08-28-2014	1823	<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 type="checkbox"/> Motor Vehicle in Transport <input checked="" type="checkbox"/> Parked Motor Vehicle <input type="checkbox"/> Working Motor Vehicle	<input type="checkbox"/> Front to Front <input type="checkbox"/> Front to Rear <input checked="" 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 / GCVWR 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 checked="" type="checkbox"/> Yes - Go to number 2. →	<input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.

EVIDENTIARY PHOTOS TAKEN	BY WHOM	AVAILABLE FROM	Investigating Agency
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RDC		<input type="checkbox"/>
RECONSTRUCTION	BY WHOM	AVAILABLE FROM	Investigating Agency
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/>

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S' FORMAT)		
NEWTON	NEOSHO	NW	NNW	LAT: N	LONG: W	NA
ON		RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING	
CST 1114 BOND ST		W	NA	NA	CST HAWTHORN DR	
SPEED LIMIT	ROAD MAINTAINED BY		Feet	After	SPEED LIMIT	INT DIR
25	<input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other			<input type="checkbox"/> After <input type="checkbox"/> Before	25	W
		Miles		<input checked="" type="checkbox"/> At	GEO - CODE	NA
TRAFFICWAY			ROAD ALIGNMENT		ROAD PROFILE	
<input type="checkbox"/> One-Way <input checked="" type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane			<input type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier		<input type="checkbox"/> Straight <input checked="" type="checkbox"/> Curve <input type="checkbox"/> Level <input checked="" type="checkbox"/> Downhill <input type="checkbox"/> Dip	
INTERSECTION TYPE			ROAD CONDITION			
<input type="checkbox"/> 4-way Intersection <input type="checkbox"/> T-Intersection			<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input type="checkbox"/> Ice / Frost			
ROAD SURFACE			WEATHER CONDITION			
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel			<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow			
LIGHT CONDITION						
<input checked="" type="checkbox"/> Daylight <input 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

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

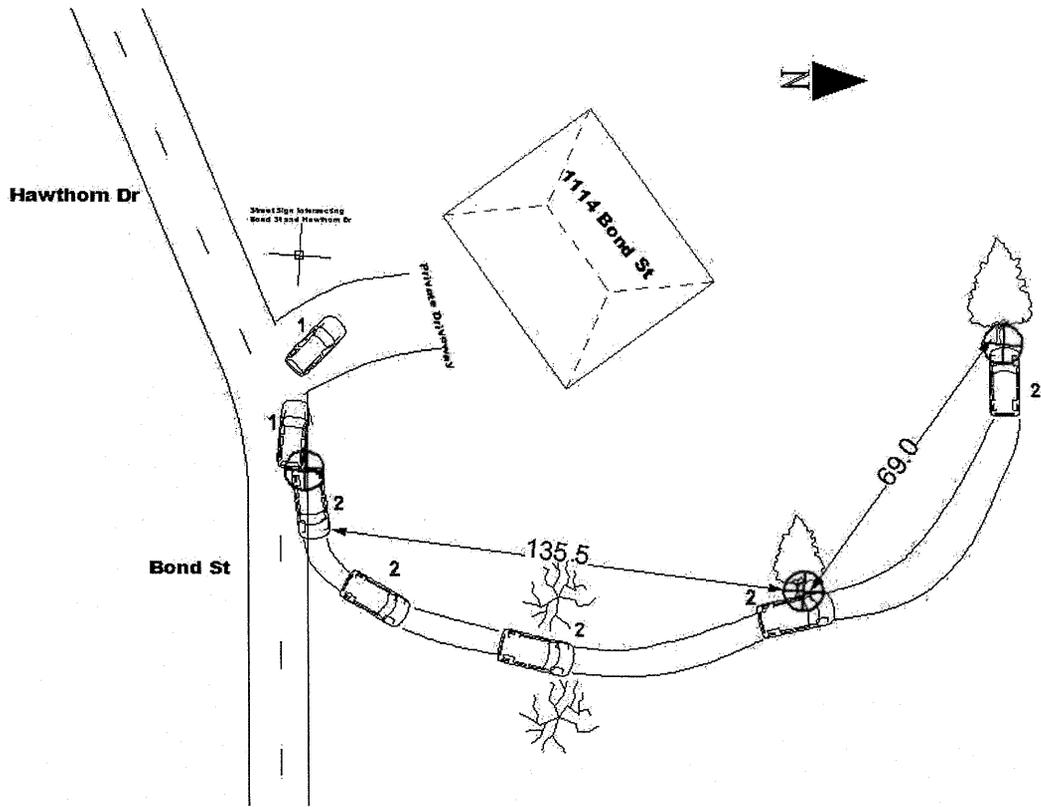
NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER
DATE OF BIRTH	SEX	STRUCK BY VEH #:
CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input checked="" type="checkbox"/> NA	<input checked="" type="checkbox"/> NA / None	<input checked="" type="checkbox"/> NA
<input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<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 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)
<input type="checkbox"/> None		<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Failed To Yield <input type="checkbox"/> Alcohol <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Other (Explain)		ALCOHOL USE
<input type="checkbox"/> Distracted / Inattentive <input type="checkbox"/> Drugs <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Unknown (Explain)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

