

<b>1 - GENERAL CRASH INFORMATION</b>  SPACE USED FOR BARCODE	<b>AGENCY NAME AND ORI</b> <b>NEOSHO POLICE DEPARTMENT - MO0730300</b>
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LEFT THE SCENE	DRIVER NO.	CLEARED	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY	NO. INJURED	NO. KILLED	REPORT / CASE / INCIDENT NUMBER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	5	0	0914-196

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	09-25-2014	1729	09-25-2014	1733	09-26-2014	1736	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>CRASH TYPE</b>	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.	2. Examine each vehicle to determine if it is a commercial vehicle based upon the following: 2a. A truck / cargo van with GVWR / GCWVR of more than 10,000 lbs; OR 2b. A motor vehicle with seating for 9 or more including driver; OR 2c. A vehicle with 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>

**2 - LOCATION**

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS.S FORMAT)		
NEWTON	NEOSHO	NW	NA	LAT: N	LONG: W	NA

ON	RDWY: DIR	DISTANCE FROM	LOCATION	INTERSECTING
US HWY 86	W	52.6 <input type="checkbox"/> NA Feet Miles	<input type="checkbox"/> After <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	CRD GATEWAY DR

SPEED LIMIT	ROAD MAINTAINED BY	SPEED LIMIT	INT. DIR	GEO - CODE
45	<input checked="" type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	45	S	NA

TRAFFICWAY	ROAD ALIGNMENT
<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 checked="" type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain) <input type="checkbox"/> Uphill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Unknown (Explain)

INTERSECTION TYPE	ROAD CONDITION
<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)	<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 checked="" type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Cobblestone <input 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
HARRIS, RUSTIN TROY	20612 MINK DR - NEOSHO, MO 64850	(417) 389-2987

**5 - PEDESTRIAN**  NA  Law Enforcement Officer  Other Emergency Services Personnel  MoDOT Worker  Other Trafficway Worker  Other Pedestrian

NO.	NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)	PHONE NUMBER

DATE OF BIRTH	SEX	STRUCK BY VEH #.	INJ	TRANS-PORT	SAFETY DEVICES	LOCATION
						<input type="checkbox"/> On Roadway <input type="checkbox"/> In Driveway Access <input type="checkbox"/> On Median / Crossing Island <input type="checkbox"/> On Sidewalk <input type="checkbox"/> Off Roadway <input type="checkbox"/> Unknown

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<input checked="" type="checkbox"/> NA <input type="checkbox"/> With Signal <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> Against Signal <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> No Signal <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA / None <input type="checkbox"/> Getting On / Off Vehicle <input type="checkbox"/> Working In Trafficway <input type="checkbox"/> Unknown <input type="checkbox"/> Standing / Lying / Sitting In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Pushing / Working On Vehicle <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> Behind / In Front of Parked / Stopped Veh. <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic	<input 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)

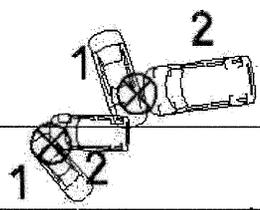
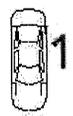
V1 NE **S** W U V2 NE **W** U V3 NE S W U V4 NE S W U V5 NE S W U V6 NE S W U

INDICATE  
NORTH

Gateway Dr

MO Hwy 86

shoulder



shoulder

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 ADAMS, STEPHEN WAYNE 517 MAJOR LN - NEOSHO, MO 64850** PHONE NUMBER **(417) 389-2987**

DRIVER LICENSE / ID NUMBER **S202338002** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Canceled / Oth Invalid  Unknown LIC TYPE  Operator Class **F**  Permit  Unknown (Explain) MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **12-10-1953** SEX **M** SEAT LOC **FL** INJ **4** TRANS-PORT **1** EJECT-ION **2** AIR BAG **05** SAFETY DEVICES **05** VISION OBSTRUCTED  Not Obstructed  Trees / Brush  Sign  Moving Veh  Other (Explain)  Windshield  Building  Hillcrest  Stopped Veh  Unknown (Explain)  Load on Veh  Embankment  Parked Veh  Glare

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **AMERICAN FAMILY** Expired  PHONE NO. (Optional) **(417) 451-7782 -** POLICY NUMBER **2071-0470-02-37** NA  Driver  Vehicle

