



1 - GENERAL CRASH INFORMATION SPACE USED FOR BARCODE	AGENCY NAME AND OR NEOSHO POLICE DEPARTMENT - MO0730300
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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"/>	1	0	1214-015

NO. VEH. INV.	CRASH DATE	CRASH TIME (MIL)	NOTIFIED DATE	TIME NOTIFIED (MIL)	INVESTIGATION DATE	TIME ARRIVED (MIL)	INVEST. AT SCENE
2	12-03-2014	1740	12-03-2014	1750	12-03-2014	1755	<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

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 / 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 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
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	J. BUCKNER	<input type="checkbox"/> Investigating Agency NEOSHO POLICE DEPT
RECONSTRUCTION	BY WHOM	AVAILABLE FROM
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Investigating Agency

2 - LOCATION

COUNTY	MUNICIPALITY	BEAT / ZONE	TRP/DIST/PCT	GPS COORDINATES (DD MM SS S FORMAT)
NEWTON	NEOSHO	N	NFD1-N	LAT: N LONG: W NA

ON	RDWY DIR	DISTANCE FROM	LOCATION	INTERSECTING
CST NEOSHO BLVD	S	275 <input type="checkbox"/> NA Feet <input type="checkbox"/> Miles	<input type="checkbox"/> After <input type="checkbox"/> NA <input checked="" type="checkbox"/> Before <input type="checkbox"/> At	N of CST BOND ST
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			25 W NA

TRAFFICWAY	ROAD ALIGNMENT
<input type="checkbox"/> One-Way <input type="checkbox"/> Two-Way; Not Divided <input type="checkbox"/> Two-Way; Not Divided; Continuous Center Turn Lane <input checked="" type="checkbox"/> Two-Way; Divided; Unprotected Median <input type="checkbox"/> Two-Way; Divided; Positive Median Barrier <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)
	ROAD PROFILE
	<input checked="" type="checkbox"/> Level <input type="checkbox"/> Uphill <input type="checkbox"/> Downhill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain)

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

ROAD SURFACE	WEATHER CONDITION
<input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Brick <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet / Hail <input type="checkbox"/> Freezing (Temp) <input type="checkbox"/> Fog / Mist <input type="checkbox"/> Severe Crosswind <input type="checkbox"/> Other (Explain) <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	PHONE NUMBER

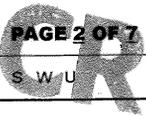
5 - PEDESTRIAN NA Law Enforcement Officer Other Emergency Services Personnel MoDOT Worker Other Trafficway Worker Other Pedestrian

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

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

CROSSING ROAD	OTHER ACTIONS	SCHOOL INFO.
<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"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <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 type="checkbox"/> Working In Trafficway <input type="checkbox"/> Playing In Trafficway <input type="checkbox"/> Walking / Running In Trafficway <input type="checkbox"/> With Traffic <input type="checkbox"/> Against Traffic <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Explain)	<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"/> Distracted / Inattentive <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Vision Obstructed (Explain) <input type="checkbox"/> Physical Impairment (Explain) <input type="checkbox"/> Other (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 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



Bond Street

Great Southern Bank

McDonald's

Reference point for (0,0)
Empire District Electric Co.
Power Pole
Serial Number 604013
(Measurements on Seperate Paper)

275

Vehicle 1 final rest

Vehicle 1 at impact

Vehicle 2 at impact

Vehicle 2 final rest

Neosho Boulevard

Bank of America

Wendy's

INDICATE ROAD NAMES

DIAGRAM NOT TO SCALE

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
1 SMALLWOOD, JAMES LEE 1811 MEADOWS DR - NEOSHO, MO 64850
PHONE NUMBER (417) 455-0519

DRIVER LICENSE / ID NUMBER M078290011
STATE MO
LIC STATUS Valid
Operator Class F
MC ENDORSEMENT No

DATE OF BIRTH 08-21-1971
SEX M SEAT LOC FL INJ 2 TRANS PORT 2 EJECT ION 2
SAFETY DEVICES 09 05
VISION OBSTRUCTED
Not Obstructed, Windshield, Load on Veh, Trees / Brush, Building, Embankment, Sign, Hillcrest, Parked Veh, Moving Veh, Stopped Veh, Other (Explain)

PROOF OF INSURANCE SAFECO INS
INSURANCE COMPANY SAFECO INS
PHONE NO. (Optional)
POLICY NUMBER Z4656667
Driver Vehicle

7B. VEHICLE - OWNER NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
HYUNDAI LEASE TITLING TRUST C/O, 1811 MEADOWS DR - NEOSHO, MO 64850
PHONE NUMBER (417) 389-1828

