

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 (ML) NOTIFIED DATE TIME NOTIFIED (ML) INVESTIGATION DATE TIME ARRIVED (ML) 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 MUNICIPALITY BEAT / ZONE TRP/DIST/PCT GPS COORDINATES ON RDWY DIR. DISTANCE FROM LOCATION INTERSECTING

TRAFFICWAY ROAD ALIGNMENT ROAD PROFILE INTERSECTION TYPE ROAD 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 NO. NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) PHONE NUMBER

DATE OF BIRTH SEX STRUCK BY VEH # INJ TRANSPORT SAFETY DEVICES LOCATION CROSSING ROAD OTHER ACTIONS SCHOOL INFO 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

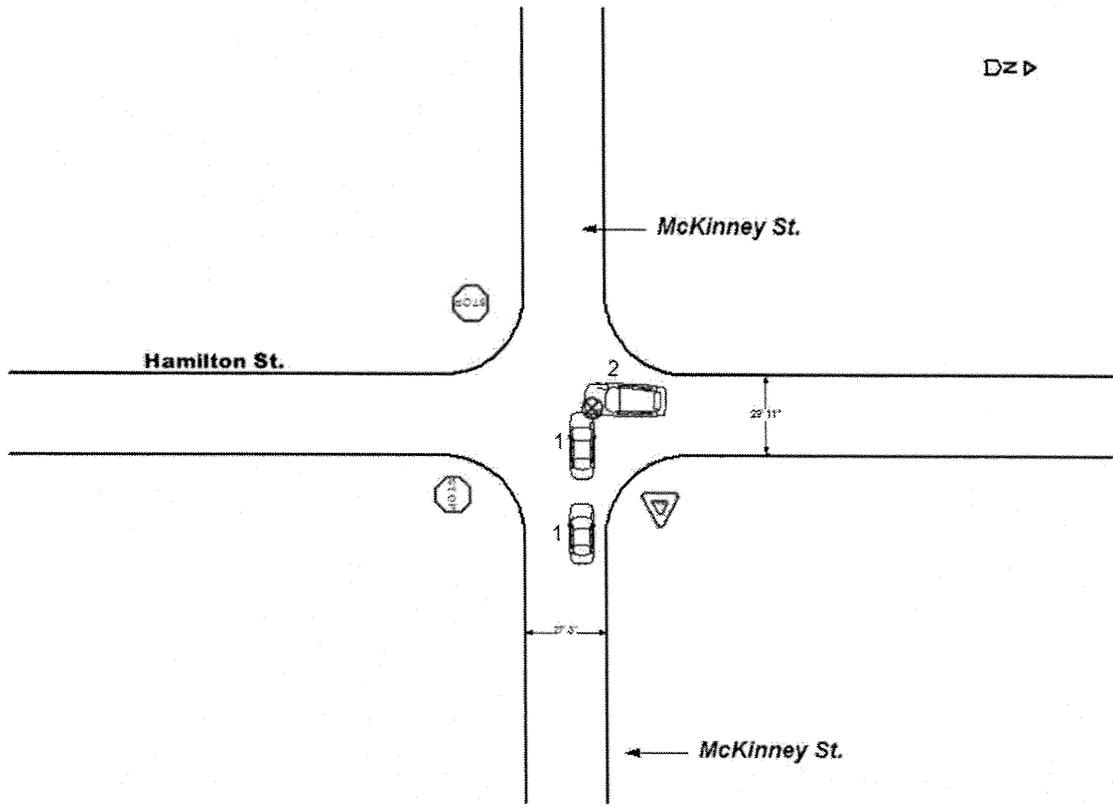
V3 N E S W U

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 BURTON, JACOB TYLER 19355 LINDEN DR - NEOSHO, MO 64850
PHONE NUMBER (417) 624-2022

DRIVER LICENSE / ID NUMBER Z202217018 STATE MO LIC STATUS Valid
LIC TYPE Operator Class F
MC ENDORSEMENT No

DATE OF BIRTH 12-11-1997 SEX M SEAT LOC FL INJ 5 TRANS-PORT 1 EJECT-TION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED Not Obstructed
Other (Explain) Other (Explain)

PROOF OF INSURANCE Yes
INSURANCE COMPANY GEICO
PHONE NO. (Optional) (800) 841-3000 - POLICY NUMBER 4366010090

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
MCDONALD, LYNN 7715 TRENTON LN - PIERCE CITY, MO 65723
PHONE NUMBER (417) 317-3300

YEAR 1999 MAKE Ford MODEL TAURUS COLOR MAR VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO SK6K0X STATE MO YEAR 2015 VIN 1FAPF52UX1A165969
TOWED FROM SCENE No TOWED DUE TO DIS. DAMAGE No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage
INITIAL IMPACT NO 2
TOWED BY Unknown NA

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car
Small Bus (9-15 W/Driver)
Motorcycle
Motor Home
Single-unit Truck; 2 axles, 6 tires
Single-unit Truck; 3 or more axles
GVW / GCVV RATING (Not Licensed Weight)