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

YEAR **2000** MAKE **Chevrolet** MODEL **CAVILIER** COLOR **SIL** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO **FE9D5J** STATE **MO** YEAR **2016** VIN **1G1JF52T6Y7208273** TOWED FROM SCENE  Yes  No TOWED DUE TO DIS. DAMAGE  Yes  No

VEHICLE DAMAGE (Mark all damaged areas)  None / No Damage TOWED BY  Unknown  NA **Ron's Towing 451-5787**

INITIAL IMPACT NO. **12**  NA  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  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 / GCVW RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)  Less than or equal to 10,000 lbs.  10,001 - 26,000 lbs.  Greater than 26,000 lbs.  Unknown

EMERGENCY VEHICLE INVOLVEMENT  NA  Police  Ambulance  Fire  Other (Must check "A" / "B")  A. Emergency Vehicle on Emergency Run  B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS  NA  Congestion Ahead  Other Incident Ahead  Crash Ahead  Unknown (Explain)

**7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES**  Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE  Yes  Unk  No  NA

SEQUENCE OF EVENTS CODES  Unknown **05 18 34** ANIMAL CODE(S) FIXED OBJECT CODE(S)

**7D. PROBABLE CONTRIBUTING CIRCUMSTANCES**  None

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  Failed To Secure Load / Improper Loading  DISTRACTED / INATTENTIVE CODE(S)  NA (See Codes in Section 8)  Alcohol  Improper Passing  Physical Impairment (Explain)  Failed To Secure Load / Improper Loading  Drugs  Improperly Parked  Improper Start From Park  Animal(s) In Roadway

**7E. WORK ZONE**  Yes  No  Unknown **TRAFFIC CONTROL**  None  Unknown **CONTROL MALFUNCTIONING / INOPERATIVE / MISSING**  Yes (Explain)  No  Unknown  NA

Workers Present  Yes  No  Unknown Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain) Other:  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus Controls:  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Yield Sign  Other (Explain)

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

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

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**  
**2 BROWN, JEANANNE ELIZABETH 728 BRIARBROOK DR - CARL JUNCTION, MO 64834** PHONE NUMBER **(417) 483-0793**

DRIVER LICENSE / ID NUMBER **V202273010** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  NA  Canceled / Oth Invalid  Unknown

LIC TYPE  Operator Class **F**  Permit  Unknown (Explain)  MC Endorsement  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **07-30-1980** SEX **F** SEAT LOC **FL** INJ **3** TRANS-PORT **1** EJECTION **2** AIR BAG **05** SAFETY DEVICES **05** VISION OBSTRUCTED  Not Obstructed  Trees / Brush  Sign  Moving Veh  Other (Explain)

PROOF OF INSURANCE  Yes  No  Not Required INSURANCE COMPANY **VOLK'S AVANTI INSURANCE** Expired  PHONE NO. (Optional) **(417) 624-3072 -** POLICY NUMBER **PAP-14-013159000**  NA  Driver  Vehicle

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

YEAR **2013** MAKE **KIA** MODEL **SOUL** COLOR **GRY** VEH. TYPE **1** TOTAL NO. OF OCC. **3**

LICENSE - PLATE NO **CJ2F3A** STATE **MO** YEAR **2015** VIN **KNDJ2A69D7557142** TOWED FROM SCENE  Yes  No TOWED DUE TO DIS. DAMAGE  Yes  No

VEHICLE DAMAGE (Mark all damaged areas)  None / No Damage TOWED BY  Unknown  NA **Ron's Towing 451-5787**

INITIAL IMPACT NO: **1**  NA **2**  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  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  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 / GCWR RATING (Not Licensed Weight) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)  Less than or equal to 10,000 lbs.  10,001 - 26,000 lbs.  Greater than 26,000 lbs.  Unknown

EMERGENCY VEHICLE INVOLVEMENT  NA  Police  Ambulance  Fire  Other (Must check "A" / "B")  A. Emergency Vehicle on Emergency Run  B. Stationary With Emergency Equip. Activated

CONTRIBUTING TRAFFIC CONDITIONS  NA  Congestion Ahead  Other Incident Ahead  Crash Ahead  Unknown (Explain)

**7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES**  Additional Codes Listed in Narrative (See Codes in Section 8) ALCOHOL USE  Yes  Unk  No  NA

