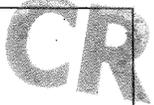


1 - GENERAL CRASH INFORMATION

AGENCY NAME AND ORI

SPACE USED FOR BARCODE

NEOSHO POLICE DEPARTMENT - MO0730300



LEFT THE SCENE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER NO. 1	CLEARED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CRASH CLASSIFICATION	PROPERTY DAMAGE ONLY <input checked="" type="checkbox"/>	NO. INJURED 0	NO. KILLED 0	REPORT / CASE / INCIDENT NUMBER 1214-154
---	-----------------	--	----------------------	---	------------------	-----------------	---

NO. VEH. INV. 2	CRASH DATE 12-27-2014	CRASH TIME (MIL.) 2356	NOTIFIED DATE 12-27-2014	TIME NOTIFIED (MIL.) 2356	INVESTIGATION DATE 12-28-2014	TIME ARRIVED (MIL.) 2356	INVEST AT SCENE <input type="checkbox"/> Yes <input checked="" 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	<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. <input checked="" type="checkbox"/> No - No commercial vehicle fields need completion. <input type="checkbox"/> Yes - Go to number 2. →	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 type="checkbox"/> Yes - Complete Section 7G for appropriate vehicle.
--	---

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

RECONSTRUCTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BY WHOM	AVAILABLE FROM <input type="checkbox"/> Investigating Agency
---	---------	---

2 - LOCATION

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

ON CST S HIGH ST	RDWY DIR. N	DISTANCE FROM <input checked="" type="checkbox"/> NA Feet Miles	LOCATION <input type="checkbox"/> After <input type="checkbox"/> NA <input type="checkbox"/> Before <input checked="" type="checkbox"/> At	INTERSECTING CST COTTAGE LN
---------------------	----------------	--	---	--------------------------------

SPEED LIMIT 25	ROAD MAINTAINED BY <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private Property <input type="checkbox"/> Other	SPEED LIMIT 25	INT. DIR. E	GEO - CODE NA
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TRAFFICWAY <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"/> Other <input type="checkbox"/> Unknown	ROAD ALIGNMENT <input checked="" type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Unknown (Explain)	ROAD PROFILE <input checked="" type="checkbox"/> Uphill <input type="checkbox"/> Level <input type="checkbox"/> Downhill <input type="checkbox"/> Hillcrest <input type="checkbox"/> Dip <input type="checkbox"/> Unknown (Explain)
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INTERSECTION TYPE <input type="checkbox"/> 4-way Intersection <input checked="" type="checkbox"/> T-Intersection <input type="checkbox"/> Y-Intersection <input type="checkbox"/> Roundabout <input type="checkbox"/> 5-way / More <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Unknown (Explain)	ROAD CONDITION <input type="checkbox"/> Dry <input type="checkbox"/> Snow <input type="checkbox"/> Wet <input checked="" 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) <input type="checkbox"/> Unknown (Explain)
---	---

ROAD SURFACE <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input checked="" type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Dirt / Sand <input type="checkbox"/> Multi-Surface <input type="checkbox"/> Cobblestone <input type="checkbox"/> Unknown (Explain)	WEATHER CONDITION <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Snow <input checked="" type="checkbox"/> Sleet / Hail <input checked="" 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 <input type="checkbox"/> Daylight <input checked="" 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. <input type="checkbox"/> MoDOT <input type="checkbox"/> County <input type="checkbox"/> 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 #	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
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CROSSING ROAD <input type="checkbox"/> With Signal <input type="checkbox"/> Against Signal <input type="checkbox"/> No Signal <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Not At Crosswalk <input type="checkbox"/> In Marked Crosswalk <input type="checkbox"/> In Unmarked Crosswalk <input type="checkbox"/> Unknown	OTHER ACTIONS <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	SCHOOL INFO. <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 <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)	DISTRACTED / INATTENTIVE CODE(S) <input checked="" type="checkbox"/> NA	ALCOHOL USE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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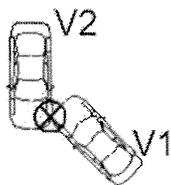
6 COLLISION DIAGRAM

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

South High St. →



Cottage Lane ↓

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 EARNHART, JAMES M 505 COTTAGE LN - NEOSHO, MO 64850 PHONE NUMBER **(417) 389-3424**