EMERGENCY VEHICLE INVOLVEMENT NA
CONTRIBUTING TRAFFIC CONDITIONS NA

7C. VEHICLE ACTION / SEQUENCE OF EVENTS CODES
SEQUENCE OF EVENTS CODES 01 18 34
ALCOHOL USE No

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects (Explain)
Vision Obstructed
Failed To Dim Headlights
Improper Towing / Pushing
Object / Obstruction in Roadway

7E. WORK ZONE
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, 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
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
Intermodal Container Chassis
NA (No Cargo Body)
Other

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

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **2** 7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip) **ALTERY, LINI 502 HAMILTON ST - NEOSHO, MO 64850** PHONE NUMBER **(417) 451-4500**

DRIVER LICENSE / ID NUMBER **S026037011** STATE **MO** LIC STATUS  Valid  Expired  Susp / Rev / Denied  Disqual CDL  Unknown  NA  Canceled / Oth Invalid  Unknown

LIC TYPE  Operator Class  Permit  Unknown (Explain)  CDL Class  MC Only  Interm / Grad  Unlicensed

MC ENDORSEMENT  Yes  No  NA  Unknown (Explain)

DATE OF BIRTH **04-25-1970** 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  Yes  No  Not Required INSURANCE COMPANY **NATIONWIDE**  Expired PHONE NO. (Optional) **(800) 888-8424 -** POLICY NUMBER **1951445**  NA  Driver Vehicle

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

YEAR **2006** MAKE **Chrysler** MODEL **PT CRUIS** COLOR **MAR** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **HG7W3Y** STATE **MO** YEAR **2016** VIN **3 A 4 F Y 5 8 B 8 6 T 2 9 8 5 4 9** 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

INITIAL IMPACT NO. **14**  NA

2	3	4	5	6	7	8	9
1	15	16	17	18	19	20	21
14	13	12	11	10	9	8	7

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  Motor Home  Farm Implements  Construction Equip. Heavy Mach.  Other Vehicle (Code)  Cargo Van  Pickup  Other Heavy Truck  Unknown (Explain)

2 Wh  3 Wh  4 Wh  5 Wh / More  Unknown

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 / GCWV 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  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 **01 34** ANIMAL CODE(S) \_\_\_\_\_ FIXED OBJECT CODE(S) \_\_\_\_\_ ALCOHOL USE  Yes  Unk  No  NA

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

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

CONTROL MALFUNCTIONING / INOPERATIVE / MISSING  Yes (Explain)  No  Unknown  NA

7F. OCCUPANTS - NAME (Last, First, MI) ADDRESS (Street, City, State, Zip) DATE OF BIRTH MM-DD-YYYY SEX SEAT LOC INJ TRANS-PORT 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  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		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				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	
	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)

See Supplemental Narrative Page

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PI RACHEL COON	DSN / BADGE NO. 123	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT JOHNNY HUMPHRIES	DSN / BADGE NO. 107	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			
10-30-2014	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 JOHNNY HUMPHRIES		107

## NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

**MAIN NARRATIVE**

On October 30, 2014 at approximately 16:42 hours, I responded to the area of Hamilton Street and McKinney Street for a non injury traffic accident.

Upon my arrival I observed two vehicles involved. Vehicle 1 was a maroon Ford Focus displaying Missouri registration SK6K0X. Vehicle 2 was a maroon Chrysler PT Cruiser displaying Missouri registration HG7W3Y.

Vehicle 1 was driven by Jacob Burton identified by his valid Missouri driver's license. Vehicle 2 was driven by Lini Altery identified by his non driver Missouri identification.

Driver 1 said he was traveling westbound on McKinney Street and yielded to other traffic. Driver 1 said he began to continue to cross over Hamilton Street. Driver 1 said he did not see vehicle 2 before impact, and did not have anything obscuring his visibility. Driver 1 said he was not injured and refused medical treatment at that time.

Vehicle 1 sustained damages to the front passenger side headlight, and passenger side from the quarter panel to the back passenger door.

Driver 2 said he was traveling southbound on Hamilton Street. Driver 2 said he saw vehicle 1 but did not have time to react or stop before impact when vehicle 1 pulled out in front of him. Driver 2 said he was not injured and refused medical treatment at that time.

Vehicle 2 sustained front end damage to the headlights, grill, hood, and front passenger side quarter panel. Vehicle also sustained undercarriage damage leaking transmission fluids.

See supplement for witness statements.

I have nothing further to report.

**SUPPLEMENTAL NARRATIVE - WITNESS INFORMATION****OFFICER: BLB 10/30/2014**

On this date I responded to the area of Hamilton St. and E McKinney St. to assist Officer R. Coon with a two vehicle non-injury accident. Upon my arrival I located a witness identified as a Ms. Kimberly A Stubblefield who said she had seen that accident. Ms. Stubblefield witnessed this accident standing at or near the northwest side of this intersection.

Ms. Stubblefield said she noticed the Maroon PT Cruiser (Vehicle 2) traveling south on Hamilton Street. Ms. Stubblefield said as Vehicle 2 approached the intersection at McKinney Street, she said the Maroon passenger car (Vehicle 1) was traveling west on McKinney Street and failed to yield to Vehicle 2 and pulled across in front of Vehicle 2.

Nothing further.