SEQUENCE OF EVENTS CODES:  Unknown **01 07 15 34** ANIMAL CODE(S) \_\_\_\_\_ FIXED OBJECT CODE(S) \_\_\_\_\_

**7D. PROBABLE CONTRIBUTING CIRCUMSTANCES**  None

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  Failed To Secure Load / Improper Loading  DISTRACTED / INATTENTIVE CODE(S) **NA** (See Codes in Section 8)  Alcohol  Improper Passing  Physical Impairment (Explain)  Failed To Secure Load / Improper Loading  Drugs  Improperly Parked  Improper Start From Park  Animal(s) In Roadway

**7E. WORK ZONE**  Yes  No  Unknown **TRAFFIC CONTROL**  None  Unknown

Electric:  Green/Yellow/Red  Flashing Red  Flashing Yellow  Ramp Meter  Other (Explain)

Workers Present  Yes  No  Unknown Other:  Stop Sign  No Passing Zone  Turn Restricted  Officer / Flagman  Signal On School Bus  Yes (Explain)  No  Unknown  NA

Controls:  Warning Sign / Device  Railway Crossing Sign / Device  School Zone  Yield Sign  Other (Explain)

7F. OCCUPANTS - NAME (Last, First, MI)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
BRYSON, DAWN RENEE 2314 W OAK ST - CARTHAGE, MO 64836	12-07-1982	F	FR	4	1	2	05	05	(417) 483-0793
BARNARD, AZURE MARIA 728 BRIARBROOK DR - CARL JUNCTION, MO 64834	02-08-2000	F	SL	4	1	2	01	05	(913) 731-0807

**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  Unknown

Cargo Tank  Dump  Auto Transporter  Grain / Chip / Gravel  Log

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

**VEHICLE ACTION / SEQUENCE OF EVENTS** (Items with double-asterisk [\*\*] require additional coding)

1. Going Straight	10. Start From Parked	19. Airborne	28. Separation Of Units	37. Collision Inv. Other Object (Explain)	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)

See Supplemental Narrative Page

**10. REPORTING AND REVIEWING OFFICER INFORMATION**

REPORTING OFFICER NAME PI RACHEL COON	DSN / BADGE NO. 123	BEAT / ZONE NW	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT ROBERT SHARP	DSN / BADGE NO. 105	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			
09-25-2014	NA	NEWTON			
REPORTING OFFICER NAME		DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME		DSN / BADGE NO.
PI RACHEL COON <i>Rachel Coon 123</i>		123	SGT ROBERT SHARP <i>Robert Sharp</i>		105

## NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

**MAIN NARRATIVE**

On September 25, 2014 at approximately 17:29 hours, I responded to the area of Missouri Highway 86 and Gateway Drive for a two vehicle injury vehicle accident.

Upon my arrival I observed a silver 2000 Chevrolet Cavalier displaying Missouri registration FE9D5J, and a grey 2013 Kia Soul displaying Missouri registration CJ2F3A, sitting in the westbound traffic lanes.

I observed vehicle 1 to have major damage to the front driver's side of the vehicle, and minor damage to the driver side rear end. Vehicle 1 had windshield damage and both front air bags were deployed upon impact. I observed vehicle 2 to have major damage to the front end, and minor damage to the front driver side. Vehicle 2 also had windshield damage and both front air bags were deployed upon impact.

I made contact with Stephen Adams, the driver of vehicle 1. Mr. Adams advised he was stopped on Gateway Drive at the posted stop sign waiting to make a left turn. Mr. Adams said he thought the oncoming traffic was clear, and he proceeded to make a left turn onto Missouri Highway 86. Mr. Adams said he heard a horn and saw vehicle 2 traveling in his direction. Mr. Adams said he and vehicle 2 collided before he was able to react.

Mr. Adams advised he was not injured and refused medical treatment.

I spoke with Jeananne Brown, the driver of vehicle 2. Mrs. Brown said she was traveling westbound on Missouri Highway 86. Mrs. Brown said she saw vehicle 1 sitting at the stop sign, and as she neared the intersection vehicle 1 pulled out in front of her. Mrs. Brown said she honked at vehicle 1 and attempted to avoid the collision by braking and swerving.

Mrs. Brown said she and her two other passengers sustained injuries, and would be seeking medical treatment from another facility. Mrs. Brown and her passengers refused medical treatment from Newton County Ambulance.

I spoke with Dawn Bryson, the front passenger of vehicle 2. Mrs. Bryson advised she saw vehicle 1 pull out in front of them causing impact.

I was unable to speak with Azure Barnard, the back passenger in vehicle 2 due to mental and developmental disabilities.