6 COLLISION DIAGRAM

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

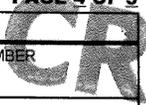
V1 N **E** SW U V2 N E S **W** U V3 N E SW U V4 N E SW U V5 N E SW U V6 N E SW U

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)
NO: 2
PHONE NUMBER

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

DATE OF BIRTH
SEX
SEAT LOC
INJ
TRANS-PORT
EJEC-TION
AIR BAG
SAFETY DEVICES
VISION OBSTRUCTED: Not Obstructed, Windshield, Load on Veh, Trees / Brush, Building, Embankment, Sign, Hillcrest, Parked Veh, Moving Veh, Stopped Veh, Glare, Other (Explain)

PROOF OF INSURANCE
INSURANCE COMPANY: FARM BUREAU
PHONE NO. (Optional): (417) 451-1504
POLICY NUMBER: APV0023415 33
Driver, Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
MADEIRA, MARY JANE
1408 OAK RIDGE DR - NEOSHO, MO 64850
PHONE NUMBER: (417) 592-4860

YEAR: 2011
MAKE: Nissan
MODEL: CUBE
COLOR: GRA
VEH. TYPE: 2
TOTAL NO. OF OCC.

LICENSE - PLATE NO: PG9H3R
STATE: MO
YEAR: 2015
VIN: J, N, 8, A, Z, 2, K, R, 0, B, T, 2, 1, 2, 3, 6, 9
TOWED FROM SCENE: Yes
TOWED DUE TO DIS. DAMAGE: No

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO: 8
TOWED BY: TOWED BY AN INDIVIDUAL WITH PERSONAL VEHICLE

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, Sport Utility Vehicle, School Bus, Intercity, Charter / Tour, Other
Motorcycle, ATV, 2 Wh, 3 Wh, 4 Wh, 5 Wh / More, Unknown (Explain)
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
GWV / GCWW RATING (Not Licensed Weight)
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
Police, Ambulance, Fire, Other
A. Emergency Vehicle on Emergency Run
B. Stationary With Emergency Equip. Activated
Congestion Ahead, Other Incident Ahead, Crash Ahead, Unknown (Explain)

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES: 13
ALCOHOL USE: No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
None
Vehicle Defects, Speed, 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
TRAFFIC CONTROL: None
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING: No
Workers Present: No

7F. OCCUPANTS - NAME (Last, First, MI), DATE OF BIRTH, SEX, SEAT LOC, INJ, TRANS-PORT, EJEC-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)
PHONE NUMBER

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

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 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
	FC SC TC						
	FL SL TL						

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
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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 August 28, 2014 at approximately 18:23 hours, I responded to the 1100 block of Bond Street for a report of a non injury vehicle accident.

Upon my arrival I made contact with driver 1 Sandra Keels, identified by her valid Missouri driver's license. Mrs. Keels said she was backing out of her son's driveway and backed into a vehicle that was parked on the street.

Mrs. Keels was driving a black 2003 GMC Yukon sport utility vehicle displaying Missouri registration UE1V1G. The parked vehicle was a 2011 grey Nissan Cube displaying Missouri registration PG9H3R that is registered to Ms. Mary Madeira. Ms. Maderia was on scene and said she would make arrangements for removal of her vehicle.

Mrs. Keels said after impact with vehicle 2 it proceeded to roll off the street down a hill for 135.5 feet before side swiping a tree causing damage on the driver's side of the vehicle, and continued down the hill another 69 feet before crashing the front end into another tree. I observed tire imprints in the grass from vehicle 2 showing the path of travel. I turned the vehicle on to observe it to be in park.