YEAR 2014 MAKE KIA MODEL SOUL COLOR YEL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. PM4F6U STATE MO YEAR 2015 VIN K N D J P 3 A 5 3 E 7 0 9 3 1 5 4
TOWED FROM SCENE Yes TOWED DUE TO DIS. DAMAGE Yes

VEHICLE DAMAGE (Mark all damaged areas)
INITIAL IMPACT NO. 1
18 - Undercarriage 22 - Cargo
19 - Windshield 23 - Unknown
20 - Burned 24 - Other (Explain)
21 - Towed Unit
DICKSON TOWING - 19520 HWY 59, 64850 - 4174515972

VEHICLE BODY TYPES - Automobiles / Specialty Vehicles
Passenger Car, Van, Sport Utility Vehicle, Limousine, Motorized Bicycle, Pedalcycle, To / From School, Small Bus, Large Bus, 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), Truck Tractor With No Units, Truck Tractor With One Unit, Truck Tractor With Two Units, Truck Tractor With Three Units, GVW / GCWW 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
Police, Ambulance, Fire, Other (Must check "A" / "B"), 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 01 16 34
ALCOHOL USE Yes

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES
Vehicle Defects, 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
TRAFFIC CONTROL None
Electric: Green/Yellow/Red, Flashing Red, Flashing Yellow, Ramp Meter, Other (Explain)
Workers Present No
Controls: Warning Sign / Device, Railway Crossing Sign / Device, School Zone, Yield Sign, Other (Explain)
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 ION, AIR BAG, SAFETY DEVICES, PHONE NUMBER. Row 7F is empty.

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
SAO

COMMERCIAL / NON-COMMERCIAL
Interstate Carrier, Intra-state 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, 4-DIGIT NO., CLASS, HM CARGO PRESENT, HM CARGO RELEASED, HAZARDOUS MATERIAL NAME

7 - DRIVERS, VEHICLES, OWNERS, & OCCUPANTS

NO. **7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)**
2 HINES, LEROY EARL 405 CHAPMAN ST - ANDERSON, MO 64831 PHONE NUMBER
(417) 845-6612

DRIVER LICENSE / ID NUMBER **T980038803** STATE **MO** LIC STATUS Valid Expired Susp / Rev / Denied Disqual CDL NA Canceled / Oth Invalid Unknown

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

MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **03-23-1950** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECTION **2** AIR BAG **09** 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 Expired **TRAVELERS INS** PHONE NO. (Optional) **9920107492031** POLICY NUMBER NA Driver Vehicle

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

YEAR **2011** MAKE **General Motor Corp.** MODEL **TERRAIN** COLOR **MAR** VEH. TYPE **1** TOTAL NO. OF OCC. **2**

LICENSE - PLATE NO **6SL095** STATE **MO** YEAR **2015** VIN **2, C, T, A, L, W, E, C, 4, B, 6, 4, 2, 0, 0, 5, 3** TOWED FROM SCENE Yes No TOWED DUE TO DIS. DAMAGE Yes No

VEHICLE DAMAGE (Mark all damaged areas) None / No Damage

INITIAL IMPACT NO: **1** **2** **3** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17**

18 - Undercarriage 22 - Cargo 23 - Unknown
 19 - Windshield 20 - Burned 21 - Towed Unit (Explain)
 24 - Other (Explain)

TOWED BY Unknown NA **Ron's Towing 451-5787**

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

GVW / 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: **01 14 12 34** Unknown ANIMAL CODE(S) _____ FIXED OBJECT CODE(S) _____ ALCOHOL USE No Yes Unk 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)	DATE OF BIRTH MM-DD-YYYY	SEX	SEAT LOC	INJ	TRANS-PORT	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER
HINES, MARY JEAN 405 CHAPMAN ST - ANDERSON, MO 64831	03-29-1950	F	FR	5	1	2	09	05	(417) 845-6612

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.