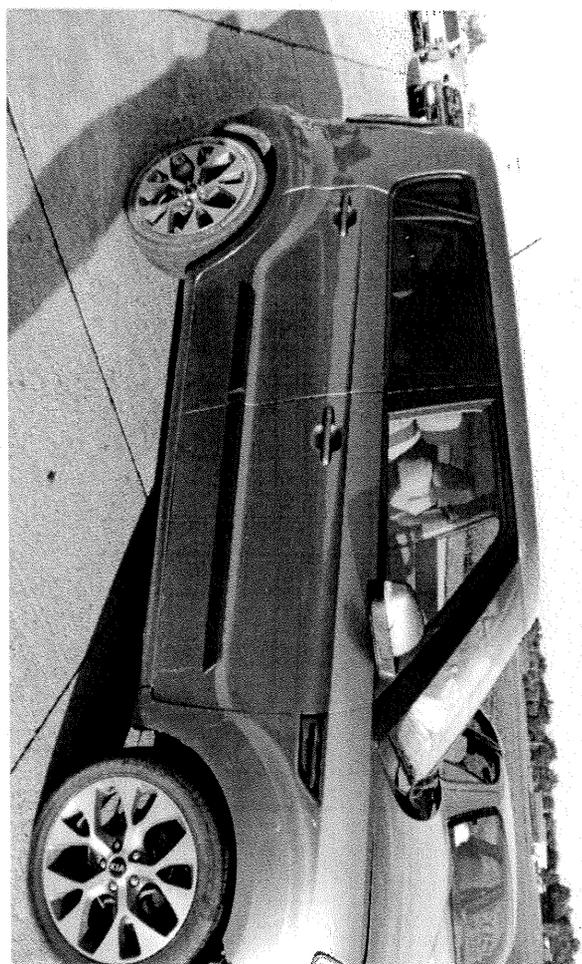
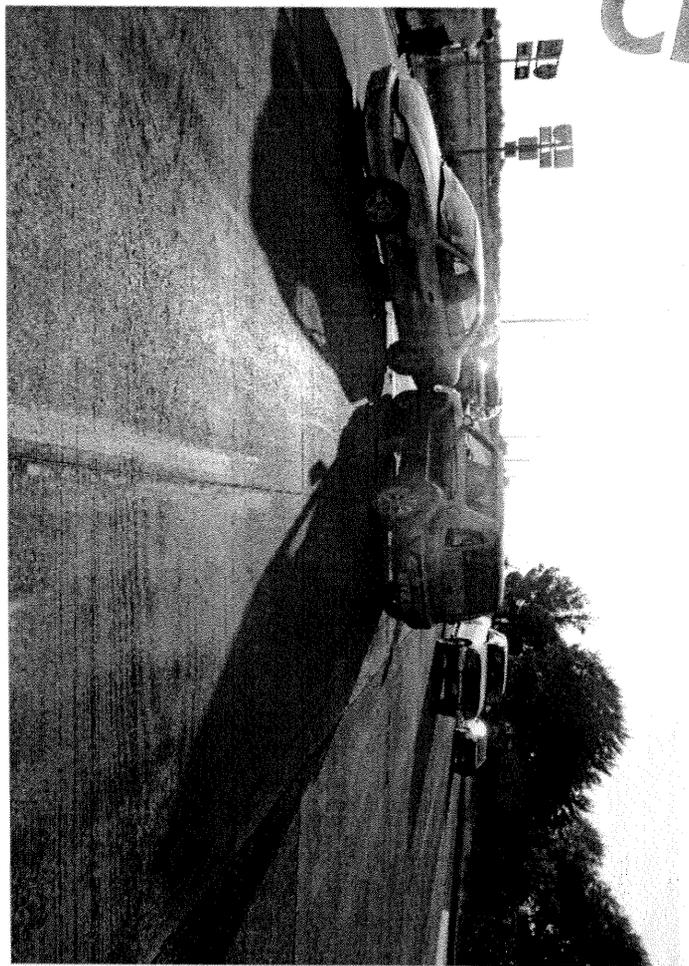
I spoke with Rustin Harris, the witness. Mr. Harris said he was stopped behind vehicle 1 at the stop sign. Mr. Harris said he saw vehicle 2 before vehicle 1 pulled out in front of them causing impact.

Both vehicle's were towed from the scene by Ron's Towing .  
Pictures of the accident have been attached to the report.