On vehicle 1 I observed slight grey paint transfer on the right side of the rear bumper. The on vehicle 2 consisted of small scuffs on the rear bumper cover that were barely noticeable. Photographs have been attached to the report.

The parked vehicle was not occupied at the time of impact. Mrs. Keels advised she was not injured at the time of the accident and refused medical treatment.

Mrs. Keels and Mrs. Medeira are the mothers of residents at 1114 Bond Street and simply requested a report for insurance purposes.

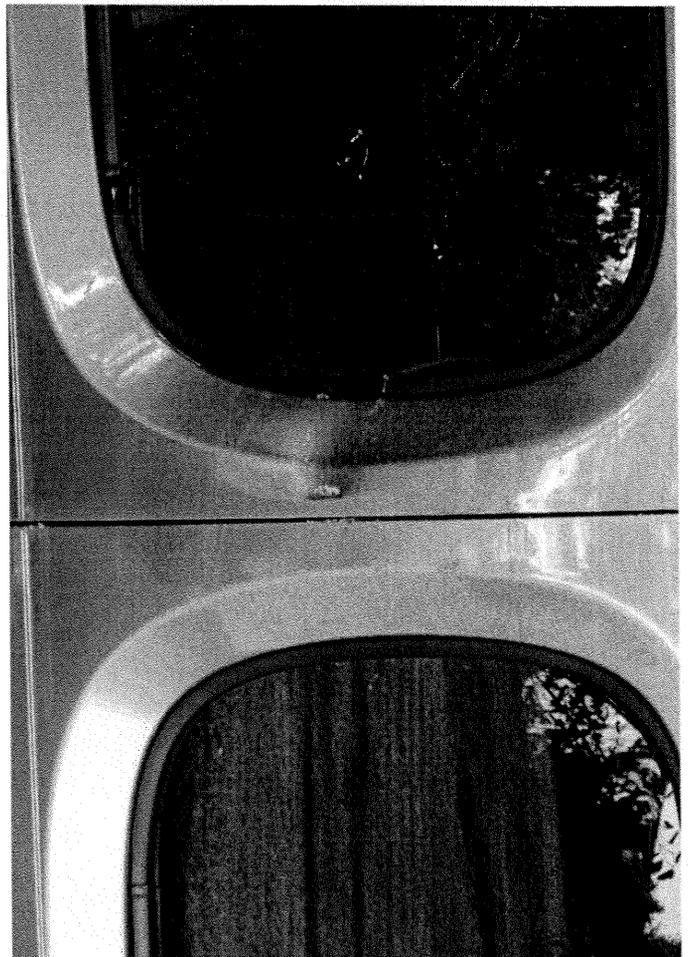
I have nothing further to report.