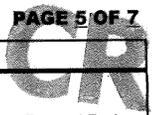
MOTOR CARRIER IDENTIFICATION (Leasee, etc.) - NAME & ADDRESS (Street, City, State, Zip) SAO PHONE NUMBER SAO

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 _____



SEAT LOCATION		INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES
FR SR TR FC SC TC FL SL TL						
XX - Not Known		1. Fatal	1. No	1. NA	9. Deployed - Combination	1. None
B - Pedalcycle		2. Disabling	2. EMS	2. No	10. Deployment Unknown	2. Not Used
M - Motorcycle		3. Evident - Not Disabling	3. Other	3. Partially	U. Air Bag Presence Unknown	3. Shoulder Belt Only
CP - Commercial Passenger		4. Probable - Not Apparent	U. Unknown	4. Totally		4. Lap Belt Only
OE - Occupant - Enclosed Load Area		5. None Apparent	N. NA	U. Unknown		5. Shoulder and Lap Belt
OU - Occupant - Unenclosed Load Area		U. Unknown				7. DOT Compliant MC Helmet
RC - Rail Crew		N. NA				8. No Helmet
SV - Other (Explain in Narrative)						
NA - Not Applicable						

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 PI AUSTIN FOHEY	DSN / BADGE NO. 122	BEAT / ZONE N	TROOP / DISTRICT / PRECINCT NFD1-N
REVIEWING OFFICER NAME SGT BRADLEY FIENEN	DSN / BADGE NO. 106	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			
12-03-2014	NFD1-N	NEWTON			
REPORTING OFFICER NAME		DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME		DSN / BADGE NO.
PI AUSTIN FOHEY <i>Aust Rizer</i>		122	SGT BRADLEY FIENEN <i>Bradley Fiener</i>		106
NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT					

MAIN NARRATIVE

On 12-03-2014 at approximately 1750 hours I responded to the area of Neosho Boulevard and Bond Street, in reference to a traffic crash.

I arrived on scene in front of McDonald's fast food restaurant on Neosho Boulevard; I saw there were two vehicles in the turn lane with significant damage to both of them. The first vehicle I went up to was a yellow Kia Soul, the driver was still in the vehicle and was in and out of consciousness and was not very responsive. I went to the other vehicle that was a GMC Terrain, there were two subjects standing outside the vehicle, one was the driver identified as Leroy Hines by his Missouri drivers license the other subject was his wife Mary Hines. I asked both subjects if they needed medical attention and they said they did not. The driver of the Kia Soul was identified later as James Smallwood; he was transported to Freeman West in Joplin, MO to be treated for his injuries.

I asked Mr. Hines what happened, he said he was traveling north on Neosho Boulevard and he was in the inside lane. He went on to say he was merging into the turn lane to make a left turn into McDonalds, he said he was stopped in the turn lane waiting for traffic to clear so he could make the left turn. Mr. Hines stated he saw there was a vehicle traveling south on Neosho Boulevard approaching him. He then said the vehicle started to come into the turn lane the closer it got to him. Mr. Hines explained he thought they were just getting in the turn lane to make a left turn, but the vehicle never slowed down and hit him head on. I asked Mr. Hines if he would be willing to do a Portable Breath Test, he said he would be willing to. The test was given and it was negative for the presence of alcohol.

I called Officer Buckner out to the scene of the crash, due to the severity of the crash and the condition of Mr. Smallwood and he will be completing a supplement with the measurements and the pictures that were taken.

Mr. Smallwood's vehicle was towed by Dickson Towing Company and Mr. Hines vehicle was towed by Ron's Towing Company

I have no further at this time.

SUPPLEMENTAL NARRATIVE - FOLLOW UP FOR MEASUREMENT

OFFICER: PHW

12/4/2014

On 12-03-2014 at approximately 1750 hours Officer Austin Fohey responded to the area of Neosho Boulevard and Bond Street, in reference to a traffic crash.

At approximately 2300 hours I was asked by Officer Josh Buckner to take measurements of the crash scene for him that he was unable to get due to traffic.

The area's needing measured were marked with orange paint. At approximately 0200 hours I responded to the area where the incident took place and measured the area.

I drew the measurements onto a piece of paper per his request. I have included a copy of it with this supplement. A copy of the original has been placed in his box.

Nothing further.

SUPPLEMENTAL NARRATIVE - PHOTOGRAPHS AND POST CRASH INVESTIGATION

OFFICER: JWB

12/9/2014

On 12-03-2014 at approximately 1750 hours Officers responded to the area of Neosho Boulevard and Bonds Street in front of McDonalds, in reference to a traffic crash.

I was contacted by Sgt. Fiener to respond to the scene to assist with the traffic crash investigation.

I arrived on scene and observed Vehicle 1 (V1) to be a yellow Kia Soul. V1 had severe damage to the driver side front portion of the vehicle. Vehicle 2 (V2) was identified as a GMC Terrain and it also had damage to the driver front portion of the vehicle. V1 came to final rest facing northeast and was blocking most of the inside south bound lane of the Neosho Boulevard and center turn lane. V2 came to final rest facing northwest and was blocking the inside north bound lane of the Neosho Boulevard and center turn lane.