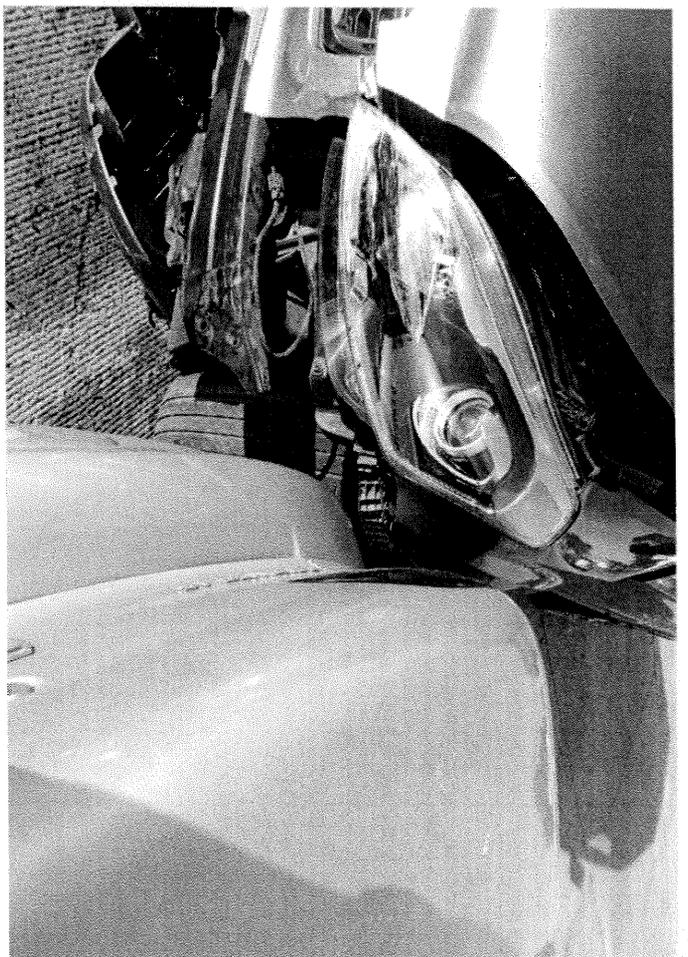
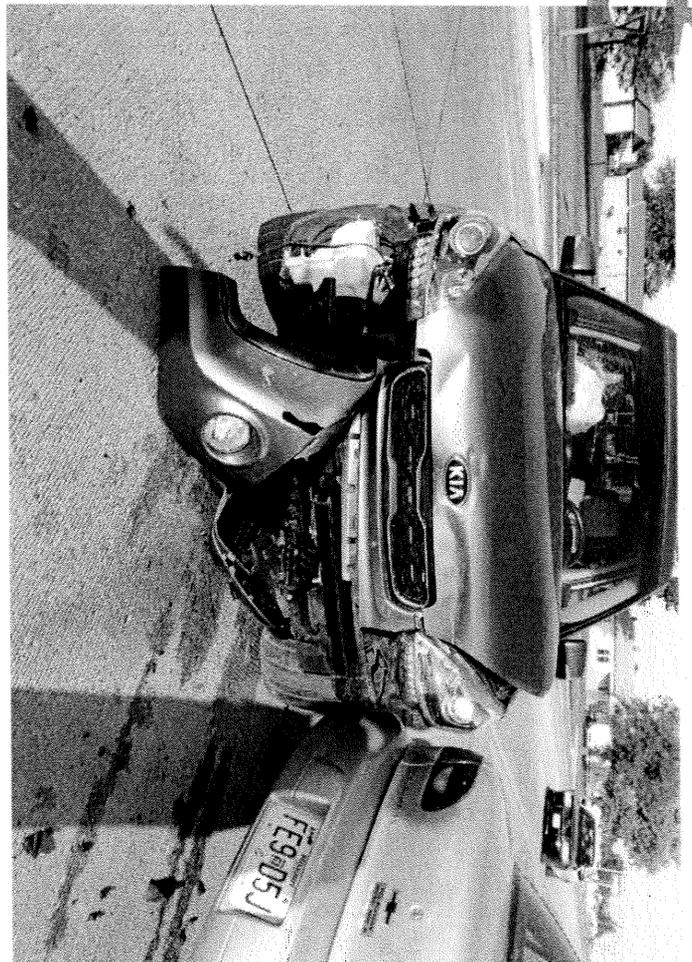
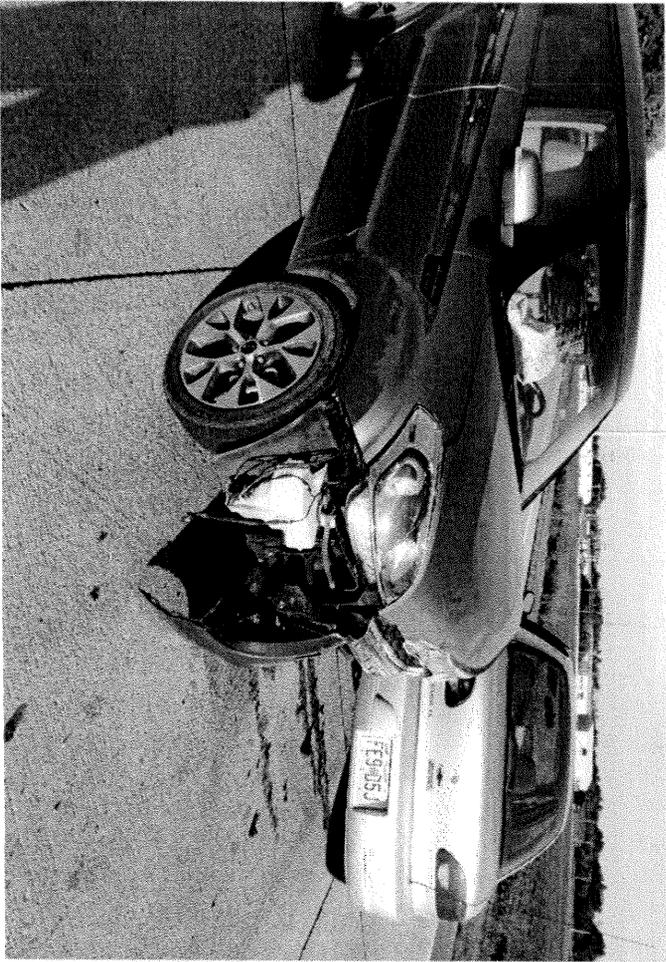
I have nothing further to report at this time.