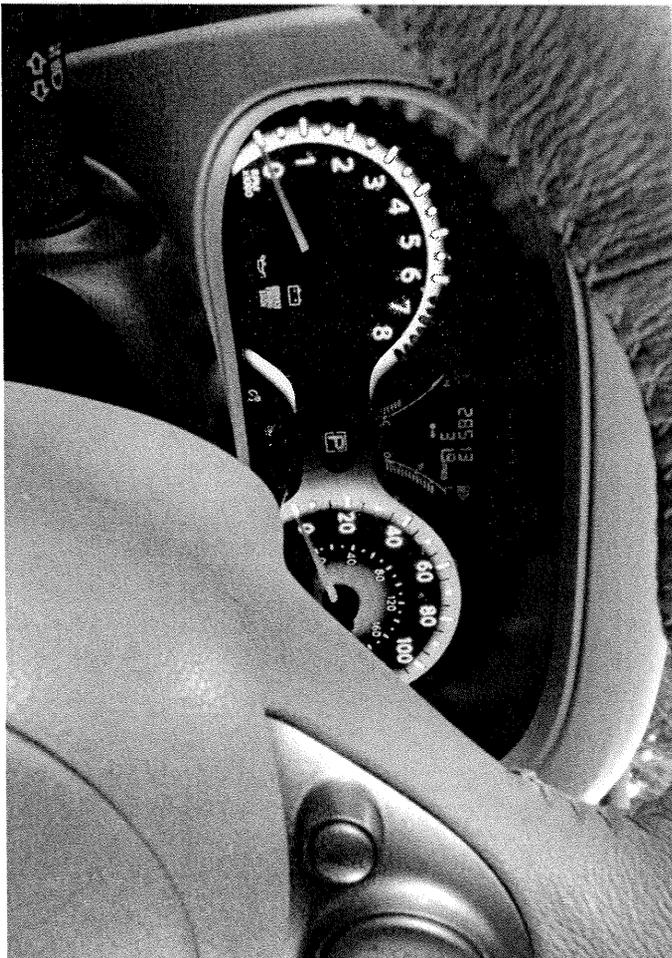
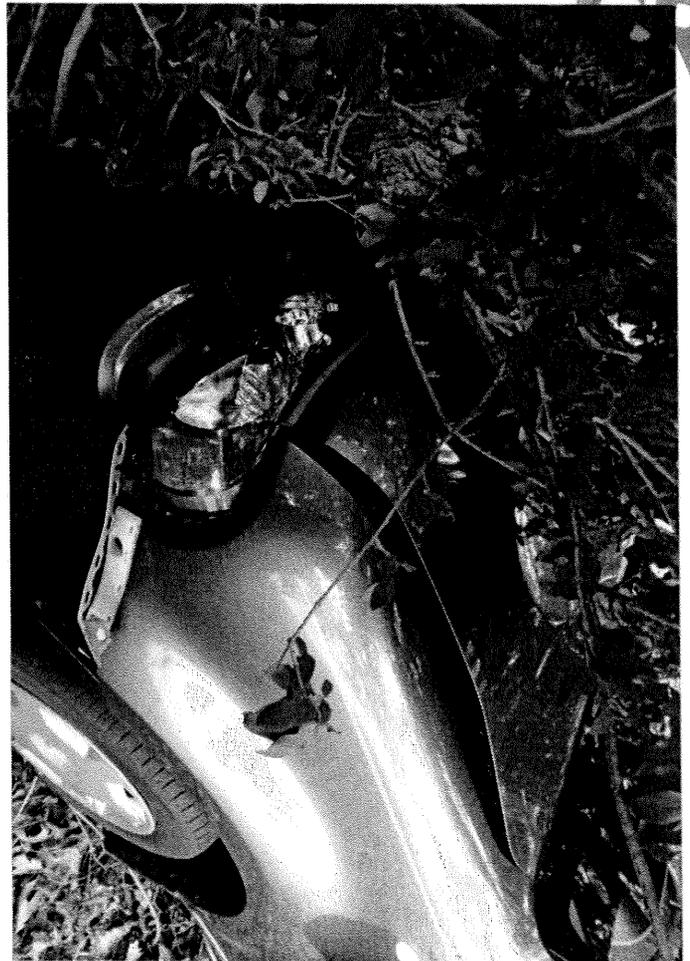
10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PI RACHEL COON	DSN / BADGE NO. 123	BEAT / ZONE NW	TROOP / DISTRICT / PRECINCT NNW
REVIEWING OFFICER NAME SGT ROBERT SHARP	DSN / BADGE NO. 105	REVIEWING OFFICER 2 NAME	DSN / BADGE NO.