DRIVER LICENSE / ID NUMBER **432751411** 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 Interm / Grad MC Only Unlicensed MC ENDORSEMENT Yes No NA Unknown (Explain)

DATE OF BIRTH **10-06-1980** SEX **M** SEAT LOC **FL** INJ **5** TRANS-PORT **1** EJECTION **2** AIR BAG **03** SAFETY DEVICES **05** VISION OBSTRUCTED Not Obstructed Trees / Brush Sign Moving Veh Other (Explain) Windshield Building Hillcrest Stopped Veh Unknown (Explain) NA Load on Veh Embankment Parked Veh Glare

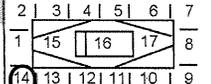
PROOF OF INSURANCE Yes No Not Required INSURANCE COMPANY **ESURANCE** Expired PHONE NO. (Optional) POLICY NUMBER **PAMO-004460076** NA Driver Vehicle

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

YEAR **2002** MAKE **Pontiac** MODEL **SUNFIRE** COLOR **SIL** VEH. TYPE **1** TOTAL NO. OF OCC. **1**

LICENSE - PLATE NO. **KC0D5K** STATE **MO** YEAR **2016** VIN **1 G 2 J B 1 2 4 X 2 7 2 9 2 2 2 6** 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**  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 Small Bus (9-15 W/Driver) Motorcycle Motor Home Single-unit Truck; 2 axles, 6 tires G/W / GCWV RATING (Not Licensed Weight)
 Van (< 9 W/Driver) Large Bus (16+ W/Driver) ATV Farm Implements Single-unit Truck; 3 or more axles
 Passenger Van (9+ W/Driver) School Bus Construction Equip. Heavy Mach. Veh. Pulling Another Unit(s) (Does not apply to Truck Tractors) (Pickups, Cargo Vans, All Trucks, Truck Tractors, or Haz Mat Placard Veh. Only)
 Sport Utility Vehicle Intercity Other Vehicle (Code) _____ Truck Tractor With No Units Less than or equal to 10,000 lbs.
 Limousine (7-8 W/Driver) Transit / Commuter 2 Wh Cargo Van Truck Tractor With One Unit 10,001 - 26,000 lbs.
 Limousine (9-15 W/Driver) Charter / Tour 3 Wh Pickup Truck Tractor With Two Units Greater than 26,000 lbs.
 Motorized Bicycle Other 4 Wh Other Heavy Truck Truck Tractor With Three Units Unknown
 Pedalcycle Other 5 Wh / More Unknown (Explain)
 To / From School

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 **03 : 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
 Alcohol Improper Passing Physical Impairment (Explain) Failed To Secure Load / Improper Loading NA (See Codes in Section 8)
 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) CONTROL MALFUNCTIONING / INOPERATIVE / MISSING Yes (Explain) No Unknown NA

Workers Present Yes No Unknown 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	EJECTION	AIR BAG	SAFETY DEVICES	PHONE NUMBER

7G. COMMERCIAL MOTOR VEHICLE NA Required on vehicle if "Yes" was answered to questions in parts 1 and 2 in CMV involvement criteria and vehicle meets one of the three criteria in part 2.

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

COMMERCIAL / NON-COMMERCIAL Interstate Carrier Not In Commerce - Government Vehicle Not In Commerce - Other Vehicle MC / MX / ICC NO. USDOT NO.

CARGO BODY TYPE Enclosed Box Flatbed Concrete Mixer Garbage / Refuse Pole Trailer Vehicle Towing Intermodal Container Chassis NA (No Cargo Body) Other Cargo Tank Dump Auto Transporter Grain / Chip / Gravel Log

HAZARDOUS MATERIALS Yes No Unknown 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

7A. DRIVER - NAME (Last, First, MI) & ADDRESS (Street, City, State, Zip)
2 VENSON, CORTNEY RENEE 13600 QUINCE RD - NEOSHO, MO 64850
PHONE NUMBER (417) 592-5144