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CR

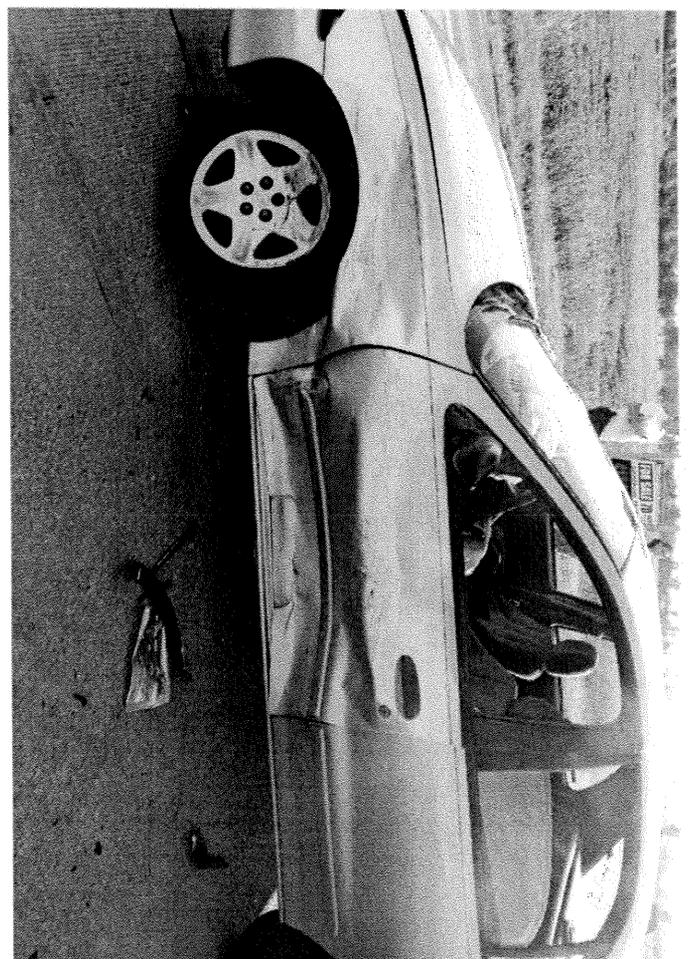


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