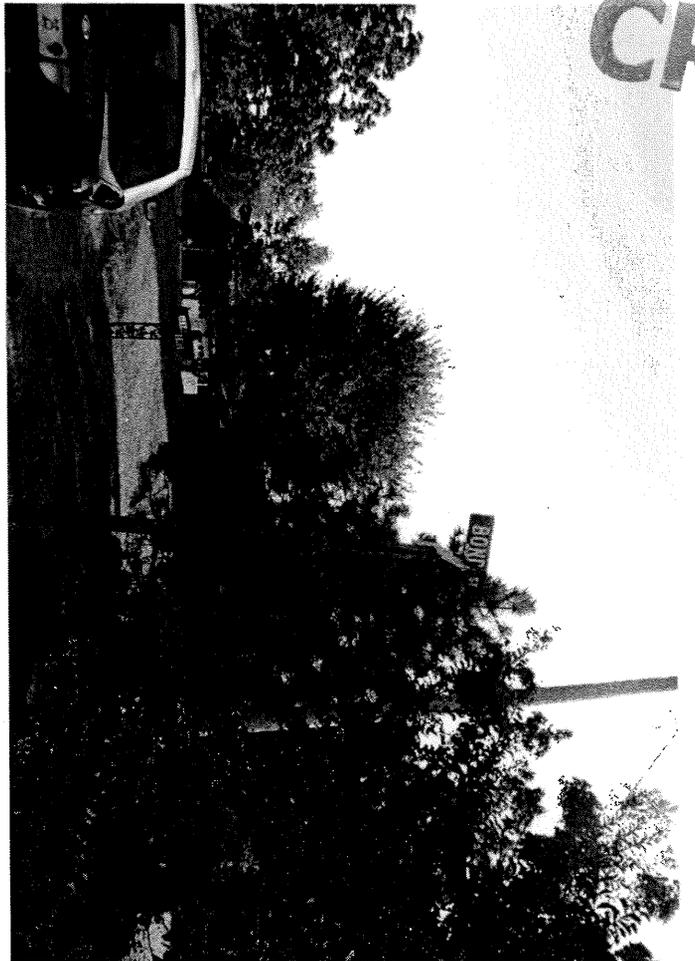
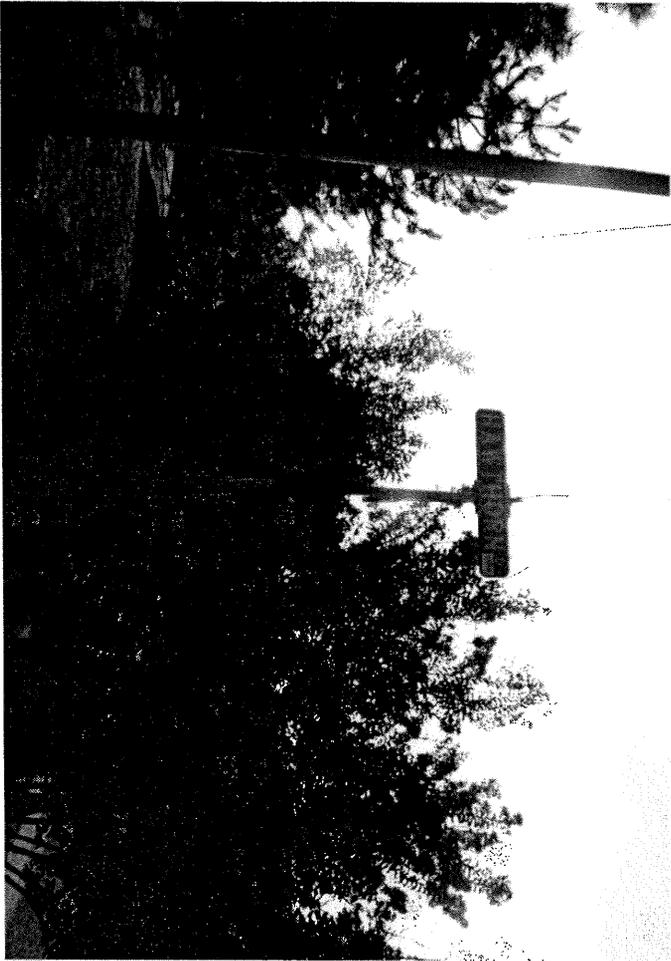
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