DRIVER LICENSE / ID NUMBER X078208002 STATE MO
LIC STATUS [X] Valid [] Expired [] Susp / Rev / Denied [] Disqual CDL [] Canceled / Oth Invalid [] Unknown
LIC TYPE [X] Operator Class F [] Permit [] Unknown (Explain) [] MC Only [] Unlicensed
MC ENDORSEMENT [] Yes [] No [X] NA [] Unknown (Explain)

DATE OF BIRTH 02-08-1995 SEX F SEAT LOC FL INJ 5 TRANS-PORT 1 EJECTION 2 AIR BAG 03 SAFETY DEVICES 05
VISION OBSTRUCTED [X] Not Obstructed [] Trees / Brush [] Sign [] Moving Veh [] Other (Explain)
[] NA [] Windshield [] Building [] Hillcrest [] Stopped Veh [] Unknown (Explain)
[] Load on Veh [] Embankment [] Parked Veh [] Glare

PROOF OF INSURANCE [X] Yes [] No [] Not Required
INSURANCE COMPANY UNITED INSURANCE PHONE NO. (Optional) POLICY NUMBER T000413
[] NA [X] Driver [] Vehicle

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

YEAR 2002 MAKE Mitsubishi MODEL ECLIPSE COLOR SIL VEH. TYPE 1 TOTAL NO. OF OCC. 1

LICENSE - PLATE NO. PL9EOT STATE MO YEAR 2015 VIN 4 A 3 A C 8 4 H X 2 E 0 6 3 6 7 0
TOWED FROM SCENE [] Yes [X] No TOWED DUE TO DIS. DAMAGE [] Yes [X] No

VEHICLE DAMAGE (Mark all damaged areas) [] None / No Damage
INITIAL IMPACT NO. 14
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
[X] Passenger Car [] Small Bus (9-15 W/Driver) [] Motorcycle [] Motor Home [] Single-unit Truck; 2 axles, 6 tires
[] Van (< 9 W/Driver) [] Large Bus (16+ W/Driver) [] ATV [] Farm Implements [] Single-unit Truck; 3 or more axles
[] Passenger Van (9+ W/Driver) [] School Bus [] 2 Wh [] Other Vehicle (Code) [] Veh. Pulling Another Unit(s)
[] Sport Utility Vehicle [] Intercity [] 3 Wh [] Construction Equip. Heavy Mach. [] (Pickups, Cargo Vans, All Trucks,
[] Limousine (7-8 W/Driver) [] Transit / Commuter [] 4 Wh [] Other Vehicle (Code) [] Does not apply to Truck Tractors)
[] Limousine (9-15 W/Driver) [] Charter / Tour [] 5 Wh / More [] Cargo Van [] Truck Tractor With No Units [] Truck Tractors, or Haz Mat
[] Motorized Bicycle [] Other [] Unknown [] Pickup [] Truck Tractor With One Unit [] Placard Veh. Only
[] Pedalcycle [] To / From School [] Unknown (Explain) [] Other Heavy Truck [] Truck Tractor With Two Units [] Less than or
[] Truck Tractor With Three Units [] Greater than 26,000 lbs.
[] Unknown

EMERGENCY VEHICLE INVOLVEMENT [X] NA
[] Police [] Ambulance [] A. Emergency Vehicle on Emergency Run
[] Fire [] Other (Must check "A" / "B") [] B. Stationary With Emergency Equip. Activated
CONTRIBUTING TRAFFIC CONDITIONS [X] 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)
SEQUENCE OF EVENTS CODES 01 08 34 [] Unknown ANIMAL CODE(S) FIXED OBJECT CODE(S)
ALCOHOL USE [] Yes [] Unk [X] No [] NA

7D. PROBABLE CONTRIBUTING CIRCUMSTANCES [X] 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
[] Alcohol [] Improper Passing [] Physical Impairment (Explain) [] Failed To Secure Load / Improper Loading
[] Drugs [] Improperly Parked [] Improper Start From Park [] Animal(s) In Roadway
DISTRACTED / INATTENTIVE CODE(S) [X] NA (See Codes in Section 8)