I spoke with Ofc. Fohey and he stated a Trooper from the Missouri State Highway Patrol had marked the vehicle using marking paint. Ofc. Fohey explained the driver of V1, James Smallwood (D1) was transported to Freeman West due to injuries he

SUPPLEMENTAL REPORT NO.		SUPPLEMENTAL REPORT DATE		AGENCY NAME AND ORI NEOSHO POLICE DEPARTMENT - MO0730300	
CRASH DATE 12-03-2014	TRP / DIST / PCT NFD1-N	COUNTY NEWTON			
REPORTING OFFICER NAME PI AUSTIN FOHEY		DSN / BADGE NO. 122	SUPPLEMENTAL REVIEWING OFFICER NAME SGT BRADLEY FIENEN		DSN / BADGE NO. 106

NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT

sustained during the crash. The driver of V2, Leroy Hines (D2) and his wife Mary Hines spoke with Ofc. Fohey. See his initial report for their statements. Ofc. Fohey stated D2 told him he was stopped in the turn lane facing north waiting to turn into the McDonald's parking lot. D2 explained V1 was traveling south in the inside lane and started coming into the turning lane. D2 said V1 never slowed down and struck his vehicle head on.

While on scene I photographed the final rest positions of both vehicles and the photographs have been copied to a compact disk and added to this report. I did not locate any skid marks that would indicate V1 attempted to stop prior to striking V2. The damage to both vehicles and the lack of tire marks coincides with D2 statement of how the traffic crash occurred.

I spoke with Ofc. Whiteman and explained I needed him to go to the scene, once traffic on the Neosho Boulevard slowed down and get measurements for the final rest positions of both vehicles. See Ofc. Whiteman's supplement for the crash measurements.

On 12-08-2014 I attempted to get the post collision photographs of V2 that was towed by Ron's Towing. I was told by an employee of Ron's Towing that D2's insurance company had already picked up the vehicle.

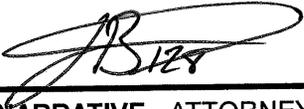
I was able to locate V1 at Dickson's Towing. I photographed V1 and inspected the vehicle. While checking the inside of the vehicle I observed a receipt from Pizza Hut from the night of the crash. There were two takeout food boxes and their contents from Pizza Hut in the passenger side front floor board. I photographed the receipt showing an approximate time D1 left Pizza Hut. I observed an impact point on the driver side windshield. The curvature of the impact toward the outside of the vehicle indicates D1's head struck the windshield when the vehicles collided. There was also a round shaped indentation in the plastic in-between the side fuse panel and the steering wheel. I believe D1's left knee struck this area during the collision. This is indicative of D1 not wearing his seatbelt at the time of crash.

I was told by Ofc. Fohey that the on scene medical personnel had stated they smelled the odor of intoxicants coming from D1 and that he was not wearing his seatbelt when they removed him from the vehicle.

I made contact with the Emergency Medical Service (EMS) personnel that were on scene the night of the traffic crash. Roger Harvey, Richard Wilson and Darrell Donham with the Newton County EMS stated they were on scene. Mr. Harvey stated D1 was not wearing a seatbelt when he was being removed from the vehicle. All three stated they smelled the odor of intoxicants coming from D1 when they were inside the ambulance. All three explained D1 had a 75mg Fentanyl patch located on his right shoulder that was removed once D1 was inside the ambulance.

All EMS employees can be contacted at via the Central Office located at 1011 West Hill Street, Neosho MO or by phone at 417-451-5568.

Nothing further.



SUPPLEMENTAL NARRATIVE - ATTORNEY REQUEST

OFFICER: DAK

12/9/2014

The Neosho Police Department received a letter from Mr. Smallwood's attorney Rhoades Law Firm. It states his client will not be giving a statement to the police department until after he can confer with his client.

I have attached the letter to this supplement so it can be added to the report.

I have nothing further at this time.



Baseline Coordinate Measurements (Approximation)

Reference point (0,0) – Empire District Electric Company power pole (serial number 604013)

Vehicle 1 final rest position: 2014 Kia Soul

Driver-front tire: None	-	Passenger-front tire: (9'2"N, 59'E)
Driver-rear tire: (10'5"N, 59'E)	-	Passenger-rear tire: (5'8"N, 53'E)

Vehicle 2 final rest position: 2011 GMC Terrain

Driver-front tire: (1'7"S, 57'E)	-	Passenger-front tire: (3"S, 59'E)
Driver-rear tire: (2'3"S, 64'E)	-	Passenger-rear tire: (2'S, 66'E)