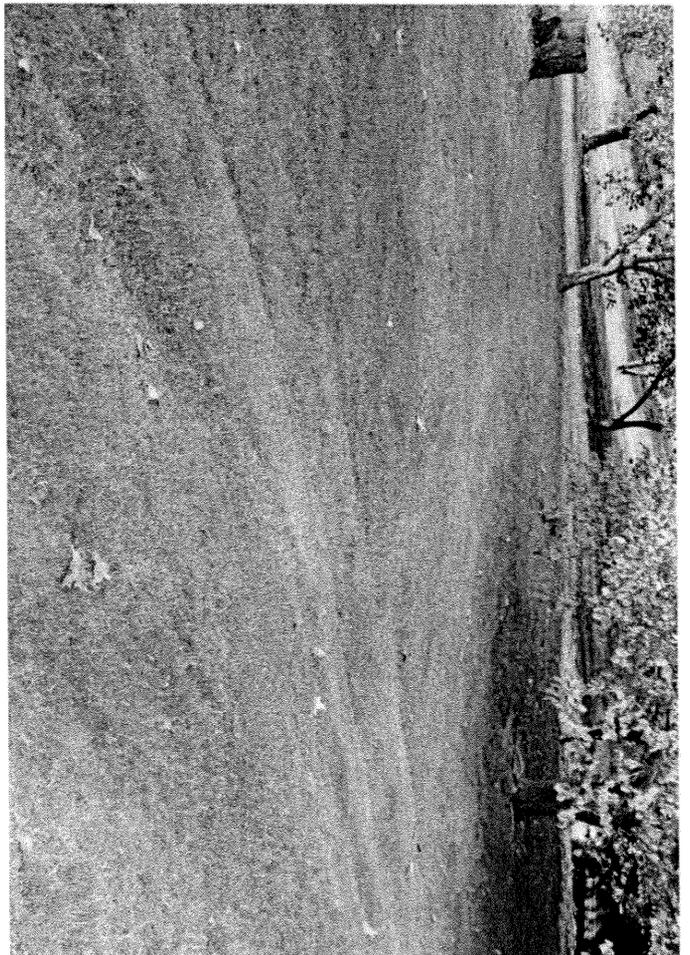
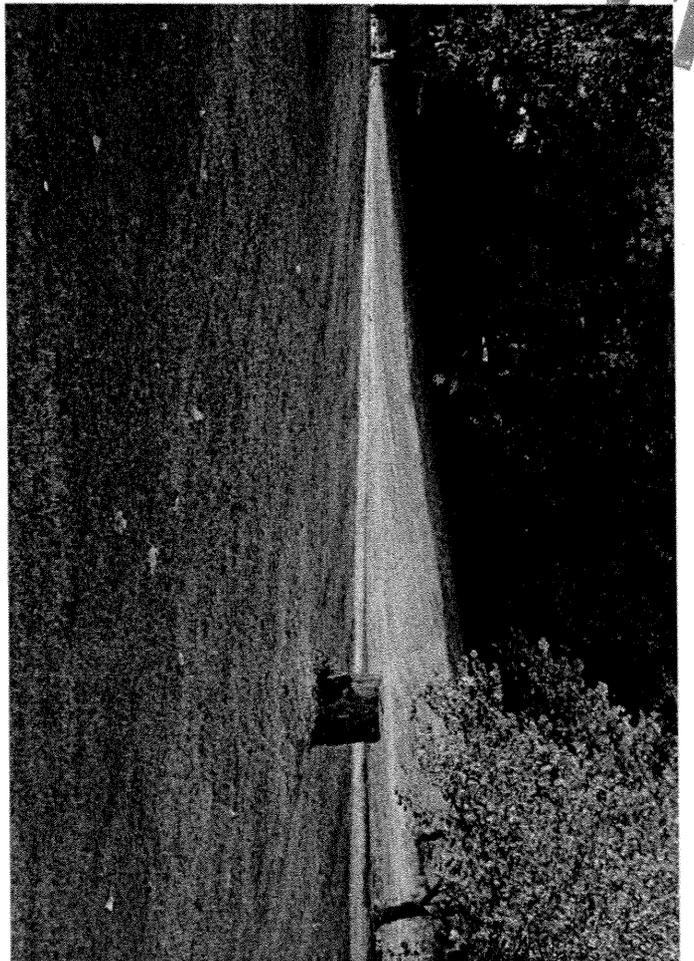