7E. WORK ZONE [] Yes [X] No [] Unknown
TRAFFIC CONTROL [X] None [] Unknown
Electric: [] Green/Yellow/Red [] Flashing Red [] Flashing Yellow [] Ramp Meter [] Other (Explain)
Other: [X] Stop Sign [] No Passing Zone [] Turn Restricted [] Officer / Flagman [] Signal On School Bus
Workers Present [] Yes [X] No [] Unknown
Controls: [] Warning Sign / Device [] Railway Crossing Sign / Device [] School Zone [] Yield Sign [] Other (Explain)
CONTROL MALFUNCTIONING / INOPERATIVE / MISSING [] Yes (Explain) [X] 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 [X] 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.
[] Intrastate Carrier [] Not In Commerce - Rental Vehicle

CARGO BODY TYPE [] Enclosed Box [] Flatbed [] Concrete Mixer [] Garbage / Refuse [] Pole Trailer [] Vehicle Towing [] Intermodal Container Chassis [] NA (No Cargo Body) [] Other
[] Cargo Tank [] Dump [] Auto Transporter [] Grain / Chip / Gravel [] Log [] Another Veh.

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	INJURY	TRANSPORTED (For Medical Treatment)	EJECTION	AIR BAG	SAFETY DEVICES									
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	<table border="1"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent U. Unknown N. NA	FR	SR	TR	FC	SC	TC	FL	SL	TL	1. No 2. EMS 3. Other U. Unknown N. NA	1. NA 2. No 3. Partially 4. Totally U. Unknown	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	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
FR	SR	TR												
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

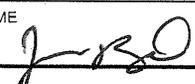
1. Riding Mower / Garden Tractor	3. Snowmobile	5. Animal Drawn Vehicle / Animal Ridden For Transportation	6. Low Speed Vehicle
2. Golf Cart	4. Forklift		7. Other (Explain)

9. NARRATIVE / STATEMENTS (If additional room is necessary, use Section 11 - Narrative / Statements Continuation)

See Supplemental Narrative Page

10. REPORTING AND REVIEWING OFFICER INFORMATION

REPORTING OFFICER NAME PIII PHILLIP WHITEMAN	DSN / BADGE NO. 116	BEAT / ZONE S	TROOP / DISTRICT / PRECINCT NA
REVIEWING OFFICER NAME SGT JASON BAIRD	DSN / BADGE NO. 104	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			
12-27-2014	NA	NEWTON			
REPORTING OFFICER NAME		DSN / BADGE NO.	SUPPLEMENTAL REVIEWING OFFICER NAME		DSN / BADGE NO.
PIII PHILLIP WHITEMAN 		116	SGT JASON BAIRD 		104
NARRATIVE / STATEMENTS CONTINUATION / SUPPLEMENT					

MAIN NARRATIVE

On 12/27/2014 at 2356 hours, Officers responded to the area of South High Street and Cottage Lane in reference to a hit and run traffic accident.

I responded to the intersection of S. High St. and Cottage Ln. in reference to a (2) vehicle hit and run accident.

I made contact with Cortney Venson, Driver 2, who stated a silver (2) door passenger car, MO registration KC0D5K, struck her vehicle and then proceeded south on S. High St.

Ms. Venson was not injured and her vehicle sustained damage to the left front bumper, but was not disabled.

Ms. Venson stated she was travelling N. on High St. when she saw a small passenger vehicle come to a stop at the stop sign at Cottage Ln. and High St. The vehicle then proceeded forward, attempting to turn right onto S. High St. and head south.

As Vehicle 1 made the right turn, came into her lane, the front left corner of Vehicle 1 struck the front left corner of Vehicle 2. Vehicle 1 then proceeded to travel south on High St.

The MO registration of KC0D5K displayed on Vehicle 1 returned to a 2002 Pontiac Sunfire registered to James Earnhart of 505 Cottage Ln. Neosho, MO.

I responded to 505 Cottage Ln. and saw the 2002 Pontiac Sunfire parked in the driveway. The vehicle had damage to the left front bumper and headlight assembly area.

I made contact with a male subject seated in the driver's seat of the vehicle. I identified the male subject as James Earnhart by a Missouri Driver's License he presented.

Mr. Earnhart stated, "I didn't know what to do. I kinda just freaked out."

Mr. Earnhart was not injured. I asked Mr. Earnhart if he had just a struck another vehicle and he stated, "Yes...and I didn't know what to do."

I took photographs of both vehicles; which are attached to this report.

Nothing further.