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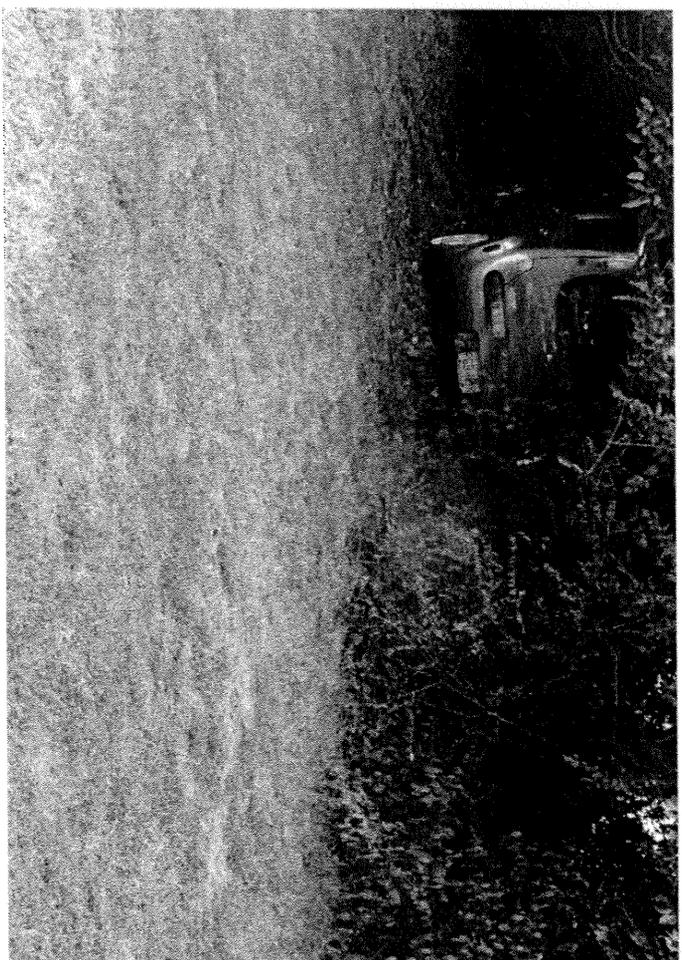
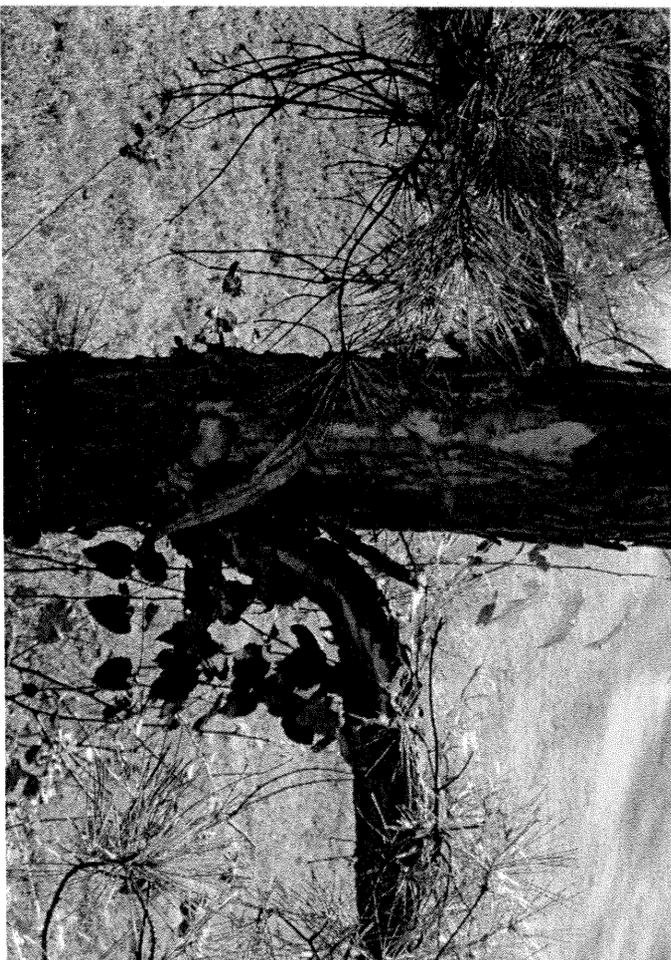
0814-262

CR



0914-262

CR



Response

D1
0814-262
CR

FROM-REVENUE DATE: 08/28/2014 TIME: 23:14:58 DEST TERM: WC00FOXI
QWRT.ORI/MO0730000.OLN/K078176004.NAM/NONAME,PRESENT

*R23 - DOR MEDIUM RESPONSE

**** THIS RECORD RESTRICTED UNDER DRIVERS PRIVACY PROTECTION ACT ****

DETAIL INFORMATION:

OPER STAT/VALID CDL STAT/

LIC EXP DATE/08 05 2015 CLASS/F

CURRENT NAME

DOB SEX

KEELS , SANDRA KAY 08 05 1952 F

OLN/K078176004

ALIAS INFORMATION

KEELS , SANDRA KAY 08 05 1952 F

OLN/489568299

30C/489568299 HGT/505 WGT/130 EYE/BROWN

RESIDENT ADDR/1010 W DAUGHERTY RD NEOSHO MO 64850

ISSUANCE INFORMATION:

ENDORSEMENTS/

RESTRICTIONS/CORRECTIVE LENSES

LIC PROC CDE/REGULAR

LIC PROC REASON/

Response

FROM-REVENUE DATE: 08/28/2014 TIME: 23:20:04 DEST TERM: WC00FOX
DOR.GR40UE1V1G15

V1
0819-262
CR

*R04 - TITLE & REGIST

**** THIS RECORD RESTRICTED UNDER DRIVERS PRIVACY PROTECTION ACT ****

YEAR:03 MAKE:GMC STYLE:UTL KIND OF VEH:P VIN:1GKFK66U73J250145

OWNER NAME:KEELS GEORGE COUNTY:NEWTON

ADDRESS:1010 W DAUGHERTY RD NEOSHO MO 64850

CYL:08 SERIES: AXLES: FUEL:G HORSE POWER:51

LIC:UE1V1G EXPIRATION:OCT 15 LIT:PC TAB NO:000000000 ISSUE:101013

TITLE:PK015853 TYPE:ORIGINAL DATE:092104 ODOM:0000350 NEW/USED:USED INSTAT

Response

DZ
0819-262
CR

FROM-REVENUE DATE: 08/28/2014 TIME: 23:17:36 DEST TERM: WC00FOX1
QWRT.ORI/MO0730000.LNM/MADEIRA.FNM/MARY.SEX/F.RAC/U.DOB/06301951.LISMO

*R23 - DOR MEDIUM RESPONSE

**** THIS RECORD RESTRICTED UNDER DRIVERS PRIVACY PROTECTION ACT ****

DETAIL INFORMATION:

OPER STAT/VALID	CDL STAT/			
LIC EXP DATE/06 30 2018	CLASS/F			
	CURRENT NAME		DOB	SEX
MADEIRA	,MARY	JANE	06 30 1951	F

DLN/S079156007

	ALIAS INFORMATION			
KIEHL	,MARY	JANE	06 30 1951	F

DLN/S079156007

KIEHL	,MARY	JANE	06 30 1951	F
DLN/486647951				
LIVINGSTON	,MARY	JANE	06 30 1951	F

DLN/486647951

SOC/486647951	HGT/506	WGT/130	EYE/GREEN	
RESIDENT ADDR/1408 OAK RIDGE DR		NEOSHO		MO 64850

ISSUANCE INFORMATION:

ENDORSEMENTS/

RESTRICTIONS/CORRECTIVE LENSES	
LIC PROC CDE/REGULAR	LIC PROC REASON/

ACTION INFORMATION:

1 TYPE/ADMIN ALCOHOL SUSPENSION	CASE NO/AD87071803	EFF DT/11191987
STATUS/REINSTATED	ELIGIBLE REI/02 17 1988	OFFENSE ST/
2 TYPE/30 DAY POINT SUSPENSION	CASE NO/PT87017088	EFF DT/11191987
STATUS/TERMINATED	ELIGIBLE REI/12 19 1987	OFFENSE ST/

CONVICTION INFORMATION:

1 CON 12 18 2007 SPEEDING	03 PTS ON/12 18 2007
STATE COURTS	CDL/N HAZ/N
2 CON 11 19 1987 DRIVING WHILE INTOXICATED	08 PTS ON/11 19 1987
NEOSHO	CDL/N HAZ/N
3 CON 11 02 1987 SPEEDING	02 PTS ON/11 02 1987
GOODMAN	CDL/N HAZ/N

Response

FROM-REVENUE DATE: 08/28/2014 TIME: 23:19:32 DEST TERM: WC00FOX
DOR.GR40PG9H3R15

V2
CR
0814262

*R04 - TITLE & REGIST

**** THIS RECORD RESTRICTED UNDER DRIVERS PRIVACY PROTECTION ACT ****

YEAR:11 MAKE:NISS STYLE:STAW KIND OF VEH:P VIN:JN8AZ2KROBT212369

OWNER NAME:MADEIRA JOHN & MARY J COUNTY:NEWTON

ADDRESS:1408 OAK RIDGE DR NEOSHO MO 64850

CYL: SERIES:CUB AXLES: FUEL:G HORSE POWER:12

LIC:PG9H3R EXPIRATION:AUG 15 LIT:PC TAB NO:000000000 ISSUE:071713

TITLE:TMG51152 TYPE:ORIGINAL DATE:021012 ODOM:0000000 NEW/USED:NEW INSTATE